

**NORTHUMBERLAND TYNE AND WEAR LOC
MINUTES OF COMMITTEE MEETING**

Tuesday 18 th September 2018 6.30
M. Offord Optometrists, Kingston Park

Members present : Naomi Smith, Lisa Gibson, Bill Lowry, David Knight, Ian Armstrong, Craig Sixmith, Ian Hickson, Stephanie Cairns, Sylvia Bailey, Sarah Pencott, Wendy Bradshaw, Caiohme McGovern, Kaye Winship, Simon Raw, Lesley Oglethorpe.

Members Absent- Kevin Gray, Matt Cooper, Mike Offord, Gary McMullan, Jenny Culverwell.

Minutes of previous meeting – acceptance proposed by Iain Armstrong seconded by Lesley Oglethorpe.

Action points and matters arising

Sarah has raised issues of second pairs and PCSE issues with NHS England and Katrina (LOCSU)

Kevin Thompson will update LOC regarding AOP issues.

Some funding was available for NHS e mails – this has now been diverted to develop online referral.

LEHN wants to know which Practice management system each practice is using.

Chairmans Report and LOC Restructure.

I've spent some time closing off the actions that were outstanding.

Contacting non participating IOPRR contractors – new module coming out in April.

Letter to RVI following contractor complaint about inappropriate advice to patients (April 2017) – NS; spoken to contractor and no further issues so letter not done due to timescale from initial complaint.

To write a letter following referral guidelines meeting Monday 25th Sept – ongoing meetings on this matter – NS; the referral guidelines group have not met for some time. No finalised documentation yet to be communicated.

To contact practitioners asking for any problems their patients had experience when attending 2nd cataract surgery – Andy has spoken to RVI regarding this. – NS; this is linked to the cataract ilot and form issue. All been put on hold due to local cataract mapping exercise which should be reported on at the next LOC forum meeting.

To draft letters regarding cataract/Glaucoma expressions of interest. – NS; this action was completed via google survey by LEHN.

Draft letter to RVI regarding inappropriate discharge advice with RR. – NS; contacted contractor involved and no further action was required due to further correspondence from RVI and apology.

The remaining piece of work that needs looking into is the uptake of the services offered in our area. Following on from Gary's recent pieces of work it is very evident that we need to work harder on engaging our peers. Moving forward this is a piece of work that can be done by the service development group with support from the CCG Area leads .

We've looked at the structure of the LOC and have made some adjustments to the way it will work moving forward. Many thanks to those of you who replied to the request for ideas and roles.

The suggested structure moving forward would be:

Core Committee

Chair – Naomi Smith (LLG/LOC forum) Vice Chair – Stephanie

Cairns

Secretary – Sarah Pencott (LLG/LOC forum) Treasurer – Lesley Oglethorpe

Minutes Secretary – Sylvia Bailey

Webmaster – Ian Hickson

PEC liaison officer – Stephanie Cairns

CCG/Area lead – Lisa Gibson

Service Development lead/Business lead – Bill Lowry GOS lead – Matt Cooper

IG/Data Protection Lead – David Knight

LOCSU Central Team liaison – Zoe Richmond Hospital Liaison – Mike Offord

Hospital Liaison – Gary McMullan

Observers: Jenny Culverwell, Katie Maddison

CCG Area liaison group – lead sits on committee - Lisa Gibson

Leads from all CCG areas.

Ncle/Gateshead – Mike Offord – Newcastle. Caihome McGoven - Gateshead Sunderland – Lisa Gibson

South Tyneside – Kaye Winship

Northumberland – Craig Sixsmith

North Tyneside - Sylvia Bailey

Service Development group – Bill Lowry - lead

All those in this group need to be up to date on all pathways from LOCSU to be able to assist in new service set up and provision.

Cataract – Lisa Gibson

IP/MECS –

LV/PwLD – Stephanie Cairns

Glaucoma/OHT – Kevin Gray

Children's – Gill Marshall, Wendy Bradshaw

Bill Lowry, Naomi Smith, Wendy Bradshaw

Katie Maddison, Jenny Culverwell

GOS group – lead sits on committee – lead - Matt Cooper.

Matt Cooper
Andy McGregor
Caoimhe McGovern

Simon Raw Iain Armstrong

CET group – lead reports into committee Iain Armstrong (lead)

LRC Leads - report directly to committee NoT – Mike Offord
SoT – Rebecca Hankinson

Sub groups:

CCG Area Liaison group - Lead Lisa Gibson

These reps would liaise both with their nominated CCG and area Performers/Contractors. The idea is to provide more publicity of the LOC and our work to both the commissioners and our peers.

The rep would build a relationship with the CCG which would hopefully prove beneficial in commissioning arenas.

Service Development group - Lead Bill Lowry

This group is set to do the core work for the LOC in working to commission more services. All the group are expected to be up to speed with LOCSU pathways and procurement procedures. Any procurement work would be split amongst this group.

GOS group - Lead Matt Cooper

This group would provide contractors and performers support with all GOS issues. GOS Assurance, QiO, National Contract changes, Lobby of National contract.

CET group - Lead Iain Armstrong

Maintain CET status and co - ordinates CET events.

I would suggest that the core committee meet every 2-3 months. The other groups would meet as required but not more regularly than once per quarter (with the exception of the SD group during procurement processes).

I would suggest that we hold a full group meeting at least once per 12 months.

Please contact me if you have any comments or queries regarding the new structure. Many thanks

Naomi Smith 11/09/2018

Secretary's Report

New Contractors Or Changes To Practice Ownerships

Closed Practice - Specs 4 U, Unit 9 Denton Park Shopping Centre, West Denton Way, Newcastle Upon Tyne, NE5 2QZ

Wet AMD Fast Track Fax Referrals to the RVI

Katrina Venerus chased this up for us and although the document is not updated they have added a message on the website with the correct number on (as per email 21/08/18)

LLG Meeting

Last meeting was 16/07/18 attended by myself and Naomi Smith.

NHS email pilot is no longer going ahead as they are now using the funding towards an electronic referral platform.

Sent an email out to all mailing list reminding practitioners/contractors a few points that came up regarding QiO, second pair applications, claiming for tints.

LOC Forum

Last meeting 16/07/18 attended by myself, Naomi Smith and Stephanie Cairns.

* PECN have joined with Birmingham and Midlands to form Primary Eyecare Services (PES). With recent changes in procurement. Commissioners are starting to ask for mini- mum bidding thresholds. This has meant that some PECS are missing out on tenders. Merging to form larger companies allows us to meet the criteria for putting in a bid.

Lisa Gibson and Naomi Smith have been appointed Clinical Governance and Performance leads.

*Cataract Post-Op Services. NS explained NTWLOC's intention to send communications to practitioners about post op forms not being included as part of a GOS sight test and that Ophthalmology departments have expected us to fill paperwork in for nothing but they are now not seeing every patient back for follow ups putting even more onus on the Optometrist. The forum have established that all the Ophthalmology departs all are doing it slightly different. South Tees require them to bring a filled out form or they won't be able to get their 2nd eye done. In Durham patients don't go in for sight tests between surgery and follow up visits. In Darlington there is a form but no firm instruction that they need to return it. ZR suggested that a mapping exercise is carried out across the region. NTWLOC decided that will hold the communications to the RVI. The Forum want to take this forward as a region instead of locally. Concerns are that if we don't get the support of performers and contractors that it won't be an effective exercise. - A mapping exercise is being carried out

Community Services Sub Group

This meeting was attended by Zoe Richmond, Lisa Gibson, Gary McMullan.

It was to discuss the current GRR & CCRS services. The current contract is to end December 2018. The contract manager has indicated that a procurement is likely. We are looking at maybe offering a basket of services.

Following this meeting Lisa has contacted the Contract manager to invite a meeting with the planning and innovation team.

Part of the discussion around the GRR service was about 'Enhanced Case Findings' which can be used to refine referrals with suspicious discs. This would require that practitioners have the prof cert. Is this something we could fund /part fund as an LOC? Could we fund practical WOPEC skills assessment?

PCSE

Had 5 contractors contact us since the last meeting, issues included forms equating to large amounts being returned as not completed incorrectly (or correctly in some cases). Two practices have received forms with patient information on that belong to other practices. Practices not being paid for all GOS forms and payment is incomplete.

Katrina Venerus has assisted with these issues and was able to get the payment problems resolved the 2 IG Issues have been escalated but NHS England says we will not get an update regarding these and only the Contractor who reported the problem can ask for an update.

When we sent the Hot Brief regarding GOS & overseas visitors eligibility. We were informed that when a contractor queried it with PCSE they weren't aware of this. I contacted PCSE and NHS England who had to go away and look into it but have verified that this is the case. No reports of any unpaid GOS claims

Other Communications

Healthwatch Newcastle has contacted NTWLOC as they are currently designing a project to benefit housebound people needing access to GPs Dentists, Opticians & Pharmacies - Simon Raw has agreed to be their support and engage with them regarding this.

NTWLOC received an invitation for Tony Marshall to attend a meeting put together by Francisco Figueiredo regarding the development of a dry eye pathway (17/08/18) This meeting will be attended by Mike Offord, Kevin Grey and Lesley Oglethorpe

Treasurer's Report

The balance remains healthy.

Expenses being paid by bank transfer – so far no problems.

LOCSU asked us to complete a form stating all levy percentages for the new PCSE IT platform. Included in that, they asked what

percentage was paid for the voluntary levies for Central Fund and Eyecare Trust – it was not possible to give this information as not every practice pays this as it is voluntary. This was cleared with LOCSU.

Is there anything I need to do to comply with GDPR.
I hold committee member's personal information and bank details. This is stored in a locked filing cabinet.

Naiomi Smith emphasised that it was important to have accountability as to where LOC money was going and that we need to sort out priorities and set budgets

Bill Lowry and Lesley Oglethorpe will be responsible for setting budgets for current service projects and for new projects as they arise.

Lesley commented that the budget healthy but agreed the need for an audit trail.

PEC liaison Report

Stephanie Cairns reported that there had been no communication but there is lots going on with mergers- it may be possible to meet at the NOC

Service Lead Reports

Lisa Gibson reported that she was hoping to move forward with the cataract service in Sunderland as the end of the financial year approaches.

LRC Report – Mike Offord reported from the meeting in July

New attendees Bill Westwood, A McCubbin

Dentists, Pharmacists, GP's and Optometrists represented.

Pharmacists

Minor ailment scheme under threat – It has been proposed that it is pulled.

Queries about Prescriptions being free in pharmacy as part of scheme

Discussions about removing repeat prescriptions.

Regular problems with medications not being available, or out of stock.Brands v Generics.

Adjustments to formulary ??.

Dentists

2001 Contract not fit for purpose

2011 Pilot still ongoing

Large companies taking over more Independent practices.

Dentists like us all not happy chappies.

Optometrists

E.GOS with PCSE still not up and running

PWLD. Special school project – Further pilot ??

Cataract. RVI Pilot. Follow Up. NOT GOS

PECNE Further mergers now PEC

LRC South of Tyne, Special needs, Children, MECS Reported elsewhere.

Still not understood why MECS has not been taken up by CCG when a large difference in tariff between EED and proposed fee for MECS.

Capita, Still payment issues

CCG Sunderland, Multi disciplinary alliance engagement event.

GP's

Only David Black and A McCubbin present, nothing new to moan about.

Rebecca Hankinson reported

NHS England Regional Teams Issues - a reply to the LRC has been received (a very nice reply but basically saying nothing!)
- Maxine will circulate this with the next minutes

GDPR - Bill Westwood attended a workshop when a document containing 10 bul- letin points was produced, specifically for NHS, he will circulate this. A discussion followed with all

agreeing this was still a very confusing area, especially around the need for a Data Protection Officer.

Remuneration to committee officers (who are not on a payroll) was raised again and I was asked what the LOC did about this. As I do not claim any expenses I could not help with this matter (I think it was more out of general interest as to what the LOC do) - pretty sure this was raised before.

LOC items

Discussed MECS again - all agreed it really was an excellent idea - Bill Westwood agreed to take to South Tyneside / Gateshead again but would like some hard data from other areas running the scheme on possible savings etc I said I would get Zoe to forward these to Maxine at the LMC and he would try again.

Zoe - could you send the data to Maxine please - maxine.allan@g-stlmc.co.uk David Carter (LPC) felt South Tyneside was particularly receptive to ideas at the moment.

Mentioned Falls Group

Mentioned community cataract involvement (Sunderland)

Sunderland LPC rep Mark Stephenson discussed the small group of Primary care practitioners who meet informally once a month to discuss issues, he said there was optometry involvement - I'm sure you are aware of this.

Next meeting Thursday October 18th. I have put in diary.

Rebecca

In response to this report Lesley will clarify meeting rate (fixed for LOC meetings) and hourly rate (for other meetings)

CCG leads

Lisa suggested it might be useful to communicate with CCGs to let them know the new structure.

Stephanie- suggested we should try and communicate as much as possible to anyone we can think of.

LOC will issue FastMail accounts to all LOC members. CCG leads will also be expected to liaise with local optometrists – must remember to use BCC and copy in Sarah so there is a record of all communications.

LOC forum/LLG

Raising awareness of ST and building links with Councils as well as CCG's. - Stephanie Cairns

Standardized webpage for signposting on health and well being council sites – which includes info on domiciliary visits/GOS tests, links to Healthwatch websites and NHSChoices. Also links to LOC website.

Does it need info on local eye A+E? This could be modified for each local area and dropped into the websites to help people find info on eyecare. -already spoken to ST and Gateshead about this who are keen.

Regional falls meeting Thurs 11th Oct.(before LOC Forum meeting)

ZR has suggested that LOC Forum should help raise awareness of falls/frailty prevention in line with council priorities.

By building links between Regional Falls Group and LOC Forum/LEHN provide Falls teams with a Pack on info specific to their LOC area

including raising awareness of the need for people having eyes tested. Possible leaflet for FTeams/GPs to give out to everyone recommending speaking to their Optician and provide LOCs with a Falls pack of info to put on websites to allow people to direct patients for support including Fteams info.

Recent CET article in OT about a referral project between Community Opticians and preventing/frailty and falls teams in

Suffolk??– SC requested info from ZR (it may not be via LOCSU though or commissioned because the area also have direct referral)

NTW&Durham Vision Rehabilitation team meeting Mon 8th of Oct. I can no longer attend. Could anyone else? Or will need to move to after Xmas. The plan was to introduce the LOC (LOC Forum) and explain who we represent and look at ways of building better links between Community Opticians and Rehab support. LEHN are starting to look at this as well.

NICE Guidelines for Dry ARMD say its can be managed in Community and therefore its vital that people who need extra support are directed to it.

Gateshead Joint Needs assessment and Eye Health Needs assessment are being redone at the moment. Gateshead council have contacted the LOC for input into this and their Disability/ Physical and sensory support strategy. (attached) SC has spoken to them and advised linking with LEHN.

They are also keen to promote public health campaigns even just on Facebook. SC sent info about the ABC campaign and National Eye health week. They have offered to hold promotional stands in the Civic centre on our behalf if we want to promote anything.

STyneside – introduction email sent to acting-CEO of South Tyneside Healthwatch

Results of kids so attend special schools – report still ongoing. I had a meeting with NHS England.

Next meeting of LOC forum is 15 th October. Cataract mapping will be discussed. Teeside University will be attending – they will be offering an Optometry course soon.

Lisa reported that a sight test done within 4 or 6 weeks of cataract extraction is not recognised as a sight test by NHS England. Currently letters are being given to patients which

advise check after 2-3 weeks . Some letters are suggesting that the hospital advise about spectacle supply.

Mr Bell in Sunderland appears to be doing a personal audit. Simon had an issue with a patient being advised to use ready readers. He has been in communication with Mr Lau and had a letter of apology. Official policy in Sunderland is not to advise use of ready readers.

LEHN

Next meeting is 8th October Sarah will attend as Stephanie is unavailable

GDPR

LOC General Data Protection Regulation (GDPR)
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LOC General Data Protection Regulation (GDPR) Requirements

1 Introduction and Definitions

1.1 Data Protection Lead vs Data Protection Officer (DPO)

1.2

The DPO has a defined role in the GDPR:

“DPOs assist you to monitor internal compliance, inform and advise on your data protection obligations, provide advice regarding Data Protection Impact Assessments (DPIAs) and act as a contact point for data subjects and the supervisory authority.

The DPO must be independent, an **expert in data protection**, adequately resourced, and report to the highest management level.” [1]

As Data Protection Lead I hereby declare that I am definitely not an expert in data protection! The following information and recommendations are therefore my own opinion based upon

research. I have included references for those wishing to explore my claims further.. The majority of information provided here is available on the ICO website.

Do we need a DPO?

The Information Commissioners Office (ICO) is clear about whether you are required to appoint a DPO:

“Under the GDPR, you **must** appoint a DPO if:

- you are a public authority or body (except for courts acting in their judicial capacity);
- your core activities require large scale, regular and systematic monitoring of individuals (for example, online behaviour tracking); or
- your core activities consist of large scale processing of special categories of data or data relating to criminal convictions and offences.” [1]

As the LOC is not engages in these activities it is my view (and LOCSU's as of April 2018) that we have no requirement to appoint one at this time.

Do we need to complete a DPIA?

A DPIA is required where there processing of data poses a high risk to the rights of freedoms of an individual. It is not envisaged we would be handling any such data – a list is available on the ICO website for curious folk. [2]

Should we register with the ICO?

From 25th May all organisations controlling data must register & pay a fee unless they are exempt. [3]

As we are controlling the processing of personal data electronically and sharing this with external organisations (e.g. GOC) it is my view and LOCSU's that we are not exempt and

1.3

1.4

LOC General Data Protection Regulation (GDPR)
Requirements – David Knight should pay an annual fee to ICO.

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The fee structure is set out in tiers with tier 1 being for micro organisations.

“Tier 1 – micro organisations You have a maximum turnover of £632,000 for your financial year or no more than 10 members of staff. The fee for tier 1 is £40.”^[3]

LOCSU advises that we are a tier 1 organisation.

Are we registered?

Yes, we are currently registered until 5 May 2019 as a tier 1 organisation ^[4] and should renew this annually at a current fee of £40 per annum.

What is personal data?

Any information relating to an individual that allows the person to be identified.^[5]

This includes name, address, contact details, online details (IP

address/cookies).

This is the category of data the LOC is likely to be processing. Anonymous data is not personal data. For example we can log the number of unique visits to the website but should not record the IP address of the visitors without a legitimate reason and their informed consent.

What is special category data?

Information relating to race, ethnic origin, politics, religion, trade union membership, genetics, biometrics, health, sex life or sexual orientation.^[6] Stricter regulation controls the processing of this data; it is not envisaged we will be processing this category of data.

Who is a “controller”?

The person(s) or body that decides how and why data should be processed.^[7] They are responsible to personal data and breaches and that data processors fully comply with the GDPR.

Who is a “processor”?

The person(s) who process data for the controller(s).^[7] This includes third parties appointed by the data controller.

1.10 Are paper records excluded from the GDPR?

No. *Arguably* the GDPR does not apply to disorganised paper records but as soon as they are in a structured order they would fall under the GDPR.^[8] Good luck explaining to the ICO that your missing paper records did not fall under the GDPR because they were so disorganised...

LOC General Data Protection Regulation (GDPR)
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2 GDPRKeyPrinciples^[9]

There are seven principles listed in the GDPR we are expected to follow. They are not explicit guidelines but summarise the 'spirit' of the legislation. We should aim to comply with the following as failure to do so for any organisation would potentially invoke the highest tier of fine of up to €20 million.

2.1

Lawfulness, fairness and transparency

We must identify and record a “lawful basis” before processing data. ICO list them as follows:^[10]

- Consent – we have consent from the individual (may be withdrawn later).
- Contract – we are contractually obliged to process data.
- Legal obligation – processing is required by law.
- Vital Interests – to protect life.
- Public task – it is in the public interest to process data.
- Legitimate interests – we have a legitimate reason to process data (unless there exists a good reason not to do this.
The lawful basis for most LOC-held personal data is likely to be legitimate interests.
We must be fair with our handling of data. This is particularly important when collecting personal data as the person should be aware how you are going to use it. This also ensures we are being transparent. Information (subject access) requests are no longer chargeable and should be enacted within one month.

Purpose limitation

We must understand and document why we are processing personal data. If we intend to use personal data for a different reason we should obtain consent for this. [11]

Data minimisation

The information we collect should only be what we need in order to process. We should not aim to collect more data than we need and we should delete data that we don't need. Therefore we should be reviewing our data periodically. [12]

Accuracy

We must try to collect personal data that is correct. This involves checking where available alternative sources (e.g. GOC register, Performers List) to confirm the information we hold is contemporaneous and accurate. We should record which sources and when they were checked. [13]

Storage limitation

We should only hold personal data for as long as we need it. This means when collecting data we should consider how long it will be used for and how often it should be reviewed.

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2.4

2.5

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2.6

[14] Archiving data (e.g. for historical or statistical purposes) constitutes a change of purpose and so would require further consideration.

Integrity and confidentiality

We must ensure all personal data is kept secure.^[15] This means that electronic data should be password protected and encrypted. Data should be accessible to data processors for the duration of the task only. In line with data minimisation (2.3) only the necessary data should be provided. Ideally we should implement access logging to allow proper investigation of data breaches.

We should have an information security policy so data processors know what they are allowed to do. Finally we should ensure personal data is backed up regularly to reduce the risk of accidental or deliberate data loss or corruption.

Accountability principle

We should be able to prove that we are complying with the GDPR principles. This necessitates an audit trail and full documentation.^[16]

2.7

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3 Personal Data Breaches

A breach occurs when personal data is accessed unlawfully or by an unauthorised party, lost,

corrupted or stolen, altered without permission, or incorrectly transmitted.^[17]

All data breaches should be reported to the ICO within 72 hours of discovery if it is deemed that there is a likelihood of risk to the persons rights or freedoms. We should also inform the individual that their data has been breached.

An example of this would be disclosing a persons bank details. Accidentally entering the wrong address onto a database would not constitute a data breach.

All breaches should be logged along with who was informed and the reasons for the decision. Additionally the potential consequences of the breach should be documented along with the steps taken to mitigate this and future similar breaches.

Failing to declare a breach is punishable by a fine of up to €10 million.

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4 What next? (or TL;DR)

4.1

4.2 4.3

Improve awareness of GDPR requirements to committee members. This document is hopefully a good start.

Maintain our registration with ICO as a tier 1 organisation.

Construct a 'living' database containing all our held personal data (paper and electronic) along with the lawful basis for holding such data. This should include appropriate review dates as we should not plan to hold data indefinitely.

4.3.1 Members who have access to personal data should declare this. They should supply the lawful basis for holding this data, the type of personal data they hold and the amount of time they intend to hold this data for. Additionally they should document the level of security applied to this data. This should be added to the database.

4.3.2 Members holding personal data in both electronic or paper form without reason or outside the scope of their remit should surrender this access.

4.3.3 Personal data supplied to third parties should be logged in a similar fashion.

Where possible check our database of members with other sources to confirm the information we hold is correct. Review this database periodically.

Create an information security policy and ensure all members have read, understood and (ideally) signed. This should be a requirement of joining the LOC.

Write to all members confirming:

- The type of personal data we hold about them
- The lawful basis for which we hold it
- How long we will hold it for.

We should also explain that they have right of erasure if they wish and how to do this. We should then request consent to retain that information as they should opt-in to our request to retain their personal data.

Going forward all requests to collect personal information should come with a privacy notice outlining the reason why we are requesting the data, who will have access (particularly if a third party is involved), the measures taken to protect their data, the amount of time the data will be held and the right of erasure.

Confirm all personal data is encrypted and password protected. Passwords should be sufficiently difficult to crack and routinely changed particularly when members step down. Members should be reminded of what constitutes a secure password.

Investigate methods of access logging of personal data to provide audit data in the event of a breach.

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4.10 Electronic data should be backed up regularly ideally using version control principles. Backups should comply with integrity and confidentiality principles?

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4.11 If data is stored by a third party (eg cloud storage) we should ensure they are GDPR compliant. This is very likely but we should document that we have checked and reviewed periodically.

4.12 In the event that a request is made to erase personal data a policy should be prepared to allow this to be performed. This requires knowledge of the location of the data so the information database needs to be completed and reviewed regularly.

4.13 Subject access request policy should be checked and updated in line with the new regulations (see 2.1).

4.14 event.

4.15

4.15.1

4.15.2 The website should have a privacy policy. This should be prominently displayed; perhaps in the footer so as to be visible on every page.

4.15.3 4.16

Application to the practitioners area of the website should

conform with (4.7). Any other thoughts????

A personal data breach policy should be available explaining how to manage such an Website-specific action required:

Urgently improve website security. Currently communication to and from the loc-net domain is not encrypted. This is easily rectified by purchasing an SSL certificate and changing from HTTP to HTTPS. In the meantime we should assume all passwords and usernames entered onto the website have been compromised. Unfortunately it seems the current practice is to provide a personal email address as the username. Therefore we are substantially improving the odds of a data breach occurring. Certificates need to be renewed periodically.

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Abbreviations

DPIA Data Protection Impact Assessment DPO Data Protection Officer

GDPR General Data Protection Regulation GOC General Optical Council

HTTP Hyper-Text Transfer Protocol

HTTPS Hyper-Text Transfer Protocol Secure

ICO Information Commissioners Office

IP Internet Protocol

LOC Local Optometric Committee

LOCSU Local Optometric Committee Support Unit SSL Secure Socket Layer

LOC General Data Protection Regulation (GDPR)
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References

1. <https://ico.org.uk/for-organisations/guide-to-the-general-data->

protection-regulation- gdpr/accountability-and-governance/data-protection-officers. [Online]. Accessed 2nd September 2018

2. <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation- gdpr/data-protection-impact-assessments-dpias/when-do-we-need-to-do-a-dpia>

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3. <https://ico.org.uk/media/for-organisations/documents/2259094/dp-fee-guide-for-controllers- 20180601.pdf>

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5. [https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/key-](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/what-is-personal-data)

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6. <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/>

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14. <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/principles/accuracy>

gdpr/principles/storage-limitation [Online]. Accessed 2nd September 2018

15. <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/security/> [Online]. Accessed 2nd September 2018

16. <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance> [Online]. Accessed 2nd September 2018

17. <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/personal-data-breaches> [Online]. Accessed 9th September 2018

David explained that as a committee we are accountable for what and where info is.

FastMail account can be surrendered if someone leaves the committee. Lisa suggested Sharepoint as an alternative. Need to do audit – David will hold compilation. This will allow us to identify any data breach which can be logged and dealt with allowing us learn from mistakes. Important to keep track of what data is held- this information will be held by the Chair. It is important to delete e mail addresses from any account where they are not needed, taking care not to delete contact details which will be needed- this has caused problems in Durham. Need to check that any provider is GDPR compliant

Also need back up somewhere- regularly and in multiple locations.

All members should sign a confidentiality agreement and we need a policy on password security.

Claudia is organising drug bins – Her e mail will be publicised so individuals can contact her- we are not sharing data so this is GDPR compliant.

David noted that LOC website- not encrypted

Action Ian to look at this – will need security certificate

NOC

Will take place 14/15 th November

Naomi Smith Lisa Gibson, Stephanie Cairns, Caiohme McGovern and Lesley Oglethorpe would like to attend.

1 funded place is available from LOCSU but funds are available for others to go.

PLDP-

Craig Sixmith has offered to take the place of Kaye Winship

Action Naomi to forward info to Craig

Issue raised by Craig Sixmith – a patient of his had been advised by someone at the hospital that they should go to C4 as ‘they were more qualified’. The patient disregarded this advice and consulted Craig but did not feel able to tell him who had said this.

LOC will log this incident and monitor the situation but is unable to act at present in the absence of anything in writing.

AOB

Stephanie Cairns raised issue of signposting availability of eye examinations she suggested we need a template page with appropriate information. Currently some sites show incomplete information (eg AGE concern) A link to the LOC website would be appropriate.

Zoe Richmond has suggested NHS choices as a suitable way of disseminating information, however it was felt that the website was difficult to navigate.

Area leads will need to contact practices to update their details on NHS choices and Healthwatch websites
Steph will send out appropriate details in a week or two.

Stephanie suggested it might be helpful to notify GPs about national eye week- Lisa said it is very difficult to obtain contact details so is not a practicality.

Letters will be coming out shortly regarding drug bins

Simon reported that- Healthwatch want to know about accessing domiciliary care and want to do a questionnaire they have contacted NHS England
Also require information around falls and frailty – will contact Angela Henderson

Lesley felt that she might be able to work out how many domiciliary visits were being made, as she has access to reports on payments made.

NHS do not store this information.

After some discussion it was decided that as long as this information was anonymised , that this would be GDPR compliant

Data on GOS examination numbers and how many people are not accessing eye examinations may not be available.

Naomi requested that committee members take care when sending e mails to ensure they are professional in tone with correct grammar and spelling

Priorities were summarised-

Next 3 months- IOP and childrens' schemes.

These may not go to full procurement which would make things simple

Cataract in Sunderland

Cataract mapping – will indicate how we approach the issue- hope to have action across various areas.

Dry eye- hope to promote MECS

Business case for MECS more to do with freeing up time in hospital rather than monetary savings.

Durham are keen as they can not cope but SEI and RVI are not keen to lose this activity

Action Bill and Lesley to look at budgets

Zoe has asked to do something regional re falls- social isolation / frailty- will not lead to pathway but might increase uptake of GOS. Kay may attend falls group in South Tyneside

PWLD has been taken over nationally.

Stephanie reported that at a meeting of NEOS, Mr Shafiq had postulated a meeting with consultants / panel discussion Discussion ensued as to the practicalities of this -Could we ask ophthalmologists to do training and speak to us afterwards, or possibly hold an open forum?

This will need to be approached with caution- especially if we are going to be in dispute over post cataract protocols.

Lisa suggested Zoe Johnson might be interested in being involved.

Will need to do a CET event if IOP and children's scheme are relaunched,

Contracts can not be extended any further as have rolled over for 1 year.

An LOC newsletter was suggested.

DONM

November 20th

Actions

Ian- look at encryption/ security issues of LOC website
Naomi- forward information to Craig regarding PLDP
Lesley and Bill – look at budgets