2026 AGM and Committee Meeting Notes

Secretary's Report & Annual Summary

- Sarah stepping down as Secretary after several years of service
- Key accomplishments this year:
    - Workforce funding coordination across 3 LOCs in ICB area
    - Professional skills certificates and IB courses funding
    - Hypertension scheme management (now decommissioned as of today)
    - Single point of access navigation for optometrists
    - WOPEC codes provision and assessment evening (April 23rd upcoming)
    - Successful CPD day in October
    - Regular newsletter launch (Mel taking over)
    - Website updates and improved communication planned

Primary Eye Care Service Updates

- Contract extended until March 2027 (third extension)
- GRR (Glaucoma Repeat Reading) service performance:
    - 160 patients processed
    - 60% discharge rate after repeat reading
    - Significant secondary care clinic appointment savings
- MECS service achievements:
    - Thousands of patients served (increase over previous years)
    - 80% full management rate in primary care
    - 83% patients fully managed with GP collaboration
    - Urgent referrals seen within 24 hours (delays only due to patient/practice constraints)
- Patient feedback consistently positive: "very attentive," "fantastic service," "very grateful"
- Patient Experience Surveys (formerly PROMs) encouraged for all services
- Future developments: IP and FP10 provision expansion planned

Financial Report & Budget Planning

- Current year spending: £42,857.26 (mainly LOCSU Levy and CPD events)
- Annual income: ~£40k vs spending: ~£45k
- Bank interest offsetting deficit due to large fund holdings
- Post-ICB settlement: £195k available as LOC funds after payback
- £30k ring-fenced for future glaucoma pilots
- Proposed approach: slight annual overspend using buffer funds

- Committee expenses updated: £60/hour flat rate (previously £70 day/£45 evening)
- Honorarium maintained at £1,000/year for officers
- Mileage aligned with HMRC: 45p/mile

Hospital Eye Service Collaboration

- Harrogate Hospital initiative to improve urgent referral utilisation
- Current issue: 23% of emails received to triage email inappropriate for emergency timeline. Discussed looking for confirmation as to what the triage email is used for as HES view different to LOC. To confirm after investigation.
- Common inappropriate urgents: dry eye, epiretinal membrane (non-urgent conditions)
- Hospital receiving 30+ referral emails/calls per morning with single triage nurse
- Proposed solutions:
    - CPD event at hospital for GPs and optometrists
    - Shared triage process documentation
    - Regular feedback sessions (6-monthly)
    - Virtual clinic pilot for “soon” category patients
    - RAG rating system for referral urgency
- Choice office referrals: 14-week wait for routine appointments
- MECS-accredited practices: routine referrals accepted; non-accredited declined

Service Developments & Challenges

- Post-cataract scheme: still pending despite promises, delayed by ICB restructuring
- Glaucoma pilot: blocked by ICB requirement for long-term funding commitment
- Hypertension scheme ended 30th March due to low uptake and ICB budget cuts (47% reduction)
- Workforce funding: retained ~50% of remaining funds, now fully under LOC control
- Gateway/SPOA platform: majority of practices now using after GDPR resolution
- Bilateral cataract referrals if at all likely will need second eye, recommended to avoid second Gateway wait

School Vision Screening Research

- North Yorkshire has NO school-based vision screening (unusual nationally)
- Local authority position: no capacity or funding appetite
- Current approach: information leaflets to schools every 6 months

- Data: 26,000 under-16 eye tests annually from 187,000 child population
- Public Health consultant at NY council confirmed “hard no” on screening service
- Potential advocacy route: MP engagement across North Yorkshire constituencies
- Special project fund (£195k) allocated if LOC decides to pursue this initiative

Constitution & Committee Elections

- New constitution adopted unanimously
- Key changes: 3-year terms, minimum 3 elected members (contractors/performers), annual re-election possible up to 5 years
- Committee structure: Chair, Secretary, Treasurer plus additional members
- 4 meetings annually plus AGM (may shift some to virtual)
- New committee elected (11 members):
    - Contractors: Katherine Friis, Charlotte Turner, Deryck Watts, Ellie Mace, Kate Maylin
    - Performers: Sarah Farrell, Sejal Patel, Ruth Young, Mel Linegar, Katie Nicholls (performer)
    - Co-opted: Vonny (Siobhan) Haralabidis (pre-reg optometrist)
- Thanks to departing members: Darryll, Jack, Gill, Phil, and Sarah (stepping back from Secretary role)

Committee meeting: officer elections

Officer Elections & Committee Structure

- Ruth Young and Mel Linegar elected as co-secretary for shared role
    - Split honorarium for first year to assess workload
    - Job descriptions to be sent out
- Chair (Katherine Friis) continues for another year.
- Treasurer (Charlotte Turner) confirmed as treasurer for another year.
- Sejal participated virtually (audio issues noted)

Meeting Format Changes

- Approved trial: 2 face-to-face, 2 virtual meetings annually
    - AGM remains face-to-face + immediate committee meeting after
    - One 6-month meeting stays face-to-face
    - Two meetings become virtual (including winter meeting)
    - Saves ~£400 per meeting in venue/catering costs
- PA system to be explored for hybrid accessibility of face-to-face meetings
- One-year trial with review at next AGM

AI Note-Taking Proposal

- Ruth proposed AI program for meeting notes. Granola £13.50/month.
- GDPR compliance check required before implementation
- Committee supportive in principle
- More accurate than manual notes according to Ruth's testing

CPD Event Planning & Pricing

- Event costs ~£12,000 annually, aiming to reduce significantly
- Secured £5,000 sponsorship from PHNY (LOC company surplus)
- Additional sponsors confirmed: Mainline, Spire (likely), Hoya, Essilor
    - Standard sponsor fee: £600 + speaker provision
- Abacus Finance offered £250 (golf umbrella included)
- New pricing structure approved:
    - £25 early bird for North Yorkshire community practitioners
    - £100 for non-local providers
    - Early bird limited to 20 spaces with hard cutoff
- Sessions planned: contact lenses, cataracts, ophthalmic lenses, glaucoma, dry eye, peer review

Paediatric School Screening Initiative

- Subcommittee formed: Katie (lead), Vonny, Kate, Ellie, plus chair oversight
- Current status: No funding from ICB or local authority
- Next steps: Create structured plan for MP engagement and stakeholder mobilization
- Monthly progress updates required
- Timeline: Clear action plan by next LOC meeting (3 months)

Workforce Funding Revisions

- Current pot: £195k (limited resource, no replenishment expected)
- New annual cap: £30k per year
- Eligibility: Professional certificates only (excluding IP courses initially)
- One certificate per person per year
- Approval process: Majority vote from 4 officers
- Focus on courses usable in current local schemes (glaucoma, MECS)

Next Steps

- Next meeting: Thursday, June 4th (virtual via Zoom)
- WhatsApp group to be updated for ongoing communication
- Job descriptions for secretary roles to be distributed
- GDPR review for AI note-taking software
- Workforce funding criteria document to be formalized and circulated