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MINUTES of the LOC COMMITTEE MEETING

Held on 4th July 2018

At Pontlands Park Hotel, Gt Baddow, Chelmsford CM2 8HR

**Attendees**

Emma Spofforth (ES) Secretary Chris Rushen (CR) Vice Chair Maggie Glover (MG) Sara Porter (SP) Kevin Lewis (KL) Binal Patel (BP)

Sheila Purser (SAP) Mike Daly (MD) Steven Hui (StH)

Tracey Kinns (TK) Mark Carhart (MC) Reshma Patel (RP)

Nick Hagan (NH) Kate Clarke (KC) Vyomesh Gadhia (VG)

**In attendance**

Katie Kingcott (KK) Minutes

**18/45 Welcome and apologies**

CR standing in for Chairman this evening.

Bhups not in attendance.

**18/46 Conflict of interest statement**

ES been re-elected to the AOP board.

**18/47 Minutes of last meeting**

No amendments. Signed by CR as correct.

**18/48 Matters arising**

Action 61 – remove

Action 63 – remove

Action 78 – Southend got a grant from RNIB – five days for the next three years. SP to give list of different charities & which postcodes they cover to D2 for website & KK for newsletter. Close action.

Action 80 – remove

Action 89, 90 and 91 – remove

Action 92 – KK to chase MG and CR after the summer.

Action 93 – remove

Action 95 – remove

Action 98 – remove

Action 99 – ongoing

Action 100 – Not needed anymore. New subscribers to mailchimp will be able to view privacy statement. KK to add info to next newsletter. Close action.

Action 101 – ongoing

Action 102 – remove

Action 103 – close

Action 104 – remove

Action 105 – close

Action 106 & 107 – remove

Action 108 – SAP elected as new Chairman. ES as Secretary, KR Treasurer and CR Vice Chair. Close action.

Action 109 – ongoing

Action 110 – remove

Action 111 – CR to write a presentation on MECS/red eye to get accredited. Keep action open.

**18/49 LOC Chairman’s Report (sent out in advance)**

CR standing in as Chair. Nothing to update since AGM.

Do we need more OCT lectures? Lecture at AGM was very good. KL suggests the new Ophthalmologist in medical retina from Southend Hospital Mr Aman Chandra to give talk.

**18/50 LOC Secretary's report­­­**

Apologies for not sending in advance. Not a lot to add since AGM.

The first meeting after the AGM includes elections for co-opt’s and officers. This will be done later in the agenda. Only one person put themselves up for elections - SAP as chair. CR still standing as vice chair, KR as treasurer and ES as secretary. Some areas have DO’s as chair. Need to change job description and contract – ES to tweak to include DO’s and not just Optoms.

Governance issue possibly – KR becomes a performer. Already have a lot of performers. Options to co-opt or remain as a contractor until our committee elections next year. Currently 7 contractors, 8 performers and 2 co-opts. Suggestion to leave KR as contractor until elections next year. All agreed. When KR eventually changes from a contractor to a performer, we have potential for all officers to be performers. KR will still offer contractors viewpoint.

CET – quite a few companies have offered CET for next year. GOC are still deciding what to do as CET review. Next cycle will be a single year. Will need to get 12 points next year. Not going to insist on peer view and competences. Peer review expensive. ES suggests run one every 3 years. Thanks to all who facilitated.

Next year – 2 CET events plus AGM CET event. ES suggests do normal AGM/CET and make other two events for enhanced CET practitioners. Locations to be discussed later. MG would like something in North. To be discussed at next committee meeting.

SAP and BP undertaking the LOCSU LOC committee members on line induction course. Videos we can download and share. SAP and BP to share info with committee.

Should we have a communications strategy as the LOC? Is there a member of the committee able to do this? Should we mention things to the press? MECS service? LiveWell? We need someone to be in charge of communications. StH offered to do this. SAP to send committee podcast regarding communications.

ES attended AOP meeting - presentation from Shamina from Dudley. Healthy living campaign. Do we want to do something like this? Discussion with public health Essex for a similar healthy living campaign. ES to get info from Shamina. Eight practices that offer it in Dudley – 366 episodes for those. KK to add POCS, CVDS, MIU, WIC, CCU to abbreviations sheet.

**18/51 LOC Treasurer's Report (sent out in advance)**

£50,000 in the bank. Making slight profit. Not much difference from AGM report.

**18/52 PEE report**

Copy of PEE report handed out at meeting to all committee members.

Updated episodes since AGM – includes May. Community glaucoma service not going well.

1,000 people put on post op cat hospital list. Concerns in Mid with post op cat service. MC to update report and sent to KK.

**Election of Co-Opts**

Currently got two Co-Opts – SAP and TK. Proposed to keep by MG. Seconded by MC. Carried unanimously.

**Election of Officers**

Three standing officers (ES Secretary, CR Vice Chair and KR Treasurer) and SAP as Chairman. Any objections for candidates? No.

SAP is currently a director of PEE Essex. When PEE was invented we were told couldn’t be both director of PEE and officer of LOC. However elsewhere across England this does happen. Any officer of LOC can’t get involved with commissioning conversations. Suggested PEE director standing as officer of LOC won’t be involved in any of these commissioning conversations.

Q: If SAP is not involved in conversations but asked for information from CCG’s – she will be aware of these conversations? Information can be provided but not involved in discussions.

MG proposed to re-elect the three standing officers and SAP as Chairman. MC seconded. Carried unanimously.

**18/53 CCG area updates:**

**NE –** Post op cat agreed in principle. Issues – several consultants don’t think Optoms are capable. Want OCT as part of this process. Trusts wants to use Medisoft portal. No ability to record clinical data on this just audit data. Bid for POCS in North. Bid for community glaucoma service also. Further conversations about IP. The CCG has put in a bid for some money for these services to be rolled out in the year starting April 2019

**South/Mid –** MECS – Trust want to triage and take control of MECS. On night of AGM ES attended meeting regarding this. Only want to do MECS in small doses. Discussed need self-referrals. Agreed see flashes, floaters and red eyes for self-referrals. ES attending meeting tomorrow to discuss presentations for MECS. This is different to the service initially agreed with the CCGs. Now the MSB group will be the main Contractors, the doctors in the hospital have more say in what could be seen in the community.

**West –** Four meetings with CCG cancelled with hour or less notice since last committee meeting. ES not seen service spec for MECS. £54 suggested for MECS service. ES suggested reconsidered for £3 increase. IG evening on 17th July. CCG want everyone going into MECS to have NHS email. IG lead from Lamberth Lewisham and Southwark doing presentation. PAH – AOP looking into issue of trusts turning of fax machines. NHS England said shouldn’t be doing this.

**18/54 LEHN update**

Report sent out from meeting SAP attended. Lyn is re writing the falls document. Meeting on 12th July. SP can attend.

**18/55 LOCSU update of SPEC**

Richard Whittington was due to attending this evening however had to cancel at last minute. Given ES an update by email. Presentation he gave to AOP.

STP – we have 44 STP’s consisting of a combination of 199 CCG’s. CCG’s on borrowed times. Want things to get bigger so STP can commission. CCGs can commission service but not provide. In Essex we have 7 CCGs and 3 STP’s. Currently GOS is protected and commissioned nationally – not open to negotiation. Potentially GOS could be commissioned at a local level in the future. The NHS needs 4% increase in funding in order for the NHS to stand still. Government won’t do increase – might do 3.6% increase. Need to work out how these services can be delivered in the new contract at a local level. This is relevant for Ophthalmology

PEE is the vehicle of delivery of these services. Issue around some contracts tenders. In Birmingham four months ago - tender said need to have million pound turnover or more to bid for contract for MECS service. Birmingham primary eyecare company couldn’t meet this requirement – so they said if they join with North Primary Eyecare Company that will take the turnover over million pounds. PEE was asked to join Primary Eyecare North at the same time. At the time didn’t want to join Primary Eyecare North but stated they would be interested in a National Primary Eyecare Company.. More and more contracts will come out where more turnover is needed to win the contract. Primary Eyecare companies may well need to amalgamate in the future in order to have enough turnover for the bid of contracts.

LOCSU have started to have conversations with various areas to try and integrate with PEE North. PEE North no longer exists – Primary Eyecare Services Ltd is the new name. Other organization are now amalgamating with this which is a national company. LOC companies in London have decided to merge into the new company. Eight PECS in London not part of Primary Eyecare Services. PEE Hertfordshire may join if Essex join. East London and city might also. Cambridgeshire have reservations but might. Norfolk and Waverny will join. North Humber and Bedfordshire don’t want to join because they have their own organisation and they have a massive debt. Croydon company not an LOC company. Devon, Wirral and Somerset don’t want to join.

Q. How will the massive PEC organization discuss with the LOC? A LOC liaison officer will be employed by the LOC to discuss things with the PEC

Advantage of being involved – they restrict working hours. Savings on insurances. Bigger national company meaning possibility for bidding for a diabetic service. GDPR – only have one DPO. If we have a big contract and they continue to use webstar – the fee’s will drop down. Turnover – staggered 3

Q: Is there a get out clause if not happy? A Yes we can leave– may have to juggle around services.

Q: Would they need a permanent address? A Already have one in the North.

Memorandum of understanding would need to be changed if we join.

Q: Is there a need for LOCSU? A Yes because they are the support service. Their role is different. They support the work the LOC do on the ground and get involved with current contracts.

If we join - until all services are transferred over to SuperPEC the LOC will still subside PEE for some services whilst PEE holds the contract, not when they are part of the SPEC.

PEE directors to send concerns to Richard – MC to raise questions on behalf of PEE directors. ES to raise LOC questions.

Q: Is there any movement of money? A No.

Q: What schemes do we envisage we will win by joining this organisation? A Nothing at the moment. But if one of the commissioners says we go to tender then there is a big possibility of this.

Vote: Would Essex LOC agree for PEE to join the Primary Eyecare Services. Proposed by KL, Seconded by NH. Two abstained. Happy to join if we get the answers we want.

IGT – almost had funding in Feb – not enough. NHS England negotiating how optometrists can have full connectivity. NHS mail thought process is to ‘dump’ it. Sector want future proof solutions. Best way to refer is to have access to ERS. The National discussions are hoping to address this

**18/56 NOC**

15th November. ES can go as LOCSU board member. Four LOC members normally go. Who would like to go? VG, MG, MC, KR, StH and SAP would like to attend. Officers to decide out of the meeting.

**18/57 Dates for next year**

SAP to share list of dates with officers to look at before sharing with committee.

**18/58 AOB**

SP has a consultant ophthalmologist who could give a lecture.

KL recently attended a College of Optometrist meeting – discussed ways in which college can interact with LOC more. Guidelines from College – there will be an app coming soon. New magazine ‘Acuity’ from The College coming soon.

Honoraria – ES has been putting in much more time. Wants to make change in work/LOC balance. Looking at pro rata increase. KR will be looking at extra hours and increase accordingly. KR asked committee to email him if anyone has any concerns. Committee happy for increase in honoraria to £21000. CR proposed, MC seconded. Carried unanimously.

**18/58 Date of next meeting**

Next LOC meeting is on 14th November – date before NOC. Agreed to change to 17th October KK to contact Pontlands.

Meeting finished 22.07