

MINUTES of the LOC COMMITTEE MEETING

Held on April 15th 2021

Via Zoom

**Attendees**

Emma Spofforth (ES) Maggie Glover (MG) Sara Porter (SP) Kevin Lewis (KL) Reshma Patel (RP) Chris Rushen (CR)

Sheila Purser (SAP) Mike Daly (MD) David Dixon (D2)

Tracey Kinns (TK) Kennedy Rath (KR) Binal Patel (BP)

Bhups Battu (BB) Nick Hagan (NH) Mark Carhart (MC)

Michelle Barrick (MB)

**21/15 Welcome and apologies**

After 30 mins delay due to Zoom problems and re-starting meeting on Teams: Welcome from SAP. Michelle delayed en route.

**21/16 Health and safety**

Not applicable as virtual meeting.

**21/17 Conflict of interest statement**

E.S. In discussion with triage service mid/ South Essex: Possible conflict re e-referral in N.E. Essex - not signed NDA as some unanswered questions on how it relates to LOC.

**21/18 Minutes of last meeting/matters arising**

No amendments. KR states they are a true representation of meeting - MC seconded. SAP electronically signed. To send to KK.

**21/19 Action log**

Action 97 – On hold

Action 109 – Remove.

Action 164 – Training spreadsheet to be reviewed yearly. Next due Sept 2021.

Action 172 – TK to look at and report at July meeting if to review in Autumn.

Actions 183, 195 – Remove.

Action 199 – Update: CR reports audit gone out, but only 1 reply (that person supported by CR). Keep open.

Action 200 – Update: All positive responses received. Close action.

Action 205 – Update: Due to limited practice capacity, not appropriate currently. Close action, with view to remove or reinstate in future.

Action 207 – Update - ES made contact with ESNEFT, met twice. No details. Not agreed NDA, as relevant people on leave. Close

Actions 208, 209, 210 – Remove.

Action 211 – Update: After meetings, ES achieved the removal of the need for unnecessary information in referrals. Close

Action 212 – Close.

Action 213 – Remove.

Actions 214, 215 - Remove.

Acton 216 – Update: RP asked Chair of LEHN directly about role after current Chair retires, and application/ recruitment process. No answer, except to report at next meeting, April 22nd.

Action 217- Update: Role split between TK (CET, meetings), D2 (newsletters), MB (monitoring emails). Close.

Action 218 -Update: CET poll listed on Facebook page, requesting what topics would members like to attend in forthcoming events. 72 viewed. Of the replies, majority (11) voted OCT, 8 for Anterior Eye. OCT addressed by CET on 7/4/21. Consider other topics in future planning.

**21/20 LOC Chairman’s report (sent out in advance)**

No questions. Some discussion re PES- see later.

**21/21 LOC Secretary's report (sent out in advance)**

Re WhatsApp groups- there is benefit from sharing of info, so Optoms prefer not to use groups where only the enquiring practitioner getting feedback, advice or guidance etc where no one else can see that advice.

SAP: review of new referral processes in Mid/South is underway before changes to NE, who are changing too; CCG will need a decision what to do by July.

CR: Raised a concern that there is now no sharing of info from other LOC’s. ES: EoE Forum not full sharing due to conflict of interest- new Chair employed by Evolutio. Meeting CR recently attended was not a sharing of info meeting.

**21/22LOC Treasurer's report (sent out in advance)**

All covered in report.

**21/23 PESL report (sent out in advance)**

Re transition to Opera: the designed system was considered to have met the need to have the ability on Opera platform to turn off Optomanager. In NE, a light version of the stable glaucoma service was used to ensure the service was able to go live on time. Any requested enhancements, by the CGPLs, CCGs, LOCs, Hospitals, will be considered in the near future.. No new onboarding for 1 month to allow an upgrade in the onboarding process.

NH said has large backlog of payments outstanding (£40K).

MG: Not just Essex asking, but MG/SAP been chasing regularly. No money in reserve as PES rely on CCGs to pay invoices- PES are unable to pay practices until they are paid by CCG. This should be within the historical 8 week period but there have been some delays that are being addressed by PES . In Dec, agreed to be up to date and pay by end of March, but now (15/4) expect “next week”. In old system, money in LOCSU holding account and Optomanager distributed from there. MG apologised on behalf of PES.

MC: Asked about system for payments; undermines process if not paid in timely manner.

MG: Some practitioners have bypassed MG, straight to invoicing team. Advise any correspondence to copy in MG/SP.

ES: suggest meet (with KR and SAP) to prepare official complaint, on behalf of LOC, to PES. Will raise at LOCSU Board meeting. In other parts of the country, some practices leaving CUES etc,

NH: recommend need for Financial Director or similar, to ensure cash flow.

SAP: New Financial director appointed – this will help.

MG: Opera team had problems writing new payments system and were prioritising clinical needs ahead of financial needs.

KR: Suggested not to publicise issues, e.g.in Newsletter, as could put off prospective newcomers to schemes.

PES still to recruit Director. Originally end Jan cut-off for applications. KR ad MC applied but not heard back. Extended date to 15th March. Impression that they are moving goalposts, to what end? Odd selection process? SAP to chase progress.

**21/24 CCG area reports (sent in advance)**

Nothing new to discuss.

**21/25 LEHN update**

Nothing new from 24/3. Meeting next week. RP to check again on recruitment process- previously Chair not replied to questions re selection and succession. Due to changes, line manager not known. In meetings, Chair seems to be fishing for what LOC doing, and wanting to pointlessly duplicate that work- nothing new is forthcoming.

**21/26 CET**

Event successfully run on Zoom 7/4/21. Over 170 enrolled, but just over 100 logged on and some for less than 50 minutes. It has been agreed that attendance for less time than that does not qualify for points. PDF of slides to be sent from providers, to be distributed to members if requested. Suggested in future a cut-off time for applying to join.

No CET at AGM.

Consider in Autumn: afternoon/eve, peer review? One option, local Contractor/Performer Bruce Evans has Zoom presentation ready to go on myopia control and Miyosmart spec lens. Will expect payment of £195, but LOC recently hasn’t had to pay for rooms, refreshments etc due to Covid and made use of hospitals willingness to provide CET. Committee agreed, especially as Bruce is a local practitioner.

New cycle starts 2022- combination of CET and CPD needed. Can be less stress on practitioners; may include self-accreditation.

**21/27 AGM**

Decided 2nd June best date, for virtual meeting. Although no CET, it is expected that interested contractors especially, will join in. Committee elections postponed from last year, so up for election are CR, SP, BB, MD, NH. Requested declaration of interest to stand again - official email sufficient. Space for 2 Contractors on top. If new people get in touch, we may need to organise vote.

**21/28 NHS Reform of GOS**

Circulated last week, with comments invited.

MC: Concern that although there is an over-riding trend to national pathways, actually postcode lottery at local level.

SAP: Led nationally, with equitable fees, but ownership at local level

ES: It is a concern of professional bodies: commissioner variations. May happen in future, but not imminently, as Dentistry and Pharmacy first, so wait and see- AOP watching cautiously.

NH: Practices are going out of business, opting out of GOS, or as in Dentistry limiting NHS availability, so Pxs can get a private assessment if they want a check-up before they can get in for an NHS test.

MC: model for future GOS- basic sight test NHS, with any enhancements as private add-on.

SAP: need more info- at EoE Regional Forum in few weeks and ongoing planning from NHSE and sector bodies.

**21/29 EeRS -Electronic Referral Service**

End 2020, NHSE said they would commission for 1 year an electronic referral system. Funds were made available.

Initially, Hertfordshire and W.Essex ICS explored the process, but couldn’t agree a commissioning process. As a result, NHSE regional convinced the ICS of Mid/South Essex to run with the plot for the region. Along with Cambridgeshire who are doing their own separate version. The process has had an intense, short time frame. ES involved in writing service spec and in procurement process. And now in the EeRS roll-out. Procurement service won by Opera and PES, primarily as already had contracts, and hoped for easy roll-out. Programs are still being written. LOC to get practices to sign up later. Images will be shared between practice and hospital, and feedback, advice and guidance should be included. Bulk of the work for ES.

B&B want Evolutio to continue and allow practices to refer to Queen’s.

KR involved in the process in Mid/South. Committee confirm that ES and KR are ok to make decisions and won’t support bullying of practices.

ES has got involved in a similar process for NE Essex CCG. However, they have asked ES to sign NDA on behalf of LOC. This would be difficult in the role of the LOC to sign an NDA for the whole LOC. Discussions are ongoing. NE Essex is considering transferring services to in-house triage. To decide on IT platform. ES to give honest overview re Evolutio to ESNEFT.

BB and NH happy to support in their respective areas, and to share info /answer questions specific to their areas.

**21/30 AOB**

Discussed future meetings. Some, including ES, not happy to meet F2F yet, soconsider possibly hybrid meeting -part F2F, part Zoom.

SAP: keep options open, according to Covid Roadmap out of restrictions.

**21/14 Date of next meeting**

Officers to discuss dates (20/4) and inform committee.

Meeting closed at 21.05.