

MINUTES of the LOC COMMITTEE MEETING

Held on June 30th 2021

Via Zoom

**Attendees**

Emma Spofforth (ES) Arun Balasegaram (AB) 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) Mark Carhart (MC)

Hayley Moore (MH) Nick Hagan (NH)

Minutes taken by TK

**21/50 Welcome and apologies**

SAP: Welcome, especially to HM & AB at their first meeting.

SP and NH will be joining late. Apologies from Maggie Glover (MG), Binal Patel (BP), Bhups Battu (BB).

Michelle Barrick has now stepped down from LOC due to family and work commitments. SAP thanked her for her time on Committee, and for reports submitted.

**21/51 Health and safety**

Not applicable as virtual meeting.

**21/52 Conflict of interest statement**

HM and AB have completed theirs (no conflicts) and sent to Administrator for record.

**21/53 Minutes of last meeting 15/4/21 /matters arising**

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

**21/54 Action log**

Action 9 7– Remain on hold.

Action 164 – Update: Put on Agenda for next meeting.

Action 172 – Update: On Agenda.

Action 199 – Update: CR to nudge in August, as acknowledged they are busy with eGOS.

Actions 205, 206, 211, 212 – Update: Remove,

Acton 216 – Update: LEHN are being reviewed as part of the Transformation programme and the delegation of NHSE functions to ICSs. Close?

Action 217 - Update: Remove.

Action 218 - Update: Remove.

Action 219 - Update: Close?

Action 220 – On Agenda

Action 221 – Update: Close.

**21/55 LOC Chairman’s report (sent out in advance)**

RP: Asked if Chair aware of any movement on payments from PES for enhanced services? Knows of missing money from Dec.

SAP: There is a limit of £100K payment per day from the PES bank account and are getting more up to date. Zero taken over payments after original company wanted a 3-month run-in.

ES: PES had said they were not aware of backlog pre-Feb, but practices are telling us there are backlogs from December 2020 onwards. Dec onwards backlogs are from Opera. Have they investigated historic backlogs? Recently there is no remittance advice to be able to track Patients.

SAP: Rupesh on holiday this week. SAP to get update next week. Going forward on Opera, practices will be able to track back to check Patients. Delays as Dharmesh Patel had been doing everything himself by hand and is now off work due to ill health.

ES: Practices should advise of any delays to CGPL. PES advised LOC that from Monday SAP should be able to tell what payments are missing, including the rogue ones from December.

SAP: When using Blue Bubble, MG /SAP also need to be contacted and made aware of issues, so can chase. SAP Understood all April/ May invoices would be paid in June. Communication is everything.

KR: It has not just been a case of poor communication, but the truth hasn’t been told, and the problems not admitted to.

AB: Can confirmation of payment details not be sent by email? SAP: Can check on Opera in the Remittance section.

MC: It is difficult to track payments- as payments in tranches gets complicated. Delays in payments to practices can affect their credit score and relationships with suppliers etc. With the limit on payments of £100K/day, how long will it be before the system is completely caught up? There needs to be a rigid schedule, so Practices know when to expect payments.

RP: In practice, if we acted like that- not paying suppliers- we would have our accounts stopped. It is disgusting, and unfair on their suppliers i.e., the Practices and make them un-willing to take on extra services.

ES: Apologies alone are not good enough, and they have been strongly told that the situation must improve.

NH: How much is still outstanding?

SAP: PES has bad business model. What other business allowed to carry on like that?

CR: In the past, Evolutio didn’t pay their dues for 6 months when they had cashflow problems.

MC: Cashflow problems happen, but total reliance on one person, is wrong and didn’t work. However, we need to influence in a constructive way, so the system gets better.

SAP: told Rupesh this week that she’d email in a week’s time to check on situation. The “right thing” should be a national company, but SAP has felt since that it hasn’t worked out like that. Need to learn, go forward, and do whatever is required.

MC: What can LOC do to mitigate? What options do we have if the situation doesn’t improve?

ES: Meeting of the Officers to discuss; put options to the committee maybe at an EGM; potentially set deadlines?

CR: Is it just an Essex problem? SAP: No, but we make the most noise!

CR: Needs a change of culture to work better with local people, who know what is going on.

ES: At next week’s meeting (re Glaucoma Service) I will be mindful of these comments and get back to the Committee. Officers will put in an official complaint on behalf of the Essex LOC Committee if minimal progress is made.

**21/56 LOC Secretary's report (sent out in advance)**

There has been a lot of Governance to be dealt with immediately after AGM and before this meeting. Helped by TK, Address list, Abbreviations and Acronyms list etc., are being updated. No other matters not dealt with in other items on Agenda.

**21/57 LOC Treasurer's report**

Sent on the night to the Members, as not been received by TK prior to meeting.

ES: surprised by the figures, as healthy balance.

KR: Approx. £2.5K/month minimum profit, as costs reduced due to Zoom meetings, no catering etc. On an annual basis, it is a healthy picture.

**21/58 PESL report & figures prepared by MG (sent out in advance)**

SAP: The figures are only up to the end of March, as more up to date might not be accurate. GRR scheme on Opera generated some problems. The priority has been to get payments to the Practices and once up to date, other things will be addressed.

KL: Is anyone looking at the problems with the MECS? Knows of patients being seen though MECS (being claimed for), nothing being detected and the Px then being referred on for further investigation. E.g., can’t refer for visual fields to be done. Should it be flagged back to the Optom. referrer? SAP: This should be done by me, as CGPL.

**21/59 Committee & Honoraria Fees**

ES: The above fees due to be reviewed as they have not been changed for at least 3 years. At an Officers meeting, the Secretary and Chair stated they thought that their honoraria (£21K and £10K respectively) are still appropriate. The Treasurer now deals with more queries e.g., IP training grants and has an increased workload, currently resulting in top-up claims. It was suggested the honorarium should be increased by 50% from £6K p.a. to £9K to reflect this.

CR: This is not necessarily an increased pay rate, but a different financial model, with less having be claimed later, on an ad hoc basis.

MD: How are the honoraria decided on nationally?

ES: Varies according to area and relates to the activity level. In a table of country-wide fees/hour Essex came midway, despite being one of the LOCs with the largest number of services, therefore more work. The hourly rate was historically calculated to equate to that in the NHS.

KR: Originally when set up 10 years ago, the Treasurer had been historically claiming an hourly rate. In the future any incoming Treasurer should know what the expected workload is, which is indicated by the honorarium. Ongoing, as new roles emerge, it could get more complex.

ES: The proposal is that the Treasurer role honorarium should be increased by 50%. Proposer MC; Seconder RP. It was agreed unanimously.

A counter suggestion from the committee then followed: All the honoraria should have an approx. 2% inflationary rise, especially as had none for years. This was agreed unanimously, so the new honoraria are: Chair £10,200; Secretary £21,420; Treasurer £9,180.

The hourly rate for Committee is currently £50/hr. 2 suggestions were put forward & voted on:

Suggestion 1 - remain at the same rate. Received 7 votes.

Suggestion 2 - increase by 2% as no increase for at least 8 years. Received 5 votes.

The rate will remain at £50/hr.

Committee meeting fees are currently £150 per meeting plus travel expenses at HMRC rate.

Suggestion: Remain at £50 for up to a 3-hour meeting, but with additional £25 for each 30 minutes over that time. Agreed unanimously.

Subsequently, to ensure complete clarity these points were circulated in writing by the Secretary to the Committee members, who confirmed their understanding.

**21/60 Election of Officers**

All current officers to re-stand. There were no objections, and they were unanimously voted in en masse.

Extra to meeting. On a Yearly basis, all Co-opted Committee members should be re co-opted. This was done the following day by email. All Committee unanimously re co-opted SAP, TK & HM.

**21/61 CCG area reports (sent in advance)**

Work for West Essex reasonably productive.

North-east Essex Integrated Community Services (NICS- to be added to Abbreviation list) is to take over from ACE on July 1st. ES been chasing information and had expected meeting today at 10.30 a.m., but meeting been started earlier with no pre-warning to ES. There will be no immediate change for practices. Hospital to do audit of referrals.

South/Mid area still has IT dramas and don’t seem to be improving.

RP: Re CGS, is a fundus photo required?

ES: Not part of Service Agreement. This should not have been changed by PES without discussion, and is in hand to be dealt with, with PES.

RP: There is IP training grant in NE Essex, but not in S/Mid (MSE). Is it coming?

ES: This is funded individually by CCGs. It has been flagged to MSE ICS.

KL: Re CGS. Will the problems with the new IT be resolved as it has been three months now on Opera?

ES: All decisions with CGS are made locally, but financial issues are again a national issue with PES payments. Concerns with system not working, risks for Patients seen and red-flagged, as has non-payment. ES deals with things from the Patient perspective, SAP from financial and IT perspective.

KL was thanked for his information, which will be passed on.

**21/62 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.

**21/63 Needs Analysis (circulated in advance)**

TK looked at whether it needs to be addressed in next meeting in some depth. A few updates are obvious, but some discussion recommended to improve the score in a couple of sections, reflection on current position and agree future aims. To be on Agenda for September meeting and before the bulk of the other LOC business.

**21/64 CET Event 7th Oct 2021**

First physical event since Covid-19, to be held over afternoon/ evening sessions. Venue - Writtle University College, Chelmsford. Decided on 2 Peer Discussion sessions to run concurrently- 1 x IP run by CR, 1 x general including for DOs, led by ES. Bruce Evans booked for presentation on Myopia Control, but other topics to be arranged considering the survey done previously on Members’ needs. CET points to be applied for. However, due to ES time constraints, HM was asked if she could take over the running of the CET work with TK. HM agreed and a transfer meeting by Zoom was arranged for ES, HM and TK.

**21/65 AOB**

HM: there is to be a MECS OSCE accreditation event at Southend Hospital, 26/9/21.

ES: Due to time constraints, asked for volunteers to set up and act as Administrators for2 WhatsApp groups: 1x Practitioner only, 1x IP. DD and HM agreed to go ahead with that.

**21/66 Date of next meeting**

22nd September 2021. TBC if by Zoom, or hybrid meeting. Need to consider venues for meeting in person. Possibly Springfield in first instance? TK to contact them.

Meeting closed at 21.30.