

MINUTES of the LOC COMMITTEE MEETING

Held on 26th January 2022

Via Zoom

**Attendees**

Emma Spofforth (ES) Sheila Purser (SAP) Sara Porter (SP) Kevin Lewis (KL) Reshma Patel (RP) Chris Rushen (CR)

Tracey Kinns (TK) Kennedy Rath (KR) Mark Carhart (MC)

Hayley Moore (HM) Maggie Glover (MG) Bhups Battu (BB)

Nick Hagan (NH) David Dixon (D2) Mike Daly (MD)

Minutes taken by TK

**22/01 Welcome and apologies**

SAP welcomed Attendees.

Apologies from Arun Balasegaram (AB). SP will be joining late.

**22/02 Health and safety**

Not applicable as virtual meeting.

**22/03 Conflict of interest statement**

No Conflicts of Interest were declared.

**22/04 Minutes of last meeting 22/9/21, for voting**

Circulated before the meeting.

MC asked who has right of access to see the minutes. ES confirmed all have that right, but the Minutes can be redacted before adding to website to protect individual/patient confidentiality and to ensure individual organisation’s confidential information is protected. No further amendments or matters arising not dealt with elsewhere on Agenda. Proposer MG: Seconded: CR. SAP to electronically sign and send to TK.

**22/05 Action log**

Action 97– Update: There is a meeting 25/1/22 to clarify HR requirements. SAP to check which practices who currently provide need the training for new staff.

Action 164 – on Agenda.

Action 172 – on Agenda

Action 199 – Update: No further data? Should we ask again for practitioners to fill in? CR explained reason for report- to gather evidence to take back to consultants. Unfortunately, few replies.

HM: is the time required to complete survey onerous on practices? Could it be simplified, e.g., in a table?

ES had asked MSE WhatsApp group if getting feedback after referrals. Confirmed not getting replies. Admin team says it should happen: Ophthalmologists say they are sent.

KL: Letters were dictated and then typed abroad, no way of checking who Optom was. Do get from private referrals.

ES: Medisight system in place and the admin process should be automated, soon. Medisight system has all practices on their database for outcomes. Integration with EeRs would be ideal.

ES asked for another Committee member to review audit to simplify, as per HM suggestion - MD will do so, with CR.

Acton 216 – Update: Close. ES advised that replacement for LEHN Chair is at interview stage.

Action 220 – Update: Remove.

Action 222 – Update: Remove.

Action 223 – Update: Close. Discussion around options what next steps should be. Wait to review what happens at next committee meeting.

Action 224 – Update: Remove.

Action 225 – Update: Remove.

Action 226 – Update: Close. Start new action- TK to check on facilities at Spa Medica for future hybrid meetings.

**22/06 LOC Chairman’s report questions**

No questions

**22/07 LOC Secretary's report questions**

ES clarified difference between ICB & ICS- the former has representation from the hospitals and other groups e.g., dental, pharmacy, so bargaining point for LOC to be included; the latter is like the current CCG’s and unlike ICB, has no ability to hold contracts. Due to delays, CCGs will continue maybe 3 months after the original end date for them.

**22/08 LOC Treasurer's report questions**

Circulated late (apologies from TK), so shared on screen, and figures run through by KR. No questions on report. KR confirmed Committee members who attended the meeting on 25/11/21 with RW could claim for their time.

**22/09 PESL report & figures questions**

MC: Re CGS in South: Episodes to date, after 6 years seems less than was projected per annum. Why is that? SAP: There is not much capacity due to lack of training, and some leaving scheme, with no replacements. Mid Essex want to send out patients but put up barriers to getting Optoms trained. It is also a big issue if the hospital won’t let go of patients.

Once settled after large influx in 2020 due to Covid, and willing Optoms trained, numbers will improve. At Southend, the true number of patients who could come into the community is nearer 4000. Different consultants have different ideas.

ES: Ophthalmology is the worst specialty for backlog of appointments- 73K appointments overdue by 18/52 nationally.

KL: Stated referrals in to Southend will increase when Evolutio contract finished on March 31st. Need to be triaged before going to hospital or bounced back to community.

ES: HES consultant triaging is a poor use of manpower. Better to utilise Hospital Optoms, Orthoptists, nurse practitioners etc, as in Colchester and East and North Herts Hospitals. Southend needs to set up a referral hub by March 31st 2022;

D2: Will shared care glaucoma scheme carry on when SLT (Selective laser trabeculoplasty) is used as a first line treatment? KL:SLT is as safe as drops, but only as good as the person doing it. Consultants have 70% success rate, others 30%. Junior fellows not told enough about the CGS to send into community, but are more willing to discharge out now.

RP: Are the backlog of payments paid up to date now? SAP: At the pay run today, Oct/Nov payments should be paid. If any Sept outstanding, make SAP aware. MSETrust are not processing payments quickly since the contract transferred to the Trust. The delay has been raised to the CCG. NEE payments are mostly made by the hospitals where the contracts now lie. ES: Re MSETrust, the hospital Director of Finance wants the situation controlled. All of the above is not PES fault, as they keep chasing MSETrust.

MG is leaving PES as CGPL with amend date now end of March 2022. Replacement unclear, possibly Sana?

**22/10 CCG reports questions**

ES: EeRS in HWE are at their standstill period for their procurement. Work will start for the rollout in that region soon

Nationally, the API to allow data to be transferred between different practice management systems is now fully built. There was a delay as Specsavers needed to confirm the specification with their systems. NH: Specsavers are getting an IT upgrade.

ES: Need to get support funding sorted for all EeRS rollouts. If want practices to join, need to fund for IG, training and ES’ LOC work. NEE has a different idea of EeRS, with too much input from the hospital IT Department and no Optom consideration. Funding to support an EeRS has to be spent by April 1st 2022 but not left enough time for proper procurement to make use of the funds - HES don’t appear to understand the funding requirements and ES is trying to work with NHSE for an extension.

MSE to have the first Hydroxychloroquine service in the country.

MSE talking of hubs e.g., symptoms, history, OCT, and how it can be done similarly in practice. Will need IP training funding.

**22/11 LEHN Report questions**

No questions

**22/12 Needs Analysis**

This was discussed as SAP updated new LOCSU format. Generally we are an LOC of strength, with a couple of areas where we agreed there were opportunities to improve, including succession planning. This is addressed later in Agenda.

**22/13 LOC Training spreadsheet- circulated before meeting.**

Members had been asked to look at their entry and communicate any updates to qualifications or experience to Administrator.

**22/14 Return of Katie Kingcott (KK)**

KK is to resume her role on 1/2/22 after maternity leave. A meeting is arranged for TK to pass over laptop and update KK on latest situation. The Officers had discussed that KK had not had an hourly rate rise, and recommended £25/hr capped to £250 per month with extra projects/claims made in agreement with Officers. There will be more work going back to Katie as a gatekeeper of documents. Proposed: MG, Seconded: CR. Vote was unanimously agreed.

**22/15 Succession Planning**

ES: Over the next few years, the Committee could consist of many members who need to be co-opted due to not working as performers/ contractors, as they reduce workloads or consider retirement from practice. The LOC needs to decide if it is happy with that situation, as it is a concern re governance, and this needs to be communicated e.g., at the AGM. A proper succession plan is needed, and shadowing where possible, which will have cost implications. This needs to be considered as a matter of urgency. We need to recruit new people onto the LOC before we can arrange for shadowing. Although a lot of schemes, governance etc., have been set up these could change and result in more work in the future. We have a relatively short time scale to sort this out.

KL: A lot of independent practices are changing, resulting in fewer Contractors, especially any who are willing to step up to join the LOC.

ES: This needs to be discussed more fully at next meeting, included as Agenda item, after members have given it some consideration. Need to review service spec for Committee members.

RP: How are we going to recruit? ES: New Action: newsletter advert.

HM: Can we use social media more, to recruit? Younger Practitioners are more likely to get their information on social media. We could also use it for more learning content and reach out to them. Happy to share initial thoughts with the members on how we can share case histories on WhatsApp group etc? HM asked to put something on paper and send to Officers.

**22/16 CPD**

CET has now changed to CPD. The LOC needs to look into what is expected of CPD providers. The Oaks has an event in March that we had agreed to publicise to practitioners and get GOC accreditation (if needed) for attendees.

**22/1 AOB**

Conflict of Interest/ Confidentiality forms need to be updated. These have been sent out to all who have not done so in last few months, to be completed and returned to TK. So far, still awaiting many replies. ES requested resending out forms, to be returned by end of the week.

A short discussion was had about whether future meetings will be in person, on Zoom or hybrid. As Spa Medica have previously said they are willing to host meetings, TK to follow up and check on IT facilities for screening, to include remote attendees.

**21/79 Date of next meeting**

20th April 2022 by Zoom. RP apologised in advance that she wouldn’t be able to make that meeting. TK to check KK available to take Minutes.

It was agreed that £200 could be claimed for today’s meeting due to over-running.

Meeting closed at 22.25.