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## **MINUTES of the ESSEX LOC ANNUAL GENERAL MEETING**

Held virtually on

**15<sup>th</sup> June 2022 at 7pm**

### **Present:**

Officers: Sheila Purser (SAP) Chris Rushen CR (Vice Chair) Emma Spofforth ES (Secretary) Kennedy Rath KR (Treasurer)

Committee members: Nick Hagan (NH), Kevin Lewis (KL), Maggie Glover (MG), Mark Carhart – joined 7.30pm (MC), David Dixon (DD), Bhups Battu (BB), Mike Daly (MD), Arun Balasegaram (AB), Hayley Moore (HM)

Also in attendance: Lisa Luxton, Carol McKee, Claire O’Leary, Phillip Read, Stuart Humfrey (LEHN), Sana Asif (PES), Max Halford (LOCSU)

Minutes taken by Katie Kingcott (KK) - administrator

### **22/36 Chairman’s welcome**

By SAP. Introductions from committee members. Agenda screen shared on zoom.

### **22/37 Apologies for absence**

Committee members: Tracey Kinns (TK), Reshma Patel (RP) unable to attend.

### **22/38 Minutes of last AGM**

Screen shared on zoom. Held on 2<sup>nd</sup> June 2021. Minutes circulated in advance to attendees. Need to change ‘20/49 Date of next LOC meeting’ to ‘21/45 Date of next LOC meeting’

### **22/39 Matters arising from Minutes**

None. Proposed as true record by HM; Seconded by MG. Vote to accept the minutes from the previous AGM (2021) – 16 voted yes and 2 abstained. To be electronically signed as accepted by SAP and sent to KK.

### **22/40 Chairman’s Report, Questions (report sent out in advance to all attending)**

Report screen shared on zoom. Previously sent out via mailchimp to everyone on mailing list. No questions from attendees.

### **22/41 Secretary’s Report, Questions (report sent out in advance to all attending)**

Report screen shared on zoom. ES very grateful for all the hard work the committee has done in the past year to support her in this role. Special thanks to TK for taking over admin whilst KK on maternity leave.

SAP thanks ES for working hard particularly over the past year.  
No questions from attendees.

#### **22/42 Treasurers Report, Questions (report sent out in advance to all attending)**

Report screen shared on zoom. No questions from attendees.

MD has been learning more of the treasury role. Committee members have been encouraged to join officers in attending meetings to get an insight into what they do.

Proposed as true record by MG; Seconded by CR. Vote to accept these accounts – 13 voted yes and 3 abstained.

#### **22/43 Statutory Levy**

Report screen shared on zoom.

Have been operating 1.5% levy for few years now – could consider reduction to 1.25% but will mean reserves will not be built up if this was reduced. Advised by LOSCU to build up £100,000 in reserves, currently have £80,000. KR recommends levy is kept at 1.5%.

Q - NH: Does BB know the levy in North East London? BB: Its 2.5% currently but North East London LOC are going to propose to bring down to 1.5%.

Previously the Essex LOC has been up to 3%.

Max Halford: Currently looks after 13 LOC's with the levy ranging from 2%-0.75%. The current levy of 1.5% is average.

Proposal to keep statutory levy at 1.5% by DD; Seconded by AB. Vote to keep the statutory levy the same, currently set at 1.5% - 14 voted yes and 4 abstained.

#### **22/44 CCG area update, Questions (report sent out in advance to all attending)**

Report screen shared on zoom.

Year 2021/2022 up to 31<sup>st</sup> March. Several developments since then which are ongoing. Changing from CCG's into ICS's. Slight shift in power within environments. Increase power base from some of our hospitals. Plans with commissioning ongoing. Any worries or concerns email ES. Practitioners urged to sign up for enhanced services. Reminder to read emails and newsletters.

BB: Can you clarify about the MSE triage hub? ES explained that all referrals will be triaged centrally by the hospital teams. The idea is to deflect as many referrals as possible back into the community for refinement. However, the LOC has heard from practices who do not offer enhanced services having px's sent to them from the trust.

Lisa Luxton: Sometimes get requests from GP's instead of hospitals. GP's need to be educated as well.

ES: GP's have no understanding of GOS. ES needs to know about any of these requests – especially repeat offenders from GP's, then the LOC can raise it with the CCGs to tell the GPs.

CR suggests a referral reply audit: asking for 10/20 referrals to be pulled out and seeing if practices have had a reply from hospitals to see how many ophthalmologists write back.

Discussions over referrals and communication from trusts.

HM: Feedback from hospitals is very poor. POCS - transfer is not always sent on opera. Will this be improved? SAP: Send all to SAP and she will add them to opera. Patients should only be seen under POCS if they are on Opera.

MD and AB: Both agree with HM regarding opera transfers. Spa medica have been brilliant, however Broomfield don't send opera details through. Can't see patients if correct information isn't supplied.

ES: Regarding lack of info from Broomfield, Optoms are preferring to refer to Spa medica instead as flow of data more reliable and shorter waiting times for surgery. ES can go back to trust regarding this issue. Some trusts have lost clinicians because they are not getting the training opportunities. Hospitals complain about loss of business to the private sector but when explained the reasons behind this, nothing is done to improve things from the trust.

These issues need to be raised to the trusts. Automatic transfer of data would solve the problem.

NH: Guidelines on what sort of things SAP would like us to report to her that aren't going properly would be useful.

'When POCS goes wrong' – suggestion to add to the newsletter. SAP to action.

NE Essex POCS related problems/queries to go to Sana.

22/45 Primary Eyecare Essex Report, Questions (report sent out in advance to all attending)

Report written by MG: screen shared on zoom.

MG: Thanks to everyone who assisted her in doing her PEE/PES work. Sana is taking over the PES role.

Q - BB: Telemedicine – can this still be done? MG: If you feel this is necessary this can be done, for example if a px is shielding. However, this should be minimum now.

Claire O'Leary: Noticed on accounts from Opera that they are getting paid £12 for triaging GOS 18. SAP has already referred onto the clinical director, and this is being looked in to as shouldn't be happening.

Claire O'Leary: When seeing a MECS patient and performing OCT they are not getting paid for the OCT additional fee. SAP: Claim as a follow up to get payment for OCT.

Sana: PROMS questionnaire very important to gain data, please encourage patients to do this.

Q - HM: Is there an alternative option to do the questionnaire as some patients don't have email addresses? Sana: You can ask the patient to fill in instore. Or use family members email address.

SAP thanks MG for all her hard work with PEE/PES, especially for all the hard work put in at the beginning setting up PEE.

## **22/46 LOCSU update**

Given by Max Halford verbally and screen shared on zoom.

Welcome from SAP to Max – LOCSU representative this evening.

Thanks to SAP for inviting to AGM. Mainly looks after South East of England. Vice chairman of another LOC. Clinical lead for ABDO as well.

Overview of core support for LOC's. Lot of LOCSU work goes on in the background. Local, regional and national level of engagement – funded by 0.5% levy from the Essex LOC. Over last few months, and over the next 6 months there is going to be huge changes within the NHS. CCG's being replaced by ICS's. Significant project change. Big change national commissioning of GOS fees.

National Eye Care recovery transformation program: More primary care/out of hospital care.

Integration and prevention. Aims to improve px outcomes and develop integration.

Optometry First – comprehensive first contact care and continuity of care for existing conditions.

Effectively concept is that px's shouldn't be referred into secondary care until everything that can be done in primary care is done.

LOCSU are currently doing a lot of support with LOC's regarding pathways.

Support LOC's as funding of GOS moves to ICS. Some work around GOC Opticians Act Consultation and subsequent reforms.

EeRS – variety of contracts and suppliers have been awarded across England.

Contact details shared if any questions in the future please contact Max.

Max has done 10 AGMs so far this year – the Essex LOC reports (particularly CCG report) are fantastically detailed.

ES: Optometry first principle – three pilot sites currently in England. Forth one was offered but was turned down. Still need commissioning decisions made at a local level. Some areas restrictions are down to ophthalmologists – contracts have gone to hospitals. Some ophthalmology departments want to control primary care optometry.

## **22/47 LEHN Update**

SAP invites Stuart Humfrey to give quick talk – New LEHN chair; Stuart took on the role at the end of March. In place for a year. Since taken over has found it quite a struggle as not a lot has been happening within the LEHN. Looking for direction and strategies to undertake.

Currently organizing first LEHN meeting. Looking to help visually impaired across Essex. There is currently a lack Low visual aid service in the community. Also looking into provisions for people with learning difficulties.

Other area to explore is OCT and smoking cessation. Keen to look towards pharmacy side of things with smoking cessation. Use OCT's to do macula scan. Helps to reinforce that visual loss can be attributed to smoking. Had email conversations with Aman Chandra - keen to look at shared care regarding macula in the community. ES to chat with SH regarding this as this is LOC work. SH to email Max regarding this also for more information on low vision.

**22/48 Appointments of Committee**

No interest from optoms/locums. ES: Recommendation to roll members of committee up for election for another 3 years. Vacancies are available. This will be discussed at our next committee meeting on 27<sup>th</sup> July. Info to be added into our next newsletter.

**22/49 AOB**

The Agenda, Chairman's Report and Minutes had been sent to all on the LOC mailing list, advising AOB to be submitted to ES. No AOB on agenda, as none received by ES.

**22/50 Date of next LOC meeting**

Hybrid meeting at Spa Medica on 27<sup>th</sup> July 2022, 6.30pm.

Meeting closed at 20.53