

MINUTES of the LOC COMMITTEE MEETING

Held on Wednesday 27th July 2022 at 7.15pm

Hybrid meeting at Spamedica, Fenton House, 85-89 New London Rd, Chelmsford, CM2 0PP

**Attendees**

Emma Spofforth (ES) Sheila Purser (SAP) David Dixon (D2) Kevin Lewis (KL) Chris Rushen (CR) Mike Daly (MD)

Tracey Kinns (TK) (left 8.10pm) Kennedy Rath (KR) Mark Carhart (MC)

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

Katie Kingcott (KK) Sara Porter (SP) Reshma Patel (RP)

Observers:

Sana Asif (PES) (left 8.15pm)

Manjot Grewal (left 9.10pm)

Minutes taken by KK

**22/51 Welcome and apologies**

Welcome from SAP. Apologies from Arun Balasegaram and Nick Hagan who are unable to attend.

One observer joining the meeting this evening - Manjot Grewal. Sheila introduces everyone.

Manjot introduces herself – Optometrist with a background in research. Has recently started to locum again. Would like to know more about the LOC and what we do.

Tracey Kinns is retiring from the LOC. SAP wishes her well in the future and thanks her for all the hard work she’s done over the years especially covering KK maternity leave.

**22/52 Health and safety**

Directions given in case of fire alarm for all attendee’s at Spa Medica.

**22/53 Conflict of interest statement**

Chris is now a triage for PES.

**22/54 Minutes of last meeting**

MG previously added a few amendments ahead of the meeting.

Proposed as a true record by MG, seconded MC. All agreed. SAP to electronically sign and return to KK.

**22/55 Action log**

Needs analysis – Needs new owner as TK now left the committee. MC has volunteered to take over this. Next review in Feb 23

Action 97 – Remove

Action 164 – Remove

Action 172 – Remove

Action 199 - KK sent this out to all practices on 21st July for response on mailchimp. Asked for completion by 18.08.22

Action 223 – Remove

Action 227 – Closed

Action 228 – Remove

Action 229 – ES to share info with committee. DD to remind all whatsapp groups regarding sharing patient cases.

Action 230 - Closed

Action 231 – Minutes previously electronically signed by SAP and emailed to KK. Action closed.

Action 232 - This is an ongoing matter and will be discussed in the ICB updates. Action closed.

Action 233 – KL has sent ES the data. ES and SAP to take to MSE discussions. Action closed.

Action 234 - Discussed with Stuart different roles. More update in ICB report. Action closed.

Action 235 – Remove

Action 236 - F/U px put through as a MECS as per CCG instruction. Mostly they were retinal anomalies so referred back to own Optom as per CCG instruction. Action closed.

Action 237 – Sits with ES to deal with. Action outstanding.

Action 238 - Done in April but very little interest. Suggest put in newsletter again. KK to add to newsletter.

Action 239 – Closed

Action 240 - Looking like a November presentation as not available for September - KK to chase availability for November.

**22/56 LOC Chairman’s report** **(sent out ahead of meeting to all attendee’s)**

DD: What support can the committee help with? SAP: Currently spending a lot of time in PES meetings, need committee members to offer to come along with Sana and ES. MC and MD offered to help. DD reminded previously offered help. ES to invite people to meetings.

**22/57 LOC Secretary's report​ (sent out ahead of meeting to all attendee’s)**

ES needs someone to help her out with the website - to work with DD. MG has volunteered to help with this.

MC: AOP councillor – MC would like to consider this role. What is involved in this? ES to send info to MC regarding this.

**22/58 LOC Treasurer’s report ​(sent out ahead of meeting to all attendee’s)**

No questions.

**22/59 PESL report (sent out ahead of meeting to all attendee’s)​**

Being discussed before Secretary’s report.

MC: What is risk stratification? Sana: Relates to Glaucoma, and a few other conditions, - before the hospital transfers out to the community, they need to risk asses the patient. It is how the hospital define what is the chance of the patient’s status for glaucoma changing and they can use this to determine the frequency of appointment and whether the patient can come out into a community pathway.

MC: On the old questionnaires it was very hard for px’s to identify themselves correctly. Sana: New proms questionnaire has two elements which makes it much easier to answer questions.

MG asks for a printout of the first 4 questions to be shared with MC.

MG: PES report is very good and spreadsheet very informative. Asks Sana to have a heading on the spreadsheet.

CR: Would it be worth launching the proms again stating it’s part of KPI data? Sana: Had some feedback on the proms and now have a paper returns option which should hopefully mean get more returns. Tends to be 20-40% returns currently.

HM: Regards the responses from proms – are there particular services which are lower on feedback than others? Sana: tend to get more replies from MECS but there is more activity on this anyway. POCS NE Essex needs to be priority and glaucoma monitoring.

HM suggests the patient needs to be asked if they will take part in proms before info is uploaded on opera. Suggestion to have a prompt when booking an appointment for the patient to consent to doing the proms questionnaire. Sana states this has been put forward to PES.

MG: Also need to explain to px why it’s important for them to fill out proms. ES stated the PROMS info is important for Commissioners when they are deciding whether to reoffer services.

KL: Lots of px’s don’t have smart phones – is there an option to have printed out with an envelope for px to send back? Sana: There is now an option to have a paper questionnaire. On the help link you can access a paper version to print.

SAP suggest Sana sends more comms out to everyone to remind them about proms.

Anymore points to raise regarding proms email Sana and copy SAP in.

Apart from proms, doing well in Essex.

Discussions on Mid and South Essex CGS and the future pathway and its commissioning process. SAP and ES are still waiting to hear from Consultants in MSE Trust.

Sana on leave from now until the 7th August. Sana leaves meeting 20.15.

**22/60 Committee fees**

Last year the Officers had an uplift in honoraria. CR has asked if we can have a debate regarding a 10% increase on the hourly rate for committee members.

BB: NE London LOC – were £60 per hour, recently gone up to £65 per hour. This is now in line with neighbouring LOC’s in London.

Whole committee discussed the increase and it was acknowledged that the hourly rate hasn’t increased in the time of this LOC incarnation approx. 10 years.

BB proposes putting the hourly rate up to £65 per hour for the Essex LOC, seconded by MC. ES and SAP abstained as they acknowledged they were most likely to claim extra for meetings. All others agreed. KR suggests to make this effective from 1st August.

ES, SAP and KR happy with the uplift in honoraria from last year. Review this time next year.

Daily rate to go up to £450 maximum for 24 period. Proposed by CR and seconded by MG. SP abstained. All others agreed.

Fee’s for meetings to stay the same – claim for three hours for an evening meeting. If meeting is more than three hours – half hourly fee’s to be claimed on top.

POST MEETING NOTE: ES to share the outcome of this discussion around fees once the Officers have confirmed the requirements for “extra tasks”.

HMRC – all committee members are liable to pay tax on LOC income. Income from LOC is a gross fee and this must be declared. LOC is unable to pay tax as not a registerable entity.

KR suggests that if an officer leaves their role then they should stay for another three months to do the handover to new officer. Honorarium would be paid to the officer during this three month period. RP proposed, DD seconded. Carried unanimously.

ES to adjust all LOC terms of services as a result of these discussions.

**22/61 Co-opted members​/Election of Officers**

Currently the committee has three co-opted members – TK, HM and SAP

TK is resigning from committee, last meeting tonight. Leaves a space for another co-op.

HM co-opted last year as had too many performers. Now no longer need to co-op HM. Everyone in favour of HM becoming a performer.

ES proposes for SAP to remain as a co-op, MG seconded. Voted unanimously.

No one has stood for an officer role. All four officers will re-stand.

MC proposed for all current officers to stay, MD seconded. Voted unanimously.

**22/62 ICB updates (sent out ahead of meeting to all attendee’s)**

Having a difficult time with all Essex hospitals for varying reasons. Since Ophthalmologists have more control on what happens in the community everything is grinding to a halt. ES has raised this with LOCSU. Other areas are also having problems.

NE Essex – trying to negotiate EeRS procurement. Hospital agreed to fund ES with service spec work. Want focus group of optoms to feedback on pathway. ES thinks this isn’t a good idea. Focus group was going to be an all-day presentation and then practitioners feedback.

Discussions between MG, SAP and ES regarding this. All agree it’s a bad idea. MC would like to attend these meetings with ES.

BB: Do we have an optometry first service in our area? ES: No. Unfortunately, the National Team wanted Herts and West Essex ICS to be a pilot site but they weren’t in a position to participate from a CCG/Trust perspective..

**22/63 CPD events**

23rd November peer review with HM and lecture from James Myerscough Last year HM did peer review and then two lectures. Suggestion this year to do one lecture and then the peer review. 6.30pm start for lecture, 15 min break and then peer review at 7.45pm. HM to liaise with ES regarding this. HM would like some people to volunteer for table leaders.

**22/64 LEHN update​**

Stuart Humfrey was hoping to attend the meeting virtually via zoom from holiday but no show. LEHN report should have been submitted ahead of meeting but not received.

**22/65 AOB​**

MC: Distribution of reports - suggests collating them all in a PDF folder so sent all as one document. Acrobat pro DC costs around £90 per year. Allows you to edit PDF’s and collate them into one document etc. MC to email officers regarding this to be discussed in next officers meeting.

Next newsletter – remind everyone to use [Sheila.Purser@Primaryeyecare.co.uk](mailto:Sheila.Purser@Primaryeyecare.co.uk) for any PES related queries as this is the only email that is monitored.

LOCSU producing video to explain important information discussing what an ICB is. KK to share with committee. ES asks all committee members to listen to this and feedback their thoughts on it to her.

NOC will be in person this year in Leeds. Need volunteers to go. SAP will be attending. Need two other people who can volunteer from committee to attend. Reports will need to be written. 10th, 11th and 12th October. Anyone else that would like to attend to let ES know.

**22/66 Date of next committee meeting**

9th November – to be discussed if this will be zoom or hybrid.

Meeting finished 10.12pm. Extra claim of an hour at old rate agreed by Treasurer.

Signed Electronically, SAPurser SHEILA PURSER CHAIRMAN 18/11/2022