

MINUTES of the LOC MEETING

Held on Thursday 24th November 2022 at 6.30pm via Zoom

**Attendees**

Emma Spofforth (ES) Sheila Purser (SAP) David Dixon (D2) Kevin Lewis (KL) Chris Rushen (CR) Mike Daly (MD) Mark Carhart (MC) Hayley Moore (HM) Maggie Glover (MG) Bhups Battu (BB) Reshma Patel (RP) Sara Porter (SP)

Katie Kingcott (KK) Arun Balasegaram (AB) Max Halford (LOCSU)

Minutes taken by KK

SAP welcomes Max from LOCSU. Thanks to all for attending. Apologies from Kennedy Rath.

Committee asked to feedback suggestions to ES re NOC. Will be discussed at next committee meeting.

**New Treasurer**

The following was sent to the committee ahead of this meeting. ES reads out loud:

1. The Essex LOC Officers and Committee have received and, after a private discussion held on 15th November 2022, accepted the resignation from Kennedy Rath as Treasurer.
2. We have received one nomination so far for the role of Treasurer, Mike Daly.
3. Would anyone else like to nominate themselves for the role of Treasurer?
4. If no one wants to stand against Mike, we will need a proposer and a seconder and then a vote.

No one else has asked to stand. Proposal to appoint MD as the new treasurer.

Motion by CR and seconded by RP. Unanimously voted in by 14 members on committee in attendance.

**Referral pathways in NE Essex**

Reminder from ES that these meetings are confidential.

Referral pathways in NE Essex are currently being discussed. Old system was to initially refer to GP. The NE CCG then set up a pilot referral contract with Evolutio. During Ace’s tenure holding contracts in NE Essex, referral pathways were commissioned with Evolutio. Since July 2021, all community contracts have now been passed over to Colchester Hospital to commission. They decided they did not want to keep the Evolutio triage platform.

LOC supported the desire for Colchester Hospital to set up referral route via nhs.net. This became live July 2021. However there have been significant difficulties with using this process as not all Optometrists or Optical Practices can obtain an nhs.net email account.

Over the last 18 months NHS England wanted practices to set up an Electronic Eyecare Referral Service (EeRS) program. The regional team (pre ES joining) offered funding to support an EeRS roll out. ES has attended meetings with Colchester Hospital over the last year and there has been no progress in the referral platform as the service spec from Colchester Hospital was completely unusable for Primary Care Optical practices.

There has been a lot of pressure from regional team to use the money (£175,000) to set up referral platform.

In Suffolk’s contract there is a clause that says the referral platform rolled out in Suffolk could be used in Essex when an ICB was set up. ICB want to use this as stated in the clause. Colchester Hospital have said they want to triage using Evolutio platform but give patient choice of where they want to go for eyecare. Second contract for community services has the same clause.

Need support on actions going forward.

National team have given up with EeRS and now want to go ahead with ERS. But this isn’t yet organized for optical practices and there are pilot sites being used across England. Still very early discussions.

Options:

* Ask if there are any sites in NE Essex which would act as pilot sites for ERS. Supported by regional team.
* Another option could be to get PES to do a hub model and expand into NE Essex.
* Procurement for bespoke EeRS is a possibility but lots of problems with this including time scales
* Alternatively, could insist practices stick with nhs.net until there is a better way forward.

Remember, we only have to refer via the GP.

ES can’t make this decision as regional team want one thing and ES view is the ERS may not work either and as at pilot still, will be quite onerus to Essex practices. Need the committee to help with decision. Max will take the lead in meeting next week, ES will be there in attendance

Discussions:

NH: Asked could we stick to what is done currently until a decision made. NH offers for his practice to be trial site.

MC: Q – is Evolutio mentioned in contract?

ES: In service spec at tender, it says the option to use a new provider in NE Essex, should remain open. Evolutio won this contract. Ultimately any of these decisions are up to the practices. There is an implication this is in the contract, although we have not seen the contract.

DD: Very happy with current set up. Offers his practice to be a trial site. Will confirm with owner. What requirements would trial site need? Keen not to go back to Evolutio.

ES: Knowledge is very limited what is required for ERS for Optical Practices.

MD: Happy to stay as it is now.

Max: There are three sites in Devon which are close to going live with ERS pilot. Each clinician gets a usb key which gives them access. Kits are around £25 per person.

KL: Q – what is the difference between EERS and ERS?

ES: EERS is going through opera, although other providers are commissioned across England. ERS is the electronic method used by GPs to refer. Gets triaged within hospital by hospital clinicians.

ES feels pilot sites are needed to find out what barriers/issues there are. This is the drive from NHSE Nationally and really, as a sector, we should have the same processes at other Primary Care providers.

CR: If some money left – suggests some support on what not to refer to reduce number of referrals.

ES: Money that’s been allocated has certain rules about how it can be spent.

MC: Q - could the committee vote to use some of the funds within the LOC to show willing and commitment?

ES: Money in MSE, Herts.and West Essex used in procurement to fund LOC time. In Mid and South Essex there have been discussions regarding using some of their money to further support EeRS program rollout. So there is the possibility.

NH: Q - As a trial, assume there will be an audit with outcome. How will this be measured? What would be considered a success? Would all optoms require a usb key?

ES: Has been given very little information on this.

Max: All optoms would require a usb key.

NH: Q - In terms of training would this be done online or in person?

ES: To be decided.

NH: Q – Is the portal live?

ES: Yes. Same portal as used by GP’s.

ES asks NH to email her with concerns on being a pilot practice.

HM: How does this work with locums referring?

ES: Doesn’t know answer to this. Shouldn’t share someone else’s login. Going forward if this is rolled out in all optical practices then all optoms would need a usb key and these would be able to be used in any practice.

ES asks if the committee are happy for her and Max to discuss the options at next week’s meeting, including mentioning that NH and DD are happy for their practices to be pilots.

MC: Q - do we need to vote?

ES thinks we need a consensus. May need a vote later depending on decisions by the hospital.

SAP asks if anything else to raise.

MC: Q – when is the next committee meeting?

SAP: To be decided at officers meeting this evening.

SAP: Still don’t have control of LOC bank account. Once have control of bank we will then transfer over to MD to control.

ES and SAP thanks committee for everyone’s time and support over the last few weeks.

HM: How much can we claim for this evening?

ES: One hours claim for tonight. (£65)

Meeting finished 7.15pm.