



MINUTES of the LOC 'EXTRA' COMMITTEE MEETING

Held virtually on Wednesday 22nd March 2023 at 7pm via Zoom

Attendees

Emma Spofforth (ES)	Sheila Purser (SAP)	David Dixon (D2)
Chris Rushen (CR)	Mike Daly (MD)	Bhups Battu (BB)
Kennedy Rath (KR) left 7.19pm	Hayley Moore (HM)	Maggie Glover (MG)
Katie Kingcott (KK)	Sara Porter (SP)	Reshma Patel (RP)

Minutes taken by KK

Apologies from Mark Carhart, Kevin Lewis and Nick Hagan who are unable to attend.

Purpose of this meeting is to give time to discuss the needs analysis and NOC. Emma previously sent the following documents out – summary of needs analysis, NOC discussion points and secretary job role. These should be used in conjunction with this meeting.

Needs analysis

SAP screen shares needs analysis document.

ES: This aspect is just to ensure committee are aware of areas where we may have stated No/Don't know or unsure when completing the recent Needs Analysis:

1st point on document includes 7 questions in that category.

Good governance & deliverers "value for money" to local contractors & performers:

Yes answered to most apart from question 8, lots of don't knows. In respect to workforce and capacity plan - in Easter/Summer 2020 a workforce assessment was undertaken to ask who was willing to do enhanced services. Could do with being reviewed at some point in the future. Enhanced services – we have a spreadsheet to calculate time spent doing the various tasks required for enhanced services. This was revamped earlier in the year with costings unput from LOC Committee Contractors. This is used to cost how much we suggest is a reasonable charge for enhanced services.

Active in local ICS/CCG/ local system recovery groups: weak areas on answers for Q.16 - PCN areas are much smaller than CCG areas used to be. Determined around population density around GP practices. We do little for this due to resources and availability of LOC representatives

Q17 – We do have a place on local ophthalmology planning alliance. These are the eyecare delivery groups. Three in total. Either SAP or MG join ES in these. Anyone who wants to do more work in the LOC could join these too.

Work with LMC & LPC colleagues on joint projects in their area and liaise regularly with LOCs on their borders:

Q19 – Yes, we are actively engaged with neighbouring LOCs. We share two ICSs with neighbours and every three months meet on the LOC regional forum.

Q20 – Don't do much commissioning with LPC/LMC. Since lockdown haven't had regular meetings with them. Do have email correspondence intermittently. Issues with resources and time.

Q21 – Closer work via ICS - particularly in Herts looking to do similar services.

A few FYI's:

LOCSU planning on doing bitesize educations lunchtime sessions. If anyone is interested will be useful to attend. ES has done a few and found very informative.

Q's 42, 43, 44 always attend.

Q 45 – List of pathways is available on LOCSU website. Currently don't have everything as difficult to have conversations with the commissioners. Any more info needed visit LOCSU.

Q 46 – Support documents also on LOCSU website. ES always takes supporting documentation with her into meetings.

Q 47 – Pathways in our area are on the PEE website. Post op cat service – not much info on this.

ACTION: MG/D2 to look at list of pathways on LOC website.

NOC discussion points

SAP screen shares document

ES: Good to get feedback from everyone. Brilliant reports from the attendees of the last NOC.

- 1) CPD for other HCPs - Used to do this a little before COVID. CR and MG have done a few. In the past nurses from SPH have asked to sit and listen in.

ACTION: KK to contact circle group to offer places for CPD sessions. Fiona Stevens has previously expressed interest in attending – KK to get details from SAP and invite Fiona to attend Alex's meeting next week.

HM happy to be involved in presenting to GP's.

Discussions over locum GP's seeing eye problems. ES to make enquiries into funding for this.

- 2) Shorter but more frequent meetings - Tonight's meeting is an extra meeting to discuss specific points. Officers will ponder this for future meetings.
- 3) Succession planning - Need understudies for succession planning for all officers. Secretary's job role sent out previously to committee. Highlighted points are work which KK does. ES oversee's these but done by KK. These documents also being revamped by LOCSU. These roles can be split in to smaller chunks as partial support
- 4) Fees – Herts don't currently have any services commissioned with community practices. Looking at trying to get some pilots organised. Want to use PES. Uplift in West Essex has been asked for as get paid less than practices in Mid/South Essex. Suffolk practices get paid significantly less than NE Essex. Volume much higher in NE Essex than Suffolk. Discussions over fee's continue.

Q: Mike – were the prices of fee's arranged when we had CCG's, before ICSs?

ES – Yes, the purpose of the ICS is to get all services including fee's the same. In SNEE need to get agreement from two LOC's and 3 hospitals to get pathway agreed. Commissioning model currently has 3 different ways to commission across ICS.

- 5) Visiting practices – do we have the finances to pay someone to visit practices?
Once MD is settled in his new role we can confirm finances.

Q: HM – what kind of things would be discussed when visiting a practice? ES – need a framework. Idea is to make practices aware of the work LOC does. For example, referral pathways, LOC website, check contact details with practices including checking who has nhs.net. Aim would also be to try to get people involved with the LOC. D2 suggests having a leaflet to hand out.

Q: HM – is there a way to identify the least engaged practices? ES – can cross off enhanced services practices. ES suggests Hakim practices might be good idea to visit as quite a few practices in Essex have recently been taken over by the Hakim group. An easy target.

Q: D2 – who would you envisage talking to in the practice? Manager might not be available. ES – this is why leaving some information would be useful. Get basic information, confirming contact details etc with someone on the shop floor and leave leaflet with them to pass onto manager.

ES suggests phone conversations may be an easier option with some practices.

Q: HM – do we get involved in practices who don't offer GOS and only private sight tests? ES – no we don't as LOC is funded by NHS and doesn't get funding from non GOS paying practices.

Q: HM – can private practices offer enhanced services? SAP – yes, they can.

- 6) Pack for Ophthalmologists and Commissioner to explain Optometry – ES has a copy of the presentation ICB's were given. ES ask does anyone want to renew and adapt as part of a sales pitch? Would require a bit of time. HM potentially would be interested but currently doesn't have time. ES suggests to talk about this with HM after the AGM.

SAP suggests moving next committee meeting as clashes with another meeting.
Officers to discuss out of meeting.

Meeting finished 8.07pm

Signed Electronically 7th May 2023

SAPurser

Sheila Purser

Chairman