



MINUTES of the LOC COMMITTEE MEETING

Held virtually on Wednesday 24th January 2024 at 6.30pm

Attendees

Emma Spofforth (ES)
Kevin Lewis (KL)
Hayley Moore (HM)
Jasraj Bhangra (JB)
Bhups Battu (BB)
Sara Porter (SP)

Sheila Purser (SAP)
Mike Daly (MD)
Maggie Glover (MG)
Vickie Hamilton-Barr (VH)
Reshma Patel (RP)

David Dixon (DD)
Mark Carhart (MC)
Katie Kingcott (KK)
Philip Bridgford (PBF)
Pooja Bij (PB)

Observers:

Kiran Lal
Sana Asif – PES (arrived 19.30)

Minutes taken by KK

24/01 Welcome, apologies and conflicts of interest - Chairman

Welcome from SAP. Conflicts of interest spreadsheet sent out ahead of meeting. SAP asks all members to reply to KK with changes/no changes if not already done so.

Business:

24/02 NOC – learnings from reports and actions – paper supplied ahead of meeting

Everyone who attended the NOC fed back with reports.

Officers have discussed potentially having an 'away day' to catch up and talk through business, including NOC findings. This would be funded - covered under the daily rate.

HM thinks getting to know the committee outside of meetings is invaluable. Really good to get to know people and makes the LOC stronger as a team.

KL and MG agree with HM. PB would like to meet everyone face to face and get to know fellow members. Everyone agrees!

ES: logistics may be quite tricky getting a day everyone can attend. Afternoon/evening has been suggested. Agree to plan

DD to do a poll regarding dates.

HM: have officers discussed doing any meetings face to face?

ES: Yes, been discussed. Main problem is that everyone comes from different areas which makes it hard to meet in person. Potentially going forward the plan is to do an 'away day' once a year. Meeting in person can be discussed in more detail on the away day.

Each NOC attendee has given three suggestions for the LOC. Things we are not doing are mainly because we don't have the resources or have barriers in place from external influences.

CR asks about MECS service? ES: GP's are saying they don't want to support any other primary care professions on their websites. Negativity around different pharmacy conversations. Pharmacy First rolls out on 1st February. Got national support. Discussed getting minor eye conditions treatments advertised to various groups across Essex which SAP and ES have already commenced in various meetings. CR suggests speaking to LOCSU regarding this on a national level.

ES: need to clarify how MECS is documented on the PES website. SAP to send ES info for this – ES to look into.

CR: What influence does the AOP have over what LOCSU does? ES: AOP is one of the founders of LOCSU. Third share holder. AOP can influence and drive what happens at LOCSU meetings but there are two other parties with the same input.

MC: Over the years has been disappointed with level of support from LOCSU. How do we feed this back to LOCSU? ES: speak to LOCSU directly.

HM: GERS appointments – referrals from GP attach summary care record. This makes a massive difference having to hand with the referral. Full clinical record would be transformative. Some areas are working on a shared care record for patients but few consider Optometry needing this.

DD has suggested we should have a 'strap line' for the Essex LOC. 'Focussing on a clearer vision for the future' strapline went out on newsletter. ES suggests putting a different strapline each time on the newsletter.

HM/MC suggest doing a competition on Instagram regarding a strapline. To be discussed with VH.

Action: DD to run a poll for committee and Officers to discuss options for Away Day

24/03 Committee Make up – Secretary - Paper supplied ahead of meeting

Potentially there is a problem with the makeup of the committee going forward. Constitution says LOC's need a certain amount of people on the committee. A few committee members need to shift their roles between Contractor and Performer. Few options on what can be done.

Election cycle – two performers and two contractors up for election. Need to be mindful of the constitution. Currently constitution is being looked at by LOCSU. Need to make a decision by the AGM what to do regarding the numbers of people in the roles. Need clarity around the election process. Six options suggested in the paper supplied.

MC: likes option two – increase the co opts.

HM: how many people are we over? A committee is suggested as being no more than 12. ES: That's the recommendation, however we have more. Maximum we can have in our constitution is 20. 8 performers, 8 contractors and 4 co opts allowed. Need to be mindful that with a bigger committee, the more difficult it becomes.

Discussions continue over the makeup of the committee.

ES: other option is to have contractor's representative. This would fill the contractor slot as their representative would attend meetings on their behalf.

BB: doesn't see having a larger committee as a weakness. As a contractor doesn't have time to offer more to the committee other than attend meetings. Feels this might put contractors off joining as they don't have time.

KL: is there a legal definition of what a contractor and performer is in the constitution? ES: Yes. ES to look into the constitution about a contractor's representative. Need to check if DO's can be a contractor's representative.

ES suggests that we have at least 16 elective members with at least one quarter contractors and at least one quarter performers. Proposed, ES; Seconded DD all agreed unanimously.

Action: ES to look at Contractors representative's rules. ES to start a change to the constitution.

24/04 Secretary vs Clinical Lead – Secretary - Paper supplied ahead of meeting

ES will be standing down as secretary in the first committee meeting after the AGM this year. Secretary and clinical lead roles have been divided – ES currently doing both of these. Fees for secretary role need to be decided ahead of ES standing down. Officers recommend new secretary (once ES stands down) to be paid an honorarium of £7,540. Committee asked for their thoughts on this. MG likes the suggestion.

MC: would ES in clinical lead role attend the officers meeting after standing down as secretary?

ES: this would be a point of discussion going forward for new officers to decide

DD: there will be an increase in salary cost of the LOC.

MC points out that the secretary's work load is less than the chairman and treasurer. ES: yes this is the case. KK does a lot of the secretary's role.

HM would be interested in putting her hat in the ring for the secretary role. ES has had two people interested in the role already.

Sheila asks if everyone is happy with the suggestion of the honorarium? Proposed, ES; Seconded DD all agreed unanimously.

Action: ES to alter Terms of Service documents for new Secretary

24/05 Charity Donations – Treasurer - Paper supplied ahead of meeting

LOC has made charity donations in the past. Currently have some funds that can be used for charity donations - have £1,000 to donate. Open to input from committee.

ES been to AOP meeting – chair of benevolent fund said they could do with some charitable donations. Benevolent fund gives financial support to anyone in times of hardship.

SAP was asked if would give charitable donation to the ABDO benevolent fund. Covers nationwide.

RP thinks it would be nice to give donation to local charities.

DD: this will be a one off donation to start with. Not a regular thing.

MG: local VI and benevolent funds are all very good charities. Suggests splitting between the two.

SAP asks are we in agreement to give a charitable donation? All agree.

ES suggests splitting three way to include DO's benevolent fund.

ES to get info from benevolent funds to share in our newsletters.

HM: would prefer not to split three ways. Too many ways split means each charity only gets a small amount.

BASIS charity needs donations badly. Other charities are ok. SAP suggests half to charities and quarter to each benevolent fund. Majority voted yes. ES, SAP and DD to discuss money for charities.

Info on Benevolent Funds and LV charities to be included in newsletter, instagram and facebook. ES to speak with KK. Also to speak about at CPD events ?

Action: Investigate methods for donations to Optom and DO Ben Funds and Local CVI charities

24/06 CPD – Secretary - Paper supplied ahead of meeting

Need an idea of CPD for the year. Usually organise three in person CPD events a year. Spring and Autumn, then one in conjunction with the AGM (19th June). PES want to do a CPD event for triage – suggested date 19th March.

Need to do a DO themed CPD event. Seiko have lots of CPD accredited workshops. Discussed the different options - decided to go with individualisation to succeed. KK to go back to Seiko regarding this – to have in spring. Tuesday, Wednesday or Thursday - dates to be decided.

Action: Officers to set dates for CPD for year

For Review only with option to ask questions:

24/07 Minutes of last meeting agreed and any questions from action log previously submitted – Chairman

SAP proposed true reflection of the last committee meeting. KL and RP seconded. All agreed. SAP to electronically sign and return to KK.
Action log been sent out. No questions on this.

24/08 LOC Chairman and Secretary's report questions – Chairman – Paper supplied ahead of meeting

No questions.

24/09 LOC Treasurer's report questions – Treasurer – Paper supplied ahead of meeting

Discussed future reports to be done quarterly. Will be easier to compare to previous ones. Finances should be similar going forwards. Will have away day to fund.
No questions.

24/10 ICB update questions – Clinical Lead

Report not sent out ahead of meeting. KK to send to committee.
ES gives brief update on ICB's.

[REDACTED]

About a year ago RNIB started to push new initiative for ECLO's and low vision support. RNIB will come in to supplement programs in hospitals. RNIB have told local charities that they are taking over the hospital ECLO's. RNIB will provide full ECLO at Broomfield and Orsett. South-end LVA service possibly under threat. RNIB will probably want their own ECLO's in hospitals. There are now only have three practices in Essex supplying low vision services.
HWE ICB – no change. They have a plan for community services but no money
Action: KK to send out report to committee who can email ES if any further questions.

24/11 AOB

NH: blue light card official change. Health and safety clinical waste – update. ES asks NH to email ES info and will add to newsletter.
ES: ICB lead has offered to do presentation to the LOC on what is an ICB.
MC thinks we should have a talk. Shows enthusiasm to work more with them.
ES to speak with Herts and maybe have a joint talk.
Welcome to Essex email – new performers. Get a list of new performers each month. KK sends welcome email to new performers. Suggestion to send a newsletter to these new members. KK and VH to do newsletter.
MC: needs analysis - is everyone happy to put name to responses or do we want to be anonymous? SAP suggests put name to it if wanted, however ES and DD think people may be more honest if anonymous. Agreed to keep anonymous.

Conflicted members (Jasraj and Pooja) leave meeting at 21.07

24/12 PESL report discussion

Sana gives brief verbal report.
Feedback from CR: POCS – when they come through, they sometimes have also had a follow up at the hospital. HM has had one today with the same.

Any issues flag to Sana. Lack of communication.
Talk about moving pathways forward.

MG: workload putting on optoms by not giving proper discharge letters. This needs to be brought to the table.

MG congratulates Sana on getting West Essex to quarterly meetings, not monthly which was done previously.

Sana: relationship with West Essex is now really good.

Next meeting 17th April. May have away day instead of meeting – to be discussed between officers.

Meeting finished at 21.35

Signed Electronically 22/4/2024

SAPurser

Sheila A Purser
Chairman