



## MINUTES of the LOC COMMITTEE MEETING

Held virtually on Wednesday 17<sup>th</sup> April at 6.30pm

### **Attendees**

Emma Spofforth (ES)  
Kevin Lewis (KL)  
Hayley Moore (HM)  
Jasraj Bhangra (JB)  
Reshma Patel (RP)

Sheila Purser (SAP)  
Mike Daly (MD)  
Maggie Glover (MG)  
Vickie Hamilton-Barr (VH)  
Pooja Bij (PB)

David Dixon (DD)  
Sara Porter (SP)  
Katie Kingcott (KK)  
Philip Bridgford (PBF)  
Bhups Battu (BB) (7.10pm)

### Observers:

Kiran Lal  
Samantha Gode  
Sana Asif – PES (left 7.05pm)

Minutes taken by KK

### **24/13 Welcome, apologies and conflicts of interest - Chairman**

Welcome from SAP. Welcome to observers – Samantha is the director of Specsavers Chelmsford and Springfield. Kiran observing for the third time. Apologies from Nick Hagan and Mark Carhart who are unable to attend. KK to send conflicts of interest to Samantha.

### **Business:**

#### **24/14 Vote of Kiran on committee**

Kiran has attended committee meetings as an observer three times now - would like to join the committee. RP proposes to vote Kiran onto the committee as a contractor, seconded by HM. Voted unanimously. KK to send new members info to Kiran.

#### **24/15 Away Day update**

Date agreed 30<sup>th</sup> June. Away day will be face to face. Plan is to do an activity, have lunch and do some work. To be held in Chelmsford – generally central for most people. Activity wise – pottery, painting or escape rooms. Work wise, the agenda still needs to be organised. Needs analysis will be discussed on this day.

#### **24/16 Committee Make up (Secretary) – Paper supplied ahead of meeting**

Issue around the make up of the committee - short of contractors, want to make sure this box is filled. Going to tweak constitution slightly which will need to be voted at the AGM. Both MG and MC are currently performers on the committee - at AGM will need to stand down as performers as they are not undertaking GOS anymore, but could stand as co-opts. Next election cycle for contractors/performers - CR, MD and PB are up as performers, SP and BB as contractors. KL

will be standing down from the committee this year. SAP thanks KL for all his input and hard work over the years with the LOC.

### **24/17 Elections for next committee**

Need to advertise at AGM options for performers/contractors. Will need election process. Those up for election will need to decide if they want to re-stand. Need to let ES know by email by the beginning of May.

MG - Q: does she need to say before the AGM that she would like to be co-opted? MG won't be able to attend AGM this year. ES: Need to know at the first full committee meeting after the AGM in July.

### **24/18 AGM**

AGM/CPD event will be held on 19<sup>th</sup> June. One ophthalmologist keen to do presentation on ophthalmology. Any suggestions for another CPD? RP suggests paediatric talk. HM happy to talk about PVS scheme at the end. ES - need to be mindful of this as it's a commissioned service.

### **24/19 CPD – Dates for autumn and update**

SAP suggests myopia control for a future CPD event. DD - we did have good Bruce Evans myopia control talk previously. HM agrees it was really good.

IP peer review session suggested at officers meeting. Would be online. Looking to do this early October.

Autumn event in person – myopia management possibly.

Huge number of independent sector providers in/around Essex. Lots are sharing CPD sessions with us - advertising a lot of these. Will continue to advertise on their behalf but won't be running these sessions.

Suffolk/NE Essex ICB are doing a huge procurement – the lead at the ICB wants to speak to practitioners in NE Essex asking what they think they would like out of a service. Wants to make contact/join in with CPD event to discuss this.

DD - Q: 9<sup>th</sup> October – provisional for committee meeting. Is this still set? ES: yes keep as provisional in case new Secretary can't do it.

### **For Review with option to ask questions:**

#### **24/20 Minutes of last meeting agreed and any questions from action log previously submitted – Chair**

No questions on minutes. MG proposes minutes correct, PB seconded. All in agreement.

ES updates action log:

Training spreadsheet – please reply to KK chase.

Main contacts for each of the commissioners to be added to action log, also needs to be added to 'how to' documents – ES.

272 – Close.

276 – Insurance policies. Struggled to find something. Spoke to LOCSU regarding this but not heard back. Funds now in a savings account – six months operational reserve. Should be enough to cover us for any unexpected expenditure. ES suggests close action.

278 – Remove.

286 – On agenda. Close.

292 – DD and ES had meeting with LOCSU regarding this. Ongoing, very slow moving. Leave action as ongoing.

295 and 296 – Remove.

298 and 299 – Close.

300 – Decision to rotate strapline on newsletters. Close.

301 – Close.

302 – ES has info from Optom Ben Fund to share. Close.

303 – Close.

304 – Ongoing. After CPD event SAP and ES to liaise more on what info can be shared.

305 and 306 – Remove.

307 – Dates for next two CPD confirmed. Close.

308 – Remove.

309 – Chased and no reply. ES suggests close.

310 – Close.

311 – For new Secretary.

#### **24/21 LOC Chairman questions (Chair) – Paper supplied ahead of meeting**

No questions

#### **24/22 LOC Secretary's report questions (Secretary) – Paper supplied ahead of the meeting**

Update on constitution. Needed updating because of terminology. LOCSU in process of rewriting constitution – first draft been seen by officers. Few bits officers unhappy with.

Email addresses – New email addresses up and running soon. As these are repurposed PEE email addresses, sapphire sent access to SAP to check if any confidential information on these older addresses.

WhatsApp groups – been a lot of comments made about using the WhatsApp group for advice and guidance – not meeting governance requirements. Officers have agreed to put a terms of service document on the WhatsApp groups – moderators will make sure members are using groups correctly, not sharing info they shouldn't etc. Optom only group will be kept in action, advice and guidance groups may be closed down.

No questions.

#### **24/23 LOC Treasurer's report questions (Treasurer) – Paper supplied ahead of the meeting**

Still in a good position. Slightly shorter period this time. Going to change this so each treasurer report operates over a quarter going forward. In process of doing end of year accounts and budgeting. Stat levy suggestions will follow.

BB – Q: Was there any discussion about changing the percentage from contractors? DD: Currently 1.5%, keeping in review. Once finished accounts and budgeting will have an official suggestion if this should be changed.

MD still has the bank card. DD to talk to MD regarding this.

#### **24/24 ICB update questions (Clinical Lead) – Paper supplied ahead of the meeting**

Patient choice independent sector providers – There is now a requirement all referrers should offer five points of choice for all referrals to include ISPs as well as Acute Trust. This makes a referral more difficult for Optometry. ISPs are being used especially for cataract surgery which means Acute Trusts are losing patients. Optometry is getting the blame for loss of activity in the Trusts and in some ISPs where there are so many set up

Lot of ISP companies now looking at glaucoma, medical retina. Possible that private hospitals may offer full optometry services in the future. Need to be really mindful about this.

BB had a patient who attended private hospital – hospital tried to sell them additional procedures to make their vision better. RP has had patients report this as well.

ES asks committee to send her any evidence they have regarding this.

RP – Q: Is there any danger these private hospitals might encroach on optometry services? ES: Yes, happening in some parts of the country already.

Lots of area's have pre-cat pathway. Essex don't have a pre-cat pathway. Referrals choice for patients can be funded as part of a Pre Cat pathway.

JB has noticed a few private hospitals are telling patients to use medication for two weeks, not four as previously recommended. ES has flagged this up and advised that hospital are happy for patients to use for only two weeks. Evidence based suggests only need for two weeks. [REDACTED]

ES to speak to SAP about incidents of CMO in different providers of cataract surgery.

JB – Q: How many patients do hospitals see per day for cat surgery? ES: It varies – anything between 4 and 10 per morning or afternoon session. Targets from NHS England states 8 per morning or afternoon session.

#### **24/25 AOB – previously submitted questions by 16/04/2024 only**

BB missed first part of meeting. Observers re-introduced and DD gives quick update on away day. ES gives update on election cycle to BB.

No other AOB

#### **24/26 Date of next meeting**

19<sup>th</sup> June AGM

3<sup>rd</sup> July – first meeting after AGM

#### **Conflicted members leave meeting – Jasraj and Pooja leave 8.13pm**

#### **24/27 PESL report discussion – Paper supplied ahead of meeting**

SAP: All services are growing. Number of practices and contractors in Mid/South Essex continuing to grow.

More contractors signed up in West Essex on the services.

DD – looking at MECS, notices it's a lot quieter per practice in MSE. Discussion over MECS numbers across Essex.

HM – Q: How many practitioners are doing GERs in Mid/South Essex? Any new people? SAP: No new practices have joined. [REDACTED]

Discussions continue over enhanced services.

KL thanks the committee for his time on the committee. ES and SAP thank KL for all his hard work.

Meeting fee £195.

**Meeting finished at 8.52pm**