



MINUTES of the LOC COMMITTEE MEETING Held virtually on Wednesday 16th October 2024 at 6.30pm

Attendees

Emma Spofforth (ES)	Sheila Purser (SAP)	David Dixon (DD)
Nick Hagan (NH)	Maggie Glover (MG)	Vickie Hamilton-Barr (VH)
Patel (RP)	Bhups Battu (BB) (6.40pm)	Reshma
Pooja Bij (PB)	Kiran Lal (KL)	Mark Carhart
(MC)	Chris Rushen (CR)	Jasraj Bhangra (JB) (7.40pm)
(KK)		Katie Kingcott

PES Sana Asif, Helen Haywood and Pratik Patel (9pm)

Minutes taken by KK

24/57 Welcome, apologies and conflicts of interest - Chairman

Welcome from SAP. Apologies from Sara Porter, Hayley Moore and Philip Bridgford who are unable to attend. Any conflicts of interest to be updated let VH know.

Business:

24/58 Minutes of last meeting agreed

No amendments. Proposed as true by PB, seconded by MC. SAP to electronically sign and return to KK.

24/59 Action log – sent out ahead of meeting

VH runs through updates to action log:

Action 318 – Close

Action 319 – Not enough interest gained. Decision made by officers to defer to next year. Close.

Action 321 – Close.

Action 324 - Comms from Gajan @ Out of the box optics OOTBO with Emma on collaborating. Open.

Action 326 - Two members emailed their skills and interests. Ongoing.

Thanks to officers for photos for the website. If anyone wants photos adding let DD know.

Website has been updated by VH and DD – good feedback. Next thing to do is update enhanced service info on the website. KL has info from Sana regarding enhanced services - KL to send info from Sana to ES.

MC asks if we are going to add alt tags to images – to be considered. DD asks MC to message him separately.

24/60 Clinical Lead (CL) role and honorarium

Officers met to discuss Clinical Lead role. Previously ES did both Secretary and Clinical Lead roles. VH taken over as Secretary in July, previous Secretary work by ES was done 'FOC' due to the amount of work both roles entailed. Decision made by the officers to leave ES honorarium for Clinical Lead as it is and review later. ES has been keeping note of amount of time she spends on clinical lead work over the last few months. SAP proposes to keep honorarium the same, all agreed, carried unanimously.

A discussion was had around the amount of time Emma has spent supporting Herts LOC in some meetings. The committee expressed concerns that work for another LOC was being funded by Essex Contractors. Officers to discuss this further and potentially discuss the matter with the Officers of

24/61 New Vice Chairman (VC) honorarium and vote in

CR is current VC. One person, MC, has applied to be the new VC. VH proposes MC as new VC, all agreed, carried unanimously.

Plan going forward is to have a rotating VC. SAP thanks to CR for his role as VC over the years. CR to send email log in details to MC and an officers meeting to be set up.

Officers previously discussed having an honorarium for VC to cover time spent on reading emails.

MC to keep track of time spent as VC over the coming months and review at the first meeting after the AGM next year. SAP suggests £300 honorarium to start with and review with other fees in 2025, all agreed.

24/62 Update on the stat levy- Clinical lead – sent out ahead of meeting

Nationally, the decision has been taken that the levy from domiciliary companies will now be allocated to the LOC in the County where the domiciliary companies head office is registered. Previously, the levy was allocated to the LOC in the county where the patient lived. LOCSU can't change anything nationally. It is estimated Essex LOC has lost £10,000 per year from this change in domiciliary payments. Essex LOC have been offered £139 only to compensate for the loss. This was the same offer to all LOCs

Also, some of our Levy is going to the wrong LOCs, e.g. Gloucestershire is one we know that is receiving our levy from one practice.. We are missing stat levy from at least 9 practices with GOS contracts. LOCSU are aware of this.

We are currently paying £3000 a month to LOCSU, discussion among the officers to reduce this to £1,000 or £2,000 as feel LOCSU are not providing us with the support they should be.

SAP proposes reducing our monthly payments to LOCSU to £1,000 from immediate effect. ES abstaining to vote due to conflicts of interest. All bar one agreed.

24/63 Regional Optical Conference (ROC)

Officers are attending. MC and MG would also like to attend. JB to confirm if able to. Need to register by 21st – everyone to register individually.

24/64 CPD update for year so far and forward planning

Suggestion to change location next year to different locations/online. VH has enquired with Springfield Hospital – waiting to hear back. ISP could possibly be an option to hold CPD events – ES will know more in December.

VH asked on facebook what topics they would like to see – response: general health, meds, ocular side effects/facial cosmetics and side effects/OCT what to refer and what not to refer/myopia management.

Reflective statement – need another session. 27th November confirmed.

NH suggests running a WOPEC event. Last event we ran had very bad turnout.

24/65 LOC Chairman questions – Chair – sent out ahead of meeting

FP10 pads for optometrists providing MECS – in discussion. ES has chased this up. No questions.

24/66 Secretary's report questions – Secretary – sent out ahead of meeting

ES – VH done a fantastic job during handover.

No questions.

24/67 LOC Treasurer's report questions – Treasurer – sent out ahead of meeting

New bank account – still to be looked into.

No questions.

24/68 Clinical Lead report and ICB update questions – Clinical Lead – sent out ahead of

meeting

RNIB is aiming to have an ECLO in each hospital across England. Strategy released 6 months ago, 2 weeks ago released additional strategy which is patient facing. Essex county council currently commissions our local charities to do work – some hospitals already have ECLO's which are provided by charities. Where RNIB have an agreement from Trusts to have their ECLOs in place, there is a risk this may destabilise the current ECLO provision if not an RNIB ECLO. This new strategy from RNIB has disrupted one of our local charities already who had to remove their own ECLO from one hospital. Meeting held with RNIB to gain some clarity.

Q: MC - CVI registration – is there any movement towards optometrists and Dispensing opticians being able to do this in England? ES – hospital clinicians may be able to do this in the future.

FP10 in NE Essex – no movement on this. Procurement due to go live this April has been delayed – may be live in 2026.

Discussions regarding changes to diabetic screening programme and addition of OCT

Shared care record – all other health care professionals can access patient's records. It appears Optometry has been forgotten about. Next stage of development – might be included in Mid and South.

Q: KL – had a request from GP for px wanting dry eye drops. Is there a criteria? ES – yes, all ICB's have criteria's/restrictions for NHS prescribing. DD to send ES link to the restrictions from the LOC website to check this is up to date.

CR - NE Essex NHS POCS – states on ISP waiting times that Newmedica are not doing POCS. Meant to be 'YES' – KK to update this.

24/69 AOB – previously submitted questions by 1/10/2024 only

None.

24/70 Proposed dates of 2025 committee meetings

January 22nd, April 23rd, AGM June 18th, July 9th, October 15th

Meeting finished at 21.59pm. Signed *SAPurser* Sheila Purser Chairman 24.6.2025