

NOTTINGHAMSHIRE LOCAL OPTICAL COMMITTEE

Chair: Adam Holliday

Deputy Chair: Roma Malik

AGM

Minutes of the virtual meeting via Zoom held on Tuesday 11th May 2021

Present:	Adam Holliday	Chair
	Roma Malik	Deputy Chair
	Indervir Atwal	Treasurer
	Andrew Spybey	
	John Clissold	
	Mo Aslam	
	Sameen Qayyum	
	John Yeomans	
	Ravi Chawda	

In Attendance: Sam Stretton – **Administrator**
Richard Rawlinson – **LOCSU**
Tony Harvey

1. **Apologies for Absence**

David Bennett, David Cartwright, Katie Franklin and Janisha Seaman

Adam Holliday welcomed everyone to the AGM.

2. **Minutes of previous AGM – 12th May 2020 - matters arising**

No matters were raised.

3. **Chair Report 2020-2021**

The Chair report was circulated prior to the meeting.

Trying to start this year's report without recanting the exhausted platitudes, which we've all come to know and love, is difficult ... but maybe, these are the only suitable way for any of us to start to process and convey the things which have occurred - and for many, what is still occurring....

But for this report, I'm taking liberties and adapting the immortal opening line from a Tale of two Cities – "it's been the worst of times but also the best of times" - the worst of times in so many ways and on so many levels – none of which need stating here but also the best of times, when you consider the way in community optometry has rallied and supported itself, while caring for its clients... unprecedented!

Before going any further it's important to acknowledge the significant amount of work which goes on behind the scenes and so I would like to thank, on behalf of the LOC, those people who work to ensure the committee operates smoothly and efficiently. The committee would struggle to function without Sam Stretton, the LOC Administrator, who continues to work tirelessly on our behalf doing all the routine things which are essential to the smooth running of the committee : arranging meetings, preparing agendas and keeping minutes, distributing communications, managing the website – the list goes on. Over the last year Roma, as Deputy Chair, has found her feet within the operational aspects of the LOC and within the changing NHS landscape and Indie as treasurer has dealt with the financial aspects of this period with such adeptness along with the duties of liaising with shared business services, keeping a check on meeting attendances, managing the accounts and preparing budgets, all of which take time and dedication. Both Roma and Indie have become involved in the regional LOC groups and bringing information and ideas back to the committee and they have our thanks - looking ahead, they should continue to have the full support and assistance of the committee to enable them to fulfil their roles.

Practices and colleagues were thrown into turmoil at the start of the pandemic, with little information from the NHS or the professional bodies - many colleagues felt stranded and bemused – but the LOC in a joint effort provided that support and guidance. As soon as the national lockdown was announced, all the practices were contacted by members of the LOC & I know from feedback, this was greatly appreciated and is something which will be remembered – this was a fabulous effort on the part of everyone and at a time when we were all facing the same turmoil and uncertainty. Alongside this the LOC organised a simple network group (including multiples and independents) where information could be shared quickly and effectively and this group is still going strong. I would like to hope the way in which the optometric community has coalesced to support each other over the last year, is a strength that will remain... independents and multiples working together for the benefit of their respective businesses and those that use our services – Jack Johnson doesn't sing 'we're better in silos' but 'we're better together'..... I'm unsure what together could look like, but it needs to be explored and encouraged for the benefit of all.

To facilitate development a raft of professional qualifications have been developed by the College and WOPEC, with the aim of developing clinical skills to enable optometrists to become autonomous clinicians. With this in mind, there have been local indications from secondary care that they would like to see alternative training programmes to those that the college and WOPEC offer – within this is the potential for community optometrists to loose autonomy and is something the LOC should continue to review.

In response to the pandemic the national CUE service was developed. However, Nottinghamshire was one of the areas where this did not materialise – this was not from a lack of effort on behalf of the LOC but rather from active opposition from NUH ophthalmology, who considered the secondary care department the most appropriate place to deliver such services - this active opposition is also the reason that a MEC service has not been considered in the area. This represents a challenge and the LOC has asked LOCSU to help develop a strategy to manage this - it's easy to see that this will become a bigger issue for community optometry as time goes on.

Around a decade ago, I started to flag that some of our core work could be passed to other providers – more providers continue to enter the arena and we should be mindful of the possibility of secondary care departments becoming involved in providing these services - this could present a threat to community optometry and again needs to be watched by the LOC.

I would like to take a moment to mention the wider health agenda as I do see an active role for community optometry in helping to reduce health inequalities – in doing this it could form part of a wider offering which community optometry makes to the NHS – to that end, I would encourage all practices to look at The *Healthy Living Opticians* programme and give this some consideration.

As many of you are aware, I will be standing down as Chair of the LOC after the AGM and the deputy Chair will take over the role until the next LOC meeting. At this meeting the new Chair will be elected. Prior to this meeting, the committee will need to decide as to whether they wish to elect a Deputy Chair. As previously agreed due to the long winded process of making changes with the bank, the Treasurer post is not up for re-election until full committee elections in 2022. The new Chair and Deputy if this role continues, will have my support and I hope to continue playing an active role on the committee. It has been a most enjoyable time as Chair and I've had the great privilege of working with many wonderful colleagues who have made the time pass in the blink of an eye.... I do wish everyone a very safe, successful and prosperous time ahead.

4. Deputy Chair Report 2020 – 2021

The Deputy Chair report was circulated prior to the meeting.

It has been a very interesting year to say the least. We have navigated uncharted waters in a fast-changing landscape and continue to do so – a sentiment echoed by Optics and other professional groups and businesses during this pandemic. Change is a condition for growth, and growth underpins survival. Though this has always been the case, it has never been more relevant than it is now.

Optics is in a strong position to recover from the pandemic, given our profession is valued by the public and we are a highly skilled workforce. Still, more notably, steps have been taken to make Optics more agile and robust. Before I delve into some updates, it is essential to acknowledge all of our colleagues at the LOC, Optics and the NHS. There is a significant amount of work that goes into what we do, and every member of these organisations is invaluable and their work greatly appreciated. In particular, I would like to thank Adam and Sam for all of their support and guidance during my first year as Deputy Chair. Between them they have an extensive amount of optical knowledge and wisdom which they have been happy to impart at all hours of the day. I would also like to thank Indy for being a great sounding board and for his continued support.

The ability to work cohesively in the face of fast-changing landscapes and uncertainty has been crucial to our survival as a profession. The pandemic has accelerated plans to digitise Optics, and teams throughout Optics have navigated new ways to operate. With Ophthalmology being the largest outpatient speciality, from 2018 to 2019, it was found that 98% of appointments in Ophthalmology were face to face, and 10% of all outpatient appointments were accounted for by Ophthalmology.

Over the last year, we have reduced the traditional hospital Ophthalmology outpatient attendances. We have provided alternative models of care that enable patients to be seen in the right place, at the right time, by the most appropriate person, according to their risk of harm, especially sight loss.

This past year, the NHS has moved at pace to restore and recover clinical services as part of phase 3 of the COVID-19 response. Revised practical pathways and implementation tools supported reopening outpatient services, meeting the requirements of social distancing, infection control, and minimising unnecessary face-to-face contact. This allowed the NHS to respond systematically to the growing backlog of new and follow-up appointments.

A group was set up to work alongside the National team to evaluate and support local implementation of the National Outpatient Transformation Programme for Eyecare (NOTP). The aim of this project is to have clinically led transformation and to restore and reform eye care services. It has brought together stakeholders to collaborate and lead programmes of work to restore and set the future direction of eye care (RCOphth, CoOptom, NICE, CCEHC, GIRFT, RNIB, LOCSU). The project has been working to: 1) Prevent irreversible sight loss as a result of delayed treatment and improve access to care for all based on clinical need 2) Deliver long-term radical transformation of eye health services across primary, secondary and community care; driving innovative, integrated, safe and sustainable ways of working 3) Meet the needs of the population now and in the future, keeping patients at the centre of all decision making. Currently, virtual clinics have been embedded across Nottingham hospital trusts for glaucoma macula, oculoplastics and other clinics, with a push to implement virtual clinics in the emergency department. The IP pilot has started in eye casualty at NUH, which means some patients will be able to be seen outside in the community for a second visit.

With digitisation branded as the solution for organisations to operate in the pandemic and beyond, connectivity has never been more key. NHSE is working on an e-referral system for GPs, optometrists & HES, which is designed to improve the agility of the IT system. The expectation is a regional system will be implemented to allow optometrists to refer directly, share images, advice, guidance and more between primary and secondary care. With the digitisation of services where appropriate and increased connectivity, Optics' direction is focused on optimising the primary care optometry workforce. The pathways meetings have looked at cataract and glaucoma pathways so far, with the intention to look at further proposed national pathways and see how best they can be implemented locally.

One of the recent actions of the Eye Health Strategy Board is to set up a small group to identify the best way to invest the £25k we have allocated for training. LEHN chair David Cartwright is in the process of looking at what training is required across the eye health system. He will be getting individuals who represent optical practices, CCGs and Trusts to bring together their different insights to ensure the training money is allocated optimally for workforce development. This will help ensure our community optometrists are ready to meet the demands of eye care in the future and are ready to deliver. This will be good for patient safety, clinical development and shared care working.

Presently, there is a dependency to lean on secondary care to provide clinical training, exposure and education for a primary care environment. It can be seen across IP training, glaucoma certification and pre-registration placements. Though there are many benefits to this, we must recognise that there are some differences between the two settings. The skills required to be an effective primary care optometrist are different from the skills required in secondary care. If we consider the primary care structure, we see a drive towards practices offering greater areas of expertise outside of the secondary care setting - community led and delivered care. If community optometrists are going to deliver this then we must recognise that we need to provide more clinical training within this setting. We must have LOC and hospital support as well as a system which allows for continued clinical development that is not restricted to a secondary care setting. It is worth considering whether ophthalmologists should be encouraged to work in a primary care setting to aid clinical optometric development.

This would mean less dependency on secondary care to drive primary care clinical development, which would lead to a safer clinical environment for patients, allow greater co-working and help to deliver a hierarchical clinical structure within primary care.

This past year has provided a steep learning curve for us all. The LOC's work with the NOTP project and some working groups has been useful in providing insight as to how the NHS works and where the integration points lie. The meetings have engaged a good mix of key stakeholders and have been a conduit to moving things in the right direction whilst keeping everyone updated on the proposed pathways and developments. With the rapidly evolving optometric landscape, the potential paradigm shift that could be brought to healthcare with new AI applications, our profession has never seen such exciting times.

At this point Sam Stretton asked if she could contribute to the AGM in regard to feedback she has received in regard to Adam not standing for re-election in July 2021 as LOC Chair.

Adam had said for quite a while that he would not be re-standing in 2021-2022 for Chair and this was also recorded in his AGM report. Prior to the AGM several members had approached Sam about this and felt that as the NHS is going through a period of change over the next 12 months, Adam's previous experience of leading and supporting the LOC through this was invaluable and asked if he would consider re-standing for a further 12 months and until full committee elections in May 2022. Sam advised she was also aware that Roma had spoken to Adam about this. All committee members present felt that Adam continuing in his role was the right approach, but only if Adam felt comfortable in doing so.

This then led to further discussion around the process of re-election / voting by the committee for the two posts over the next few months, with the new Chair and Deputy Chair being announced at the bi-monthly meeting in July. Again all committee members at the meeting agreed that Adam and Roma should continue in their roles until full committee elections in May 2022 if they wished to do so.

Given the wishes and reasoning by those present to continue as Chair until May 2022, Adam agreed to continue. Roma was also happy to continue as Deputy Chair. It was therefore agreed by everyone present that the re-election process would not be taking place.

Those present were also made aware that John Clissold was retiring from the optical profession and also standing down as a member of the committee. On behalf of the LOC, Adam thanked John for his years of dedication not only to the profession locally, but also to the LOC.

4. Treasurer Report, 2020-2021 Accounts & Proposed Budget 2021-2022

The Treasurer report, Accounts and Proposed Budget were circulated prior to the meeting.

The Statutory levy is a deduction of a percentage from the GOS fees contractors claim. The levy is formed of two parts; 0.5% that finances the LOC and a fixed 0.5% that is collected on behalf of LOCSU.

In previous years, the levy generated £ 67,424.88 (2018-2019), £ 57,733.92 (2019-2020) this year it generated £ 32,399.71. A decrease of 52% and 44% respectively.

LOCSU were transferred £22,211.06, which included £ 13,312.64 collected this year on behalf of LOCSU and £8,898.42 which remained unpaid from the previous year.

We had budgeted for £42,800.00; our expenses ran at £24,530.96. In previous years our expenses have ran at £33,892.07 (2018-2019) and £36,573.89 (2019-2020).

I have only been able to make these savings due to the support of the committee and the officers, however over the year we made a loss of £14,342.31.

The LOC holds £23,746.08 in hand, with no creditors. This means we maintain over 6 months working capital even if expenditure were to return back to pre-COVID level.

At the end of financial year 2018-2019 it was decided to reduce the levy collected by the LOC from 0.7% to 0.5% to help reduce the surplus cash it had built over the years. This came to effect part way through the financial year 2019-2020.

This means even with GOS activity returning back to normal in recent months the levy collected for LOC activity is reduced compared to historic years.

Using the last 3 months levy collected as a base and extrapolating for the next 12 months ahead I expect us to collect circa £24k for LOC activity. This will give the LOC a sum of a little over £47K as working capital.

The budget for 2021-2022 was proposed by Indy with the expectation of world returning back to some form of "normality" and face to face meetings being conducted and seconded by Andrew Spybey. Those present voted in favour of this.

The AGM closed at this point and Adam thanked everyone for contributing and attending.

5. LOCSU – Report to Members & Stakeholders

Richard Rawlinson's presentation was circulated prior to the meeting.

Richard advised on the changes that will be taking place in the NHS over the next 12 months. There will be opportunities for LOCs to work with the Integrated Care System and also the Primary Care Networks.

Work will also be undertaken on the National Eyecare Recovery Transformation Programme, looking at both existing pathways and pathway redesign. Consistency of services across the whole of England is one of the aims.

LOCs will be involved in many work streams over the next 12 months.

It is envisaged that new community services will also be up and running and provide a great opportunity for contractors and performers to be involved.

The meeting closed with Adam Holliday thanking everyone for their contribution and for attending the AGM.

Date & time of future meetings:

Bi-Monthly Meeting – Tuesday 20th July 2021 at 7.00pm
Bi-Monthly Meeting – Tuesday 21st September 2021 at 7.00pm
Bi-Monthly Meeting – Tuesday 23rd November 2021 at 7.00pm
Bi-Monthly Meeting – Tuesday 25th January 2022 at 7.00pm
Bi-Monthly Meeting – Tuesday 22nd March 2022 at 7.00pm
AGM – Tuesday 10th May 2022 at 7.00pm