



LANCASHIRE &  
MORECAMBE BAY LOC

**Minutes of Meeting held 11th May 2022**  
**Brockhole Visitor Centre, Preston PR5 0AG** (Junction 32 M6/M55)

Present:	<b>Michael Jackson MJ</b> (Chair) <b>Jennifer Smith JS</b> (Secretary) <b>Mike Broadhurst MB</b> (Treasurer) <b>Asma Adam AA</b> <b>Tim Bagot TB</b> <b>Sarah Bentley SB</b> <b>Philip Harper PHa</b> <b>Phil Jones PJ</b>	<b>Edward Ovenden EO</b> <b>Neil Pearson NP</b> <b>Jane Quinn JQ</b> <b>Mike Ryan MR</b> <b>Drew Thompson DT</b> <b>Ruth Cuthbert RC</b> (Optometric Advisor) <b>Fionnuala Kidd FK</b> (LOCSU) <b>Tom Mackley TMa</b> (LEHN Chair)
1.	<p><b><u>Welcome</u></b>  MJ opens the meeting and welcomes all. He invites everyone to introduce themselves briefly to the committee &amp; advises the meeting will be recorded by JS for the purposes of taking the minutes.</p> <p><b><u>Apologies for Absence were received from</u></b>  Alan Bowen, Sean Buckley, Vic Cottam, Riz Iqbal</p>	ACTIONS
2.	<p><b><u>Declaration of Conflict of Interest</u></b>  MJ advises everyone has been given a new conflict of interest form to complete tonight and requests they are handed in before the end of the meeting.</p>	
3.	<p><b><u>Approve the Minutes of the previous meeting</u></b>  MJ asks if everyone has had a chance to read the minutes and if anyone has any amendments or queries.</p> <p><b><u>Matters arising from previous meeting</u></b>  All committee members to have a think about the roles they would be interested in</p> <ul style="list-style-type: none"> <li>- Will be discussed later in item 4) Needs Analysis</li> </ul> <p>Role of Vice Chair to be left open and discussed at the next meeting.</p> <ul style="list-style-type: none"> <li>- Will be discussed later in item 4) Needs Analysis</li> </ul> <p>JS to circulate new forms to all members at the next meeting.</p> <ul style="list-style-type: none"> <li>- Done</li> </ul>	



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	<p>FK to send needs analysis to JS to distribute mid April. All committee to complete and return to FK ready for next meeting on 11/05/22</p> <ul style="list-style-type: none"> <li>- Done, will be discussed later in item 4) Needs Analysis</li> </ul> <p>Committee to decide whether to pay a flat fee or for individual time taken to complete the needs analysis.</p> <ul style="list-style-type: none"> <li>- FK advises the average time to complete the needs analysis was 14mins 9 secs to complete with one person taking 1hr to complete. MB adds this could have been done around teatime or started and forgotten about it. TB adds this could have been done at work between patients. MB proposes a flat fee for 15 mins at the usual rate. JS asks MB if people need to invoice him for the time. MB advises he will add it onto the monies paid for the attendance allowance and asks if everyone completed it? FK advises there were 15 reponses. JS advises the survey was anonymous so MB will have to rely on members declaring if they didn't complete it. AA and JQ advise they didn't complete it.</li> </ul> <p>JS to send a request round the mailing list for any DOs or CLOs wishing to join the LOC.</p> <ul style="list-style-type: none"> <li>- JS advises there has been one expression of interest from David Gleave (DO) working in Alan Bowen's practice in West Lancs. It was too short notice to invite him to tonight's meeting and there have been no other responses. JS suggests the LOC invite him to attend the next meeting where the LOC can vote to co-opt him. MJ says will help with the geographic spread of the committee where west lancs is slightly under represented.</li> </ul> <p>JS to check with T Mackley whether co-opted or an observer.</p> <ul style="list-style-type: none"> <li>- TMa has confirmed he attends the meetings as an observer &amp; LEHN Chair.</li> </ul> <p>JS asks before the meeting minutes are posted on the LOC website, other than the financial accounts, is there anything that needs to be redacted? - No issues raised.</p>	<p>MJ/JS to make contact with David and invite him to the next meeting.</p> <p>Any members who didn't complete the needs analysis survey to inform MB</p>
<p><b>4.</b></p>	<p><b><u>Needs Analysis Review</u></b></p> <p>FK describes the purpose of the needs analysis (NA). Not for FK to tell the committee what should be done but for the LOC to use the tool to see where we are and what our strengths and areas for development are. The NA was first completed in 2019 and the 6 month objectives were - a website with pathways, newsletters, comms leads</p>	<p>SBU to update the committee on GDPR and bring everyone up to speed.</p>



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<p>and LOC specific email addresses. The 12 month aims were - succession planning, get extended services in place in central Lancs. The 3 year plan was to have a well governed sustainable service across the whole of the ICS. FK states it is nice to see that most of these things are starting to happen and progress has been made. FK then goes through the parts of the NA that need discussion.</p> <p>2) <u>Succession planning</u> - FK given that there is a new chair &amp; secretary who stepped into role as there were no other interested parties is something that needs looking at. FK states these roles can seem daunting and a big responsibility with lots of people not feeling equipped to perform them. Could the LOC put plans in place to do some more shadowing &amp; delegation and make the roles more manageable?</p> <p>3) <u>Discreet roles</u> - FK points out that over half the LOC feel these roles are filled. FK feels there are more roles we can utilise as we have a big committee with JS filling multiple roles, can the LOC lighten her load and give everyone jobs to do?</p> <p>6) <u>Compliance with GDPR</u> - No change around knowledge of this since 2019. SBu is GDPR lead so FK advises this may be something he should address at a future meeting to bring everyone up to speed.</p> <p>FK points out that there are lots of things that go on within the LOC that not all members are aware of.</p> <p>8&amp;9) <u>Workforce Capacity &amp; 6 months funds in reserve</u> - The LOC has reserves but could some of this be used to address workforce capacity. Is there a plan in place to use these funds?</p> <p>13) <u>Meeting with NHSE teams &amp; LEHN reps</u> - FK states there is a lot of work coming and meetings to attend which doesn't always necessarily have to be the chair or vice chair. The LEHN meetings chaired by TMA are a nice &amp; useful meeting to attend as an introduction. The LEHN are keen for more optoms to attend and if Optometry wants to develop a strategy for local patients it needs local Optoms to be at the meetings to develop them. The LEHN welcomes any optometrists, not just committee members. RC states the more people who attend from optometry and meet the representatives from different disciplines e.g. Ophthalmologists and 3rd Sector and find out who's who and what's going on the better. MJ advises that the Primary Care Board Meetings</p>	<p>LOC members to give brief reports at each meeting of any external meetings attended and then outcomes.</p> <p>LOC to create a NA working sub group.</p> <p>TB to look into MoU with PECs - do we have them, do they need updating?</p> <p>Discuss roles still available at the next meeting</p> <p>MJ to discuss Central Lancs shadow lead role with SBu</p>
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he attends are not as useful as they are focussed on 'GP Land' but the LEHN meeting is great and very useful and encourages others to attend.

FK advises the LOC needs to promote what meetings members are attending and those attending meetings should be keeping the LOC up to date with what is happening. This LOC is very involved and engaged but the information is perhaps not shared as well as it could be.

FK talks about a point raised in the survey that it is not the LOCs job to negotiate contracts with CCGs - FK states that it means negotiating services and breadth of services in the area which is the LOCs remit.

17) Attending Local Ophthalmology Alliance Planning Group - FK advises the LOC is represented at this by FK & TMa. FK states it is not hugely primary care focussed and that there are other meetings that are more beneficial but the LOC does have representation. MJ asks and TMa confirms that these are the OPTIC Meetings (Ophthalmology Planning Transformation Implementation & Collaboration). TMa advises that whatever happens at the OPTIC Meeting is always on the LEHN meeting agenda so the LOC can also be kept updated this way.

18) Working with other LOCs, LMCs & LPCs - FK states we can agree we have good relationships with other LOCs but less so with LMCs and LPCs. Optometry will be represented on the ICS board by a GP & FK thinks it is important that we build a relationship with them and the pharmacists to remind them that Primary care is not just about GPs. If we don't have a relationship with them we cannot influence them or be heard. FK advises in some of her other LOC there are a few members who liaise with LMCs. MB asks when he was optometric adviser in the days of PCTs there was a professional network he attended monthly with the GPs, Pharmacists & Dentists. Is there anything like this now? RC advises after the reorganisation the optometrix advisor role is much smaller and these meetings no longer take place. FK states in Cheshire & Mersey there are 2 LOC chairs who sit on a panel with GPs and LPC & LDC reps. FK states it is worth getting engaged at a PCN level. E.g. there may be a BP monitoring scheme in pharmacy in a particular area so Optoms could be aware of that to refer in rather than sending to GPs. In Fleetwood the PCN are looking at BP monitoring in Primary Care. TMa advises the LOC needs to be involved in the Primary Care Networks plan for Ill Health Prevention. He reports the Fleetwood PCN is very advanced with a dynamic GP lead and the LOC does have representation there.



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FK advises that Optometry First is about first contact care and making every contact count and reducing inequality. TMa advises a lot of these opportunities are not for the consulting room but can be done in the waiting room by support staff e.g. BP checks. All practices should be aware of what schemes are available but it is understood that not all will want to participate e.g. non CUES practice referring to CUES practice rather than GP and referring to accredited Pharmacy for BP or Diabetic check rather than GP.

26,27,28) Points of contact - Still lots of practitioners not reading LOC bulletins based on the questions coming in via email - are there other ways we can communicate with them? FK believes the CCGs and Trusts are aware of the LOC as point of contact and information on Primary Care.

33) Extended Services - FK advises there is work to be done on this. JS interjects that this varies across the LCO footprint. Some areas have everything, One area has nothing! FK advises the LOC discusses this and creates a sub group to keep the NA document live and a work in progress. TMa currently the ICS is looking at extended services across the footprint which is a good thing. We should all have CUES & Post Cat for e.g. He advises although the services may be available in the future if there isn't shown to be need & demand for them in areas then they may not be taken up so there needs to be conversations with the CCGs and Trusts about what primary care can & is willing to do. FK advises the LOC needs to create awareness of schemes such as GRRS so they can be adopted.

34) Does the LOC have a current Memorandum of Understanding with PEC - TB advises there are 2 in our area but is unsure if we have MoU with them. MB advises we probably did when they were first set up but this was before the LOC merged with Morecambe Bay LOC so is probably not up to date. MJ only remembers seeing a MoU with PEL. TMa believes it was carried over to PEC and never updated.

FK would like to do a case study on PwLD in our area for LOCSU. She would love an optom to give her quotes on doing the WOPEC Course and then seeing a patient under this scheme to promote the scheme. TMa advises that the pilot study officially ends on the 30th September and in order to get funding to continue the scheme he needs to show that it's worthwhile and working. FK states that there are concerns that if you sign up for it you will be inundated with patients but that is not how it works. It is a low volume service and there is no time limit to see the patient. You could decide as a practice to see one patient a week. TMa is just looking for more



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<p>geographical coverage to make it viable. TB advises there are only 3 practices currently fully registered for the scheme across the whole of Lancs and South Cumbria.</p> <p>EO queried whether a new code is needed as his course code says superseded? JS was not aware of a new code and to inform her if the code she issues doesn't work.</p> <p>FK promotes the LOCSU induction, leadership &amp; treasurer courses to mentor members. She advises making time in the meeting agendas to update the committee.</p> <p>FK thanks all those who completed the survey.</p> <p>MJ advises that neither he or JS knew much about the roles they stepped into but were concerned about fitting in the workload into already busy schedules and that they didn't plan to be in the roles for life! MJ advises that some of the jobs currently done by the Chair and secretary can be easily delegated to other members of the committee such as booking the meeting venue &amp; organising the food. MJ also wants to get succession planning in place so that the next person to take over the role will be better prepared and find the job less daunting. FK asks if anyone is keen to be Vice Chair? MJ asks if EO is still interested in possibly taking on the role. EO advises he is willing to take on the role if there are no other volunteers.</p> <p>MJ also suggests MB may wish to train a shadow treasurer. FK advises in her LOC they have a shadow treasurer role and it is a relatively easy role. MB advises the treasurer's forum takes place every few months and is informative and useful to see how we are doing in relation to other LOCs. MB advises he is in the process of updating the signatories to MB, MJ &amp; JS. RC asks if RI was treasurer of another LOC in the past? MJ we can ask and finalise at the next meeting.</p> <p>TB offers to attend any meetings required.</p> <p>MJ advises the committee of the roles currently filled SBu - IG/GDPR lead AA - CPD lead PHa - Social Media comms - JS asks PHa if he would be willing to produce the newsletter as MJ is now Chair - PHa agrees TB - PES liaison</p>	
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<p>JS - Website</p> <p>MJ would like to propose the role of LV Lead, is anyone happy to take on this role? MR offers to fulfil this role as he was part of setting up the LVA scheme in central Lancs.</p> <p>MJ proposes a wellbeing lead to work with Olaug over the next 12 months - Is anyone willing to fulfil this role? - No takers</p> <p>MJ proposes someone to shadow JS as Locality Lead for central Lancs - MR suggests SBU? Not present at the meeting so MJ to discuss with him.</p> <p>MJ proposes a needs analysis subgroup to keep the work alive and on track. TB happy to be part of this group with MJ &amp; JS. No other offers from the room. JS wonders whether VC may be willing to join the virtual meetings to pass on his expertise as prev LOC Chair. MJ to ask him.</p> <p>NP advises he has spoken to AB and they would like to switch roles with NP to take over the locality lead role for west Lancs and AB filling in where necessary. FK to put NP in touch with CCG contacts to continue talks re enhanced service provision.</p> <p>MJ proposes booking venues and meals would be best done by the treasurer. MB happy to do this.</p> <p>FK suggests locality leads should attend the LEHN meetings. TMA seconds that the more faces there the better and would be good for their roles. JS and TB already attend. SB happy to attend. She reports she is struggling to engage the practices in her area. She sends out emails but gets no response so then has to follow up with a call which often doesn't get returned. SB doesn't feel practices are reading the comms. JS confirms she has the same issues in her area. There will be lots of official comms, training videos for staff and roll out dates coming soon so hopefully when practices have a deadline this will encourage them to engage more with the LOC Leads.</p> <p>MB advises the LOC is a business and the practices are our customers, are we sending out information that is important to us or important to them. He advises a few years</p>	<p>MJ to speak to VC re needs analysis group.</p> <p>FK to put NP in touch with west Lancs CCG contacts</p> <p>TMA to send LEHN meeting invites to locality leads</p>
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<p>ago the LOC discussed sending out a survey to all practices asking what they want from their LOC but doesn't recall this ever being done. Do our communications go to contractors who don't share with their performers perhaps. MB proposes this could be looked at by the needs analysis subgroup - MJ agrees. MB proposes an LOC brochure, JS advises the website only has a list of members and email contacts, MJ advises he did a bit of an introduction in the first newsletter he sent out. FK advises some LOC have a photo and bio of each member on their website and this could be a good thing to do. JS advises this can be easily added to the website.</p> <p>JQ asks is there any way of seeing who looks at the website and how often? JS advises that there are currently 250 subscribers to the mailing list with around 1 or 2 new additions per month. Traffic to the website can also be tracked but JS didn't have the data to hand.</p> <p>SB asks how many contractors and performers are in the area compared with the amount we have on the mailing list. JS advises the practice count when preparing for EeRS was 111 practices across the whole patch. SB advises if there is 2-3 optoms average in each practice there are lots not being kept up to date. JS advises the mailing list is open to anyone who wishes to subscribe so there are surgical providers and third sector representatives included in the 250. PHa offers to do a piece on the optical leads to post in the newsletter and on social media.</p> <p>TMa asks the LOC to consider surveying the other stakeholders to see what their thoughts and opinions on the LOC are. He advises that NHSE sees the LOC as a trade union.</p> <p>TB asks for the purposes of EeRS are centrally held quality and training documents (as often the case in multiples) accepted or do they have to be completed by each individual practice? He advises in MBay and likely the other areas Vision Express Practices do not provide any enhanced services and are not currently on Opera. He asks is it easier for these practices to onboard than they think? FK advises that in other areas VE do provide some extended services that lead to sales such as Post cataract checks so they do have practices using Opera.</p> <p>MJ asks if anyone has a desire to fulfil a role that hasn't been discussed yet? PJ asks where do MECS &amp; CUES and enhanced services fall? MJ advises that in the future</p>	<p>Needs Analysis subgroup to discuss practice survey. FK to raise with LOCSU to see if they have anything we could utilise.</p> <p>LOC members to send a good quality headshot photo and short bio to JS to include on the website.</p> <p>JS to look at website &amp; mailchimp tracking data and share at each meeting.</p> <p>PHa to create newsletter and social media posts to create awareness of LOC and Leads and to try and encourage performers to subscribe.</p>
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	<p>when the ICS pathways launch the LOC will have involvement there. JS advises currently this falls within the locality lead role. FK advises the LOCSU website is great for looking at the enhanced pathways available. FK also mentioned that the needs analysis highlighted that committee members did not have login details for the LOCSU site. JS advises that the committee shares VCs login.</p>	<p>JS to share LOCSU login details with LOC members</p>
<p><b>5.</b></p>	<p><b><u>Treasurers Report</u></b></p> <p>MB confirms the LOC has approx £..... in the bank. He getting people sending invoices in more regularly now which is appreciated. The amount of money coming in each month is increasing. The amount per month before lockdown was around £..... to £..... and is now more like £..... to £..... per month due to increased NHS activity and the increased levy. MB advises he will do some financial planning for the surplus once the new roles are in place but is confident we have the funds to do this and that it is important we invest in the future of the LOC.</p> <p>NP asks if meetings and work has to be pre-authorized or not. MB advises no as long as appropriate for your role. If more money is spent than anticipated then MB can look at the claims and see where the costs have been incurred.</p>	
<p><b>6.</b></p>	<p><b><u>Chairs Report</u></b></p> <p>ICS update now legal and been signed by Queen. GPs and Pharmacy move to ICS this year with Optometry and Dental moving next year possibly April 23. There are discussions going on across the ICS on commissioning ICS wide services. This doesn't mean that every area will have every service but they could be and if they did would all be to the same specification.</p> <p>GOC call for evidence is something we should discuss as an LOC but we will park that as there will be lots of guidance coming out which we should read before we discuss.</p>	<p>GOC call for evidence to be carried over to a future meeting.</p>



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7.	<b><u>Secretaries Report</u></b>  Sent out prior to the meeting - no queries raised.	
8.	<b><u>Locality Lead Reports</u></b>  Carried over to next meeting due to time constraints	
9.	<b><u>Trust &amp; Private Provider Updates</u></b>  Carried over to next meeting due to time constraints	
10.	<b><u>Optometric Advisors report</u></b>  Carried over to next meeting due to time constraints	
11.	<b><u>LEHN Chair's report</u></b>  Carried over to next meeting due to time constraints	
12.	<b><u>LOCSU Report</u></b>  Carried over to next meeting due to time constraints	
13.	<b><u>Any Other Business</u></b>  AA enquired re LOCSU induction course for new members	JS to put EO, AA & NP forward for induction course.



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<b>14.</b>	<b><u>Dates of Next Meetings</u></b>	
	23/06/22 14/9/22 25/01/23 22/3/23 26/4/23 AGM 21/6/23	
	Signed by: 	Date: 17/02/2023
	<b>Michael Jackson, Chair</b>	
Taken by: Jennifer Smith, Secretary		