



LANCASHIRE &
MORECAMBE BAY LOC

Minutes of Meeting held 12th March 2025

Brockhole Visitor Centre, Preston PR5 0AG (Junction 32 M6/M55)

Attendance	<ul style="list-style-type: none"> • Michael Jackson (MJ) - Chair • Jennifer Smith (JS) - Secretary • Edward Ovenden (EO) - Treasurer • Sarah Bentley (SB) • Michelle Cole (MC) • Drew Thompson (DT) • Philip Harper (PH) • David Barras (DB) • David Gleave (DG) • Neil Pearson (NP) • Asma Adam (AA)
Guests	<ul style="list-style-type: none"> • Ruth Cuthbert (RC) - ICB Clinical Lead for QiO • Tom Mackley (TMa) - LEHN Chair
Apologies	<ul style="list-style-type: none"> • Tim Bagot (TB) • Mohammed Bhuta (MB) - LOCSU • Giles Wilson • Sajeel Abrar (SA) • Lisa Sariwee
Notes:	Item
1.	Declarations of Conflict of Interest <ul style="list-style-type: none"> • None declared
2.	Minutes of last meeting <p>The minutes of the meeting held 15th January 2025 were approved by the group. Proposed by AA, Seconded by DT.</p> <p>Further discussion from the group:</p> <ul style="list-style-type: none"> • MJ making progress with BTH re HESP payments, Letter to be sent to LTHT re the same problem. UHMB – no known issues with HESP payments. SB asks if UHMB are doing this well can the process not be shared with the other trusts. • DB has sent the paediatric top tips document to the orthoptists and all the Trusts, as yet only had a response from Conrad at BTH. Needs condensing and he is also clarifying the GOS information with RC and TMa before it can be published. DB confirms this will be generic system wide advice rather than Trust specific. He will circulate the final draft round the LOC for approval before distribution. MJ proposes to bring this to the next LEHN meeting. TMa agrees this is a good idea and gives the other Trusts another chance to input. • DB planning another Fylde Coast Paeds Event with Conrad, BTH. Q&A with Conrad this time. Hope is this may generate more interest than the previous event. • EO advises PES have been doing training with ISPs to ensure they are sending post cats to the patient's practice of choice. There will still be a few that occur due to staff turnover and practices are requested to send any issues with OPR numbers to PES to look into. Committee agrees there has been an improvement – action closed. • JS requested a digital flyer from the Macular Society to circulate round practices to create awareness quickly rather than relying solely on practice visits. Carl Harrison has



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	<p>now provided this, and it will go out to the mailing list in the next bulletin. DG will keep in touch with Carl going forwards as LV lead.</p> <ul style="list-style-type: none"> 16-17 referrals West Lancs – NP advises TB is liaising with K. Rimmer to set up end points on Opera. Options are Chorley Hospital (18miles away) or St Helens (30miles away). It has been flagged that this is not acceptable for those who rely on public transport.
3.	<p>Chair's Report <u>Chair's Report – March 2025</u></p> <ul style="list-style-type: none"> PCSE failures letter: All in favour of sending letter from NW LOCs to the ICB. LOC representation on board of LOCSU: RC advises at the start the central optical fund (funded by voluntary levies from LOCs) had a place on the board which has since faded away. Discussions ongoing with Regional and National Forum and LOCSU about a possible secondment role on the board for LOCs. Also, discussions being held about LOCSU representing LOCs (and individual contractors and performers) on OFNC. Special Schools Eyecare: TMa clarifies that the document has not yet been approved by parliament and so the reduced fee is only suggested at this point. MJ advises the application process is long and tedious and for small providers very off putting given the fees. MJ has raised these concerns with the ICB and these have been added to the risk register at his request. All in favour of sending the attached letter to the Primary Optometric Services group and Peter Tinson as Director of Primary Care on the ICB. TMa also requests to be copied in and thanks the LOC for their support. <p>Secretary's Report <u>Secretary's Report – March 2025</u></p> <ul style="list-style-type: none"> No further Discussion <p>Treasurer's Report Treasurer's Report – March 2025</p> <ul style="list-style-type: none"> Committee to approve auditors for last year's accounts. Previous auditors no longer feel comfortable doing this since we moved to PAYE. JS and MB feel it best to use someone who has no link to the LOC finances rather than the bookkeeper who does our PAYE. Suggestions are a different LOCs treasurer and maybe returning the favour (Ed to discuss at next treasurer's forum). There is not enough time to arrange this for the 2025 AGM but can investigate this for next year. DT advises he can put EO in touch with someone.



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	<ul style="list-style-type: none"> • Discussion around MS Basic for all LOC members – being able to use Teams and channels for working groups rather than multiple different WhatsApp groups. Will also allow the LOC to have a shared space which will improve productivity and aid continuity and succession planning etc. EO advises we have the option to trial for 1 month with no obligation or charge. All in favour of MS basic. NP proposed, DB seconded. Agreed to start trial now rather than waiting for the AGM. • CPD sponsorship discussion – all agreed to have Spamedica at the AGM in return for sponsorship. • EO advises he will be making some adjustments to the expense/reimbursement policy following the recent Treasurers Forum Day – to be presented for voting at the first meeting after the AGM for voting and adoption. If anyone has anything they feel should be amended, to contact EO. <p>Optometric Advisors Report OA Report – March 2025</p> <ul style="list-style-type: none"> • TMa asks what the quality group are expecting from an LOC report (Pennine Lancs LOC chair attends on behalf of both LOCs). RC advises it came about as she mentioned how good optics are at sharing high quality images with secondary care. Dentists and GPs struggle with this and so the group asked the LOC to talk about this at the next meeting. JS advises the confusion stems from the PCQG asking the LOC for complaints data and commissioning data of which we have access to neither. TMa points out that the flow of information should be coming from the PCQG to LOCs to share with constituents and not the other way around. He will raise this with the PCQG. <p>Primary Eyecare Services Report PES Report – March 2025</p> <ul style="list-style-type: none"> • Eyecare – EO reports PES will be starting to publicise the service with local GP practices in the form of cards to hand out when patients attend their annual review. This will hopefully drive volume into the service. He asks all practices to consider offering the service and if they are unable to then to please signpost patients into the service where appropriate. • New CUES module will be available soon. Work will then start on refreshing the GRR/GERS modules. • Relaunch webinars will be held to give users chance to feedback and ask any questions about the services.
4.	<p>LEHN Report – TMa</p> <p>Primary care 5 year plan</p>



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	<ul style="list-style-type: none"> • Work is being done already to look at current levels of GOS provision, particularly uptake in areas of deprivation. • Looking into providing more health care services in optical practices e.g. CVD pilot • Workforce development e.g. IP & glaucoma training is ongoing (slowly) • Pathway provision work is much more complex. Proposals are: Integrated children's services, glaucoma monitoring, naevi monitoring, specialist contact lenses, HCQ, dry eye, integrated diagnostics, maculopathy. These are all notions that could work in a system that is trying to push activity out of hospitals and into the community. • Discussion held about what the LOC feels is deliverable in primary care and where it can have an impact on patient care and system efficiency. <ul style="list-style-type: none"> ○ Cost to entry e.g. if optomap needed to provide naevi monitoring would be a big expense for practices, autofluorescence needed for HCQ monitoring (low uptake). Community monitoring of keratoconus with topography on the community (low numbers of topographers in community). ○ Some low cost quick wins e.g. dry eye, children's screening ○ Community diagnostics: fee would likely be low if not interpreting the data, if a practice only has 1 fields screener this would reduce capacity and may be a barrier for practices. • Could end up being community ophthalmology Tier 2 rather than optometry. <p><u>ICB Website Intranet</u></p> <ul style="list-style-type: none"> • Will need username and password – should be straightforward. • Primary Care Networks, GPs, Dentists, Optimised Prescribing & Optometry (or whatever we feel it should be called) - agreed to suggest it be called Optometry & Eyecare to be inclusive. • Lots of overlap with what is already on the LOC website but can also include advice for GPs, GOS contractual information e.g. additional pairs. Diabetic Screening, Sight loss support.
5.	<p>AGM Update</p> <ul style="list-style-type: none"> • 1/3 of committee up for election this year is TB, SB, PH, EO, NP • 2 casual vacancies, these can be filled at the AGM if we get more nominations than places • Discussed DG remaining as co-opted member or filling one of the vacancies as a contractor. Filling a vacancy would allow him to take on other roles within the committee e.g. vice treasurer. To consider and vote on at the AGM meeting. • SB advises she will stand again for a final 3-year term before retiring. TB, EO, NP and PH all intend to stand for re-election. • Job vacancies: Vice Chair, Vice Treasurer, BF&W locality lead from 2028 • Constitution: Hoping to adopt the new model constitution at the AGM, still waiting for the final document from LOCSU but will share with committee when we have it. Notice



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MORECAMBE BAY LOC

Minutes of Meeting held 12th March 2025
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	will go out with the AGM invite to all contractors and performers and a copy of the draft constitution will also be shared with them once agreed by the committee.	
6.	<p>CPD</p> <p><u>AGM CPD</u> Discussed earlier in minutes. CPD working group to start planning the quarterly sessions (1 in each area). Meet the LOC, chance to spread the word of the LOC. Work with the local Trusts and consultants to build relationships in each area. EO advises workforce development savings can be used for this.</p> <p><u>LTHT CPD</u> Trust keen to do CPD on orthoptics, emergency referrals etc. AA reports she has tried to get CPD approved but failed. TMA offered to help as he has experience with this.</p>	
7.	<p>AOB</p> <p><u>Mandatory Recycling for Businesses</u> A local practice has asked for help & guidance implementing this following guidance sent out to all contractors from the ICB. The local council are unable to provide guidance, and the business has no street access to store multiple bins. Suggestions are to investigate using bags if no space for bins and to use the simpler recycling government website to find a local provider for waste collection.</p>	
9.	<p>Dates of next meetings</p> <ul style="list-style-type: none"> • April - 30/04/25 - AGM, CPD & election of officers • June - 25/06/24 	
	Adopted by committee	Date: 25/06/2025



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Action & Decision Log

Action No.	Date	Item	Lead	Status
50	20.03.24	<p>JS to ask LOCSU for support getting Trusts to pay HESP fees timely</p> <p>18/09/24 - MBh looking into it, carry on to next meeting – not present.</p> <p>13/11/24 - JS to email MBh again and also discuss with LTHT correct procedure and escalation details to share round mailing list and post on website. Look at doing the same for BTH, UHMB, ELHT, MREH</p> <p>15/01/25 - MJ is drafting a letter to the Director of Finance at BTH to address the issue.</p> <p>12/03/25 - Letter sent & response received within 24hrs, MJ believes all payments are now up to date, however, still waiting for response re what happened, what the process is & how to stop it happening again.</p> <p>- MC has been collating sums owed from Central Lancs practices from LTHT. MJ to send similar letter to their director of finance to resolve.</p>	MJ	In Progress
53	03.07.24	<p>All committee members to do IT Security course on ELFH site and send certificate to AA.</p> <p>13/11/24 - EO to reshare link with all committee</p> <p>15/01/25 - AA to send another reminder to those still yet to complete.</p> <p>12/03/25 - AA advises some still to complete, please send certificates before next meeting in June 25.</p> <p>- EO advises officers to complete annually, committee members every 3 years.</p>	AA	In Progress
59	03.07.24	<p>Create Top Tips for Paediatric Examinations document for website</p> <p>13/11/24 - Still waiting for response from Trusts.</p>	DB & AA	In Progress



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		15/01/25 - Document is ready, DT has offered to help with the design. DB plans to send to head orthoptists at the Trusts before circulation. 12/03/25 - No response from Trusts other than BTH. Sending to RC & TMA for GOS detail then final draft to be sent to committee for review. This to be done prior to the next LEHN meeting in May to be presented there.		
63	18.09.24	Create a poster to circulate round practices "What is the LOC? Everyone is welcome" 13/11/24 - In progress, committee photo being taken after tonight's meeting. 15/01/25 - DT not present to update. 12/03/25 - DT to change Brockholes image as no permission to use then send to JS for distribution. Also to look into printing costs.	DT	In Progress
67	13.11.24	Send OPR numbers to TB for post cat px's who weren't sent to their chosen provider by ISPs/Trusts 15/01/25 - MJ advises the ICB have been made aware of this but it still seems to be an issue with some providers. 12/03/25 - This has now improved – action closed.	JS/SB	CLOSED
68	13.11.24	Concern raised over wording of endpoints for Post cat referrals rather than second eye surgery on Opera. TB to look into separate endpoints or possibly renaming to avoid confusion. 15/01/25 - TB reports still a few outstanding. 12/03/25 - EO advises some issues with Trust compatibility but everyone either now has in place or is working towards. Should be sorted by next meeting.	TB	In Progress
71	15.01.25	Work with Carl @ macula society to spread awareness of counselling and its other services and encourage practitioners to signpost all patients with macula disease to the third sector at time of diagnosis. 12/03/25 - digital flyer received to go out to mailing list. DG to continue to work with Carl as LV lead.	JS, EO, DG	CLOSED
72	15.01.25	Work with West Lancs secondary care and ICB to resolve 16-17 referral pathway and rejection of emergency referrals by Southport HES.	NP	CLOSED



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		12/03/25 - NP advises end points being looked into for opera as short term solution. Action closed		
73	15.01.25	LOC to send letter to ICB stating our position on Tier 1 fees and CUF on behalf of contractors 12/03/25 - still to be done, update at next meeting	MJ	In Progress
74	15.01.25	CPD working group to meet with LOS to discuss and plan future events with LOS. EO to look at future costs. 12/03/25 - MC advises LOS meeting in May to discuss, will update at June LOC meeting	CPD group	In progress
75	15.01.25	CPD working group to appoint new lead to replace MC 12/03/25 - WhatsApp group has been formed with members collaborating, AA agreed to take the lead.	CPD group	CLOSED
76	15.01.25	CPD working group to plan CPD for AGM – MC, AA, RC, TB, EO, TM, DB 12/03/25 - SpaMedica happy to sponsor – see Treasurer's report, Topic tbc hopefully will have confirmed at the end of this week.	CPD group	
77	12.03.25	Send PSCE rejection letter drafted by NW forum to the ICB and specials schools letter to the Primary Optometric Services group and Peter Tinson as Director of Primary Care on the ICB. TMA also requests to be copied in	MJ	
78	12.03.25	EO to look into Auditor options: DTs bookkeeper contact or another LOC treasurer	EO	
79	12.03.25	Set up MS business basic for all LOC members. DB to support and help with set up and training.	JS/DB	
80	12.03.25	EO updating the expenses policy to present for approval at the June LOC meeting.	EO	
81	12.03.25	Committee to consider putting themselves forward for the roles of Vice Chair, Vice Treasurer and BF&W locality lead (to shadow Sarah until she retires in 2028 presuming she is re-elected at the 2025 AGM)	All committee	
82	12.03.25	CPD working group to start planning quarterly events 1 in each area. July-Sept, Oct-Dec, April-June AGM. TMA to support with GOC approval.	CPD working group	