



LANCASHIRE &
MORECAMBE BAY LOC

Minutes of Meeting held 24th September 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 • Tim Bagot (TB) • Sarah Bentley (SB) • Sajeel Abrar (SA) 	<ul style="list-style-type: none"> • Philip Harper (PH) • David Barras (DB) • David Gleave (DG) • Asma Adam (AA) • Drew Thompson (DT)
Guests	<ul style="list-style-type: none"> • Ruth Cuthbert (RC) - ICB Clinical Lead for QiO 	<ul style="list-style-type: none"> • Tom Mackley (TMa) - LEHN Chair
Apologies	<ul style="list-style-type: none"> • Michelle Cole (MC) • Mohammed Bhuta (MB) - LOCSU • Neil Pearson (NP) 	
Notes:	Item	
1.	<p>Declarations of Conflict of Interest</p> <ul style="list-style-type: none"> • None declared <p>JS reports all conflict-of-interest forms have now been uploaded to the Committee Area on MS Teams along with guidance on how to complete and a blank form. All committee requested to check their form if not already done for 2025 and amend the date in the file name.</p>	
2.	<p>Minutes of last meeting</p> <p>The minutes of the meeting held 25th June 2025 were approved by the group. Proposed by DG, Seconded by AA.</p> <p>Further discussion from the group:</p> <ul style="list-style-type: none"> • DT reports following the letters sent by the LOC to the heads of finance at BTH his overdue payments were paid but since then there have been no more payments since June 2025. He has submitted his invoices on the ELFS portal with all the requested information, he has used the online facility to chase the overdue payments multiple times but had no response. SB advises this is the same for all practices. JS had an email from Conrad Beacham at BTH asking to circulate the correct invoicing process to practices and that invoices were to be sent monthly going forwards. JS requested the Trust provide the monthly cut off date for invoices to be sent by practices and how long after the cut off date practices will be paid. No information was provided so the information was circulated to practices as received. One local practice is going through the small claims court with BTH and has stopped accepting any HESP vouchers. SB advises there are other practices thinking of doing the same. MJ advises since contacting the finance directors at LTH & BTH he is aware one has left but has had no 	



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	<p>response to any emails. MJ has raised this with the LOC NW Regional Forum and this is going to be raised at the National Forum. RC suggests MJ flags this with the Primary Care Quality Services Group and TB suggests also sending to Samantha Davies who oversees quality for the ICB.</p> <ul style="list-style-type: none">• DB has condensed paediatric top tips document and put on teams for committee to review and provide feedback ready for circulation – all committee to please review this.• JS reports all 10 places for IP clinical placement have been allocated, 2 have been paid and 3 have completed the placement at UHMB but not applied for funding within 3years as set out in the T&Cs. If anyone else applies for funding the committee will have to decide whether to decline or to reallocate the funding. MJ has contacted UHMB numerous times requesting invoices to no avail. TB attends meetings with UHMB regularly so to raise this again and give them a deadline of the 12/11/25 to provide invoices or the money will not be paid, and the funding will be reallocated to other practitioners.• LOCSU have recently put 7 people through the WOPEC Lead Assessor training. MJ has enquired who they are and where they are based and asked why we weren't made aware this was on offer as we would have like to put someone forward for our area.
<p>3.</p>	<p>Chair's Report <u>Chair's Report – September 2025</u></p> <ul style="list-style-type: none">• MJ advises the RFI on Special Schools service has been sent out with a deadline of 30th September for responses. This is not an expression of interest but a chance for interested providers to feedback ideas/concerns.• AWL LOC specialist CL service – MJ & DG will follow this and update the LOC on any progress/developments that may benefit our area.• Meeting with ICB & both LOCs today about the announcement in the GP Digest that the RMC was going to be expanded across all of L&SC ICB footprint. This is to standardise choice for referrals for routine and urgent referrals. This would also help with deflection of referrals into community services where appropriate. Katie Rimmer will keep the LOC informed as the discussions progress and has apologised about not contacting the LOC about this sooner. <p>(DT left the meeting)</p> <p>Secretary's Report <u>Secretary's Report – September 2025</u></p>



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- CHEC Naevi Contract – The service was stopped in October 2024 with no announcement on how practitioners were to proceed with naevi monitoring. There has been no further communication from CHEC about this service and no response to any emails we have sent. JS asks the committee to consider its stance should CHEC push the service through with no changes and without engagement. A discussion was held and it was agreed if the service goes live without any engagement with the LOC we will make contractors aware that CHEC have not engaged with the LOC or answered any of our concerns and that the LOC does not support it.
- EO happy to fund anyone who wants to join the PES virtual business review evenings in November
- LOCSU LOC development day (London) - MJ, DG & TB will attend.
- NEHW toolkit was promised 3 weeks prior to the event but only arrived after the event had started with no time to plan or organise anything locally. It has been feedback to the organisers that these resources need to be sent out months prior to give LOCs chance to liaise with GP surgeries, pharmacies, Trusts and contractors to organise campaigns and awareness events. Once again excuses were made about this not being possible. PH will do his best to post on our socials.
- RNIB request for LOC help with a local charity whose family members will not allow them to present for sight tests – RC wondered if this would be a safeguarding issue. TMa suggested sending the details to him, RC & A. Ashworth to find more information.
- LTHTr concerns about refusal to provide GOS services for HES patients. A discussion was held and it was decided AA would work with C.Dineen to look at how widespread this issue is and find more information about the specific times GOS tests have been refused and report back to the committee.

Treasurer's Report

Treasurer's Report – September 2025 (Redacted, available on request)

- Surplus funds – it was agreed that any surplus funds should be used to allow more committee members to attend regional and national courses and events to aid member progression. Funds could also be used to increase the funding for wopec courses, IP clinical placements etc. The consensus was the funds should be used to invest in the committee and our community.
- JS advised other LOCs attend local fresher fairs to meet the new optometry/DO students and then sponsor a third year/final year prize and catch up with them again before they leave.

Optometric Advisors Report



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	<p>OA Report – September 2025</p> <ul style="list-style-type: none"> • MJ advises that applications to the performers list seem to be being process very quickly recently, showing the current system is working well. <p>Primary Eyecare Services Report PES Report – September 2025</p> <ul style="list-style-type: none"> • TB clarifies that if a Px has an unreliable field test at a sight test but the plot could be interpreted as a glaucoma related defect then the patient can be referred straight into GRR/GERS - VF does not need repeating to get an accurate plot prior to entering the service. This has been flagged as a reason for breaching the 2 week target by JS. • There will be a dashboard on Opera soon where practices can view their outcomes for different subjects. This will allow practices to view the results of their Proms surveys. <p>CPD Update - AA</p> <ul style="list-style-type: none"> • LTHT orthoptic CPD session is on hold. Other suggestions are emergency and glaucoma – agreed to focus on glaucoma with TMa help and to get LOCSU support with getting points accreditation quickly then a date can be set. • TB suggests MBay session could be on VR referrals to incorporate what should be sent to MBay and what to LTHT and which patients are sent where. • SB and DB to liase with BTH to discuss CPD event on new local referral pathways or wet AMD with a view to putting on an event in Blackpool area. • MJ proposes a short presentation can be created about the LOC that can be used at the start of each event.
<p>4.</p>	<p>LEHN Report – TMa</p> <p><u>Special Schools RFI</u></p> <ul style="list-style-type: none"> • TMa advises people to read the information that has been sent out and use this as an opportunity to ask any questions as this will make a difference and that the commissioning process has not started yet. He confirms all those currently providing the service are aware of the RFI and MJ asks TMa to make sure they are aware the LOC are here to support them. <p><u>MCN Glaucoma</u></p> <ul style="list-style-type: none"> • Going to try and pilot initially in Central Lancs, hoping to involve LTHT glaucoma optoms and GRR & GERS practitioners. ~ 4 meetings a year. Not a lecture series, rather interactive sessions between primary and secondary care. Once developed hoping to bring in medical staff from LTHT and expand to E.Lancs and the rest of L&SC.



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	<p><u>NHS 10yr Plan Presentation</u></p> <ul style="list-style-type: none"> • Hospital to Community shift Talk of neighbourhood health centres bringing multidisciplinary teams together in one place. Funded by a reduction in hospital share of total NHS expenditure Eyecare services could be provided in optical practices but likewise could be Trust commissioned or delivered in GP practices all are possibilities. Personalised patient-centred care especially for people with complex needs, can expect patient choice to be a strong theme. Will start with the areas of greatest deprivation first or lowest life expectancy. Will be open 6 days a week 12hrs a day • Analogue to digital Front door to NHS will probably be the NHS app • Move from treating sickness to prevention <p><u>ICB Re-organisation</u></p> <ul style="list-style-type: none"> • L&SC workforce has to be reduced by around half. • ICB needs clarification of their priorities from DHSC • Using data to target resources where they need to go resulting in significant cost reductions • High level workforce investment at a national level but local workforce investment by providers. Does this mean optical businesses or pharmacies, if so there would need to be a budget? More detail needed. • Redundancy costs are stalling this work at the moment.
<p>5.</p>	<p>LOCSU Report – MBh</p> <p>Not present to deliver</p>
<p>6.</p>	<p>AOB</p> <p><u>NQ Role on committee – MJ</u> 2 vacancies on committee – MJ asks committee to encourage NQ optoms they know to consider observing meetings and standing for election at the AGM.</p> <p><u>Survey of Constituents – MJ</u> Do we actually know what our constituents want from their LOC. Idea to have QR codes at regional events linking to a survey. MJ advises other LOCs have already done this, when speaking to them at the NOC. Idea to use these to pull ideas from and complete annually and use as committee performance measures.</p> <p><u>Committee Strategy Day – MJ</u></p>



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	<p>MBh can facilitate this in his LOCSU role. Would follow after doing a survey and link to needs analysis.</p> <p><u>Comms – Social Media Plan – PH</u></p> <ul style="list-style-type: none"> • PHa proposes we should be on LinkedIn as a committee and then use our current Instagram account for more informal information about the committee. • All committee to engage with PHa and send photos and topics to include on social media. Share information and pictures about meetings, courses attended etc • Regional events, WOPEC, strategy day etc <p><u>Paediatric MCN – DB</u></p> <ul style="list-style-type: none"> • No engagement/attendance. • Plan to try again with C.Beacham BTH and LOC members to work out how this could work and encourage wider engagement <p><u>Referral Information for patients - DB</u></p> <ul style="list-style-type: none"> • Idea to create leaflet for patients with all providers on for cataract surgery and next steps. JS advises the ICB would need to approve this and K.Rimmer has stressed that practices should not be having choice conversations or to discuss providers. MJ advises we could inform the ICB of the information patients are asking for and ask them to produce a flyer on the process but the onus is on the practitioner to have conversations about NHS or PVT pathways. 	
7.	<p>Dates of next meetings</p> <ul style="list-style-type: none"> • 12th November 2025 • 14th January 2026 (virtual if needed) • 11th March 2026 • 29th April 2026 – AGM & CPD • May 2026 – Needs Analysis Date TBC – virtual? • 24th June 2026 	
	Adopted by committee	Date: 12th November 2025

Action & Decision Log

Action No.	Date	Item	Lead	Status



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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> <p>25/06/25 - MJ to send details of amounts overdue to practices to financial leads at BTH & LTHT on 27/6/25. MJ to also meet with SB & MC to understand how the portals work and the pitfalls before arranging a meeting with the Trusts to discuss further.</p> <p>24/09/25 - MJ to escalate this with the PCQG, ICB and LOCSU – seek guidance on what the LOC can advise practices to do.</p>	MJ	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> <p>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.</p> <p>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.</p> <p>25/06/25 - DB condensing doc for committee review then to work with RC for GOS rules to include.</p>	DB	In Progress



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		24/09/25 - All committee to look at paed's top tips document and feedback then can be circulated round practices.		
74	15.01.25	<p>CPD working group to meet with LOS to discuss and plan future events with LOS. EO to look at future costs.</p> <p>12/03/25 - MC advises LOS meeting in May to discuss, will update at June LOC meeting</p> <p>25/06/25 - Working group to liase with MBh and LOCSU to get talks approved for CPD points quickly.</p> <p>MJ to look into banner that can be used for events and create slide show to introduce the LOC.</p> <p>DB to liase with BTH about possible topics.</p> <p>CPD group to liase with NP about west lancs event.</p> <p>24/09/25 - EO waiting for funds to be transferred – terms have been agreed - Closed</p>	CPD group	CLOSED
77	12.03.25	<p>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</p> <p>25/06/25 - Letter has been sent. MJ to chase response and update at next meeting.</p> <p>24/09/25 - action not clear from meeting recording</p>	MJ	In progress
82	12.03.25	<p>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.</p> <p>24/09/25 - TB to liase with UHMB to put on event around VM referrals.</p> <ul style="list-style-type: none"> - AA & TMA to work on a glaucoma event at LTHT - DB & SB to liase with BTH to put on an event around new referral pathways/wet amd etc 	CPD working group	In progress
83	25.06.25	<p>EO to work with MBh LOCSU to look into 10% drop in GOS levy. MJ to email N.Barkworth to see if he can see any cause for it as well.</p> <p>24/09/25 - See Treasurer's report - CLOSED</p>	EO & MJ	CLOSED



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84	25.06.25	EO to look into legal precedents for invoice payments in relation to UHMB not invoicing for IP placements after 3yrs. This could mean funding could be reallocated to support more clinicians. 24/09/25 - TB attends meetings with UHMB regularly so to raise this again and give them a deadline of the 12/11/25 to provide invoices or the money will not be paid and the funding will be reallocated to other practitioners.	EO	In progress
85	25.06.25	Meet with Lakshmi Patil to discuss her plan for A&G 24/09/25 - No update.	TB & MJ	In progress
86	25.06.25	JS to get in touch with Saskia at WOPEC about availability for event in Oct/Nov, avoiding half term 24/09/25 - WOPEC have advised they have a few Lead Assessors in place so the LOC should just let them know potential dates and they will see who is available. JS to send out EOI to mailing list	JS	In progress
87	25.06.25	Locality leads to work together and look into setting up whatsapp community groups and try using to share cues requests/availability 24/09/25 - TB advises there is a South Lakes Group. EO to support TB, SB, MC & NP setting up prior to next meeting.	TB, MC, SB, NP	In progress
88	25.06.25	MJ to discuss IP clinical network role with Ceri Smith-Jaynes and draft MoU for the role 24/09/25 - No Update	MJ	In progress
89	24.09.25	JS to email TMa, RC & A. Ashworth about charity in Preston supporting people who are from global minority groups	JS	
90	24.09.25	AA to work with C.Dineen to understand how widespread the issue of GOS refusal for HES patients is and if there are any patterns, consistencies.	AA	