



LANCASHIRE &
MORECAMBE BAY LOC

Minutes of Meeting held 14th January 2026 On MS Teams

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) • Neil Pearson (NP) 	<ul style="list-style-type: none"> • Philip Harper (PH) • Drew Thompson (DT) • Michelle Cole (MC) • David Barras (DB) • David Gleave (DG) • Asma Adam (AA)
Guests	<ul style="list-style-type: none"> • Tom Mackley (TMA) - LEHN Chair • Kevin Laval 	<ul style="list-style-type: none"> • Shameem Mohamed
Apologies	<ul style="list-style-type: none"> • Mohammed Bhuta (MB) - LOCSU 	<ul style="list-style-type: none"> • Ruth Cuthbert (RC) - ICB Clinical Lead for QiO
Notes:	Item	
1.	Declarations of Conflict of Interest <ul style="list-style-type: none"> • None declared 	
2.	Minutes of last meeting The minutes of the meeting held 12 th November 2025 were approved by the group. Proposed by SA, Seconded by EO. Further discussion from the group: <ul style="list-style-type: none"> • TB advises GP practices are issued with blank FP10 pads for any GP in the practice to use, FP10 pads. They can still provide CUES but only issue private prescriptions. 	
3.	Chair's Report <u>Chair's Report – January 2026</u> <u>PES LOC Briefing</u> <ul style="list-style-type: none"> • MJ apologises he has yet to ensure he has added his notes to the document drafted by JS. He will look through this then put the document on Teams for the committee to review. <u>PPV Visits</u> <ul style="list-style-type: none"> • NHSBSA are looking for outliers e.g. excessive GOS 1 on an early recall, excessive GOS3 issued with an early GOS1 recall. 	



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- TB reports he understands code 3.2 (patients presenting with problems resulting in a change in prescription) is something the BSA are particularly interested in which is interesting as this is what the professions job is.
- MJ reports the other contractor groups especially GPs have been challenging back on similar conversations and neighbouring LOC areas like Greater Manchester.
- Concerns are that the process is reactive rather than proactive and educational. MJ has raised this with the ICB on the Primary Optometric Services Group.
- Agreed the LOC will be here to support any practices selected for PPV.

Policies for New Constitution

- JS advises draft policies are available on Teams for committee to view, LOCSU have advised the final versions will be ready prior to AGM season. There will be work to be done when the final policies are released.

Mandated Wait times for surgical providers

- TB advises the ICB covering North Cumbria has put a ? 18week minimum wait for all new cataract referrals from Monday 19th January 2026.
- JS advises nothing official has been sent to the LOC to advise of changes in Lancs & South Cumbria
- EO – CHEC have advised there are IAP restrictions on YAG Capsulotomy in Blackpool, if capacity is fully booked for a month then appointments need to be booked for the following month. They can book activity if it relates directly to cataract consultations (presumably PCO found at a post op check but not sure)
- TMA tried to get some clarity in October 2025 on this and I have got following email

“To clarify the ICB has not introduced a policy regarding minimum waits for cataract surgery. The position is that in order to meet demand but keep to an affordable spend for 25/26 our contractual activity planning assumptions have indicated that the pathway should move to an average of seven weeks from referral to treatment, instead of the two to four weeks RTT several providers have been working to. We've not set a minimum wait. We've said that patients should continue to be treated in line with clinical need and in priority order, but that since it is a non urgent 18 week pathway working to seven weeks should not present any risks. Over the next few weeks we'll be issuing notices to those providers where planning activity is over performing. We'll be asking providers to explain where reporting information demonstrates non adherence to a seven week pathway. There is no issue with exceptions providing these cases are



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	<p>exceptional. The quality impact assessment was completed and indicated no risk to patient safety.”</p> <ul style="list-style-type: none"> • TMa agrees it would be responsible to push the ICB for some clarity on exactly what the policy is. MJ to email K. Rimmer to request this. <p>Secretary’s Report</p> <p>Secretary’s Report – January 2026</p> <ul style="list-style-type: none"> • No further discussion from group. <p>Treasurer’s Report</p> <p>Treasurer’s Report – January 2026 – available on request</p> <ul style="list-style-type: none"> • JS asks EO if he managed to contact the bank re Aviar taking funds for web hosting despite the accounts all being closed last year. JS has tried to contact Aviar but has had no response. EO to look into this with HSBC. <p>Primary Eyecare Services Report</p> <p>PES Report – January 2026</p> <ul style="list-style-type: none"> • TMa asks if increasing the time frame for GERS encouraged any other practices to sign up – TB will look into it. Only just changed so probably too early to say, comms from Dec relaunch event yet to go out to practices. • JS reported a patient had been contacted by someone at Fulwood Hall asking why they had been left a negative review. TB advises surgical providers do not see the PROMS but can see the satisfied, neither or dissatisfied result on the Post op report completed by the optom. Discussion held and decided as isolated incident no action required, if we hear of it happening again TB to investigate with Fulwood Hall. <p>LOCSU Report – JS</p> <ul style="list-style-type: none"> • MBh not present but advised all LOCSU news up to date in last bulletin sent out. JS highlights LOCSU Training Academy. • Comms forum 21st & 22nd January, JS and PH usually attend these. • RNIB Bitesize session 4th Feb, suggest DG attend this as LV lead. • CPD Forum 23rd Feb – working group may wish to attend this • All LOCSU bulletins and News updates available on TEams for committee to review <p>Adoption of reports: Proposed by DG. Seconded by NP.</p>
4.	LEHN Update - TMa



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	<ul style="list-style-type: none"> • Roadmaps - updated and represented to Primary Care Transformation Programme Board. Ambitious but very clear would only happen with appropriate funding to support. Well received in meeting but no updates since. • MCN Glaucoma – 1 meeting so far in Central Lancs hoping to do another soon. Clinical lead UHMB is engaging so likely to do something in MBay area soon. No response from BTH. • Contractor Intranet – Been asked to wait before doing launch, site is live just not being advertised. Lots of information for contractors on GOS obligations, forms for additional pairs, making accurate claims etc. Referral pathways section points to the LOC websites until there is clarity on the SPoA. Safeguarding links to the ICB page. Patient support – making sure practices are aware of services available to patients in their locality e.g. LV service, ECLO, sight loss support, statutory resources – all yet to be approved. He requests locality leads check this page for accuracy and feedback. • SPoA – Commissioners working on business case with support from PES. All relevant ophthalmology stakeholders very supportive, no one really pushing against it seems to just be a matter of finance. • Sahara womens centre – local practice close to centre part of pharmacy used to help patients access services. Plan now to facilitate sight tests in a normal primary care setting which will be better solution for everyone. • Tier 1 support – working on presentation in collaboration with PES & LOC on glaucoma. Angle closure to talk about from HES side than GRR from the PES side. Almost ready to go, PES supporting with accreditation for points. • Special Schools – still awaiting decision from L&SC execs regarding funding & procurement plans. The existing pilot contracts continue until further notice.
<p>5.</p>	<p>Items for Discussion</p> <p><u>NW Regional Forum – National Representation</u> – MJ</p> <ul style="list-style-type: none"> • Frustrations on the ground with GOS, contracts, fees, OFNC negotiations, PPV visits. OFNC made up of College, AOP, ABDO. No representation for LOCs or pathway to raise contractor frustrations at a national level. How should we be represented? JS suggests including this is the LOC survey to constituents to get accurate views in our area. TMA suggests no political leverage to give anymore money to GOS until practices start leaving GOS en mass. Should LOCs for a National Optical Committee (non LOCSU chair) which demands it has a voice completely independant of the other bodies solely to represent contractors. MJ will update committee further following net regional forum meeting. <p><u>BTH CPD Events</u> – DB</p> <ul style="list-style-type: none"> • Consultant eager to give talk on emergency eyecare. Hoping to host at BTH in med ret unit with food and free parking for delegates



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	<ul style="list-style-type: none"> • Orthoptist possible to do a BV presentation to refine primary care referrals. • Aiming for putting on end of March 26. <p><u>BTH Outcome letters to email</u> – DB</p> <ul style="list-style-type: none"> • BTH using Medisite to generate clinic letters but secretaries still having to print these off and post to practices, have requested list of NHS.net emails for practices so letters can be instead sent via email. Locality leads to find out which practices have shared mailbox NHS.net accounts and request consent to share these with BTH for clinic letters, those that don't find out why and what support they need to get one. <p><u>Paediatric Clinical Network</u> – DB</p> <ul style="list-style-type: none"> • No update waiting on C.Beacham at BTH
<p>6.</p>	<p>AOB (only received after agenda set)</p> <p>MJ decides due to time constraints the items below will discussed in the committee chat on MS Teams at a later date.</p> <ul style="list-style-type: none"> • Rejected orthoptic referrals – DB • 2nd opinion sight test authorisation rejected – TB • PPV visits – DG • CHEC long waiting lists and sending patients out of area - DT
<p>7.</p>	<p>Dates of next meetings</p> <ul style="list-style-type: none"> • 11th March 2026 • 29th April 2026 – AGM & CPD • May 2026 – Needs Analysis Date TBC – virtual? • 24th June 2026 <p>MJ thanks SM & KL for attending and they leave the meeting.</p>
<p>Adopted by committee Date: 11/03/2026</p>	



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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> <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> <p>12/11/25 - MJ to draft comms to go out to practices to update.</p> <p>14/01/26 - JS, SB & DT drafted response to BTH with our proposal. K.Rimmer has now sent on to the finance team at BTH. DT confirms BTH confirmed to him they have received it and are looking into our requests. MJ & DT to draft a 1 page HESP form for Trust approval.</p>	MJ	In Progress



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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> <p>24/09/25 - All committee to look at paed's top tips document and feedback then can be circulated round practices.</p> <p>12/11/25 - DB not present to update.</p> <p>14/01/26 - MC to read document and feedback to DB. TMa will send to Orthoptist @ LHTH to see if they wish to comment. Once feedback received DB to send to JS for website and distribution. Action closed</p>	DB	CLOSED
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 LHTH - DB & SB to liase with BTH to put on an event around new referral pathways/wet amd etc <p>12/11/25 - TB to confirm talk and dates with VR speakers and then look at venue availability.</p> <ul style="list-style-type: none"> - DB to look into venue options e.g. Imperial Hotel, De Vere Hotel etc and get estimate of costs. Confirm topic, speakers, cpd points. - JS add EO to the LOCSU CPD group to look into VRICS poster for our events - CPD group to bring finalised LV plan for AGM to January LOC meeting for approval <p>14/01/26</p>	CPD working group	In progress



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		<ul style="list-style-type: none"> - BTH emergency and BV are 2 proposed talks, DB to check in with BTH to see where they are up to with content as hoping to put on end of March 26. 		
84	25.06.25	<p>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.</p> <p>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.</p> <p>12/11/25 - JS to collate list of placement end dates from students and send to TB to raise with UHMB for invoicing.</p> <p>14/01/26 - HES can legally raise an invoice for 6yrs following completion of each placement. TB has raised again with UHMB but no progress from finance dept. JS to put 6yr cut off date on IP funding tracker after this date funding can be reallocated. Action closed</p>	EO	CLOSED
87	25.06.25	<p>Locality leads to work together and look into setting up whatsapp community groups and try using to share cues requests/availability</p> <p>24/09/25 - TB advises there is a South Lakes Group. EO to support TB, SB, MC & NP setting up prior to next meeting.</p> <p>12/11/25 - No progress, leave open</p> <p>14/01/26 - EO has set communities up for all 4 areas. Action closed</p>	TB, MC, SB, NP	CLOSED
88	25.06.25	<p>MJ to discuss IP clinical network role with Ceri Smith-Jaynes and draft MoU for the role</p> <p>24/09/25 - No Update</p> <p>12/11/25 - No update. DT volunteered to look into this and speak to CSJ</p>	MJ/DT	In progress



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		14/01/26 - DT has spoken to CSJ but no other progress. MJ still to draft MoU		
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. 12/11/25 - AA not present to update 14/01/26 - AA has raised with the Trust but had no response so presuming just an isolated incident. Action Closed.	AA	CLOSED
91	12.11.25	MJ to send road safety information to JS & PH to share with practices and for the newsletter. 14/01/26 - MJ has requested information but not heard back yet, will chase.	MJ	In progress
92	12.11.25	JS to support SB with requirements of returning officer in preparation for AGM 14/01/26 - JS has prepped documents so will arrange to run through with SB. Action closed.	JS/SB	CLOSED
93	12.11.25	JS to create office holder contract for role of vice chair and prepare nomination forms to send out to committee 90 days prior to AGM 14/01/26 - All written and prepared, scheduled to go out to committee.	JS	CLOSED
94	12.11.25	PH & EO to look through previous minutes to find reference of vote on raising committee hourly rate with inflation ready for committee discussion at January 26 meeting 14/01/26 - EO has prepared options. To be discussed by the committee after tonight's meeting.	PH & EO	CLOSED
95	12.11.25	MJ to liase with ICB safeguarding team to raise concerns about optical practices completing the recently distributed survey 14/01/26 -	MJ	CLOSED



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96	12.11.25	JS to remove safeguarding information from the website and include instead a link to the ICB safeguarding page 14/01/26 - As advised by LOCSU JS has advised mailing list not to complete as covered by QiO. JS to send information to MJ to use to write to ICB. Action Closed.	JS	CLOSED
97	12.11.25	DT liase with MBh to draft constituents survey for AGM – present draft at January meeting for approval 14/01/26 - JS to send info provided by MBh to DT to work on.	DT	In Progress
98	12.11.25	JS to send poll out to committee for all to complete re preferred days and times in May for Strategy day working around MBh availability 14/01/26 - Waiting for MBh to send his availability through	JS	In progress
99	12.11.25	TB to ask PES IP lead if there is a solution for FP10 pad for locum IP optoms 14/01/26 - Action closed	TB	CLOSED
100	14.01.26	MJ to email K.Rimmer for clarity on ICB restrictions on ISPs productivity	MJ	
101	14.01.26	EO to block payments to Aviar Host and see if bank can reimburse payment taken since account closed.	EO	
102	14.01.26	TMa requests locality leads review patient resources section of contractors intranet to check accuracy in their area. He will send JS up to date sight loss directory for the website.	TMa, TB, MC, SB, NP, JS	
103	14.01.26	Locality leads to find out which practices have shared mailbox NHS.net accounts and request consent to share these with BTH for clinic letters, those that don't find out why and what support they need to get one.	TB, SB, MC, NP	
104	14.01.26	JS to update expense form with new hourly rate and circulate round committee	JS	
105	14.01.26	EO to update expense and reimbursement policy to reflect new hourly rate and increase to day rate	EO	
106	14.01.26	MJ to post items of AOB not discussed on MS Teams	MJ	