

UK Domiciliary Eyecare Committee

Name	Domiciliary Eyecare Committee (DEC)
Purpose	<p>To provide a dedicated sector meeting space for domiciliary eye care leaders to discuss and progress domiciliary eye care matters across the UK.</p> <p>To coordinate domiciliary eye care sector action across the UK to ensure:</p> <ul style="list-style-type: none"> • eligible patients can access safe, high-quality eye care in their own or residential homes • providers and practitioners are supported to deliver eye care safely and to the highest standard, in challenging environments • all domiciliary patients have choice and access to high quality eye care which meets their needs. <p>To decide on priorities and projects that help deliver the above aims.</p> <p>To provide domiciliary expertise for service and fee discussions/negotiations in each nation as required.</p> <p>To speak on behalf of the sector on matters related to domiciliary eye care and domiciliary patients.</p> <p>To work collaboratively across the sector and the four UK nations' health services in pursuit of the above aims.</p>
Members	<p>The Committee will include 8-10 (max) committee members (CMs), nominated as follows:</p> <ul style="list-style-type: none"> • Two representatives from ABDO • Two representatives from AOP • Two representatives from FODO • Two representatives from The College of Optometrists. <p>At least one representative from each nominating body will have relevant experience as a practicing domiciliary practitioner/provider. Such CMs should be leaders in the domiciliary sector across the UK, ideally playing active roles in England, Northern Ireland, Scotland or Wales. Such CMs should have the support of their domiciliary service provider and their nominating body to contribute time to DEC and have the skills and experience to support DEC and the sector achieve domiciliary objectives.</p> <p>All CMs should have policy or subject matter expertise and will be appointed for three-year terms up to a maximum of three consecutive terms (provided the above criteria are met).</p>

	<p>Between them, the nominating bodies will ensure that at least one CM works in each of the four UK nations, supported by the UK bodies, OS, OW and ONI.</p> <p>A representative from the General Optical Council, OW, OS and ONI may attend DEC meetings as observers. Observers will be able to contribute to discussions but will not have a vote. Observers may be asked to leave the meeting for closed items.</p> <p>DEC may invite others to attend meetings for pre-specified agenda items, with the agreement of the co-Chairs. This includes colleagues shadowing specific meetings or agenda items to support DEC's work or to build experience for succession planning.</p> <p>An additional staff member from each of the nominating bodies may also attend. These will be non-voting.</p> <p>CMs should declare conflicts of interests on appointment and keep these up to date as well as mentioning them if relevant in meetings.</p>
Chair	<p>Joint co-Chairs will be elected by the CMs from amongst themselves, normally from AOP and FODO nominees (one of each) and ratified by the nominating bodies.</p> <p>Nominees for co-Chair must have relevant experience as a practicing domiciliary practitioner/provider.</p> <p>Co-chair elections will normally be staggered to ensure continuity and appropriate handover.</p> <p>On appointment to co-Chair, the nominating body may appoint an additional representative to back-fill.</p> <p>The co-Chairs will be supported in this work by their nominating body.</p> <p>The co-Chairs' term will normally be for three years up to a maximum of three consecutive terms.</p> <p>A co-Chair can be removed from office by resignation, expiry of their term of office, by a majority vote of CMs, or by the nominating bodies acting together.</p>

	<p>The co-Chairs will:</p> <ul style="list-style-type: none"> • work with the secretariat to set the agenda for committee meetings and commission papers • chair meetings of the Committee, ensuring open and constructive discussion • represent the Committee at engagements with external stakeholders • engage with CMs between meetings where there is a need to do so • declare in advance any invitations for speaking engagements or publications to ensure DEC is up to date and there is sufficient governance in place to protect and enhance the standing of DEC and the domiciliary sector.
Secretariat	<p>DEC will be supported by the FODO policy team acting as secretariat. Secretariat roles will be non-voting.</p>
Meetings	<p>DEC will normally meet three times a year, using video conferencing facilities, with in-person meetings organised if required.</p> <p>The Committee may choose to hold an additional meeting each year to be open to all domiciliary providers and practitioners.</p>
Quorum and decision making	<p>>50% of members should be present. If both co-Chairs are unavailable, the Committee will select one of the other CMs present to chair the meeting, and provided the over 50% criterion is met, the meeting will be quorate.</p> <p>The secretariat should normally be present to ensure the meeting is properly recorded.</p> <p>Decisions will be taken by consensus or simple majority vote. In the case of an equally split vote, the co-Chairs (acting as one vote) will have a casting vote. In this case, if the co-Chairs (acting as one casting vote) cannot agree, the decision cannot be made and should be deferred for further discussion and further decision, including on a subsequent occasion.</p> <p>It is the responsibility of the secretariat to ensure that all members of the Committee can vote (including those who are absent).</p>
Other roles	<p>To raise the profile of, and advocate for, domiciliary eye care within and beyond the sector.</p> <p>To champion equal access and care for all domiciliary patients, and equal treatment and opportunities for staff within the domiciliary eyecare sector in line with Equity, Diversity and Inclusion principles.</p>

	<p>To review and update the domiciliary eyecare Code of Practice.</p> <p>To share information on developments and potential developments within the sector and the domains of care for children and adults at risk.</p> <p>To provide advice and guidance to commissioners, providers, practitioners, patients and carers as required.</p>
<p>Reports and record keeping</p>	<p>DEC will</p> <ul style="list-style-type: none"> • have clear agendas for meetings • receive and consider papers five working days in advance of meetings to ensure informed discussion and decision making • maintain clear notes of meetings • log key actions and track progress. <p>Agendas and papers will be open for sharing with others, unless indicated otherwise.</p> <p>Key notes, decision and actions will be shared openly following each meeting, except where doing so would jeopardise domiciliary strategy or negotiations.</p>
<p>Date agreed</p>	<p>September 2024</p>
<p>Review date</p>	<p>September 2025</p>