

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft minutes of an ordinary meeting

Date:	16 th December 2014
Venue:	Higham Farm Hotel, Higham
Members:	Drs: J D Al Damouk, R Khatib, P Moore, (Secretary), A North, N Preston, N Rodick (Chair), J Ward

Co-opted:
Drs:

In attendance:
Dr F Kellett

1. Apologies for Absence
Drs: A Hannah, D Hannah. Laura Burns

2. Minutes of last Meeting
The minutes of the last meeting were agreed as an accurate record.

3. Matters Arising
There were no matters arising.

4. Correspondence

Dr Moore reported he had been left a message from Chris Williamson, MP for North Derby regarding an article in the Derbyshire Times. Dr Moore had not had any contact with Mr Williamson and had forwarded the enquiry to Andy Dale of the Derby City LDC.

Dr Moore had forwarded an e-mail with details from the LDC Conference website, but a number of people had commented that they were unable to open the documents. He said that to access the PDF files, you had to click on the word 'here' and it would open them.

Dr Moore asked if everyone had received an invitation to the dental event on 23rd January 2015, and everyone had.

Dr Rodick reported that he had been contacted by a practitioner in Clay Cross who did not feel that they were getting orthodontic referrals. Dr Rodick had visited and advised her that she needed to market her services more widely. She agreed that she would target Derby practitioners as she already worked part-time in Derby.

Deanery
Dr Fleur Kellett was welcomed to the meeting and reported on a number of items.

DCN:

- Full financial control had now shifted from South Yorkshire to the East Midlands Deanery so that it was now financially separate from Don Valley House.
- At a recent meeting there had been no representation from the CCG or LAT, so it had not been particularly productive. Dr Steve Dixon had written to the new management teams to raise the awareness of the importance on the DCN.
- Dr Rodick raised concerns about the state of dental nurse training in the area. DR North said that it was not part of their remit, but that it was being taken on board.

Post Grad:

The new Dean was not keen on evening meetings at the end of a long day and the emphasis was shifting with courses for DCPs being explored.

Dr Kellett's list of events had yet to be approved; however there were 2 hands-on courses at Kings Mill arranged. There would be more events based around the whole team, such as anxiety management and conflict resolution. Also being looked at were DCP study days and parallel sessions for GDPs and DCPs. Other areas being explored were shared care and degenerative conditions – how GDPs could better liaise with specialist services eg dementia & Parkinson's.

The Dean knew secondary care very well but was not very familiar with primary care. Dr Kellett had tried to explain that the rapport between a dental practitioner and their patient was different from that of a medical practitioner and patient and if a locum dentist was in place patients would often choose not to attend.

The Dean wanted quality in sessions, but Dr Kellett was having to work within constraints and currently had no budget. She had some ideas but wanted input from GDPs.

Dr Rodick asked who paid for revalidation and Dr Kellett said that it was self-funded.

Dr North said in terms of Foundation dentists the study side was expected to be 100 hours face-face and 80 hours virtual.

Dr Kellett said that there was a lack of clarity around what education would look like in the future. From 1st April 2015 all admin would be centralised at Ruddington, with venues being arranged by the booking team at the Deanery. The Dean was keen that DCP should be free with no parking charges etc.

There had also been discussion about an on-line platform for booking places on courses.

DPL:

Dr Rodick said that the information regarding training was very similar as that given by Dr Kellett.

DCHS:

A leaflet had been approved by the DCHS communications team for patients newly diagnosed with dementia. The printing costs were being met by the LPN. Patients were encouraged to get in touch with their dental practitioner.

Jodie Bustin was keen to engage with GDPs and speak to local practitioners about issues and was looking to the LDS for support with this. It was suggested that she be invited to speak at the AGM in May.

	<p>LPN:</p> <p>Dr North had attended and the main item was that the chair, Mr Heywood had announced his retirement.</p> <p>There had also been an update on dental contracting.</p>
<p>5.</p>	<p>LDC Officials' Date Report</p> <p>Dr Moore had previously circulated an e-mail covering the main topics, which were:</p> <ul style="list-style-type: none"> • Mick Armstrong felt that there was a good chance of success in the day's judicial review. • John Milne advised caution if LDC members become officers of LPNs. He had a meeting soon with David Geddes to discuss LATs, clawback etc. There were also questions about dental software charges. • Update on contract reform. (details circulated in previous e-mail showing slides.) Blended prototypes were currently being discussed, with a % each for capitation, activity and quality. Expressions of interest would be invited in Jan, with prototypes to start 2015-16, run for 2 years, and possible implementation in 2018, although this was uncertain at this time. There was a desire to improve oral health. Overall NHS Dental expenditure and scope of NHS care are to remain unchanged. <p>If 2006 was considered to be revolution, this would be more like evolution. Barry Cockcroft had been asked what treatments were available on the NHS, but he said that there wasn't a list of treatments available. It was felt that it was highly unlikely that practitioners would ever get a list of treatments available on the NHS and there were doubts about the viability of single-handed practitioners.</p> <p>Currently there were joint exercises between DH, CQC,BSA, GDC and NHS England to try and ensure that practices aren't inspected un-necessarily.</p> <p>There had also been a question regarding commissioning and Barry Cockcroft said that there would have to be legislative change in Parliament regarding CCGs having control over dental funding.</p> <p>Ways of creating a career pathway for dentists were being explored.</p> <ul style="list-style-type: none"> • Brian Westbury said it was very likely that ALL new graduates would appear before the GDC at some stage. GMC rejects 50% of cases, GDC 10%. Three cases where GDC sent undercover detectives into practices were thrown out as entrapment. Most cases regarded practitioners who had qualified overseas. The DP would prefer a reformed GDC to a new unknown regulator. • The motion- Half complaints from patients, half from other registrants or health bodies. GDC must appoint case examiners to triage out superfluous cases. Most likely- overseas, entrants since 2010, London and the southeast. <p>GDC twice declined to speak against the motion- cited the judicial review. Motion carried unanimously.</p> <ul style="list-style-type: none"> • NHS Commissioning guides for dental specialities. Under construction, being rushed out by April 15, with no external consultation.

	<ul style="list-style-type: none"> Dick Birkin warned that if a practitioner received data outlier questions from BSA they should seek advice before responding. Indicators including fluoride varnish, UDA'S/PT, band 3 as a % of UDAs. <p>BSA would no longer pay claims received 2+ months after treatment was completed, so practitioners were advised to monitor their DNAs. Dr Khatib said that this raised issues with patients who don't pay promptly, but then do pay, but after the 2 month period.</p> <ul style="list-style-type: none"> John Milne and BDA seeking a meeting with David Geddes re Xmas opening. Northumberland had capitulated regarding Christmas opening times and had permitted previous practice to continue. Dr North said that he had received a phone call to the practice from NHS England and the caller had insisted on speaking with them concerning the Christmas Opening. Dr North's impression was that the caller lacked knowledge about the basic contract and didn't really know what they were talking about.
6.	<p>LDC Website</p> <p>Dr Khatib reported that there were two options:</p> <ol style="list-style-type: none"> Set up the website from scratch with a fee for setting up and then a fee for each change. This would work out at about £600 set-up fees and £50 per change. As above but where anyone with access could amend details. This would be more expensive to set up, <p>Brief discussion ensued and it was agreed to go with option 1.</p>
7.	<p>LDC Dental Buying Group</p> <p>There was no update on this item.</p>
8.	<p>Treasurer's report</p> <p>The LDC continued to be very solvent.</p> <p>Dr Ward stated that at the LDC Officials' Day some LDCs were reporting that they were still not collecting their statutory levy and there was a lack of clarity around why it wasn't being collected. This then reflected upon the ability to pay things like Guild contributions. There were reports that very few LDCs were paying to the Guild or into the benevolent fund.</p> <p>Last year the Guild wanted £6,250, but this year they had requested £7,975, which was confusing as it was not felt that there was any reason to support this significant increase. After brief discussion it was agreed that £6,250 should be paid.</p>
9.	<p>Christmas Opening</p> <p>Dr Moore stated that he had always opened for 2-2.5 hrs over the Christmas period. He had discussed this with Julie Theaker and explained that he was contracted to do sessions, not hours.</p> <p>The LAT had stated that they would not be doing any sort of 'secret shopper' exercise: however, they would monitor emergency access centres to see who attended and from what practice and also patient complaints.</p>

10.	<p>GDPUK Discussion on LDC Activity</p> <p>Dr Rodick reported briefly on a couple of meetings he had attended.</p> <p>Performance Screening Group – There were a number of dental cases with some issues being around the attitudes of the practitioners, who were being sent on courses at their own expense.</p> <p>Direct Commissioning Primary Care Panel – This was to take place later in the week but there were no dental matters on the agenda.</p>	
11	<p>Reports</p>	
	a)	<p><u>Local Area Team (LAT)</u></p> <p>No report</p>
	b)	<p><u>Trent Liaison</u></p> <p><u>There was no report for this item.</u></p>
	c)	<p><u>FGDP</u></p> <p>Dr Khatib was now secretary for FGDP which was now starting to gain impetus. Dr North stated that they were hoping to set up some courses in the future. The Dean was keen to initiate a Fellowship programme.</p> <p><u>FD</u></p> <p>More Foundation education was to be community-based with foundation dentists going out to schools and also nursing homes. There was a possibility that staff would be trained in topics like dementia care.</p>
	d)	<p><u>BDA</u></p> <p>No report</p>
12.	<p>Date, Time & Venue of Next Meetings</p> <p><u>Unless stated all meetings commence at 7.30pm, at Santos, Higham Farm, Higham.</u></p> <p>2015 3rd February (short meeting starting at 6.30pm, followed by LDC Dinner) 24th March</p>	