

**DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE**

Draft minutes of an ordinary meeting

<b>Date:</b>	3 <sup>rd</sup> February 2015
<b>Venue:</b>	Higham Farm Hotel, Higham
<b>Members:</b>	Drs: J D Al Damouk, H Hammond, D Hannah, S Hoyte, R Khatib, H Kshitij, P Moore, (Secretary), A North, Y Nsamba, N Rodick (Chair), J Ward

**Co-opted:**  
Drs:

**In attendance:**  
Dr F Kellett

**1. Apologies for Absence**  
Drs: R Birkin, A Hanna, N Preston

**2. Minutes of last Meeting**  
The minutes of the last meeting were agreed as an accurate record and it was noted that Dr Hammond had sent her apologies.

**3. Matters Arising**  
There were no matters arising.

**4. Correspondence**  
Dr Moore reported that Lincolnshire LDC was asking members of the Trent Liaison for further contributions from all LDCs for the fighting fund. Derbyshire LDC had already contributed £1000, but some LDCs had not contributed at all. The GDC was up before the House of Commons Select Committee in early March and more publicity was required to keep the issue in the press.  
Discussion followed. It was felt that it was important to maintain the current impetus and whilst the committee were happy to pay a further contribution, it was also felt to be important that other LDCs contribute as well.  
Dr Rodick said that Toby Perkins, MP for Chesterfield, had spoken at a sitting in the House on the issue. Dr Ward said that Derbyshire County LDC had been the only one to get a mention and that it had been a very good session, with My Perkins asking the right questions and saying the right things.  
**Action: Dr Ward to pay further £1,000 as requested.**  
Dr Moore had received notice from the BDA of a CQC Dental Stakeholder Event on 24<sup>th</sup> February, 10am-2.30pm in London. This was part of a series of ongoing events being organised by the BDA. Dr Moore agreed to attend.

<p><b>5.</b></p>	<p><b>Proposed High UDA Performers Review</b></p> <p>Dr Moore referred to an e-mail that had been received from the LAT high-lighting that because of a recent case the Dental Contracts Team been asked to undertake a piece of work looking at performers with a high number of UDAs. The LAT had developed a draft review process and was requesting feedback from the LDC's and would welcome any suggestions regarding the proposals.</p> <p>Sue Barber had collated a draft response for Nottinghamshire/ Derby City and Derbyshire County LDCs as follows.</p> <p><i>'We do not feel that a high proportion of our practices should be under investigation because of previous inaction by the PCT and the AT.</i></p> <p><i>We consider:-</i></p> <ul style="list-style-type: none"> <li><i>• One week's notice for a reply to the questionnaire is unacceptable and we would suggest 3-4 weeks as being reasonable. It would allow time to answer fully and perhaps take advice. It does not suggest non-compliance by not being able to reply within a week.</i></li> <li><i>• The LDC would welcome the opportunity to work with the AT in producing a questionnaire for dentists. We don't consider the present version fit for purpose and feel it is rather intrusive.</i></li> <li><i>• No notice inspections should only be attempted if there is evidence of a risk to patients. The regulations say the AT should give "reasonable" notice of access. Inspecting appointment books and day lists would indicate daily patient throughput. Interrogation of NHS data on dates of acceptance would reveal new patients per day.</i></li> <li><i>• Any investigation should be after a risk assessment, visiting the highest risk contracts first.</i></li> <li><i>• The LDC would like to see a national standard rather than targeting one or two area teams.</i></li> <li><i>• The LDC does not accept the arbitrary imposition of any UDA target as being "reasonable"</i></li> <li><i>• The LDC would expect to see the AT monitor all its primary care contracts in a similar manner and using existing data sets from the QAF</i></li> <li><i>• Ideally there should be two Dental Advisers (preferably the same 2 for every visit) used to prevent bias and increase consistency. They should have no local conflict of interest and be experienced in practice inspections and NHS Dental Services data sets.'</i></li> </ul> <p>Discussion ensued. It was suggested that inspectors turning up at practices unannounced could create problems. It was also felt that the AT was not asking relevant questions and that any action should be taken at a national level and not just be addressed locally.</p> <p>It was queried how these visits would differ from those conducted by the CQC. Dr Moore said that the visits specifically targeted performers in Derbyshire/Nottinghamshire with a high level of UDAs, although he personally had no issues with some of the things they were doing. Dr North felt that there was a lack of dental advisors who would be able to undertake the visits. There were also concerns about assistants working in a practice under one performer's number, where because of the work undertaken the number of UDAs would be increased. In addition, questions were only being asked about hours worked rather than the monetary value of the work.</p> <p>Overall, it was felt that it was a good response.</p>
<p><b>6.</b></p>	<p><b>Xmas OOH Problems</b></p> <p>Dr Moore reported on a response from Laura Burns, NHS England, regarding a complaint</p>

	<p>received about the telephone ringing without response for the out of hours service over the Christmas period.</p> <p>Ms Burns reported that the phone system at Scarsdale held 5 callers and then subsequent callers should receive a message stating that all call handlers and to try again. The service had been very busy from 8am to 3pm, including receiving calls from patients in Leicestershire as there was apparently no urgent out of hours cover there.</p> <p>In addition, some Nottingham City patients had been directed to the Derbyshire service by the 111 service. It was thought that once all the slots for Nottingham Emergency Dental Service were full, their profile on the 111 Directory of Services was turned off meaning that the service would not show up as an option, with callers being then referred to the next provider on the list: in this case DCHS.</p> <p>Ms Burns felt that the Derbyshire service provision had been adequate had additional calls not been received from out of the area, but that this would be taken into account for next year.</p> <p>Dr Moore had attended a meeting of the East Midlands LDC Liaison Group and both Notts and Leicestershire LDCs queried the transfer of patients from their regions to DCHS, knowing of no issues arising which would have caused the need for such actions and were interested to know how many patients had been referred from their respective services.</p> <p>Discussion ensued. Concern was expressed that the LAT had been vociferous about the out of hours cover practices were expected to provide over the Christmas period, but had fallen short in relation to their own service provision for the period. Dr Moore suggested contacting the LAT requesting the numbers of patients from Notts/Leicestershire that were actually seen by DCHS; what the geographical breakdown was of all patients seen over the Xmas period; and how many patients actually contacted DCHS, but weren't seen ie. they were triaged out. It was also felt that the LAT needed to ensure that there was sufficient out of hours cover for next year.</p> <p><b>Action: Dr Moore to write a response to the LAT's e-mail and to forward it to LDC members for approval.</b></p>
10.	<p><b>AOB</b></p> <p>Dr Khatib reported that the website was now live with a new address. If anyone wanted anything adding they should e-mail Dr Khatib asap. It was felt that it would be useful to have profiles on the site, but no telephone numbers, although there would be an online contact form.</p> <p>Dr Moore suggested having details regarding the Buying Group.</p> <p>Dr Kshitij asked about getting an nhs.net e-mail account and was told that these could be obtained from the Area Team.</p>
12.	<p><b>Date, Time &amp; Venue of Next Meetings</b></p> <p><u>Unless stated all meetings commence at 7.30pm, at Santos, Higham Farm, Higham.</u></p> <p><b>2015</b>  24<sup>th</sup> March  19<sup>th</sup> May (AGM)</p>