

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft minutes of an ordinary meeting

Date:	8 th July 2014
Venue:	Higham Farm Hotel, Higham
Members:	Drs: H Hammond, A Hannah, D Hannah, S Hoyte, R Khatib, P Moore, (Secretary), N Preston, N Rodick (Chair),

	Co-opted: Drs:
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	In attendance:
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1.	Apologies for Absence Drs: J D Al Damouk, H Alzouebi, D Monaghan, A North, Y Nsamba, J Ward
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2.	Minutes of last Meeting The minutes of the meeting of the 20 th May 2014 were agreed as an accurate record.
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3.	Matters Arising <i>Item: 7C – FGDP and FD</i> Dr Moore had been informed by a Programme Director that approximately 74 dental graduates would not get FD places this year. Around 47 had failed their final examinations, so there would be some vacancies to be filled, but not all will get a place when the programme started in September. Whilst unsuccessful graduates could apply again next year, this issue would be compounded if the shortfall between graduates and FD places continued.
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4.	Correspondence There was no correspondence
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5.	LDC Conference Dr Rodick reported that whilst the venue was very good, many speakers came across as apathetic and the debates were not particularly interesting. Most of the motions were very predictable and were basically rubber-stamped, with no real contention or debate around them. Barry Cockcroft and Eddie Crouch had spoken about the reformed contract pilots (which were now being referred to as proto-types rather than pilots); implementation of which had now been postponed and further action around this issue would probably not be taken until after the next election. Dr Rodick felt that the service changes were not a political priority and there were reports that some of the initial pilot sites wanted to go back to GDS contracts.
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6.	<p>LDC Website</p> <p>There had been no movement on this and Elaine Woodhall-Windle would chase this up.</p>
7.	<p>LDC Dental Buying Group</p> <p>Dr Moore reported that this was now up and running. Lincolnshire LDC had agreed to join the group, but had yet to sign the contract yet: however, there were now 4 LDCs involved.</p> <p>Opt-out letters had been sent out to practices and they had until 11th July to complete and return. After 11th July welcome packs would be sent out to practices and the website would be live later this week.</p> <p>Materials and costings were not yet on-line and Dr Moore had had contacted the group and had received the information today. He reported that users should be able to log on and see. Where contracts such as gas etc., were up for renewal, the Buyers' Group would contact the relevant practice and let them know the best deals available.</p> <p>The LDC would receive commission after the group had been functioning for 2-years, and it had previously been agreed that this would be donated to dental charities.</p> <p>Dr Hoyte asked in corporate practices could be involved, and Dr Moore said that he suspected that such practices would probably have their own deals in place.</p> <p>Dr Preston said that she could not recall seeing a letter regarding opting-out, but Dr Khatib said that his practice had received it and it depended who was responsible for opening the mail. Dr Moore asked Dr Preston to check if the letter had been received in her practice, and if not to contact him.</p> <p>Dr Khatib asked if it was possible to log-on if the practice hadn't received a pack. Dr Moore said that when you logged it, they could check if a levy was paid, and if it was the site lets you log-on.</p> <p>Dr Moore said that savings around 10-12% were expected. Phase II of the savings would look at things like credit card and defibs if there was a need for them.</p>
8	<p>Reports</p>
	<p>a) <u>Local Area Team (LAT)</u></p> <p>No report</p> <p>However Dr Rodick reported that the agenda was all-encompassing and had included discussions in relation to dentistry about bariatric chair locations, Care homes, which was being lead by Christine Utting, restorative care and special care dentistry.</p> <p>The next meeting was to be on 16th July and was focusing on oral surgery. Dr Rodick felt that the group was finally coming together and was hopeful of things finally moving forward.</p> <p>Dr Moore had also attended a CCG meeting in North Notts, but was the only GDP present as it was mainly GPs in attendance. He had been invited at short-notice and had mentioned that if they wanted dental representation they needed to give</p>

	<p>more notice. Overall he had felt that they were not very organised and that it had been a waste of time. The main issues had been around funding and direction. Dr Moore felt that dentistry was more organised.</p> <p>The 'Call to Action' meeting in Derby had focused on topics such as patient access and funding. Not many GDPs had attended and overall it was not felt to be very constructive.</p> <p>At a recent LPN meeting the query was raised about what was behind the dental contract reform: it was reported that it was intended to align dentistry with a single operating model of NHS England.</p> <p>Direct Commissioning Primary Care Panel – The dental section on the agenda had been around access issues in the High Peak area which had been raised about a disabled patient being treated downstairs who had been unable to attend with their child upstairs. The PCT had got involved and had found another practice with access better suited for the patient, but the patient had not liked that practice.</p>
<p>b)</p>	<p><u>Trent Liaison</u></p> <p>Dr Moore reported that as discussed in item 5, it had been confirmed that the reformed contract was no longer a priority and would probably not be implemented until 2016/17. The main issues were around access and PCR. Pilots were now being referred to as prototypes, but with no explanation about what this meant and some of the initial pilots were asking to go back to GDS contracts.</p> <p>Lincolnshire LDC – Commissioners had arrived unannounced at a 'Call to Action' meeting and had agreed with many of the dentists' concerns.</p> <p>The LAT had been sending out letters to practices not meeting their balanced scorecard on recall intervals. Three red flags and practices received a warning letter, 4 red flags and the communications were more forceful. The LDC was demanding a meeting regarding this.</p> <p>Derby City LDC – They had held a 'Call to Action' meeting. It was reported that the LPN was looking at outliers and their performance. There was a suggestion that funding would be moved from secondary to primary care. It was found that the LAT and NHS England kept inaccurately stating that initiatives had been agreed with the BDA or GDPC.</p> <p>Nottingham LDC – Practitioners receiving 5 flags get a red rating. Repeating red or amber ratings could lead to a referral to CQC or GDC. There was an inconsistency between renewal periods for orthodontic contracts some were for 2-years and some 3. It appeared that NHS England was aiming for a national single action tender for orthodontic contracts in 2016.</p> <p>Leicester LDC – There had been a £70,000 dental under-spend which was apparently put towards the PCR shortfall. Leicester is the only local area to still receive non-recurrent funding. Occupational Health contract was being limited to GDPs only and did not include their staff.</p>
<p>c)</p>	<p><u>FGDP and FD</u></p> <p>No report.</p>

	d)	<p><u>BDA</u></p> <p>No report</p>
9.		<p>Treasurer's Report</p> <p>Whilst there was considerable funding in the bank, no levy had been received since March 2014. It appeared that it may not just be affecting Derbyshire, but that there were issues across the region. Despite numerous attempts to resolve, this had not yet been sorted out.</p>
		<p>AOB</p> <ul style="list-style-type: none"> • Dr Moore reported that there had been discussion that would involve various LDCs in the area, including Nottinghamshire and the two Derbyshire LDCs regarding the possibility of setting up an East Midlands LDC confederation. The query had been raised about if the LDC wished to be part of a confederation. There was a cost to the LDC of about £10 per GDP per year. This would fund a full-time secretary to the Federation whose role would include: attending meetings on behalf of LDCs; assisting GDPs with any enquiries and providing advice; being a point of contact for NHS England and writing guidance, policies etc in consultation with LDC members. It was envisaged that this post would be filled by a retired or near-retired GDP. <p>The general feeling amongst other LDCs was that it was ok in principle but concerns were expressed about one person being able to effectively represent the whole area, which had a variety of differing issues. However, it was not suggested that this role would take the place of individual LDC secretaries, but would take on themes common across all LDCs.</p> <p>There were concerns about LATs not communication with LDCs and in some areas there were examples of LATs sending letters to practices stating that matters had been agreed with the BDA and LDC when they hadn't. Overall, it was felt that there were lots of issues around how the LAT was currently operating.</p> <p>Dr Hoyte asked how confederations were working in other areas. Dr Moore said that confederations had been operating in London for a number of years and were functioning very well.</p> <p>A vote undertaken regarding moving forward with the confederation and was carried unanimously.</p> <ul style="list-style-type: none"> • Dr Hammond queried about patients having to be sent to the MOS service. Whilst most referrals were to the MOS service, if patients chose to go to Calow, that should be taken into account. In addition if oral cancer was suspected the hospital could be communicated with directly via telephone or fax and any notes marked with '12-week waiting list'. • It was agreed that the LDC dinner would be on the agenda of the next meeting.

9. Date, Time & Venue of Next Meetings

Unless stated all meetings commence at 7.30pm, at Santos, Higham Farm, Higham.

2014

16th September

4th November

16th December