

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE	
Draft minutes of an ordinary meeting	
Date:	25 th June 2013
Venue:	Higham Farm Hotel, Higham
Members:	Drs: H Hammond, S Hoyte, R Khatib, H Kshitij, A North, Y Nsamba, N Rodick (Chair), J Ward (Treasurer)
	Co-opted: Drs: D Monaghan, C Utting
	In attendance: Ms L Burns, NHS England
1.	Apologies for Absence Drs: R Birkin, D Hannah, L Ho, P Moore, A Watts
2.	Minutes of last Meeting The minutes of the meeting of the 30 th April 2013 were agreed as an accurate record.
3	Matters Arising Item 3: Correspondence - Dr Rodick noted that he was pleased that action had been taken regarding the out of hours service and concerns were being addressed. Item 4 – The LPN seemed to be in hiatus at the moment although the Nottinghamshire LPN was to meet later in the week and the Derbyshire LPN on 18 th July.
4.	Correspondence Thank-you letters had been received from the BDA Benevolent Fund and Dentist Health Support Group for contributions received from the LDC. Tracy Birkinshaw had e-mailed regarding a Healthwatch event: all were invited to attend. East Midland Clinical Senate – information had been received via the LMC: it was about providing clinical leadership and advice at a strategic level. There was to be a Clinical Information Day for GDPs, DCPs and managers on 5 th July. Dr Moore was to attend. Dr Rodick had circulated a flyer and if anyone was interested they should let him know.
5.	LDC Course Sponsorship Dr Khatib had met with Dr Kellett. Most speakers were happy to go for Section 63.

	<p>Fees were usually around £75ph or £460 per full day. Loss of earnings were £60ph or £360 per day and mileage was 65p per mile.</p> <p>They had discussed possible locations and thought the Education Centre at the Royal Hospital was a good possibility.</p> <p>Dr Kellett recommended John Renshaw – ‘What’s hot in dentistry’. There were also other possible suggestions: Cross-infection control, dental business and CPR cause. However, if anyone had any other suggestions Dr Khatib was happy to look at them.</p> <p>Dr North queried why the LDC was looking at arranging a course rather than the PG Tutor. Dr Khatib said that it was felt that any funds should be used to benefit dentists. Dr North suggested that do something around an event with key-note speakers rather than organise something that might be in competition with Deanery events. Dr Khatib said that he was happy to look at that and if anyone had any suggestions he would try and take forward.</p> <p>Action: Dr North to work with Dr Khatib in identifying possible speakers.</p>
<p>6.</p>	<p>Proposal re: Special Care Site Locations</p> <p>Dr Cutting circulated a briefing paper about the proposed consolidation of salaried dental services sites.</p> <p>Currently, it was felt that the service provided was not fit for purpose. There were 4 older sites and two sites with very limited opening hours, which often meant a lack of continuity of care, poor specialised equipment and inability to comply with decontamination requirements. It was intended to consolidate these to 4 new sites with better opening hours, greater privacy and increased facilities for special care requirements, eg, hoists. It was also intended to move the dental service from Whaley Thorns to Shirebrook.</p> <p>It was acknowledged that travel may be an issue for some patients which had been highlighted in responses to a questionnaire that had been sent to a sample of existing patients: however, most attend only 1-2 times a year, and the new sites had regular bus services and for those with greater mobility issues community transport links and ambulance services are available.</p> <p>There had been extensive consultation across the local health community and Learning Disability groups, and transport had been the main issue. The transfer of services from Whaley Thorns to Shirebrook was necessary as the latter currently did not comply with decontamination requirements, and as most residents travelled regularly to Shirebrook to shop it was not felt to be a major issue. The closure of the Ashbourne services would have the greatest impact in terms of travel, but as this was only open one day a fortnight it was felt that greater access to services, albeit further away, would be an improvement: however, most patients would have to travel between 4-8 miles.</p> <p>This was still only a proposal, but it was felt that this would provide an improved service with great benefits to patients. Comments or concerns from the LDC were requested.</p> <p>The committee members did not raise any concerns or have any comments at this time. Dr Utting said if anyone wanted to comment, they could contact her.</p>
<p>7.</p>	<p>Derbyshire County LDC Website</p> <p>Ms Woodhall-Windle explained that there appeared to be some problems with access to</p>

	<p>the site because of the GDC numbers. Brief discussion followed. It was suggested that as the information on the site was not sensitive then open access could be allowed.</p> <p>Action: EW-W to contact developer and discuss possibility.</p>
8.	<p>Treasurer's Report</p> <p>The members heard that the committee continued to be very financially sound: however, no levy was being received from NHS England. Whilst it was being collected from practitioners, it was not being passed on to the LDC. All the information that Dr Ward had received was that it would continue as previously but that hadn't been the case.</p> <p>Action: L Burns to look into that and report back.</p>
9.	<p>National LDC Conference Report</p> <p>Drs Rodick and Moore had both attended this.</p> <p>It was felt that the conference itself had been somewhat over-shadowed by a GDP who had committed suicide because of claw-back of funding.</p> <p>John Milne had spoken about what was currently happening in the GDPC, and Earl Howe had spoken on the re-organisation of the commissioning of services, the new contracts and the progress of the pilot sites.</p> <p>The future of associates in practice and the rise of corporate practices was also discussed.</p> <p>There had been some concerns raised about the new contract and computers overriding clinical decisions.</p> <p>The motion put forward last year by the LDC about re-incorporation had now been passed.</p> <p>Overall it was felt that it was a good networking opportunity, but that nothing new was to be learned from attending.</p>
10.	<p>Reports</p> <p>Dr Rodick stated that Dr Pauline Love had been in touch regarding the LMC and had talked about monies that had been identified to support a pilot for across primary care.</p> <p>Dr Jane Fitch, Development Manager for Derbyshire Workforce Team, had met with Dr Rodick to discuss ideas regarding dentistry and had also spoken with Dr North regarding expenses for FD. It was felt that some things were finally starting to move forward.</p>
	<p>a) <u>Local Professional Networks (LPN)</u></p> <p>As had been reported earlier, there had been little happening within the LPN. However, Dr Utting had recently attended a meeting of the LPN in Birmingham and pathways were being created for all types of treatment and there would be competencies allied to the pathways. Ms Burns stated that the idea was that all patients would follow a specific pathway wherever in the country they received treatment.</p>

		<p>Friends and family questionnaires were being used in the community trust and it would be interesting to see the outcome from this.</p> <p>Dr Rodick reported that he had been unable to attend the Doctor's and Dental Pay Review Body.</p> <p>Dr Monaghan reported that NHS England was creating a Primary Strategy Steering Group but it was very GP-centric and Dr Monaghan had expressed his concerns about this.</p>
	b)	<p><u>Trent Liaison</u></p> <p>Dr Moore had e-mailed notes from this meeting previously.</p>
	c)	<p><u>FGDP and FD</u></p> <p><i>FGDP (Faculty of General Dental Practice)</i></p> <ul style="list-style-type: none"> • There was nothing new to report on this. <p><i>FD</i></p> <p>Dr North reported that The Dean was stepping down at the end of December.</p> <p>Dr North had been to London to attend a situational judgement workshop. It was more non-clinical with more emphasis on the candidates attitudes. There would be a new interview process.</p> <p>Dr North had also attended a Primary Care Workshop Summit run by LETB and dental representation was good with 4 out of 30 representatives. Part of the discussion was around what was the function of the CCG. Dr North felt that everyone was keen and on-board and he highlighted the importance of communication.</p> <p>Dr North also reported that there was discussion around the future of dental deaneries. There were two main approaches: maintaining the status quo or the East Midland LETB taking over. There was political will to make boundaries co-terminous and Dr Utting raised concern about there being no dental school and Dr North said that there were other areas without and there were no problems. Dr North said that an argument could be made for leaving it as it is or being East-Midland based.</p> <p>Dr Rodick asked about CPD for other dental associated professions, like dental nurses. Dr North said that the dental budget was being looked at to include all dental professions and multi-professional opportunities. The next meeting was scheduled for September when all EM stakeholders in dental education were invited and Dr North was attending.</p>
11.		<p><u>AOB</u></p> <p>The commissioners were to review the out of hours services across Nottinghamshire and Derbyshire and this review was expected to take about 6-months. The proposal was that the week-day service be re-located to Derby but the weekend service would remain in Chesterfield. A letter had gone out to all dentists.</p>

	<p>Dr North said concerns had been expressed by CCG regarding the state of the out of hours service. Dr Utting said that there were also issues regarding the advice given out by 111 number service. Also patient expectations as some thought that the service was available 24/7. It appeared that the 111 service lacked information suggesting things like not needing to seek immediate treatment if not in pain. Currently, when some patients called the service the response to questions gave the outcome that they needed to be seen within 6hrs. As a result patients were going to GP walk-in clinics and A & E departments demanding treatment and pain relief. It was felt that the algorithms used needed to be looked at and amended where necessary.</p> <p>Ms Burns said that there had been a meeting that day to look at the advice being given by the 111 service for dental issues. Dr Utting said that there were also issues around patients already knowing about the service and just turning up and expecting to be seen.</p>
<p>12.</p>	<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>2013</p> <p>3rd September 22nd October</p>