

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft minutes of an ordinary meeting

Date:	30 th June 2015
Venue:	Higham Farm Hotel, Higham
Members:	Drs: K Bula, B. K. Dawett R Khatib, P Moore, (Secretary), A North, N Preston, N Rodick (Chair), J Ward (Treasurer)

	Co-opted: Drs:
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	In attendance: Drs:
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1.	Apologies for Absence Drs: H Hammond, A Hannah, D Hannah Laura Burns
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2.	Minutes of last Meeting The minutes of the last meeting were agreed as an accurate record.
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3.	Matters Arising There were no matters arising.
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4.	Correspondence All correspondence had been circulated electronically by Dr Moore.
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5.	LDC Dinner A provisional date of 6 th November was agreed for the LDC dinner. Brief discussion ensued about venue and Dr Bula agreed to identify some suitable venues. In addition Dr Moore would e-mail details to group members not present about the date and any suggestions for venue. Actions: <ul style="list-style-type: none">• Dr Bula to identify some suitable venues.• Dr Moore to e-mail all group members not present about date and possible venues.
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6.	Derbyshire County LDC Website Dr Moore had looked at the website and whilst it was basic all the information needed was there. Dr Khatib said that overall it was going well. The old website was now down and anyone looking for Derbyshire County LDC would just bring up this page. There was also a link into the LDC Buying Group. However, some committee members still needed to provide their details.
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	<p>Action: Dr Ward to forward his details onto Dr Khatib for inclusion on the website.</p>
<p>7.</p>	<p>LDC Buying Group</p> <p>Dr Moore said that the group were looking to expand on the services/suppliers they could offer, although he was unsure how this had gone as he had not met with them recently, but he expected to meet up with them shortly for an update.</p> <p>The Buying Group had also been at the LDC conference.</p>
<p>8.</p>	<p>Treasurer's Report</p> <p>The financial situation continued to be very sound, although some areas still had issues around collecting levies. Dr Ward said that the committee needed to identify ways of using the funds and discussion ensued around ways to do this.</p> <p>Dr Ward reported that Keith Hayes was available to talk about CQC visits and how to prepare for them; whilst he did not require payment for the talk other costs such as travel, accommodation and subsistence would be paid. Discussion ensued around suitable dates and 15th September or 27th October were suggested. DR Ward agreed to contact the speaker to see if he was available. The meeting would include a buffet supper for attendees.</p> <p>Action: Dr Ward to contact Keith Hayes regarding availability on dates suggested.</p> <p>It was queried if funds could be used to support training and they could be. Dr Khatib said that he had looked into putting on a course, but there were issues around not competing with those put on by the Deanery. If anyone had any ideas for courses they should let Dr Ward know.</p>
<p>9.</p>	<p>LDC Conference 2015</p> <p>Drs Rodick and Ward had attended this.</p> <p>Roger Matthews, Head of Denplan, had spoken at the dinner.</p> <p>Overall, many of the motions had centred on the general dissatisfaction with the GDC and most had been carried. Whilst many of the motions may have been stating the obvious, some very good points had been raised:</p> <ul style="list-style-type: none"> • The opportunity for smaller practices to 'buddy-up' to provide emergency cover when required, eg, over Christmas. • There was a lack of support for the Dental Assurance Framework, which it was felt to be currently unfit for practice. • The motion about Friends and Family Test to be withdrawn was not passed. • In relation to the contract reform, the overall feel seemed to prefer a capitation-based approach. The BSA did deliver a presentation regarding proposals for different blends of capitation and UDA. The system would be based on good oral health and payments based on that; however there were concerns as patients were in control of their own oral health so there was a lack of clarity around how this would work. • A motion about paediatric care was satisfactory in principle but was badly presented.

	<p>The Chief Statistician of the BSA had spoken but didn't have relevant information and spoke mainly about computer fraud. They were looking at outliers and multiple claims (28-day re-attending), but there was nothing on the form to explain why patient had returned. Also being looked at was the 6-month recall and what to do if a patient prefers a date just inside the 6-month time-scale.</p> <p>There had also been calls for a definitive list of what was available under the NHS treatment plan, but there was very little chance of this being forthcoming.</p> <p>Overall, it was felt to have been a good conference and other members were encouraged to attend future meetings.</p>
<p>10.</p>	<p>NHSE Meeting and High UDA Contracts</p> <p>Dr Rodick reported that Laura Burns would not be attending LDC meetings anymore as there was too much to do now that they were working with more LDCs. Now representatives from all the LDCs and NHSE were meeting together on a quarterly basis. The first meeting was on 8th June.</p> <p>Issues discussed included practices where large numbers of UDAs were being claimed. Following on from a recent high-profile case it felt that nothing had been done to try and address this matter before it became a major issue. An electronic questionnaire to be sent to practitioners with high levels of UDA activity had been created and circulated, which was felt to be a good attempt, but there were issues about some of the questions, which were felt not to be the right ones to be asking. Laura had invited comments to be sent to her.</p> <p>The general feeling was that action should be taken when the problem was first identified. It was felt that an LDC mentor and DPA should visit the practitioner to try and help identify issues and provide support and give them an opportunity to rectify matters before it was escalated higher. The LDC member and DPA could offer mediation and support, but if there was no response on the part of the practitioner then it would be escalated.</p> <p>The second draft of the questionnaire had been better.</p> <p>Other matters raised had been:</p> <ul style="list-style-type: none"> • The issuing of commissioning guidelines, but these were not out yet. • The Dental Assurance Framework had been mentioned: if 5 flags were raised practices would get looked at. • A national steer was awaited on Time limited contracts. • Electronic referral system where pictures and radiographs could be sent electronically <p>Dr North asked if anyone had spoken about the benefits of the application of topical fluoridation twice a year. Dr Dawett reported that a recent study in Manchester found that there was no difference between test groups after 3-years.</p> <p>The next meeting was on 21st September.</p>
<p>11</p>	<p>CQC Evening</p> <p>Discussed under item 8</p>

12	<p>The Regulation of Dental Services Stakeholder Event</p> <p>Dr Moore had attended this event. He gave a brief overview of the aims of the event, which was to bring together relevant parties and try to reach a consensus about inspections and the complaints process and try and avoid duplication, eg – multiple visits by different parties to the same practice. Overall they were looking at what the system would look like, given the opportunity to start again from scratch.</p> <p>The BSA wanted the return of DROs, and it was reported that some areas did not have any DPAs, and therefore no-one to provide dental advice.</p> <p>Other topics discussed included stronger language tests for overseas GDPs to help eliminate issues around language difficulties and the disparity of monitoring between NHS and private GDPs, with only the former being inspected by the CQC.</p> <p>Dr Moore had asked about getting a prescriptive list of treatment available on the NHS, as patient charges and the lack of clarity around these were often what generated complaints. Healthwatch would prefer the PALS service to be retained to help sign-post patients with regard to the complaints process, but whilst in theory there was no objection to retaining the service it was not felt that they should triage complaints.</p> <p>Also raised had been the issue around where someone in secondary care would go if they had concerns around a referral, but no-one knew the answer.</p> <p>John Milne, Chief Dental Advisor at the CQC had spoken and informed the attendees that the CQC had 100 dentally competent inspectors. They were also exploring the possibility of patients being looked at whilst in practice.</p> <p>He also said that the CQC should be viewed in a supportive role, and they were willing to support a practice if they had any issues with a patient. However, it was felt that there might be a conflict of interest between the two roles of support and inspection.</p> <p>Dr Moore felt that overall it had been a very good meeting and that concerns had been taken onboard. The next meeting would be in September and hopefully they would then have final proposals regarding what the group would like implementing within the next year.</p>
13.	<p>Reports</p>
	<p>a) <u>LPN</u></p> <p>The next meeting was on 9th July. Dr Moore had also agreed to attend.</p> <p>Dr North suggested a list of events so more attendees can go if necessary.</p>
	<p>b) <u>Trent Liaison</u></p> <p>There was nothing to report at this time.</p>
	<p>c) <u>FGDP and DFT</u></p> <p>Dr North reported that there were issues regarding the DFT as none of the local foundation dentists had got a place.</p> <p>There had been a reduction in numbers of Dental Foundation Schemes from six down to five, but there were still 6 programme directors. The names of the schemes had also been</p>

	<p>changed which didn't really make sense as they no longer reflected the areas of the schemes, just general locations, eg East Notts/West Notts.</p> <p>Foundation dentists needed to do 180 hours of teaching, of which 100 hours were face to face and the rest undertaken virtually. Dr North was designing the virtual platform.</p> <p>Dr North reported that there were still some of the dental core trainee positions unfilled and for the current foundation trainees, not everyone would get surgical experience.</p> <p>Dr North also reported that training at Parson's House was no longer available. This had been a political decision as not being best use of public money, but for trainees it had been felt that what they had learned there was something that could be taken back into practice: the general feeling was that this was a great loss to the training programme.</p> <p>Dr Moore asked if Andrew Dickinson would still stay on after his initial 1-year contract expired, and Dr North felt that this was likely.</p> <p>Dr North said that he had tried drumming up support for the FGDP, but there was little interest. Efforts were being raised around creating some interest in the FFGDP, but concerns had been expressed about the time commitment. Dr North said that it did not need to take much time and was based around a portfolio, a report about why the practitioner should be a fellow and a practice inspection. Dr North was more than happy to support anyone wanting to get a foundation case-study together. Dr Moore, suggested that it could be publicised at the CQC meeting to generate some interest.</p>
<p>14.</p>	<p>AOB</p> <p>There was none.</p>
<p>15.</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>2015</p> <p>15th September 27th October 8th December</p>