

**DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE**

Draft minutes of an ordinary meeting

**Date:** 11<sup>th</sup> March 2014

**Venue:** Higham Farm Hotel, Higham

**Members:** Drs: JD Al Damouk, H Alzoubi, , D Hannah, R Khatib, H Kshitij, P Moore (Secretary), A North (Vice Chair), N Preston, N Rodick (Chair), Y Nsamba, J Ward (Treasurer)

**Co-opted:**

Drs: F Kellett

**In attendance:**

Dr A Hannah, Observing  
L Burns, NHS England

**1. Apologies for Absence**

Drs: H Hammond, D Monaghan.

**2. Minutes of last Meeting**

The minutes of the meeting of the 6<sup>th</sup> January 2014 were agreed as an accurate record.

**3. Matters Arising**

There were no matters arising.

**4. Correspondence**

Dr Moore had been contacted by Sue Barber, and had been informed that the LDC Buying Group were ready to start contacting practices. One of the first things they were going to look at was printers. The group also wanted a volunteer from the LDC to sit on the group.

Dr Moore had forwarded the contract to the BDA and been informed that they will review the documents and call Dr Moore back and he will forward any response to committee members. However, at first glance it seems a fairly standard contract.

LDC Connections – Discussions were continuing with NHS England regarding levies.

The LDC conference was on 12<sup>th</sup> and 13<sup>th</sup> of June in Manchester but places needed to be booked now. It had been very good last year and committee members were asked if anyone wanted to go. Brief discussion ensued. Drs Hannah, Khatib, North and Moore were able to go. Dr Moore would check how many were able to go and co-ordinate bookings for members.

Dr Moore asked if anyone had a motion to put forward as they needed to be submitted soon. There was nothing at the time, but any suggestions were to be forwarded to Dr Moore.

<p><b>5.</b></p>	<p><b>Elections</b></p> <p>EW-W reported that out of the nine vacancies, three nominations had been received: Dr Moore, Dr Ward and Dr Hoyte. Dr Kshitij said that he still wanted to stand and DR A Hannah said that he would like to stand. Dr Moore agreed to re-circulate the nomination forms.</p> <p>However, it was to be noted that this would still leave a number of vacancies.</p> <p><b>Action: Dr Moore to circulate nomination forms which were to be returned to EW-W as soon as possible.</b></p>
<p><b>6.</b></p>	<p><b>Website</b></p> <p>EW-W reported that John Geddes had made once more started work on the website, but it required a certain amount of work to convert it to an open site, but it was hoped that it would be up and running by the summer.</p>
<p><b>7.</b></p>	<p><b>Treasurer's Report</b></p> <p>Dr Ward reported that payments had been made to LDC Conference and also Trent Liaison.</p> <p>He was working on the levy as there was a query regarding exactly how much practitioners were paying. The LAT wanted a budget so the LDC needed to be accurate about what income was being received.</p> <p>Ms Burns said that discussions were ongoing about how it would be handled.</p> <p>Dr Ward said that it was important that it was sorted. Income had decreased slightly and he was uncertain why as it was difficult to get exact figures of GDPs. Currently, the figures seemed to be the same as 2009 yet income had decreased.</p> <p>Dr Ward was also investigating what had happened to the volunteer levy: he suspected that it was still being paid but the money was not being received by the LDC.</p> <p>It was also important to be exact about the number of practitioners as the payment to the Dental Guild was based on this.</p> <p>Dr Ward had also paid £6,000 to the Benevolent Fund and £3,000 to the Dental Health Support Trust.</p> <p>The committee members heard that there was still a good reserve.</p>
<p><b>8.</b></p>	<p><b>Discussion on the Derbyshire and Nottinghamshire Draft Primary Care Strategy.</b></p> <p>This was very primary care GP focused with very little input regarding dentistry.</p> <p>There was a Strategy vision outlining that individuals should have greater control of their own health and well-being, supported by high-quality health and care services. There were 5 main objectives to be delivered by 2019.</p> <p>At the Direct Commissioning Primary Care Panel meeting on 23<sup>rd</sup> January, Doug Black had given a presentation on the Primary Care Strategy which was for the next 5-years. One of the main items had been that all people would have a health-care plan.</p> <p>At the Local Professional Network meeting there had been discussion about clinical</p>

	<p>networks and setting up an all surgery network to mirror the orthodontic network, which was very good.</p> <p>David Monaghan had put together a paper regarding peer review and clinical audit. He had costed it out and it would be about £7,500 to set it up.</p> <p>The GDC were looking at CPD and there were possible changes ahead.</p> <p>At the LPN on February 13<sup>th</sup>, the strategy was also discussed there. Dr Monaghan had given a paper on oral health needs in Derbyshire/Nottinghamshire, but it had not been well-received in some areas.</p>
<b>9</b>	<b>Reports</b>
	<p><b>a)</b>      <u>Local Area Team (LAT)</u></p> <p>Ms Burns reported that they had been very busy.</p> <p>PDS contracts were time-limited and started in 2006; they should have been up for review in 2011.</p> <p>National Benchmarking Toolkit extended the contracts for 2-3 years. Hopefully all contracts would be extended as all were performing well. However, certain things had been inherited from the PCTs, and services were not necessarily where they needed to be, so this was being reviewed.</p> <p>The oral needs assessment would inform any procurement process.</p> <p>Previously, a list of current GDPs had been requested by the LDC. Ms Burns said that they were pulling together a list and this would sent out shortly. This would usually be practice contact details, but occasionally would be individual performers.</p>
	<p><b>b)</b>      <u>Trent Liaison</u></p> <p>Eddie Crouch had given a presentation about the pilots schemes for the new contracts. At the moment there wasn't a great deal of evidence about how it would work. There had also been discussion about the dental quality and outcomes framework. Patient experience accounted for 30% of satisfaction. Ms Burns said that access was a real problem. If the new contracts were rolled out appointments times would rise and access drop.</p> <p>In reports from other LDCs, Northants had issues regarding non-recurrent UDAs as there was not funding to support these and it was creating a lot of conflict. Patients were being de-registered due to the lack of funding and a form of words had been agreed with the LAT to inform the patients of what was happening.</p> <p>Ms Burns said that there were some areas that were not managing their UDAs very well: previously they had been lucky because of the non-recurrent funding, but this was not happening this year.</p> <p>In Lincolnshire the one pilot site had lots of issues and lack of access. Dentists were working longer to meet UDAs.</p> <p>Doncaster had no breaches, nor had Derbyshire: however nationally 2% were over-performing and 4% under-performing.</p>

	<p>Leicestershire LDC was not happy with the LAT who were not willing to attend meetings but were willing to participate via video conferencing.</p> <p>Derby City was also having meetings with Ms Burns. There were also difficulties regarding representation at conduct hearings as area teams kept changing dates and times of meeting.</p>
<p>c)</p>	<p><u>FGDP and FD</u></p> <p>Dr North gave a presentation regarding Dental Post-Graduate Education and Training.</p> <p>He outlined that there were to be changes to the previous boundaries so that the top of South Yorkshire and Lincolnshire now came within Yorks and Humber Region: however despite changes there were still 6 dental F1 schemes, and whilst there should be 12 places on each scheme, giving a total of 72 places, but there were actually 69 places. This was a cause for concern as there was funding associated with the places and loss of places could mean issues with loss of non-recurrent funding. There was also a potential loss to future workforce as trainees often remain in the areas where they trained.</p> <p>In terms of the training programme, the programme directors would probably go, with administrators running the programme, but Dr North felt there was a lack of understanding about how the directors work. There was talk about the programme directors taking on a more strategic role, but a lack of clarity around what this actually means. There were also issues with the LETB, who expressed themselves in ‘sound-bites’, and were talking more about the workforce rather than dental education. Overall, the programme directors were confused about what was happening.</p> <p>Dr North said that the Deanery had swapped over to the East-Midlands Deanery on 1<sup>st</sup> January and the new Dean, Andrew Dickenson, had been appointed on a one-year contract. Basically, it was all change with no change.</p> <p>Dr Kellett said that on the East-Midland Health Education website, there was no reference to dentistry whatsoever.</p> <p>With regard to the courses Dr Kellett said that she was hoping that funding was ok, but wouldn’t know until later in the year. Attendance in Derby was improving and they had changed location from the Conference Centre. Dr North said that Andrew Dickenson didn’t want meetings in the evening, but Dr Kellett said that practitioners didn’t want courses during the day, unless they were hands-on at a skills centre.</p> <p>Dr Rodick said that he had received Section 63 approval for the AGM. Dr Kellett said that she was happy to advertise the AGM. Travel and subsistence claims should be sent to FHS East Midlands, Payments Services, Floor 3, East Wing Cardinal Square, 10 Nottingham Road, Derby.</p> <p>Dr Preston asked if there were any safeguarding courses and Dr Kellett said that two were planned: one in Derby in May and one in Chesterfield in November.</p> <p>Dr North queried the possibility of creating an LDC Peer Review Committee.</p> <p><b>Action: To agenda for next meeting discussion around creating a sub-committee for Peer Review</b></p>

	d)	<u>BDA</u> No report received
10.		<p><b>AOB</b></p> <p>It was high-lighted that the AGM on 20<sup>th</sup> May clashed with a dental meeting at the Education Centre at the Royal Hospital – What’s Hot course. Brief discussion ensued. It was agreed that the AGM would go ahead with a 7pm start.</p> <p>Dr Kellett said to gain Section 63 approval an event needed aims, objectives, time and venue.</p> <p>Brief discussion followed about the LDC dinner. It was agreed to discuss this at a later meeting. <b>Action: LDC dinner to be on future agenda.</b></p>
11.		<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>2014</b> 8<sup>th</sup> July</p> <p><b>AGM</b> 20<sup>th</sup> May</p>