

<b>DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE</b>	
Draft minutes of an ordinary meeting	
<b>Date:</b>	22 <sup>nd</sup> October 2013
<b>Venue:</b>	Higham Farm Hotel, Higham
<b>Members:</b>	Drs: JD Al Damouk, A Hannah, R Khatib, H Kshitij, P Moore, A North, N Preston, Y Nsamba, Rodick (Chair), J Ward (Treasurer)
	<b>Co-opted:</b> Drs: D Monaghan
	<b>In attendance:</b> Ms L Burns, NHS England
<b>1.</b>	<b>Apologies for Absence</b> Drs: H Alzoubi, R Birkin, S Hoyte, H Hammond
<b>2.</b>	<b>Minutes of last Meeting</b> The minutes of the meeting of the 3 <sup>rd</sup> September 2013 were agreed as an accurate record.
<b>3</b>	<b>Matters Arising</b> There were no matters arising.
<b>4.</b>	<b>Correspondence</b> There was no correspondence.
<b>5.</b>	<b>LDC Dinner</b> Dr Moore asked what committee members thought about having an LDC dinner. Discussion ensued. It was felt that, while a meal was a good idea, it would be better to avoid Christmas and New Year and this was agreed. Discussion then followed about the venue and the Red Lion at Stonedge, near Chesterfield was suggested.  <b>Action: If anyone had an alternative suggestion for venue they were to contact Dr Moore.</b>
<b>6.</b>	<b>Website</b> EW-W reported that it was possible to have an open website and the group agreed to go ahead with this.  <b>Actions:</b> <ul style="list-style-type: none"> <li>• EW-W to contact webpage designer to set up</li> <li>• All LDC committee members to provide a mini-CV to be placed on website.</li> </ul>

7.	<p><b>Treasurer's Report</b></p> <p>The LDC continued to be on a sound financial basis.</p> <p>There had previously been discussion about funding some educational event and Dr Moore said that he had seen a report from the LDC Liaison detailing what the levy monies could be used for and that it should only be used for those particular purposes. Dr Monaghan said that historically that was correct: however, in 2006 both the voluntary and statutory levy disappeared. In Derbyshire it was then agreed that a fixed sum of money (£10 per month) and irrespective of hours worked, would be deducted from all GDPs including private practices. As a result, there was no distinction between voluntary and statutory contributions, and the LDC were able to use the monies raised in the way they best saw fit.</p> <p>The LDC had recently given donation to a number of organisations, including DentaId.</p>
8.	<p><b>Possible AGM Guest Speaker</b></p> <p>The committee heard that Kevin Lewis had been invited to speak at the next AGM.</p>
9.	<p><b>Reports</b></p>
	<p><u>Dental Learning Network</u></p> <ul style="list-style-type: none"> <li>• It was confirmed that the Dental Dean was retiring at the end of December 2013 and interviews would be taking place shortly to recruit to the post. Part of the requirement was that the new Dean was required to be on a specialist list, but Dr North had queried this as it would preclude nearly all GDPs from applying and there was a precedent as 3 other deans in England did not meet this requirement.</li> <li>• Evaluation forms were to be sent out 6-months after individuals had been on a course to enable a review of the impact of the course on practice.</li> <li>• Revalidation was due in 2016. Competencies would be at levels 1,2 &amp; 3. GDPs would be expected to be able to perform level 1 procedures, while level 2 may require more experience and further training. Dr Khatib queried how competencies would be policed. Dr Monaghan said that currently, it was a subject for speculation: however, potential was there for a percentage of the contract value to be paid if level 1 procedures were undertaken.</li> <li>• Dr Monaghan said that NHS England had stated that there was no money available for T &amp; S, but this had been challenged. There was a possibility that it might only be available for FD1s. Dr North said that T &amp; S was available for FDs on some schemes, but there were concerns about individuals being sent to Northants and Kettering on study days and the subsequent associated costs.</li> </ul>

		<p><u>Direct Commissioning Primary Care Panel</u></p> <p>Dr Rodick informed the committee that one agenda item had been the relocation of the specialist dental care service from its current location in Alfreton, to South Wingfield. The rationale had been that the current premises were not large enough to provide the services required and the proposed move would provide the necessary space required. It was felt that it was not an unreasonable proposal.</p>
	<p><b>a)</b></p>	<p><u>Local Professional Networks (LPN)</u></p> <p>The next meeting was to be held on 19<sup>th</sup> November in the evening. There was some confusion about who should attend: however, the new chair of the LPN was keen and enthusiastic.</p> <p>Dr Monaghan reported that patient pathways were being developed, but the feeling was that they were actually patient exclusion pathways. There was also a feeling that the LPN would be able to make recommendations but that the commissioning teams may still have the final veto.</p> <p>Dr North felt that the LPN was still a very new committee and therefore still finding its feet.</p>
	<p><b>b)</b></p>	<p><u>Trent Liaison</u></p> <p>Dr Moore said that following a presentation the main focus of discussion had been around the creation of an LDC buying group. A company called Practice Support Services had been set up in the 1990s arranging contracts with companies, that they vetted, to supply a range of goods and services. This service was currently available for medical practices, and operated nationally as the LMC Buying Groups Federation, with over 5,000 members, but one for dental practices was being developed with a view to offering substantial discounts whilst saving practices the need to shop around to get value for money.</p> <p>The LDC would need to support the initiative and without that support no local GDPs would be able to access. GDPs could opt-out if they wanted and even if they were members they were not bound to buy supplies from a particular customer if they wanted to go elsewhere. The LDC Buying group would source and sign up suppliers and all contracts would be renewed annually. Once a list of suppliers had been compiled it would be circulated to practices. It was anticipated that the range of supplies/services supplied would include: dental equipment suppliers, stationery, office equipment, insurance, confidential waste shredding, DBS checks, website design, to name a few, and that the list would be added to over time.</p> <p>Dr Moore stated that Nottinghamshire LDC was endorsing it. Dr North asked if the LDC would be liable in case dispute, but Dr Moore stated that whilst it would be set up through the LDC, the committee would not be responsible in any way and the LDC Buying Group would investigate complaints.</p> <p>The general feeling was positive and it was queried if the company could come and give a presentation to the LDC.</p>

		<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Item to be on the agenda for further discussion at the December meeting.</b></li> <li>• <b>Dr Moore to invite representative to give a presentation at the December LDC meeting.</b></li> </ul>
	c)	<p><u>FGDP and FD</u></p> <p>Not a great deal was happening as things were a little quiet waiting to see what was happening with the Dean.</p> <p>In relation to the VT scheme study days were now planned into 2015, although there was always the possibility that these may change.</p> <p>MPE – There was the possibility for a lot of change as the course was being looked at to be multi-professional.</p> <p>DF2 – Core training: There was not a great deal happening in hospital training and the Maxfacs consultants were looking for a change. There was the potential for the development of local post-grad dental schools.</p> <p>Overall, it was felt that there was a lot of potential for change ahead.</p>
	d)	<p><u>BDA</u></p> <p>No report received</p>
	e)	<p><u>NCB</u></p> <p>No report received</p>
	f)	<p><u>NHS England</u></p> <ul style="list-style-type: none"> <li>• Currently, focus was on general medical practitioners, but when area teams were sorted out it was expected that there would be focus on dental services.</li> <li>• It was not expected that there would be a new contract in 2015 as had originally been reported, and it was now looking to be in place for April 2016 at the earliest.</li> <li>• There was a rumour that existing pilots might be moved to type 2 or type 3 pilots to be rolled out in 2014.</li> <li>• It was felt that there could be possible issues around care pathways.</li> </ul>
11.		<p><u>AOB</u></p> <ul style="list-style-type: none"> <li>• For information: Dr Moore said that information from the LDC Liaison was that 60% of LMCs were set up as Limited companies to reduce liability.</li> <li>• Dr Moore said that the next LDC Official's day was on 6<sup>th</sup> December. He couldn't attend and he asked if anyone else could go. Dr Rodick said that he could, and Dr Khatib said that he may be able to go, but would need to check.</li> </ul>

<b>12.</b>	<b>Date, Time &amp; Venue of Next Meetings</b>  <u>Unless stated all meetings commence at 7.30pm, at Santos, Higham Farm, Higham.</u>  <b>2013</b>  3 <sup>rd</sup> December  <b>2014</b>  7 <sup>th</sup> January
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