

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft minutes of an ordinary meeting

Date:	27 th October 2015
Venue:	Higham Farm Hotel, Higham
Members:	Drs: B. K. Dawett, H Hammond, R Khatib, H Kshitij, P Moore, (Secretary), A North, N Preston, N Rodick (Chair), Y Nsamba, J Ward (Treasurer)

	Co-opted: Drs:
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	In attendance: Drs: N Yadev
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1.	Apologies for Absence Drs:, A Hannah, D Hannah, Preston
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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: he hi-lighted the information he had sent about the Connections meeting.
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5.	LDC Dinner Unfortunately, the original date of 6 th November was no longer viable. Brief discussion ensued around a future date. It was suggested that members' diaries started getting busier the closer to Christmas it got, so the date of 29 th January 2016 was agreed. Preferred venues were: Fischers, Rowleys and The Cavendish. Action: Members to confirm attendance to Dr Ward by the beginning of January 2016.
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6.	Derbyshire County LDC Website Dr Khatib reported that everything seemed to be going ok. Information was being updated as requested and in a timely manner. He also reported that some e-mails were coming through from the web-site, so it was being accessed by practitioners. The e-mails were being forwarded to Dr Moore.
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7.	<p>LDC Buying Group</p> <p>Dr Moore said that there had not been any meetings lately. The group had been present at the BDA conference and he had heard that they weren't doing as well as they had hoped. The uptake on services had been reasonable, but they were not doing as well with consumables.</p> <p>Dr North said that in his opinion they were not being pro-active enough and needed to make their presence felt more.</p>
8.	<p>Treasurer's Report</p> <p>The financial status continued to be sound. Dr Ward reported that a query had been received about the levy and he clarified that the payment of the levy was a statutory requirement. An individual had enquired about the necessity to pay the levy. Dr Ward said that if he had details of the individual, he could determine if they needed to pay the levy or not.</p>
9.	<p>CQC Inspection</p> <p>Dr Khatib had been expecting a visit from the CQC and they had spent a couple of weeks preparing, only for it to be cancelled the day before it was scheduled as the inspector was unable to attend. However, he had been notified by e-mail 2-weeks before the date and provided with a statement of purpose for the visit, and he had been asked to provide information such as a staff list, GDC registrations and information about complaints/compliments. Two days after the initial contact they had received a sealed box for patients to post comments cards into. There was also a web-link for patients to access if they wanted to do it that way. A couple of days after that, the CQC inspector had phoned regarding the practice website and had seemed very reasonable and friendly.</p> <p>Dr Khatib had spoken with other practitioners who had been through CQC visits and had been told that the inspectors had wanted to speak to both practitioners and nurses in the practice, although the nurses had been asked fairly basic questions, for example around confidentiality and decon procedures.</p> <p>The visit to Dr Khatib's practice was now scheduled for 1st December and he would report back at the next meeting.</p> <p>Dr North asked what would happen if they had spoken with a new trainee who may not know much about what they were asking.</p> <p>Dr Khatib said that they were very keen on staff training and records and had asked to see the nursing staff CPD hours and the induction and training for new staff. The inspector was coming with a dental nurse and also a maxfac specialist who was training to be an inspector.</p>
10.	<p>NHSE</p> <p><u>LDC Chairs' Meeting</u></p> <p>Dr Rodick had attended the LDC chair meeting in August where Andrew Dickenson had spoken about the issues that he had inherited when he took on the role and the problems facing post-graduate education.</p> <p>There were currently 3 Post-grad Tutors to cover the region; Fleur Kellett, Mandy Bussey and Mike Coupland. There was also a DCP tutor as well.</p>

Dr Rodick stated that the emphasis was to move away from evening courses. Dr Khatib expressed concern that there had been no consultation about this and felt that there was a lack of understanding about the practicalities of releasing staff during the day and the possible impact that could have on patient care.

Dr Ward asked if there was any way to feedback to the deanery, practitioners concerns about the move away from evening meetings. Dr Rodick said that he was happy to feedback, but was unsure what good this would do as the decision appeared to have already been made.

Brief discussion ensued about other issues around courses and training. It was felt that information was publicised at very short notice, not giving practices opportunity to arrange staff release and cover. There were also concerns about the lack of local courses: there seemed to be a lot being provided at Boston, but little locally.

Overall, Dr Rodick had felt that it was a fairly useful meeting.

NHSE Meeting

Dr Moore had attended this meeting on 21st September: there had been good representation from the LDC.

He highlighted that it may soon be mandatory to keep the NHS Choices web-pages updated. Currently, NHS England can't act in the web-pages aren't up-dated, although they will contact the surgery if they receive a direct complaint about them. Dr North mentioned that he had received an e-mail from NHS Choices about a complaint from a non-patient and had been told to rectify the information within 2-weeks: however, they couldn't get into the pages because of a lack of a password.

Dr Moore said that commissioning guidelines were released at the end of September, with priority being given to minor oral surgery and orthodontics: it should be noted that this was guidance and not policy. On the 19th October there was to be a clinical guidance information day.

The letter about Christmas opening had gone out. There had been no complaints received last year about practice opening hours and practitioners were being advised to do what they did last year.

There was an issue with a 40% increase in referrals to secondary care in Nottinghamshire. This was a significant increase and investigation revealed that many had been referred inappropriately by GPs. There was a lack of clarity about how this could be addressed.

An e-referral system was being set up in South Nottinghamshire. There had been a meeting to discuss and receive a demonstration of the systems from 2 companies: both were already operating elsewhere in the country and appeared to be working well. Referrals would be monitored to ensure they were appropriate. Patients would be able to track their referral and could still ask to be referred to a specific service.

Other topics discussed included:

- Time-limited contracts – there were some issues around these.
- Breaches – particularly regarding infection control.
- Claw-back – at the year end £1.7m had been clawed-back. However, a national directive from NHSE determines how much actually comes back into the system.
- New contract – Two of the previous pilots were still in operation, but the others could not make it work. There would be 4 new pilots who would go with Type B contract.

11	<p>HEEM</p> <p>Dr Rodick reported that this meeting had taken place at The Vineyard in Nottingham on 3rd July. A number of topics had been covered including:</p> <ul style="list-style-type: none"> • The future of post-graduate education – the basic message was that everyone wanted to be a specialist. • Quality assurance • Social Media • E-learning (which had been delivered by a very enthusiastic speaker) • PDPs – Nothing had changed, but watch this space. <p>A lot had been covered and there had also been workshops.</p> <p>Dr Moore asked about e-PDPs as there wasn't much useful information available.</p> <p>Dr North said that there was a lack of cohesion regarding these and many problems had been encountered, including fields on it from which people were prohibited from making an entry and the short time-frame for completion.</p>
12	<p>GDC</p> <p>Dr Rodick had attended this meeting in London which had been arranged to meet with LDC members. Most attendees were from the London LDCs.</p> <p>Mainly, the meeting had been about listening to the Chief Executive, Evlynn Gilvarry</p> <p>Topics covered included:</p> <ul style="list-style-type: none"> • The Corporate Strategy for 2016 – 2019 was revealed and feedback was wanted by November. • Fees were not to be reduced, but there was no increase either. • Supporting dentists and how cases were handled. There was a triage system in place before cases were handed to a case officer. If it was felt that there was nothing to investigate, the case was referred back for local resolution. • If a complaint was received by the GDC regarding a nurse, then a nurse would investigate the case. <p>However, the general feeling was that they were not doing much for practitioners and the practitioners were not happy.</p>
13.	<p>Reports</p>
	<p>a) <u>LPN</u></p> <p>Christine Utting was now the chair of this group and they had met at the beginning of October.</p> <p>Topics covered included:</p> <ul style="list-style-type: none"> • Julie Theaker speaking about e-referring. • Care for people in care homes – the CCG was getting involved in this. • Managed clinical network for MOS and orthodontics. There already was a managed clinical network, but not in North Derbyshire. • Care of patients with dementia • Producing a newsletter from the LPN.

<p>b)</p>	<p><u>Trent Liaison</u></p> <p>This group had met at the end of September and included LDCs Derbyshire, Leicestershire, Lincolnshire, Northants and Nottinghamshire. Dave Colton was the new chair and it was now hoped that the group would be more pro-active.</p> <p>They were looking at websites and comparing to other LDCs – making them more accessible for practitioners.</p> <p>The BDA were intending to set up a website for LDCs and a Facebook page – but this was in the future.</p> <p>Derby City LDC had a new chair and was getting involved in some new initiatives, including safeguarding children in schools and Derby City Council’s health and well-being committee.</p> <p>Lincolnshire had money for AADs in practices.</p> <p>There was money for DCP courses.</p> <p>Jason Wong and Shaun Charlewood had spoken of the DoH 5-year agenda and CCGs would be expected to get more involved and have a say in what was happening in dentistry. It was felt that the LPN needed to be more pro-active to ensure they were involved in this.</p> <p>Action: Dr Moore to contact Jason Wong and Shaun Charlewood for more information about CCG involvement in dentistry.</p> <p><u>Post-graduate report</u></p> <p>There was to be a 20-30% cutback in education budget because GP training posts could not be filled. It was hoped that this would not affect dental trainees, but there was a lack of information on this.</p> <p>There was a move to decrease the numbers of Dental Deans to 4.</p> <p>There were concerns about GDPs not completing CPD and issues re funding.</p> <p>Dental registrars were in difficulty because of workload issues.</p> <p>There was HEEM guidance for individuals on the first wave of FD by equivalence: there was no shortage of applicants.</p> <p>There were major issues around the 3-year specialist training going into specialist practice.</p> <p>Funding was available for 6-places on the Foundation Hygiene and Therapy training course. Dr Khatib said that he had received an e-mail about this. Dr North said that he had been asked to do a pilot, but had declined to take it up.</p>
<p>c)</p>	<p><u>FGDP and DFT</u></p> <p>As had been reported previously, there had been a reduction in numbers of Dental Foundation Schemes from six down to five, but there were still 6 programme directors: there was an idea that Dr North and Kath Eastwood would share Nottinghamshire. Programme directors were under increasing pressure, which was resulting in issues such as increased sick leave etc.</p>

	<p>There had been attempts to resurrect the Trent Division of the Royal College but there had been a lack of response. Dr North said that the message today was, 'Should they keep their premises, or let them go?' Members will have received an e-mail from the college regarding the future and practitioners were encouraged to respond.</p>
<p>14.</p>	<p>AOB</p> <p>Dr Khatib suggested that the monies raised by the LDC levy could be used to support 4 training events a year, open to both GDPs and DCPs. A brief discussion ensued and it was agreed that these would be 4 evening events with supper at 6.30pm, followed by the meeting 7-9 with CPD accreditation. Dr Khatib was happy to organise the first one for next year on 23rd February: the topic would be cross infection.</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>8th December</p> <p>2016</p> <p>9th February 22nd March</p>