

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE	
Draft minutes of an ordinary meeting	
Date:	3 rd September 2013
Venue:	Higham Farm Hotel, Higham
Members:	Drs: JD Al Damouk, D Hannah, R Khatib, H Kshitij, P Moore, A North, N Preston, Rodick (Chair), J Ward (Treasurer)
	Co-opted: Drs:
	In attendance: Ms L Burns, NHS England
1.	Apologies for Absence Drs: H Hammond
2.	Minutes of last Meeting The minutes of the meeting of the 25 th June 2013 were agreed as an accurate record, with the amendment Item 9, para 6 which should read: <i>'The motion put forward last year by the LDC about re-incorporation had now been passed'</i> . It was also noted that Dr N Preston had been present.
3	Matters Arising There were no matters arising.
4.	Correspondence There was no correspondence.
5.	LDC Information Day Dr Moore reported back from the LDC Information day that he had attended on 5 th July. It had been an interesting day, with a number of different speakers covering lots of different topics. The main points had been: <ul style="list-style-type: none"> • It was reported that clinical dental technicians were not being subject to inspections by the CQC. • With regard top direct access, there were problems related to training needs and the taking of radiographs etc. There were also issues around if GDPs actually did what they previously did plus the assessments, then access actually falls and therefore there was a need to increase the skills-mix for therapists. It was also queried if the DoH was flooding the labour market because of recommendations of the OFT, although this was based on only 600 complaints.

However, this had been denied.

- In relation to Fitness to Practice, there had been an increase in the number of hearings to facilitate clearing the current backlog. There were also changes to the process, with clinical input at the start of the process. There had also been a significant increase in the numbers of complaints received, with a 40% increase in 2012 on the previous year and so far this year a 35% increase.
- Revalidation was to be implemented by 2015/2016 and would be in three stages:
 - Stage 1 – this would be a compliance test of all dentists' CPD
 - Stage 2 – was remedial if stage one was failed
 - Stage 3 – is stages one and two were failed then an assessment of fitness to practice would take place.

Dr Rodick asked if there was to be any return to undertaking PDPs. It was in GDPs contract that they should take place, but they weren't happening. Dr Moore said that there was no mention of PDPs, all references had been to CPD. Dr North suggested that CPD was not a guarantee of fitness to practice.

- There was a new GDC Council, which had been appointed externally to avoid conflict of interests. The council, which protected the public, had been reduced to 12: 6 lay persons and 6 registered GDPs and the new chair, Bill Moyes, had been appointed a few months ago, but the new council would become operational in October. Kevin O'Brien, Professor of Orthodontics, had said that he felt the chair was a good appointment, with no professional interest: however, some speakers had been sceptical of this.
- With regard to the local complaints resolution, it was stated that the system was currently not functioning efficiently as there were 7 different bodies to complain to. Additionally, the LATs lacked knowledge about what to do when anyone complained, with the result that there had been an increase in direct referrals to the GDC. It was hoped that this would improve when the GDC was able to resolve more complaints locally, but this could take a couple of years. The GDC was compiling a database to determine what is being complained of so that solutions could be more targeted. However, the GDC had limited powers over corporate bodies only people who are regulated. They were also looking at FD for DCPs. Dr North stated that the Deanery had been wanting to do this for a while, but a lack of funding had hindered this as funding received had to be used in specific ways. Annual retention fees would be based on risk assessments and those struck off would pay more to be re-registered.
- Pilot Sites – there should eventually be 100 sites, although there had been a delay in setting up salaried sites because of software problems. Locally there were only 4% of the sites that were single-handed compared to 19% nationally, while 51% of sites had 6+ GDPs (26% nationally). 5 pilot sites had reported a need to increase opening hours to cope with the workload. Some pilots had reassessed their skills mix (fewer associates and more DCPs), and with some practices the increased workload was giving the perception that the practice was closed to new patients.
- There was the potential for the introduction of credentialisation. This was looking at what GDPs actually do and what should be referred to 2nd care or other specialisms. This could include GDPs keeping a documented log of activity, undertaking multiple choice and clinical laboratory exams, and obviously there would also be associated costs. However, this was just a topic under discussion at the moment.
- The CQC delegates didn't turn up as they had experienced car trouble.
- Eddie Crouch had spoken about the pilot evaluation group and the fact that no real data had yet been produced from it. The evaluation was being carried out in-house by the DoH.

	<ul style="list-style-type: none"> • There was the possibility that a new contract for GDPs could be introduced during this parliament. The OFT wanted an end to non-time limited contracts and it was felt that there was a possibility of children only and exempt contracts being discontinued in the future. Dr North said that there seemed to be a lack of understanding that practices were businesses and not government employees. The money allocated to LPNs amounted to 14p per patient, compared to £25 per patient for GMPs. • Judith Husband, spoke about the possibility of new contracts in 2016/17, which she suggested would be driven politically and not be about a needs-based adjustment to the workforce. She felt that practice in dentistry would be open to whomever wanted to do it. She had stated that it was unlikely that NHS England would provide further funding for FDs who cannot find a place. Dr Moore had suggested that for the future of dentistry it would be better to have a properly funded core service, but Dr Husband had disagreed. The suggestion had been put to the vote and the majority of GDPs had agreed with Dr Moore, whilst DCPs wanted to continue with the current system. <p>Overall, Dr Moore had felt that it was an interesting day.</p>
6.	<p>Website</p> <p>EW-W explained that as GDPs had been having problems accessing the website, it was possible to change the website so that it had open access, rather than requiring inputting the GDC number.</p> <p>Brief discussion took place around need to have a more secure access, but as the information on the website was not confidential, it was agreed to have a more basic website with open access.</p> <p>Action: EW-W to contact website designer and discuss.</p>
7.	<p>Treasurer's Report</p> <p>The LDC's financial status continued to be sound and levy's had started being paid in again.</p> <p>Brief discussion ensued about using some of the funding to support a post-graduate course and how to progress. Nothing specific was decided and AN and RK are to pursue.</p>
8.	<p>Reports</p>
a)	<p><u>Local Professional Networks (LPN)</u></p> <p>There had been a meeting and the chairperson's post, which Christine Utting had been doing was being advertised: it was to be a paid position. Currently the post was being filled by Richard Heyward. Ms Burns stated that she felt it was all starting to come together.</p> <p>Dr Khatib said that he had contacted Vicky Taylor regarding the oral surgery contract, and had been told to forward queries to the new LPN chair.</p>

	b)	<p><u>Trent Liaison</u></p> <p>Previous information had been circulated.</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 explained that the current Deanery covered South Yorkshire, Humber and East Midlands and there was discussion around splitting this so that Sheffield and Doncaster would come under Yorkshire and the rest under East Midlands as an entirely separate deanery. The alternative was for things to stay as they are, but it was felt that the split was most likely to happen.</p> <p>There was a strong move from Nottinghamshire to have the centre of dental education there. There were also individuals in place who were keen to take on the role of Dean and Associate Dean. However, there was no dental school associated with the East Midlands, although there were already other areas in a similar situation, so it was not felt that this was problematic. Decisions would be taken shortly around how to move forward, and Dr North felt that there were exciting times ahead.</p> <p>With regard to FD in general things continued to change. Dr North had been involved with the recruitment to FD, which had centred around structured clinical tests, and Dr North had also been involved in setting some of the questions and reviewing. Previously there had been judgement tests with some strange questions and it was felt that some individuals had been disadvantaged.</p> <p>Dr Khatib asked if there was any intention to change the selection process for trainers. Dr North said that it had been suggested that once the FD process had been sorted that the trainers' process could be reviewed.</p>
11.		<p><u>AOB</u></p> <p>Dr North raised concerns around the lack of communication with practice owners. He wanted to move his practice and, having identified suitable premises, had contacted NHS England to see if there was any funding to help facilitate this and how to transfer the contract. He was told that if it was more than 100 yards away from the current location it was seen as a major change, that his contract would be reviewed and possibly offered elsewhere.</p> <p>Ms Burns stated that this was a new policy and meant that the contract could possibly be reviewed. She said that the proposal would be looked at in terms of how the patients would benefit, etc.</p> <p>Dr North said that this would be a disincentive to practice owners to try and improve services if it meant that their business would be put on the line. Ms Burns said that this was a new policy and they were still trying to get to grips with everything. She said that they would not want to discourage a move and that they would want any meeting to discuss such changes to be positive.</p>

12.	Date, Time & Venue of Next Meetings <u>Unless stated all meetings commence at 7.30pm, at Santos, Higham Farm, Higham.</u> 2013 22 nd October 3 rd December
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