

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft minutes of an ordinary meeting

Date:	9 th February 2016
Venue:	Higham Farm Hotel, Higham
Members:	Drs: A Hannah, D Hannah, Hammond, R Khatib, P Moore, (Secretary), A North (Chair), Y Nsamba, J Ward

Co-opted:

Drs:

In attendance:

Drs: JD Al Damouk

1. Apologies for Absence

Drs: N Preston, N Rodick

2. Minutes of last Meeting

The minutes of the last meeting were agreed as an accurate record.

3. Matters Arising

There were no matters arising.

4. Correspondence

All correspondence had been circulated electronically by Dr Moore.

5. Dr Fleur Kellett Presentation

Progress was being made around CPD courses in Derbyshire and North Nottinghamshire and Dr Kellett wanted to attend the LDC meeting on March 22nd to provide an update. Committee members agreed to this proposal.

6. Derbyshire County LDC Website and LDC sponsored Education Event

Education Event

Dr Khatib informed the group that the course arranged for 23rd February – Infection Control – was completely full to capacity, which was 90 attendees, and there had been 100 on reserve. However, HEEM had recently circulated the flyer, which had raised more interest and there were now 140 on the reserve list.

Dr Khatib noted that not all who were attending were practitioners in Derbyshire, although it was not always possible to tell where those who were booking practised. Dr North said that the

move from evening to daytime courses was not suiting most practices and that the new booking system was not catching on either. The Deanery had been provided with feedback regarding these issues but there had been no changes.

Brief discussion ensued. It was suggested that if there was this level of demand that the LDC should look at providing more courses. Dr North said that he was looking to develop more with the FGDP and that some funding was available through that. It was also suggested that for future courses only attendees from Derbyshire practices would be considered initially, possibly opening it out to others at a later date. Dr Ward suggested if the topic was that popular that a couple more courses could be put on. Dr Khatib said that he had already contacted the speaker and they are happy to do more courses,

Dr North said that there was a cost issue in relation to the LDC providing the courses as the funding came from the levy paid by Derbyshire practitioners and it wasn't fair to them to not be able to get a place. Dr Khatib said that it had been a learning experience and future courses would be advertised differently, with priority being given to Derbyshire practitioners and places possibly opened up to other practitioners after a specific date: he was also looking at the possibility of getting some sponsorship to support courses.

Dr Khatib said that the next course was Dr David Monaghan talking about consent and that this would also be open to dental nurses as they needed to know about ethics and legislation.

Dr Hammond said that she had contacted Maxfacs at Chesterfield Royal Hospital, about running a course on oral cancer, but she had spoken to one of the secretaries and left a message and no-one had yet responded. Dr Hammond said that she was willing to write if necessary. Brief discussion ensued about possible alternative speakers. It was felt that it was important that it be a local speaker able to talk about local services, and it was suggested that Dr Dickenson might be able to suggest someone.

Actions:

- **Dr North to e-mail Dr Dickinson regarding a possible oncologist to speak at a forthcoming education event.**
- **EW-W to provide register, feedback sheets and certificates for the event on 23rd February.**

LDC Website

Dr Khatib reported that everything seemed to be working well with the website and people were contacting the LDC through it.

7. Potential presentation by Allan McCulloch

The LDC had been contacted via the website by Allan McCulloch, secretary of the NStaffs LDC regarding LDC representation at PAG/PLDP (Professional Advisory Group/Performance List Decision Panels).

Previously, there had been LDC representation at PAG/PLDP, but this had now ceased. Dr McCulloch had been in contact with West Midlands LDCs and they not only had a standing invitation to attend, but also received relevant papers. DR McCulloch had met with the chair of the local PAG, who was not averse to having LDC representation at meetings, but not a representative from every LDC in the area. DR McCulloch wanted to attend a future LDC meeting to discuss this.

Brief discussion ensued and it was agreed to invite him to the March meeting.

8.	<p>Treasurer's Report</p> <p>Dr Ward stated that the finances continued to be in very good shape, with more coming in than outgoing. Funds would be reduced once payments were paid to The Guild and Dentists Benevolent Fund.</p> <p>Dr North queried for what were the Committee allowed to use the funds and Dr Ward said that it was for committee running costs and also educational events, which were now being supported.</p>
9.	<p>NHSE and LDCs Liaison meeting 25th January 2016</p> <p>Dr Moore had attended this and the following had been discussed:</p> <ul style="list-style-type: none"> • Rolling contract visit programme – a mixture of practices were to be visited, some selected at random and some with identified issues. A proforma had been developed and was to be sent out 2 weeks' beforehand. During the visit the contract would be reviewed, checks made if posters were being displayed, such as the NICE recall poster and the medical kit was up-to-date, etc. • UDAs by performer review – 15 questionnaires had been sent out with 13 replies. There had been no issues identified. The results had been gone through with a Dental Advisor and a report would be written up and sent back to the National Team. • MOS referrals to Sherwood Forest Hospitals Foundation Trust (SFHFT) – SFHFT had served notice in December that they were closing their doors to new referrals until 11/3/16. It had been agreed with NHSE for the E-referrals pilot to be rolled out in Mid-Notts. • E-referrals – There had been a massive fall from 50 to 7-10 patients referred to NUH since E-referrals had been set up in South Notts. This was being reviewed with a view to see if E-referrals could be extended to Derbyshire. Overall, it was expected that secondary care costs would fall as a result. • Mid-year and Year-end breach notices – Few mid-year breach notices had been done. The National Audit team had been in just prior to Christmas 2015 and contract under-performers were now being hit. However, there were concerns about the tone of the notices and whether due process was being followed, which must be adhered to. Practices would be given the opportunity to recover. Dr Khatib queried if Derbyshire GDPs would know how to contact the LDC if they were having any issues. Dr Moore stated that NHSE would not provide e-mail addresses, but would occasionally forward e-mails. Action: Dr Moore to send a letter to all constituents with LDC contact details. • NHS mail accounts – This would cost £12,000 per year if rolled out and a bid would have to be put into procurement to fund this. • Friends and family forms - this was being pushed to improve responses. • NHS Choices website – practices needed to ensure that these were being updated regularly. • Occupational Health – there was conflicting information about what was available for practices to access. This was being looked into.
10	<p>HEEM</p> <p>There was nothing to report at this time as Dr Rodick had been unable to attend.</p>
11.	<p>Reports</p>

<p>a)</p>	<p><u>LPN</u></p> <p>Dr Rodick had forwarded a report from the LPN meeting that he had attended on 7th January 2016: the meeting was chaired by Dr Christine Utting and was well-attended by LDC representatives, a senior community dentists, three orthodontic consultants and a lay person. Discussions had included the following:</p> <ul style="list-style-type: none"> • There was a problem with domiciliary care in South Derbyshire • The E-referrals IMOS trial in Nottinghamshire was proving to be successful. The orthodontist representatives had been extremely interested in this and had expressed an interest in being included. Andy Dale had questioned the funding. • There was a lack of clarity and guidance from the DoH around the role of the Managed Clinical Networks that exist in orthodontics. • Commissioning guidelines for restorative and paediatric dentistry were due out in May 2016. • There were issues around the prescription of fluoride toothpaste in care homes: GPs don't prescribe it and GDPs don't do repeat prescriptions. • In April 2016, the Chief Dental Officer was due to visit: Dr Rodick was to attend. • An update had been given on Dental Commissioning. Alison Murray had expressed concerns around the lack of dentists in hospital emergency departments overnight and a discussion ensued around out of hours services. <p>Dr Rodick had also attended a LET C meeting which had mainly been attended by nurses from both primary and secondary care, although there had been a GP in attendance as well. There had been a presentation on 'Developing Systems Leadership Capability', which had been interesting, but of limited relevance to primary care dentistry. Meetings were held every 2 months and Dr Rodick would attend if there were any dental-related items.</p>
<p>b)</p>	<p><u>East Midlands LDC Liaison Group</u></p> <p>Dr Moore had attended this meeting on 26th January 2016 and discussion included the following:</p> <ul style="list-style-type: none"> • Leicester LDC reported that 22 lots of procurement were being released. There were two sites for special care dentistry. One was for a GDP practice with 25,000 UDAs, requiring 7 days a week opening from 8am – 8pm. The contract was for 7 years with a possibility of an option for a further 3. Procurement was through the Great East Midland Procurement Hub. • Healthwatch Leicester City – it was noted that dental issues take up 85% of their time. • Derby City reported that breach notices would stay on the contract forever, so anyone buying a practice would inherit the breach, which could devalue the practice. Any practice suffering 3 breaches could be forced to re-negotiate the contract. • Nottinghamshire – an urgent care clinical hub was being set up called Vanguard. The out of hours service was being reviewed with a view to providing 8am – 8pm, 365 days a year service. Patients would have to travel further and currently there were difficulties in finding suitable premises and staff. • Lincoln reported that funding for AEDs was not all spent as some practices declined to have one. • Glenfield Hospital was not taking on any new orthodontic patients. • Northants had set up a pastoral support scheme for GDPs. There was a dentist in difficulty process via the Deanery, but little in the way of pastoral support. Discussion ensued around this. The committee felt that this might be something

	<p>useful; to set up in Derbyshire supported by the LDC.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Dr Moore was to contact Northants to see how this had been set up. • Pastoral scheme to be agenda item on next agenda. • Dr Ward to contact dental services to see how many GPs had accessed the service in the last 5 years.
	<p>c) <u>FGDP and DFT</u></p> <p>Dr North reported that he had resigned from the Deanery, due in part to the role being more strategic and the lack of time to spend with the FDs. Dr Skelton had resigned before Christmas and two new training programme directors were to be appointed.</p> <p>However, Dr North felt that this was a good time to revisit the FGDP as he felt that there was now more interest in this. He was going to look at facilitating some evening courses. He was also going to look at MJDF to see if he could increase interest in this.</p> <p>In future Dr A Hannah would report on Deanery matters.</p>
12.	<p>AOB</p> <p>Dr Al Damouk expressed concerns that NHSE had withdrawn funding for the testing of oral swabs.</p> <p>Northern General used to supply the swabs free of charge, but were now charging £12 per report. Dr Al Damouk had been contacted by the Northern General as they had not been paid. When he contacted NHSE he had been advised that if practitioners feel that it is required that they can do it as part of a UDA.</p> <p>Having spoken with the Northern General, Dr Al Damouk had been told that no-one else was using the service, and that they processed fewer than 10 a year. He had also been told that if he felt it necessary that the patient could be referred to the hospital, but he felt that this wasn't necessarily appropriate as many of the patients were elderly and to undertake the swab was part of good patient care.</p> <p>Brief discussion ensued. The majority of those present stated that they did not take oral swabs and the general consensus was that if it was felt to be necessary that referral to their GP was appropriate as the patient could be tested for other things that may be related.</p> <p>Action: Dr Al Damouk to put together a report for review by the committee.</p>
13.	<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>2016</p> <p>22nd March</p> <p>Education Events 2016</p> <p>23rd February – 7pm start (Buffet at 6.30pm)</p>