

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft Minutes of an Ordinary Meeting

Date:	13 th December 2016
Venue:	Higham Farm Hotel, Higham
Members:	Drs: B Dawett, H Hammond, S Hoyte, R Khatib, P Moore, A North (Chair), Y Nsamba, N Preston, N Rodick, J Ward

	Co-opted: Drs: A Hannah
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	In attendance:
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1.	Welcome Dr North welcomed everyone to the meeting.
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2.	Apologies Drs: A Hannah,
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3.	Declared Other Business Dr Rodick stated that he had an AOB item, but declined to state what it was.
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4.	Guest Speaker Section There was no guest speaker
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5.	Minutes of the last meeting The minutes of the previous meeting were agreed as a true and accurate record.
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6.	Matter's arising There were no matters arising
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7.	Standing reports
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a.	<u>Chair's report</u> Dr North was to attend a meeting on Friday regarding the bidders for the new e-referral system, of which there were around 6 companies. Dr North asked what group members felt would be useful for the e-referral system to do. Suggestions included compatibility with different practice software, ability to upload images, triage, track where referral is in the system and possibly text or e-mail reminder to patient. If
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	<p>anyone had any other suggestions Dr North asked them to contact him.</p> <p>Dr Moore said that the e-referral system in use in Nottinghamshire had reduced hospital waiting lists and practitioners were very happy with it.</p> <p>It was queried if practices would need an NHS e-mail account, but Dr Moore said that it was the aim for that to happen anyway.</p> <p>Dr North asked if anyone had had any issues with the Area Team regarding Christmas opening arrangements, but no one reported any.</p>
b.	<p><u>Secretary's report</u></p> <p>Dr Moore stated that all reports had been forwarded to committee members prior to the meeting.</p>
c.	<p><u>Treasurer's report</u></p> <p>Dr Ward reported that the committee continued to be very solvent and could continue to support the education events.</p> <p>The LDC Buying Group had now been running for a couple of years and the LDC was eligible to receive a commission, which it had been previously agreed would be donated to dental charities and Dr Ward asked if this was still what the LDC wanted to do. The members agreed.</p> <p>Action: Dr Moore to agenda future expenditure for the January meeting.</p>
d.	<p><u>LDC website and CPD courses</u></p> <p>Website:</p> <p>Dr Khatib reported that the website was receiving a lot of traffic, mainly relating to the CPD courses.</p> <p>CPD Courses:</p> <p>Dr Khatib reported that the last meeting in November on Oral cancer had been extremely well-attended with no cancellations or non-attendees. There had been no complaints on the feedback.</p>
e	<p><u>FGDP</u></p> <p>Dr North reported that a list of courses had been sent out.</p>
f	<p><u>DFT</u></p> <p>Dr A Hannah was unable to attend the LDC at this time as there was a lot going on at the moment. Dr North had requested that he send a report if unable to attend.</p> <p>Dr North said that there had been registration problems with Foundation Dentists not being registered as a performer.</p> <p>Dr Khatib said that this created issues submitting claims, which then could impact on contract performance</p>

8.	Tabled reports
a.	<p><u>NHSE</u></p> <p>The next meeting was in January 2017.</p>
b.	<p><u>PAG</u></p> <p>There was to be a new LDC representative sitting on this meeting from January.</p>
c.	<p><u>Report on LDC Official's Day.</u></p> <p>This had taken place on 2nd December and Drs Moore and North had attended. Drs Moore and North gave a brief summary of the points raised:</p> <p>BDA Survey: There had been a survey of survey of 2000 BDA members who had been keen to hear from members who had been experiencing issues with over-performers or had claims rejected due either to the 2/12 rule or attaching performers. There had been a wide mixture of respondents. The BDA has taken senior counsels advice regarding PCR and believe they have a strong case but need individuals to come forward who can show real deprivation.</p> <p>Main concerns from the survey included:</p> <ul style="list-style-type: none"> • Underperformance capita unregistered foundation dentists • Regulation - 82% of respondents • Work stress - 70% of respondents. They were working with Professor Newton regarding stress in dentistry • NHS complaints <p>There had been a presentation about the Burmadent charity.</p> <p>There were problems with prototypes in terms of access, productivity or both. Twenty per-cent of pilots were in clawback; 10% for prototypes and 2-10% of pilots were facing bankruptcy. The DoH say that the prototypes aren't the final version, but it is clear that changes need to be made before any rollout.</p> <p>There had been a discussion about the LDC conference motions, although it was felt that some of those presenting did not come across as well as they had at the LDC conference. The main items discussed included:</p> <ul style="list-style-type: none"> • time-limited contracts – there was a desire for long-term contracts, but the government wanted shorter-term contracts; • Breach notices; • Value of a UDA which should be higher than patient charge; • LDC recognition as stakeholders and the need to consult with them; • PCSE – hope to lift the two-month rule <p>Anecdotally, it was reported that 8 out of 58 pilots are hitting 100% of their targets, but they have had to spend some money and employ more staff to enable them to do so.</p> <p>Jill Matthews was employed by the NHSE, but was working with Capita to sort out the clear problems and whilst poor service was being experienced it was felt better to stick with the system. Meetings were taking place on a daily basis and they were trying to improve communications. In relation to the supplies system it was reported to be working better, but the feeling in the room didn't support this. There was an issue regarding foundation dentists and there was a grace period until 31st of January 2017 for September 16 trainees.</p> <p>Complaints handling: Dentistry currently makes up 10% of all complaints in Primary Care.</p>

	<p>Complaints were mainly about staff attitude, lack of clarity over costings and visibility of the price list.</p> <p>British dental guild: Those working on the GDPC were reimbursed for loss of earnings at a cost of £280 per session. It costs the GDPC £230,000 per year to pay this and LDCs were encouraged to donate £20-£25 per person per year to cover this.</p> <p>Dentists' Health Support Trust: This was to support GDPs with a drug or alcohol problem. It was recommended that any practitioners should contact DHST or with agreement get someone to phone on their behalf.</p> <p>BDA Benevolent Fund: Highlighted the work they did in providing loans/grants to GDPs in difficulty and required financial support and donations to be able to continue to do this.</p> <p>GDC: Matthew Hill talked about regulatory reform and stated that the model needed to change from the costly Fitness to Practice (FtP) model. It was felt that the efforts were skewed to enforcement and not prevention. Local resolution should be and no-fault redress should be used more widely. In terms of costs FtP accounted for 75% of expenditure costing £60-80k per case, whereas mediation cost about £210 per case. The GDC were looking at education and prevention, developing a 1st tier resolution and access to mediation and refocusing FtP on genuinely serious cases. Matthew Hill was happy to come and talk to LDCs.</p> <p>CDO: The CDO and two deputy CDOs spoke. Sarah Hurley highlighted that the role was independent of the NHS, and that she wanted to work together with practitioners. Eric Rooney spoke about the national drivers and the five-year forward view. Janet Clarke talked about the future of dental service regulation complex and confusing and duplication / impact of learning</p> <p>Dental Contract Reform: Hamid Batt spoke about a way different ways to incentivise GDPs as oral health and prevention had improved. There was cross-party support, but there had been no consultation with practitioners. Possibly there may be a roll-out from 2018-19, although that was thought to be optimistic. It would be a gradual phased approach.</p> <p>Pilot: Paul Worskett spoke about the pilot in which he was involved. Overall, the patients liked it and staff liked it and felt valued. There were opportunities to practice prevention and it was great to see patients respond positively. It was felt to be a most satisfying way of working for everybody.</p> <p>What didn't go well included: Appointment book congestion; Software issues; Patient acceptance of therapy and OHE; Dentists reluctant to delegate; Takes too long to get answers; Time bucket.</p> <p>He gave a case study about a caries patient who had attended May 14 to June 16. There were 14 attended appointments – 4 1/2 hours. Six Fta or late cancelled appointments – 2 1/2 hours. Seven hours over two years – 3 1/2 hours per year. This equates to 18 minute treatment appointment.</p> <p>In terms of capitation more was required in the first year, but tapered off later. Based on rag score – red patients cost more. Staged increase in capitated list size changes</p>
d.	<p><u>LETC</u></p> <p>This was no longer happening and was to be removed from the agenda.</p>

e.	<p><u>LPN</u></p> <p>There had not been a meeting recently and Dr Moore had not received any e-mails recently regarding this.</p>
f.	<p><u>Trent Liaison</u></p> <p>There was nothing to report.</p>
g.	<p><u>Report on BDA Meeting: 'Who's Pulling the Strings of Dentistry? An update on dental politics'</u></p> <p>Dr Moore gave a brief update on the main issues discussed by Martin Woodrow, BDA Director of Member Services.</p> <ul style="list-style-type: none"> • There were issues with microbeans in composites • NHS was failing to make the cost savings imposed by government, therefore more stringent cuts ahead, although there was a lack of clarity about what these may involve. Target for cuts was 4%/year from 2011-15, actually achieved 2%, whilst activity grew by 3.1%. • Health devolution eg. Manchester through Sustainability and Transformation plans (STPs). 44 STPs across geographical areas, combining NHS providers, CCGs, local authorities, social care providers. Not including dentistry at the moment. • Drop of 2.6% UDAs between 13/14 and 15/16. Still over 88M. 52% of adults and 58% of child population seen. 24K providers, up from 20K in 2006/07. Private marginally>NHS now. Provider/performers comprised 38% in 06/07, 14% now. Females up from 39 to 48% in same period. Using RPI, FROM 08/09, real fall in income of 25% for practice owners, 26% for associates. Earning to expenses ratio; 62% to 70%. • DDRB- tight financial constraints mean an average uplift of 1% for all groups. but, explicit instruction to consider targeting eg recruitment and retention of GMPs. • NHS Prototypes- will discuss as part of LDC Officials day report. However the BDA think that there's not a lot in this for the government that they're genuinely reacting to the professions long-term complaints about the UDA system. • Prevention Pilots. Announced by minister @BDA CONFERENCE. Focus on 10 of the most deprived areas, supporting practices with prevention policies for kids. • Amalgamation of regulators; DH held a consultation process- possibly reducing from 8 to 3 ie one medicine regulator or one High st. But Brexit takes priority. • Is regulation of DSAs necessary re GDC? What clinical harm can they do? • Dental complaints service (private) possibly expanding to work as an intermediary service in the NHS. Case examiners introduced into the FtP

	<p>process from 1/11/16. One professional, one lay person for every case.</p> <ul style="list-style-type: none"> • GDC piloting proposals for enhanced CPD delayed until Jan 2018. • Brexit. 17% of registered dentists in UK on a basis of EU/EAA qualification. when we exit, EU grads would HAVE to do FD year, increasing the pressure on obtaining a place for UK graduates. • Amalgam- phase down, not a phase out of dental amalgam. New proposals, from the EU, restriction to pre-dosed capsules, separation to have 95% of retention. Date when separators become mandatory. Real risk of ban by 2022.
<p>9.</p>	<p>AOB</p> <p>Dr Rodick announced that he was stepping down as a member of the LDC.</p> <p>Dr North thanked Dr Rodick for his many years of service and stated that he was welcome to attend at any time in the future.</p> <p>Dr Dawett explained about a research study looking at what could/could not be done in a dental practice, identify what was standard care, etc and asked if the LDC would support. Brief discussion ensued. Overall, it was felt that it would be a good study and that there was little research being undertaken in dentistry.</p>
<p>10.</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>2017</p> <p>31st January</p> <p>Educational</p> <p>10th January – Communication</p>