

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft Minutes of an Ordinary Meeting

Date:	25 th October 2016
Venue:	Higham Farm Hotel, Higham
Members:	Drs: D Hannah, S Hoyte, R Khatib, P Moore, A North (Chair), Y Nsamba, N Rodick, H Sanghera
	Co-opted: Drs:
	In attendance:
1.	Welcome Dr North welcomed everyone to the meeting.
2.	Apologies Drs: B K Dawett, H Hammond, A Hannah, N Preston, S Thackery, J Ward
3.	Declared Other Business Dr Khatib had a matter concerning the need to undertake an additional full exam if treating a patient for B2/3 work between normal recall dates.
4.	Guest Speaker Section There was no guest speaker
5.	Minutes of the last meeting The minutes of the previous meeting were agreed as a true and accurate record.
6.	Matter's arising There were no matters arising
7.	Standing reports
a.	<u>Chair's report</u> Dr North gave a report on the PAG meeting that he had attended (see relevant section of minutes)
b.	<u>Secretary's report</u> Dr Moore stated that all relevant e-mails had been forwarded to committee members.

<p>c.</p>	<p><u>Treasurer's report</u></p> <p>Dr Ward was not present but had forwarded a financial report showing that the LDC continued to remain extremely solvent and able to continue supporting the educational events.</p> <p>It was questioned if the issue of GDPs being deducted excessive levy had been resolved. Dr North reported that there had also been issues for some people in relation to superannuation payments. It appeared to be a problem with Compass and GDPs were advised to check their schedules and flag up if there was a problem. The NHSE had apologised and was looking into the problem.</p> <p>There had been a query from a GDP enquiring if overpayments were to be repaid and they should have been.</p> <p>Action: Dr North said that he would contact the GDP concerned to see if this had been resolved.</p>
<p>d.</p>	<p><u>LDC website and CPD courses</u></p> <p>CPD Courses:</p> <p>Dr Khatib reported that the next CPD course on Oral cancer was on 22nd November. So far 95 attendees were booked on and he had not yet turned anyone away.</p> <p>Feedback on the Safeguarding course was generally very positive with just a few grumbles about the sound quality and food. Discussion ensued about the feedback and if it was possible to publish this. Feedback was sent to facilitators, but it was felt important that feedback should be available to be viewed as this would also demonstrate the value of the courses being put on and act as an audit process. Dr Khatib said that it would be easy to upload this: however, it was agreed that the grading only should be published not individual comments. The group briefly discussed the menu of the food offered as this tended to generate the most comments and Dr Khatib said that he would review this.</p> <p>The Ashley Latter course was booked and he was very engaged with this and was tailoring the course to a team-based audience rather than simply GDPs.</p> <p>Website:</p> <p>Dr Khatib reported that the website was working well, being updated regularly and that there was a lot of traffic relating to the CPD courses.</p> <p>There had been a message received via the website regarding a GDP that had been issued with a breach notice by the LAT. The GDP had experienced difficulties due to illness and had informed the LAT that they were struggling to meet their UDAs. They had also not met their UDAs on the previous year, but the GDP felt that they were not being treated fairly.</p> <p>Discussion ensued. Dr North reported that he had spoken with the GDP and had advised that they should get copies of the correspondence trail to help support them in their discussion with the LAT and that the LDC would support them as far as it was able.</p>
<p>e</p>	<p><u>FGDP</u></p> <p>Dr North reported that there was no news at this time.</p>

f	<p><u>DFT</u></p> <p>There was a lot going on at the moment which was why Dr A Hannah was unable to attend the LDC at this time.</p> <p>Action: Dr D Hannah to get a report from Dr A Hannah regarding DFT.</p>
8.	<p>Tabled reports</p>
a.	<p><u>NHSE</u></p> <ul style="list-style-type: none"> • There had been discussion about the number of practices meeting/not meeting UDA targets. 49% did not make 96%, and 51% of practitioners had made their targets, with 19% making 96% - 99.99%. Dr North said that there were issues with Compass not working properly. • Claw-back was £3.4m, which was double that of last year. Last year most of the claw-back had gone back into dentistry, but this year the money would go back to the CCG. • PDS+ contracts were on hold nationally. • Fitness to practice manager had gone to Shropshire and Staffordshire to look at the contract compliance tool. In Nottinghamshire and Derbyshire the top ten outliers are looked. It was possible that a self-assessment tool may be sent out annually to help identify outliers from that. • Procurement: there had been an update on the E-referral programme. There was to be a phased roll-out, with Derby City in Phase 1. Currently Nottingham County was working through Vantage, but if Vantage did not get the contract this would have to be reviewed. However, the E-referral was working very well and it was hoped to commence in Derbyshire shortly. Referrals to secondary care had been greatly reduced and it was hoped that there would be a quick agreement on the procurement process. Brief discussion ensued about the issues on practitioners on county borders. • There had been issues regarding sedation with 2 practices in Nottinghamshire and 4 in Derbyshire. The initial specification for IMOS had included sedation and the second tender did not. Some practices had stopped giving sedation and there were issues for practices providing this being inundated. It was felt unfair that the second tender did not include sedation. Brief discussion followed. The SAAD annual inspection requirement for certification for IV sedation was felt to be more about inspecting the premises rather than the individual. There was also a review of the national benchmarking for sedation: currently it was a £65 payment in Derbyshire, if the national average was higher, increasing the payment locally might make providing the service more attractive. • Domiciliary Care: Two tenders had been received for a £90k contract. • A joint ortho procurement with Staffordshire was to take place in 2018. An oral health needs assessment needs to be undertaken to determine whether ortho should be provided. There was a lack of clarity around whether small ortho providers would remain. • A letter regarding Christmas opening hours would be going out soon. Arrangements would be the same as for 2015. • The LAT was moving, but the exact location was uncertain at this time, but it might possibly be to Birch House. • Concerns had been expressed regarding the tone of letters regarding breach notices as these were felt to be abusive. However, these were letters that were being sent out nationally. • Compass – there were lots of issues regarding this system. GDPs were advised if there were any specific issues of financial problems or hardships because of these

	<p>issues, they should contact the LAT.</p> <ul style="list-style-type: none"> • NHS Choices – There were issues with information on this website not being updated and practices needed to request access to do this. Concerns had also been raised by Healthwatch regarding complaints that information on Choices was inaccurate. Practices were advised that they needed to update Choices regularly and this was mandatory. The LAT would look at Choices and Family and Friends as part of the Key Performance Indicators.
<p>b.</p>	<p><u>PAG</u></p> <p>Dr North gave a brief précis on the background to this meeting. It had been approved for LDC Chairpersons to attend this meeting on a rotational basis. From the end of 2016, Nottinghamshire LDC Chair would attend and after that it would be Derbyshire's turn, although there was a lack of clarity about whether this would be City or County.</p> <p>The meeting was held at Anglesey House, Rugeley and Dr North advised that the building was secure and attendees need to check in at reception and wait to be escorted to the meeting.</p> <p>The dental section included a special presentation from their dental advisor, which had been arranged to provide committee members with a better understanding of the way that NHS dentistry worked. Dr North felt that the presentation was very thorough and succinct and gave an opportunity for committee members to ask questions which were answered and seemed to satisfy the panel.</p> <p>There were two dental cases to be discussed and all members had the opportunity to declare any interest in the cases. Dr North had declared an interest in one of the cases as he knew the practitioner concerned: however, on consideration, the committee Chairperson deemed that it was appropriate for him to remain and review the case.</p> <p>Both cases were heard and closed, one with a risk assessment at 2,2 and the second with a risk assessment of 1. Dr North felt that both cases were basically administrative systems-based errors or omissions and that both of the practitioners had since taken appropriate steps to learn from their mistakes and had set in place procedures to avoid future recurrences.</p> <p>As there were only two dental cases heard, Dr North felt that it was impossible to apply any demographic statistical analysis relating to cases in the LDC area and that whilst it might be possible to ask the administrators for details of cases over the last year it was not felt that this would be helpful. It was thought that looking at future cases might help to determine if there was any variation between LDC areas in the reporting of cases and their outcomes.</p> <p>Overall, given the small sample of dental-related cases heard at the meeting, Dr North felt that dentistry had relatively few complaints that tended to be low-risk. However, as both were related to record-keeping and compliance with systems and procedures, then this might be a suitable area for the LDC to focus on from an educational viewpoint. Dr North felt that this was a useful meeting to attend and important to get a view of the complaints that were being raised and raise awareness of similarities and differences of cases to determine if there were general trends or regional variations.</p> <p>The LDC discussed this report briefly. The general consensus was the importance for practices to have and follow a robust complaints process. It was also suggested that a system for single-handed practices to link into a peer-review service might be useful and it was agreed that a future education event regarding the importance of accurate record-keeping might be helpful.</p>

c.	<p><u>HEEM/LDC</u></p> <p>There was no report on this.</p>
d.	<p><u>LPN</u></p> <p>No report was available.</p>
e.	<p><u>LDC Liaison Meeting</u></p> <p>Many of the things discussed had also been discussed at different meetings. Items discussed included:</p> <p>There had been concerns raised with some Leicestershire practices being issued with breach notices when they had met their full contract. They had received some non-recurrent funding which they had not met the targets on, so the claw-back had been issued against the full contract.</p> <p>Leicestershire was also exploring putting in place a Whistle-blowing Champion, who would be a retired independent clinician who, it was felt, would not be biased. Brief discussion followed about whether the LDC could champion whistle-blowing and if the LDC would be covered in case of litigation. It was thought that this would be covered by the national LDC, but this would be looked at. Action: Dr Moore to check with BDA about insurance in case of litigation.</p> <p>Nottinghamshire LDC was working in conjunction with HEEM and holding a meeting with their AGM in the morning and then having a core CPD session in the afternoon. Both organisations were contributing funding to this, but there was a lack of clarity regarding the intended audience and whether this was just for GDPs or if it included DCPs.</p> <p>A report had been given by Matthew Hill on the GDPC and he was willing to give a presentation to LDCs on the work of the GDC. Brief discussion followed and it was agreed that this might be suitable for an educational meeting. Action: Dr Khatib to contact Matthew Hill to discuss.</p> <p>Thirty per-cent of prototype A practices were not meeting targets.</p>
9.	<p>AOB</p> <ul style="list-style-type: none"> • Dr Moore reported that the LDC Buying Group had been running for 2-years now and that the LDC would now be eligible for profit sharing. As agreed previously, the profit-shares accrued would be donated to dental charities. • Dr North reported that he was unable to attend the next BDA meeting on 2nd November. It looked to be an interesting meeting entitled: 'Who's pulling the strings in dentistry?' Brief discussion ensued and Dr Moore agreed to attend. • Dr Khatib raised the issue about a colleague in another area being audited and the matter had been highlighted around practitioners seeing a patient for B2/3 treatment between regular check-ups and whether an additional check-up should be undertaken as part of this treatment. This was discussed. It was felt that there was a lack of clarity around this matter as B2/3 treatment should include a full examination, but this would then push-back the recall of the patient. Concerns were raised that the LAT would deem that the GDP had under-performed and they could be subject to claw-back. It was felt that it would be useful to investigate further and find out if breach notices had been issued and claw-back had occurred as a result of these courses of treatment .

	<p>Actions:</p> <ul style="list-style-type: none"> • Dr Khatib to get further information from his colleague. • Dr Moore to e-mail LDC chairs and secretaries to get views and feedback to see if there were any similar issues in their areas.
10.	<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>13th December – to start at 7pm.</p> <p>Educational</p> <p>22nd November – Oral cancer</p> <p>2017</p> <p>31st January</p> <p>Educational</p> <p>January (Date TBC) – Communication</p>