

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft Minutes of an Ordinary Meeting

Date:	21st March 2017
Venue:	Higham Farm Hotel, Higham
Members:	Drs: S Hoyte, R Khatib, H Kshitij, P Moore, A North (Chair), N Preston, H Sanghera, J Ward
	Co-opted: Drs:
	In attendance: Dr S Mitchell – Observing Dr S Thackeray
1.	Welcome Dr North welcomed everyone to the meeting.
2.	Apologies Drs: B Dawett, H Hammond, D Hannah, Y Nsamba
3.	Declared Other Business Dr North would raise the Dental Handbook. Dr Mitchell wished to raise issues around 28 day recalls.
4.	Guest Speaker Section Dr Simon Thackery had previously circulated his report from the January GDCP meeting. Highlights were: <ul style="list-style-type: none">• HEE was looking at a potentially new pathway into general practice. Some may become specialist dental practices and they were looking at pathways for nurses and therapists to become GDPs.• Concerns were expressed around changes to the dental degree pathway.• There was to be a 30% cut in educational support funding.• GDC consultation had been published: '<i>Shifting the balance: a better, fairer system of dental regulation</i>'. The GDC would not be reducing the ARF as these reflected costs beyond fitness to practice.• The GDC examined the pressures placed on practitioners by corporations/NHS but decided they were beyond the remit of the GDC. Dr North stated that from the PAG report 50% of the complaints were against corporations and 76% were about overseas graduates. There were concerns that they were not integrated into

	<p>systems.</p> <ul style="list-style-type: none"> • The BDA was considering pulling out of the contract reform pilots. There were major issues with some of the former pilots experiencing difficulties and facing major clawbacks. It was felt that the Government was happy with continuing using UDAs, whilst accepting that it was flawed. The BDA was advising to stay in the system. • NHSE - There had been discussion around extensions for DFT applicants not able to get on the list. This was causing financial hardship to some non-DFTs waiting to be added to the list and NHSE were being pressed for compensation. • Breach notices - There was a lack of clarity around what constituted a Force Majeure eg, not being able to get an associate on the list, did this qualify? • Diversification of Practice Income – a small working group was looking into this. <p>Overall, not very much was positive.</p>
5.	<p>Minutes of the last meeting</p> <p>Other than some typing errors the minutes were agreed as an accurate record.</p>
6.	<p>Matter's arising</p> <p>There were no matters arising</p>
7.	<p>Standing reports</p>
a.	<p><u>Chair's report</u></p> <p>The Chair had nothing to report.</p>
b.	<p><u>Secretary's report</u></p> <p>Dr Moore had circulated relevant reports.</p>
c.	<p><u>Treasurer's report</u></p> <p>Dr Ward reported that the LDC continued to be very solvent. Most of the expenditure was in support of the Post-graduate courses. There were also been costs associated with the Peer Review meeting, which he was happy to continue supporting.</p> <p><i>Post meeting note: A report was circulated after the meeting.</i></p>
d.	<p><u>LDC website and CPD courses</u></p> <p><i>Website:</i></p> <p>The website was being updated regularly and was working well. Practitioners were using it to make enquiries, especially regarding the CPD courses.</p> <p><i>CPD Courses:</i></p> <p>Dr Khatib reported that the feedback about the courses continued to be positive.</p>

	<p>The cross infection control course had been booked up with 2 days and a second date had been added, and although that was not yet up to capacity, it was full enough to deliver the course if no more delegates booked on.</p> <p>There was an issue with some practices booking large numbers of places and concerns that there may be wasted places due to this as practice managers were occasionally block-booking without checking if everyone can attend.</p> <p>A medical emergencies course was booked for 2nd May, but this was not yet active on the website: this was being delivered by First Medical.</p> <p>There was a slight issue regarding the IRMER course which was potentially being looked at for September. The Deanery had a day course arranged for April at £50 a ticket, but quite a large number of places had not yet been booked. Dr Khatib expressed concerns about booking this course if there wasn't much of a demand for it as it would be expensive to arrange. Dr Kshitij suggested that a full-day course in the working week may not be of interest to many GPs. Discussion followed and Dr Khatib agreed to enquire about the cost and scope out potential interest.</p> <p>Action: Dr Khatib to enquire about the cost of the IRMER course and scope out potential interest.</p> <p><i>Peer Review:</i></p> <p>Dr North had circulated a brief report about the last peer review meeting that had been well-attended and very useful. It was felt to be working really well and that the discussion had been very comprehensive.</p> <p>Brief discussion ensued about what was involved with a peer review. It was agreed that any additional groups would be supported by the LDC and Dr North suggested that it might be worthwhile putting details on the website to see if there was any interest.</p> <p>Dr North was happy to do a Peer Review on record keeping or the business of dentistry if people thought it might be helpful.</p>
e	<p><u>FGDP</u></p> <p>There was nothing to report at this time.</p>
f	<p><u>DFT</u></p> <p>No report had been received.</p>
8.	<p>Tabled reports</p>
a.	<p><u>NHSE</u></p> <p>This was covered in the LPN section.</p>
b.	<p><u>PAG</u></p> <p>A report had been circulated previously from this meeting.</p>

c.	<p><u>LPN</u></p> <p>There was nothing to report at this time.</p>
d.	<p><u>Trent Liaison</u></p> <p>There was nothing to report at this time.</p>
9.	<p><u>LDC Conference</u></p> <p>This was taking place on 8th and 9th June 2017. It was queried who wished to attend.</p> <p>Action: Dr Moore to forward information to all committee members.</p>
10.	<p>AOB</p> <p>Dr Mitchell had attended the meeting to raise concerns about the issue of re-attendance rates within 28 days as her percentage was higher than it should be. Dr Mitchell had looked for guidance and had eventually managed to get 1 A4 page, but there was still a lack of clarity around what exactly should be being done.</p> <p>Discussion ensued. Dr North said that the 28-day rule was based around the activity of other practitioners and problems occurred if a GDP was an outlier. Dr Thackery said that the 28-day rule was used as a measure to investigate as theoretically there might be issues around a possible breach.</p> <p>Dr Khatib asked where it was in the contract and where it had come from. He felt that this should come under the 2-month rule and he felt the legality of the practice should be challenged. Dr Thackery said that there had been a legal case where some Welsh practitioners took the PCT to court over the practice and had won their case.</p> <p>Dr Mitchell said that she liked to work within the regulations, but there was no proper guidance available for practitioners and little from Laura Burns. There had been examples of young dentists on social media sites saying that they were having 100% clawed back.</p> <p>Dr North said that in the Dental Handbook it says that some practitioners have recalled patients unnecessarily, whilst accepting that there are some instances when it might be necessary: however, it appeared that different Area Teams interpreted the matter differently. The main issue appeared to be if a practitioner was an outlier, but Dr Thackery said that as long as this could be justified there should not be any problem and that practitioners needed a robust audit process to support their work. However, it was something that the BDA should take up and seek clarity.</p> <p>The general consensus was that it was acknowledged that some practitioners might abuse the system and that checks needed to be in place to identify this, but the majority of practitioners being penalised were genuine in what they were doing.</p> <p>Dr Khatib felt that there were so many different criteria and a lack of clarity around how some of these were being applied; there was the fear that practitioners would not act in the best interests of the patient, but in what would satisfy the reporting process and data collection. There were also concerns about what the data would be used for: was it as an educational tool or for punitive purposes?</p> <p>There were also concerns that a rule was being applied that were not actually in the contract. The contract was for 2-months and the 28-days was covered within this: however,</p>

it now appeared that recall within 28 days was currently being applied in addition to this. Dr Thackery felt that there were real concerns that a practitioner could become a massive outlier, not because of a change in their practice, but because other practitioners were changing their practice through fear. Dr North said that there would always be outliers, but this needed to be dealt with nationally by the BDA in addition to local discussions with Area Teams. Dr Preston felt that the general consensus of opinion was that practitioners were being held hostage because of fear of clawback. Overall concerns were expressed about the stress that this was causing GDPs.

Dr Thackery agreed to take this back to the GDPC and Dr North said that he would contact LDCs and explore a co-ordinated approach to the BDA to raise concerns about this practice and the effect it was having on practitioners.

Dr North suggested that a sub-committee should meet to write a letter to the LAT regarding the issues raised around this matter and look at exploring the LDC meeting with the LAT to find a solution and seek clarity. Dr Moore proposed this and it was agreed by all.

It was also suggested that the 28-day rule be raised as a motion at conference. Members were asked to consider this and feedback to Dr North.

Dental Handbook

Dr North gave a brief outline of this which had been circulated to LDC members. He felt that overall the handbook codifies the rules in the same way that the old GDC Standards and that it was quite good without actually agreeing to everything in it. Within the Dental Assurance Framework there were 4 main areas around the delivery of UDAs and the 28 days and 2-month rule were not included in the 10 quality indicators. However, there is a paragraph that says LATs may use other indicators, so it may be possible to fight the LAT's interpretation of the rules.

Discussion followed. It was felt that there was a great deal of unrest within the profession. The cost of compliance had increased significantly over the past ten years and there were instances where things like visits from a variety of bodies were being duplicated and it would make more sense to co-ordinate these visits reducing the impact to practices. There were also concerns regarding IG training compliance and some practices had recently received a letter stating that if they did not comply by 1st April the AT would be notified. It felt that practitioners were being threatened rather than supported to meet compliance.

Overall, it was felt that there was a lack of engagement with the profession and lack of clarity around important issues and this lack of clarity meant that GDPs were scared and would rather risk losing a few UDAs than risk being audited because the rules simply were not clear. Dr Mitchell felt reassured that she was not alone.

Overall, Dr North felt that the handbook was good in that it provided the guidance required for GDPs

LDC Dinner

Brief discussion took place about this matter. The 23rd June was provisionally set as the date.

11. Date, Time & Venue of Next Meetings

Unless stated all meetings commence at 7.30pm, at Santos, Higham Farm, Higham.

2017

23rd May OGM/AGM – starting at 7pm
11th July OGM

Educational

28th March – Cross Infection Control.
11th April – Repeat of above.

Peer Review

13th June 2017