DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE	
Draft Minutes of an Ordinary Meeting	
Date:	7th November 2017
Venue:	Higham Farm Hotel, Higham
Members:	Drs: B Dawett, H Hammond, S Hoyte, R Khatib, P Moore, A North (Chair), N Preston, Y Nsamba, H Sanghera, J Ward
	Co-opted: Drs:
	In attendance: Drs: J Morrell, A Day
1.	**Welcome** Dr North welcomed everyone to the meeting.
2.	**Apologies** Drs: A Hannah**,** H Kshitij
3.	**Declared Other Business** IMOS and Rego would be raised as AOB.
4.	**Guest Speaker Section** There was no guest speaker.
5.	**Minutes of the last meeting** The minutes were agreed as an accurate record.
6.	**Matter's arising** There were no matters arising
7.	**Standing reports**
a.	Chair's report Dr North only had PAG to discuss, which he would do later.
b.	Secretary's report Dr Moore had circulated all relevant information.

c.	Treasurer's report Dr Ward reported that the LDC continued to be very financially stable. The courses continued to be very successful and cost approximately £22 ph: the IRMER course had cost £80 ph; however, numbers of delegates had been lower than anticipated, and over £900 of the costs had funded non-Derbyshire practitioners. Discussion ensued about how best to proceed and suggestions included funding GDPs to attend IRMER courses not organised by the LDC or possibly pooling resources with the Deanery, which the latter was keen to explore. Dr North said that the Deanery would like to be associated with the CPD provision as the LDC had been very successful with the courses that they had run. Dr Khatib said that the Deanery's IRMER course had not been fully booked up and it seemed sensible to join forces on courses such as this. Dr Preston asked if the LDC joined with the Deanery in arranging to deliver such courses, would the LDC be committed to doing so every year. Dr North said that the Deanery delivered courses in different areas and he felt the LDC would only get involved when one was running in Derbyshire. **Action: Dr North to contact Steve Dixon to discuss possible future joint training ventures.**
d.	LDC website and CPD courses *Website*: The website was working well and being updated regularly and it was being used by practitioners to make enquiries. Dr Khatib reported that a lot of work had been done to enable on-line registration for the IRMER course: it had been agreed that it was a very good idea and the LDC was happy with the cost as it was very reasonable. Dr Khatib felt that a really good job had been done on the booking form and it was hoped that it would be possible to use the system for future courses. Dr Khatib was exploring an option to have a database that linked into the website to be able to check attendance, DNA etc., and it would also assist with checking demographics of attendees. *CPD Courses*: Dr Khatib said that he would await feedback from the Deanery before organising any future IRMER courses. Dr North suggested that it should be brought up at Liaison meetings as other LDCs may want to support other courses based in their areas. Dr Khatib expressed concerns about attendees who came to the CPD events and signed in, but did not stay after the break and he felt that there were issues about attendees getting the CPD when they haven't completed the whole course. Discussion ensued about possible solutions. It was agreed that it wasn't appropriate that attendees received CPD without attending the full session: however, signing the register at the end wasn't felt suitable as people were keen to leave and some had a distance to travel. Providing paper certification at the end was felt to be unsuitable and not having a break wasn't a good idea as people needed a brief break. Dr Preston suggested circulating the register after the break and this was thought to be a good idea.

	Dr Khatib said that feedback from the courses was overwhelmingly positive, including for the IRMER course. Dr Moore asked about the certificates as some had not been received and Dr Khatib would check, although he acknowledged that there was an issue with some of the e-mail addresses, which would result in attendees not receiving their certificates. Dr North asked if the workload was manageable and Dr Khatib said most of the work was on-line and the main problem stemmed from e-mail addresses not being correct and the need to occasionally manually check them. Dr Khatib said that there was an issue with one delegate on the IRMER course arriving late and leaving early, as they had not completed the full course it was not possible to issue the IRMER certificate. The delegate had been offered a radiology certificate, but they were not happy and stated that they would take the matter further. It was queried if the LDC had liability insurance, but the LDC were not able to get this, but that indemnity was being looked at this week. Dr North said it was possible to take out insurance for a course, but it would depend on the cost as to whether it was practical. Dr Sanghera suggesting putting something of the flyers saying that if people do not complete the full course they will not receive certification. Dr Preston said that if the practitioner had been issued with an IRMER certificate and then had made an error, there was the possibility that the LDC could be deemed liable and it was agreed that the LDC needed to follow the appropriate rules regarding certification. Dr Khatib raised issues about the usual venue for the courses – there had been comments about the air-con and poor sound and Dr Ward said that he would pass them on to the staff. Discussion ensued about the venue and the food provision, the bill for which had been creeping up, and it was queried if it was necessary to provide this. The general consensus was that many attendees came straight from work, so providing something was a positive for attendees. Overall, Dr Khatib was happy with the venue and feedback was generally positive, but the room was often overpoweringly warm and this needed to be addressed. **Action: Dr Ward to e-mail the venue about sticking to the budget for the catering, raising concerns about the temperature and how this could be addressed.** Dr Khatib queried regarding sending out an e-mail to practitioners about the LDC committing to do certain courses annually, eg., Safeguarding, Infection Prevention etc. Dr North said that as part of the quality assurance process, the LDC should also ask practitioners what courses they might want to attend and suggested that this could be done via the website. Dr Khatib stated that he was looking at running a CBCT course for referrers: he had spoken to a radiology consultant at Sheffield and it would be possible to deliver a full-day course. Numbers would be very limited, but there were not many of this type of courses available and whilst it was fairly new technology it was getting more common. The guidelines were 10-years old, but the technology was developing and this course would help practitioners. Dr Nsamba said that he had attended a course at the Royal College in London which had been very expensive, but he had found it very useful. Dr Ward asked where it would be run. Dr Khatib said that it was a full day and there was no practical component, so Higham Farm would be suitable. Dr Moore asked what the need was for the course and Dr Khatib agreed to survey regarding this. Dr North said that in principle there was no reason not to run the course if there was a need for it. **Action: Dr Khatib to survey regarding need for CBCT course.**
e	<u>DFT</u> No report had been received.

8.	**Tabled reports**
a.	NHSE/LAT Minutes had been circulated previously.
b.	PAG Dr North reported that this meeting was interesting, but not particularly useful. When he attended he was sat in a room and given the case-notes to go over for the cases being heard that day. The LMC representative had many more cases to review. Most cases for GDPs tended to be around poor record keeping, and on the whole were relatively trivial things and easily avoided. Complaints came from a number of sources including patients to the LAT, the GDC and some other routes. The number of cases was proportionally spread between Notts/Derbyshire and Shropshire/Staffordshire. Due to the wide geographic spread of the cases at the last meeting it had been discussed to explore teleconferencing instead of meeting in person, but Dr North did not agree with this suggestion and they were now looking at holding half the meetings in Rugely and half in Mansfield. Dr North felt that the meeting showed that the dental profession did not experience the magnitude of issues that the medical profession did.
c.	LPN Dr Moore explained that the LPN determined the aims for the local area and the LATs implement those aims. Main topics discussed were: • Managed clinical networks • Issues with DNA rates for IMOS. This was possibly because patients were unsure to where they had been referred. The numbers of DNAs per patient were being looked at. There were also issues around the poor quality being sent in of the radiographic information. There were also issues around some practitioners not undertaking sedation. • Ortho – the e-referral system was not yet operational. It could be 6 months – 1 year before it was, but they wanted to get it right before bringing it in. • MCN – No-one knew who was responsible as the MCN chairs had not yet been established. • Laura Burns wants to set up a task-force including LDC Liaison to create a collaborative network exploring different models of care. Input was wanted to improve service. • Bassetlaw salaried services were to be taken on by Sheffield, although not for a year. • Prevention of anti-biotic audit – it was suggested that DCPs would be able to help with this. There was to be a national campaign in November/December around an amnesty for antibiotics. Public Health England was to develop a tool regarding antibiotic use.
d.	Trent Liaison The minutes of the 30th October meeting had been circulated to group members. However, main points were reported by Dr Moore as follows:

	‘ 1. Sandra Whiston, DPH Consultant, has helped the LDC Liaison group produce a position statement on the use of fluorides. This is to be presented to all local district councils, and to MPs before the Westminster Hall debate on children’s dental health on 31/10/17. You may have seen, if you're a member, a letter from the BDA on this matter. *We asked for the infographics to be improved, but liked the text. We have drafted a statement which will be forwarded to you all later today, for you to email to your local MP please. The LDCs have agreed to help fund this initiative. The group wants one member from each LDC (PREFERABLY MEDIA-TRAINED!) to be part of a working party, with one volunteer to be the over-arching lead and point person in dealing with any media etc. A volunteer is asked for.* *Hull LDC has a "one ppm" campaign which they will allow us to use, inserting east midland stats in to their template.* *2. Freedom to Speak up Champion.* *Leicester LDC taking the lead on this. MAJOR problems with insurance, to the extent that LLOYD AND WHYTE say that no LDC is covered for any advice they might give to their constituents on any topic! BDA very concerned and are on this now; L&W to attend a GDPC/BDA meeting in a fortnight. Issue of indemnity has also been raised with the National Guardians Office.* *NHSE nationally have agreed to help provide training for each LDCs champion, to take place in early 2018. No cost.* *LDC REPORTS.* *Leicester. Recent elections (when are ours due?)* Post meeting note: The next Derbyshire LDC elections are due in 2018. *"Starting Well" launched in Leicester City. 1 of only 13 areas nationally. Each practice will have to have an OH champion, paid for from non-recurrent funding, at least up to 31/3/19.* *Target to reach 2 and under years of age is set at 30%, likely to cost each LAT approx. £200000.* *Getting an FD EQUIVALENCE PROCESS around Xmas. Practices, not the Dean, will have to sign off on the trainees. Called PLVE, performer list validation of experience.* *Recently ran a CPD course on GDC Fitness to Practice; included a mock case inc witnesses, prosecution etc on GDP up for low clinical standards. Very illuminating and well attended. Leicester can provide the structure and script for this.* *Nottingham. Trying a charm offensive, individual LDC members ringing practices but not getting far past the PMs and receptionists.* *Have produced welcome packs for new dentists to the area inc logo-ed LDC pens.* *400 attended joint LDC/Professional Dentistry/HEEM event, 100 from Notts. Asking about carrying this on as a joint event with other local LDCs.* *Going to be providing services:-* *"Compliance solutions"- professional company PMNS? subsidised by the LDC so £50/practice, carrying out half-day CQC type visits.* *Also "CPR solutions".* *Rolling out their new website (Seb @ new black marketing). To enable booking of solutions etc.*

	Trying to also include private practices. *Lincolnshire. Growing procurement problem.* *Issue with Spalding. MyDentist handed back a contract with 3/12 notice; at same time another procurement in Spalding was won by Roderick's, but they then immediately handed it back, and are attempting to renegotiate the UDA rate. Jason has recommended that Roderick's get a "black mark" against them.* *One provider is taking on 5 new sites, 365 days, 8-8pm, 25000 UDAs/site....* *LPN has issues with overseas dentists working as therapists, taking up jobs.* *LPN and LDC doing joint meetings in 4 locations across the county.* *GDPC Report:-* *might lose 2% over contract leeway.*
9.	**AOB** Dr Khatib reported that there had been many meetings regarding the Rego, e-referral system and they were trying very hard to improve it, but there were still lots of difficulties in getting one system that suited all practices. As LDC representative, Dr Khatib asked if there was any feedback regarding oral surgery and the oral medicine pathway. Dr North stated that he had spent 40 minutes trying to e-refer a patient and whilst accepting that it was partially the hardware in the practice there were also issues with the system: not everything fitted into the drop-down selection options. Others present agreed. Dr Preston said that she had had a patient with a medical condition that had not fitted any of the criteria. There were also issues around if a practice did not have an OPT were not able to get an x-ray, then it was not possible to e-refer. Some practices were getting around this by copy and pasting onto a word document and attaching that. Committee members reported lots of issues around images and also software incompatibility with the Rego system. It was reported that some patients were being told that there was a long wait for NHS treatment, but that practices could do much quicker privately. Dr Khatib asked if anyone was having any issues around oral medicine and Dr North said that there were not enough options regarding oral pathology in the drop-down menu. Dr Preston said that there were also issues because practitioners referred because they didn't know what the patient's problem was. Dr Khatib said that there were huge differences between practices. Some IMOS providers didn't have an OPT machine, although they should. If they referred to Derby hospitals for an OPT they were being charged, so they preferred to refer to Chesterfield, where they weren't charged. There were also concerns that some patients were being referred without any accompanying information. Dr Preston said that it would be useful to build into the system the option to be able to explain why the practitioner was not able to x-ray. Dr Khatib thanked everyone and said that he would feedback the concerns raised.

10.	**Date, Time & Venue of Next Meetings** Unless stated all meetings commence at 7.30pm, at Santos, Higham Farm, Higham. **2017** 19th December (to include LDC meal) starting at 7pm **2018** 13TH February