

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft Minutes of an Ordinary Meeting

Date:	5 th September 2017
Venue:	Higham Farm Hotel, Higham
Members:	Drs: B Dawett, R Khatib, P Moore, A North (Chair), Y Nsamba J Ward
	Co-opted: Drs:
	In attendance:
1.	Welcome Dr North welcomed everyone to the meeting. It was recognised that the numbers were not quite quorate, but it was agreed to continue with the meeting.
2.	Apologies Drs: H Hammond, A Hannah, N Preston
3.	Declared Other Business Dr North would raise the LAT Dental Underspend Proposal.
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.	<u>Chair's report</u> Dr North raised the issue that the Deanery was not able to publicise educational courses as any courses needed to comply with relevant regulations. Dr North felt that it was good practice to ensure that the LDC's educational events did comply with such regulations. Dr North had looked at the regulations and the only item that he felt needed to be set in place was the establishment of a robust complaints procedure and a quality assurance programme. This needed to be an independent individual and not an LDC member.

	<p>Brief discussion ensued. Dr North suggested Dr Debbie Martin who was suitably qualified to undertake this and it was suggested that she be paid at the Guild rate for half a day. This was agreed.</p> <p>Dr Moore said that he had contacted the BDA regarding IG and Data Protection issues. It was determined that if the LDC held personal details then it needed to be registered for Data Protection and it was agreed that he should register. However, the NHS IG did not apply as the LDC was not a contractor to or an NHS body.</p>
b.	<p><u>Secretary's report</u></p> <p>Dr Moore had circulated relevant information, but nothing significant had been received over the summer.</p>
c.	<p><u>Treasurer's report</u></p> <p>Dr Ward reported that the LDC continued to be very financially stable and that expenses had decreased slightly this year.</p> <p>It was queried if the Trent Liaison had been paid and this would be checked.</p> <p>Action: Dr Ward/Moore to check with Andy Dale if this had been paid.</p> <p>The LDC Official's Day was in December. It was thought that the attendees had been reduced to two from three, but no-one had seen anything official.</p> <p>Brief discussion followed. Drs Khatib, Moore and North were interested in attending. Dr Moore would circulate the information when received and to see if anyone else was interested in attending.</p>
d.	<p><u>LDC website and CPD courses</u></p> <p><i>Website:</i></p> <p>The website was working well and being updated regularly and it was being used by practitioners to make enquiries.</p> <p>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.</p> <p>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.</p> <p><i>CPD Courses:</i></p> <p>Dr Khatib was speaking with Dr Monaghan about putting on a Legal and Ethics course on record keeping: the provisional date for this was 17th October.</p> <p>With regard to the IRMER course, the response had not been as high as anticipated and it was felt that this was partly that it was just for GPs and partly as a full-day course,</p>

	<p>practitioners needed to book a day off from work.</p> <p>It was acknowledged that it was more expensive per delegate rate at the venue where it had been booked, but it was felt that the venue was better suited for an all-day event. There were only 65 Derbyshire Practitioners attending.</p> <p>There were a few practical issues to discuss on the day, but Dr Khatib had received a 16-page hand out that he had been requested to print off for each delegate. Dr Khatib asked for opinions on how it should be printed. It could be printed off and stapled or printed off professionally. Discussion ensued. It was felt that whilst it might look nice to be printed off professionally, it could be very expensive, especially given the short lead-in time. Dr Moore said that he had a high-capacity printer and he might be able to have a staff member print them off, but he needed to know quickly so that it could be arranged. It was agreed that Dr Khatib would explore costs of having the hand-outs printed professionally, otherwise, Dr Moore would arrange for it to be done.</p> <p>Discussion ensued around the arrangements for the course. The facilitator was arriving on the Thursday night and staying at the hotel. The group heard that there were 2 screens, so that all attendees should have a good view. Dr Khatib circulated copies of the contract and menu. It was queried why payment was due up-front and it was stated that this was because the LDC had not dealt with the venue before and this was standard practice. Dr Ward was to arrange payment. It was queried who would do the introductions and it was agreed that Dr North would do this.</p> <p>Dr Khatib went through the programme timings for the day. Discussion ensued around possible issues with laptops. It was agreed Dr Khatib would bring a laptop and Dr Ward would take a laptop as a back-up.</p> <p>The CPD certificates would not be sent out until delegates had paid in full, but some had not replied to the link.</p> <p>Dr Khatib was thanked for his work in setting up this course.</p>
e	<p><u>FGDP</u></p> <p>Dr North announced that he had been Regional Director for many years, but now felt that it was time to resign from the Royal College.</p> <p>If anyone was interested in taking this up, they should let Dr North know.</p> <p>Action: FGDP to be removed from the agenda.</p>
f	<p><u>DFT</u></p> <p>The following report was received from Dr A Hannah:</p> <ul style="list-style-type: none"> • <i>'All Foundation dentists successfully completed this year. As you are aware the move to Leicester is now completed. I have yet to visit the new premises. All of the DFT administration backup took voluntary redundancy. Apparently recruitment is under way, however this will take time. In the interim there is no admin back up at all.</i> • <i>East Midlands, East of England and West Midlands are to merge into one area with one Dean. There will be one manager and four administrators for the whole of this region. They will support DFT, DCT, Specialty and CPD.</i>

	<ul style="list-style-type: none"> <i>The VLE will not be used going forward. All courses will be on course manager including ES days. Only FDs will be able to book onto their study days. Claim forms will be loaded onto sharepoint'.</i>
8.	Tabled reports
a.	<p><u>NHSE/LAT</u></p> <p>There had been a meeting on 24th July. Dr North had mentioned the IRMER course and had queried if the LAT could help fund and they said they would look into it. DR North felt that HEEM might be interested in linking in.</p> <p>It was reported that there had been problems over the summer in secondary care being unable to see patients due to a shortage in personnel.</p> <p>Vantage had brought forward the date for e-referral for North Derbyshire patients and this had taken place,</p> <p>The procurement process had started for the Out of Hours service.</p> <p>There was an extra £175K available for access for children across the East Midlands. It was queried how this would be distributed and it was reported that it would fund 10 hours a week per practice. Dr North said that it was new UDAs but only new registrants would be eligible and overall it was an insignificant amount. Dr Moore said that it had been suggested that midwives be trained to educate mothers regarding dental health and whilst there were concerns, the LAT thought it was a good idea.</p> <p>There was still a lack of clarification around occupational health services. It was only available for those performers on the national list and wasn't available for staff like therapists. Practices would have to pay for those staff and a joint procurement with Shropshire and Staffs was to take place, but there was no timeline.</p> <p><i>Dental Underspend Proposal:</i></p> <p>Around the underspend, business cases needed to be put forward in October. Suggestions had been put forward, but the LAT were undecided at this time and anything would still need to go through finance etc. Brief discussion ensued. If there were any suggestions regarding the underspend these should be forwarded to the LAT.</p> <p>Dr Moore read the following that had been received from Laura Burns, Assistant Contracts Manager:</p> <p><i>'We are keen to work up some possible initiatives for this year's dental underspend asap to allow as much planning and implementation time as possible and we would really appreciate your input and support with this.</i></p> <p><i>We are not looking to offer out any capital funding, but we would welcome any other proposals or suggestions you may have. Ideas we have come up with so far include:</i></p> <ul style="list-style-type: none"> <i>Funding our new MCN Chairs (x3) for the next two years.</i> <i>Incentivising practices to regularly update their individual NHS Choices entries.</i>

- Targeted additional UDAs to ensure that new patient appointments are available in every ward area across Derbyshire & Nottinghamshire.
- Support for practices/individual performers around the Dental Assurance Framework and NHS Dental Services' Challenge Exercises. This would ideally be provided by our LDCs.
- £250,000 to the Local Dental Network for a training pot. Training would ideally be delivered in conjunction with the LDN, our LDCs and HEEM. Possible training could include up-skilling dentists to provide restorative treatment or perhaps establishing CBT pathways for anxious patients. We are open to other suggestions, however!
- Funding venues for training sessions to deliver by our Oral Health Promotion colleagues. Areas covered could include Sara Hurley's 'Dental Check by One' programme and training around treating/communicating with children and older people.
- Orthodontic PAR scoring project.

If any of your proposals require a business case, we would ideally need these to be completed by the end of September so that they can be submitted for consideration by our Senior Management Team in October. This would allow a good 5-6 months to implement initiatives prior to Year End.'

There were concerns that some suggestions suited the LAT rather than the service generally and that others would really require re-current funding and fears about setting something up that would not be funded subsequently.

Dr Dawett, said that he was keen to explore setting up a research network as there were opportunities for research within the NHS, but a lack of information around this. Dr Dawett explained that amongst other things practitioners could receive payments for recruitment into studies and there were even payments for being research ready. He had experience of being recruited into a study and the practice received funding to support costs. There were many advantages in being part of a research study and whilst it was common in general practice for medical practitioners, it was not in dentistry. However, if practices wanted to be research ready they needed accreditation and needed funding to support attendance on relevant courses.

Discussion ensued. Dr Khatib expressed concerns that there would be issues around justifying using the underspend to support this and suggested, if appropriate, the LDC putting on a mini-course to raise awareness. Dr Dawett said that if it was felt that there was interest the National Institute for Health Research (NIHR) funded a variety of things.

Actions:

- **Dr Dawett to contact NHIR regarding putting on a CPD course about research in dentistry.**
- **Any ideas for underspend use to be forwarded to Dr Moore who would forward to the LAT.**

b.	<p><u>PAG</u></p> <p>Dr North reported that this was the second that he had attended. Dr North gave an overview of the purpose of PAG. It was mainly about medical practitioners and only Dr North and Dr Catriona Peterson attending to represent dental practitioners, but it was not</p>
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	<p>unlike the GDC. Dr North was only allowed to sit in on the dental cases but it was interesting as it gave a good feel about what the major concerns were. Most cases came via the GDC, but some came from reports from patients and the Dental Advisors.</p> <p>There were 6 dental cases in total: 2 regarding practitioners in Shropshire and Staffs and 4 from practitioners from Derbyshire and Nottinghamshire. All but one case had come via the GDC. The Dental Advisor was there to give suggestions to help the practitioner remedy the issues. Dr North reported on one case regarding the treatment a patient had received and he did not feel that it was appropriate for the PAG. Most cases were closed, but one case was still being dealt with by the GDC and the AT had decided not to action until the GDC had completed their case.</p> <p>Dr North said that the general theme was one of issues with reporting/record keeping and there was little evidence in relation to bad dentistry.</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>AOB</p> <p>Dental underspend - This had been discussed earlier in the meeting.</p>
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>2017</p> <p>7th November 19th December (to include LDC meal)</p> <p>Educational</p> <p>17th October – Record Keeping.</p>