

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Minutes of an Ordinary Meeting

Date:	19 th December 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, J Ward
	Co-opted: Drs:
	In attendance: Drs: D Martin
1.	Welcome Dr North welcomed everyone to the meeting.
2.	Apologies Drs: A Hannah, D Hannah
3.	Declared Other Business Report from LDC Officials' Day Report on Oral Surgery NCM meeting
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 had nothing to report
b.	<u>Secretary's report</u> Dr Moore had circulated all relevant information.

c.	<p><u>Treasurer's report</u></p> <p>The Treasurer's report had been circulated via e-mail. Dr Ward reported that outgoings had exceeded incomings this month and this was the first time that this had happened: however, the committee was still very solvent.</p>
d.	<p><u>LDC website and CPD courses</u></p> <p><i>CPD Courses:</i></p> <p>Matthew Hill was available to come and give a presentation about enhanced verifiable CPD for GDPs. Lengthy discussion took place around CPD courses offered by the LDC.</p> <p>Dr North said that course providers needed to not just put on courses, but they needed to elicit opinions on what potential delegates might want to see and that the LDC needed to show that they were actively encouraging engagement and responding to requests. Dr Khatib said that he was already intending to e-mail out to those who had previously attended a course asking attendees for their input.</p> <p>Dr North also felt that the Deanery would be looking closely at the education being provided to ensure that it met relevant guidelines and Dr Preston felt that it was important that courses tied into relevant outcomes. Dr Khatib said that whilst the LDC should still offer the core skills required, it might be possible to look at packaging it differently. He was also looking at possibly developing a forum on the website to enable engagement and discussion around CPD. It would be somewhere that GDPs could highlight what they felt might be useful to them.</p> <p>Dr Moore said that Nottinghamshire LDC had held a full-day course and had asked attendees what they wanted and were looking at the top 5 most popular requests. Notts and Derby City LDC were looking at combining their efforts to facilitate some of the big courses requested.</p> <p>Dr North suggested that it was important to contact HEEM so that they would be aware of what was being offered by the LDC and to avoid clashing/duplication of effort.</p>
e	<p><u>DFT</u></p> <p>No report had been received.</p>
8.	<p>Tabled reports</p>
a.	<p><u>NHSE/LAT</u></p> <p>There was nothing to report at this time</p>
b.	<p><u>PAG</u></p> <p>Dr North reported that the next PAG meeting was tomorrow and there were a greater number of dental cases being heard than previously and he would be able to feedback on the cases afterwards.</p> <p>Dr Khatib asked if practitioners were aware that they were being discussed at PAG, and DR North said that they were. Complaints came from a variety of routes, including the GDC and, obviously, Dr North had to declare if he knew any of the GDPs, which could be difficult as he knew many practitioners. Previously the Chair of the PAG had had to step out during</p>

	<p>a discussion.</p> <p>From January he would no longer be attending the meeting as it had been agreed that representation would be from the LDC's concerned on a rotational basis and it was the turn of Derby City to send a rep. Dr North would continue to receive a report and would feed this back to the committee.</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><u>LDC Officials' Day</u></p> <p>Drs North and Moore spoke briefly about the recent LDC Officials' Day.</p> <p>They had noted that there had been a large number of stalls at the event, but that few were clinical.</p> <p>There had been a number of presentations from speakers including Mick Armstrong of the BDA, Henrik Overgaard-Neilsen from the GDC and Louise Everett from the Department of Health (DoH). A number of topics were covered including:</p> <ul style="list-style-type: none"> • Advanced dentistry had been discussed, including the increased use of therapists, the phasing down of amalgam and the request that the HPV vaccination be extended to boys. • There had been an update on the response to LDC Conference motions. • A major topic had been the contract reform and the setting up of the next 20 prototypes in 2018, although there was a lack of clarity about who would take these up given current issues. Whilst there were some good aspects, the business model was felt to be not very good and the GDC was calling for changes, including life-long registration for patients: however the DoH thought that the business model was ok. There was a push for the next prototypes to be only Blend B practices (83%) capitation or for practices to be allowed to choose which blend they prefer. There was also a push for a minimum practice income guarantee (MPIG) and for a gradual roll-out, the latter of which the DoH agreed with. • The prototypes were due to run until March 2020 and would continue to be evaluated. National roll-out would start in 2020. • Concerns were expressed regarding the significant and increasing levels of clawback over the last few years: <ul style="list-style-type: none"> 14/15 - 18.2 % totalling £52.2 million 15/16 - 21.9% totalling £54.5 million 16/17 - 25.7% totalling £81.5 million • The majority of the funds clawed-back had gone to the Treasury and had not been re-invested in dentistry. There were concerns that claw-back was increasing, whilst the number of patients seen had remained constant.

- There was to be accreditation of providers and performers delivering level 2 dental services in endo and oral surgery, and this was due to start in January. The next areas for level 2 accreditation included orthodontics, periodontics, paediatric and special care and this was due to start in January. The GDC was against this and saw it as a de-skilling of the profession.
- NHSE was introducing a new toolkit for managing performers' concerns.
- A data and security protection toolkit was to be launched to replace the IG toolkit to take effect from April 2018. The aim was to protect personal data and effect a cultural change with regard to data security. It should be quicker and simpler to complete and they were looking for volunteers to pilot the toolkit.

Whilst interesting, it was felt that there was no major news that came out of the day.

Oral Surgery NCM

Dr Khatib gave feedback on the inaugural meeting of the Oral Surgery NCM, which was chaired by Christine Utting until a substantive Chairperson could be appointed. There was funding available to support the role of Chairperson and some administrative support, but they had not been advertised yet.

The meeting was very well attended and was very positive and all oral surgery providers, partners and hospital consultants had been invited to attend. There had been a lot of engagement from attendees, who came from a wide variety of roles and the topics raised were real clinical decisions.

The intention was to arrange 4-6 meetings a year with everyone involved committing to attending at least 2 meetings a year. They would also be looking at wider issues, including education.

Dr Khatib agreed to feedback any further information to the LDC.

10. Date, Time & Venue of Next Meetings

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

2018

13TH February

27th March

Peer Review

16th January