

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft Minutes of an Ordinary Meeting

Date:	13 th February 2018
Venue:	Higham Farm Hotel, Higham
Members:	Drs: B Dawett, R Khatib, P Moore, A North (Chair), N Preston, Y Nsamba, J Ward
	Co-opted: Drs:
	In attendance: Drs: A Dale, A Day
1.	Welcome Dr North welcomed everyone to the meeting.
2.	Apologies Drs: A Hannah, D Hannah, S Hoyte, H Sanghera
3.	Declared Other Business Dr Khatib wished to raise the LAT additional funding for UDAs. Dr North asked if everyone had received a letter regarding the extra UDAs as the Area Team were only sending out the letter to practitioners who were already on-target and had not defaulted previously. However, if practitioners met the criteria and had not received a letter and were interested in the additional funding, they should contact Liz Gundel. Dr Dawett wished to raise the subject of practice-based research.
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 stated that he rarely received a letter and that sometimes there was a lack of clarity around what he received as Chair of the LDC and what was meant for him as a practitioner.

He reported that recently there had been a conversation around water fluoridation, which Dr Dale stated had been started in Hull. Dr North had investigated this and the desire for fluoridation in the water supply and in North Derbyshire the natural levels were between a quarter and a half of recommended levels.

A brief discussion ensued about fluoride varnish and Dr Moore said that he had been red-flagged for not applying fluoride varnish after the age of 16, and, despite prescribing fluoride toothpaste, the LAT were not happy.

Dr North said that there were also other areas where practitioners fell short of recommended guidance and gave the example of taking x-rays. Dr North felt that there should be some discussion with the Area Team as levels were being set against what other practitioners were doing elsewhere and not against what was necessary in this area.

Dr Moore said that he had seen a presentation about fluoridation levels in Leicester: half of the county was ok, the other half not, but it was felt that there were issues around how to resolve the matter. Dr North said that there were concerns regarding who should fund this, although Dr Moore felt that it should be expensive to do so: however, it was felt that the matter would not be resolved any time soon as complaints had been raised against this and it may even go as far as the Supreme Court.

Brief discussion then ensued around training issues. Dr Dale reported that the Deanery had got very little funding for training. There were only 16 places for the whole region for PLVEs and it was anticipated that this would create big issues for recruitment and some practices were not taking on foundation dentists either.

Dr North said that the IG toolkit needed to be completed before the end of March: if it was not completed on the 1st of April the practitioner's non-compliance would be reported to the CQC and some practices had been non-compliant since 2015. Dr Khatib said that it was easier after the first time and Dr North said it was important to pull together all the relevant supporting evidence which made it easier to complete.

Dr North reported that Steve Dixon had spoken about the new GDC CPD rules. Dr Dale stated that going forward it was not permissible to distribute blank CPD certificates to attendees to complete their own details and that candidates also needed to complete a reflection on the course. Dr North said that it look likely that LDCs would be picking up a lot of the CPD for the region and that practitioners should be consulted about what training they wanted. Dr North had received an e-mail regarding a marketing agent, but felt that this was not required and Dr Khatib said that he felt the current workload was manageable.

Discussion ensued around branding. Dr Moore said that Nottingham LDC produced packs, branded for the LDC and that these were sent out to practices. Dr Khatib said that he was willing to explore this, but felt that it was a waste of resources that could be spent elsewhere.

Dr Moore reported that in the Lincolnshire LDC, each committee member was allocated 3 practices close by and one further afield for them to visit. They provided a point of contact for the practitioners, it raised the profile of the LDC and the committee member was able to obtain up-to-date contact details. Many practitioners were not aware that if they ever went before the PAG, that they had the right to have an LDC committee member present. Dr North said that when he had attended PAG the practitioners being discussed had never been present, and Dr Moore suggested that the PAG covering Lincolnshire was managed differently.

	<p>Dr Dawett said that there was a need to raise awareness that associates needed registering with the ICO. It was queried if LDCs needed to be registered: Dr Moore reported that he had contacted the BDA but had not yet received a reply and Dr Dale said that he would check.</p>
b.	<p><u>Secretary's report</u></p> <p>Dr Moore had circulated all relevant information.</p>
c.	<p><u>Treasurer's report</u></p> <p>The Treasurer's report had been circulated via e-mail. Dr Ward reported that the committee continued to be very solvent. Dr Dale reported that many LDCs had large balances and that the levy amount was set by the poorer LDCs.</p>
d.	<p><u>LDC website and CPD courses</u></p> <p><i>CPD Courses:</i></p> <p>Dr Khatib reported that he had been struggling to book an infection prevention and control course. He had wanted to book a different facilitator and had been looking for a different provider, but he had not had much luck. He had now sourced someone from Henry Schein who was very experienced and was able to come on the 27th March: however, that clashed with the next LDC. Brief discussion ensued and it was agreed to move the date of the next LDC meeting.</p> <p>Dr Khatib said that Derbyshire CCG was putting on courses regarding safeguarding children and vulnerable adults which was open to GPs, ophthalmologists and pharmacists. The cost was £20, including food and there were 2 dates: 17th May at Santos and 17th July in Derby. It was a 5.45 buffet, with a 6pm start time and was for 3 hours. Dr Khatib said that he was still happy to arrange one from the LDC and asked should he go ahead.</p> <p>Dr North said that the LDC needed to consult with members about what they wanted for CPD as per the new rules. Dr Khatib said that he had done that via the web-site and had receive 3 suggestions which were very general and all around the usual requirements. It was felt that the LDC had complied with the new rules and practitioners were able to suggest via the web-site. Discussion ensued about the difficulties in contacting practitioners and having to comply with regulations: practitioners needed to actively sign up to receive e-mails and so far 84 had done so and Dr Khatib would continue to promote this.</p> <p><i>Website:</i></p> <p>Dr Khatib said that there were no issues regarding the website which was functioning well and practitioners were using it to contact the LDC.</p>
e	<p><u>DFT</u></p> <p>No report had been received. Dr North said that he recognised how busy Dr A Hannah was in relation to the DFTs and had requested that Dr Hannah send a report for each meeting if he wasn't able to attend.</p> <p>Action: Dr North to contact Dr A Hannah to request a report.</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>There was nothing to report at this time</p>
c.	<p><u>LPN</u></p> <ul style="list-style-type: none"> • There had been discussion regarding the use of funds to support the MCN chairs and the funding had been blocked while this was sorted. • E-Referrals – there had been lots of bounce-backs of these and Caitlin Peterson was looking at trends with a view to rectifying this. It was suggested that it would be helpful to put on a course for practitioners needing help with this. Referrals to secondary care had been reduced. GENPs were starting to refer. Ortho e-referrals were due to go electronic on 1st April. There had been a discussion around ortho e-referrals and the issues associated with this. • Social care had a number of projects including filming a video to support dealing with patients in wheelchairs and those with special needs. • The Area Team were to conduct a baseline audit around which practices had a bariatric chair capable of dealing with patients over 23st and under 30st. Dr Khatib said that in order to refer a patient for general sedation practitioners needed to provide the BMI, but many practitioners were unaware of how to do this. • Dr Moore said that it was expected that £1.2m in funding would be clawed back and the training pot for this was expected to be around a £1/4m: there was to be a meeting on 1st March about this. The focus for training was around peer review/appraisals/PDP/safeguarding accreditation and how these could be delivered. Dr North felt that the LDC was already supporting delivery of these types of courses. • The additional UDAs would be available to those practitioners with no disputes around performance. These were non-recurrent, but there was a possibility that this may change. For Derbyshire the funding available to support the additional UDAs was £150k. Dr North reported that there were concerns around the amount per UDA being allocated to the addition UDAs and that this fell short of what some practices were currently receiving. There were concerns that attempts would be made to make all UDA payments fall in-line with that level. Dr Moore said that there was a lack of clarity around practitioners undertaking sessional work rather than UDAs. Dr Khatib felt that the levels expected were difficult to achieve and that whilst the Area Team were supportive, they had a lack of understanding around the issues. Dr Moore felt that drivers were national rather than local and that this contributed to issues. • PAS scheme – to run this required a lay person, and NHS practitioner and a Treasurer and regular meetings needed to be set in place.
d.	<p><u>Trent Liaison</u></p> <p>Dr Moore reported on this meeting:</p> <ul style="list-style-type: none"> • There were major issues with Capita • DF2 equivalent was being replaced by PLVE and there would be low numbers going through. • GDP indemnity and what constituted adequate indemnity required. The minimum was £5m with a 3-year run-off. Dr North said that this had been raised at PAG with practitioners coming before the group agreeing to pay excess amounts but not having the funds to cover these. Dr Dale said that attempts were being made to get a

	<p>ruling on this. Practitioners were always looking to reduce costs of indemnity and one of the main issues around this was the length of run-off cover and Dr North said it was probably best not to get tempted by less expensive insurance if the run-off cover duration was limited.</p> <ul style="list-style-type: none"> Lincolnshire LDC had reported on their practice visits and were willing to share the template used for this if it was wanted. Dr North said that he had suggested something similar when he had first become chair of the LDC. Nottinghamshire LDC had based their AGM on the word 'Fitness'. They had had a 'Fitness to Practice' panel and were happy to share what they did and Dr Moore said it might be a useful topic for a course. Action: Dr Khatib to explore this. There had been a conversation around issuing CPD certificates: the BDA said not to, but the GDA had said it was okay. The Freedom to speak up Champions were to be indemnified and it was suggested that LDCs ought to be indemnified also to cover any advice that they gave.
9	<p><u>GDPC</u></p> <p>Dr Dale had attended this and the notes had been circulated previously.</p> <ul style="list-style-type: none"> <i>Elections</i> - Henrik Overgaard-Nielsen had been re-elected as Chair, with Dave Cottam as Vice-Chair. <i>Contract Reform</i> – This was still in a bit of a limbo. There were issues with the Type A contract: the business model didn't work, but the clinical pathway was fine. The Government liked it as it worked well for them. <i>Orthodontic Procurement</i> – This was currently going ahead despite concerns being raised. <i>GDC Reform</i> – there were talks about the GDC being dis-banded and merging with other professional bodies. <i>Education reform</i> – there was a move to totally change the way in which education was delivered. It was suggested that all dental professionals would start at the same level, but would gain different qualifications depending on where they finished their training. <i>Next meeting</i> – This would be in May.
9.	<p>AOB</p> <p><i>Additional UDAs</i> – This had been covered previously.</p> <p><i>Practice-based research</i> – Dr Dawett was trying to pull together a database of all practitioners wanting to be involved in dental research. He was also wanting to explore what problems kept practitioners from being involved as it would be at an implementation level rather than scientific and he had someone who was willing to come and speak about this. Brief discussion ensued and it was suggested that this might be suitable for the AGM. Action: Dr Dawett to invite the speaker to address the AGM.</p> <p><i>LDC Officials Day</i> – Dr Moore said that this would be on 6th June and asked if anyone was interested to let him know. Action: Dr Moore to circulate the forms.</p> <p><i>Elections</i> – A number of committee members were due for re-election. They were Drs: D Hannah, S Hoyte, H Kshitij, P Moore, J Ward, K Bula, B Dawett. Action: E Woodhall-Windle to forward election notice and forms to Dr Khatib for inclusion on website and circulating to current committee members.</p>

10. Date, Time & Venue of Next Meetings

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

2018

17th April

15th May - AGM

Education Events

27th March – Infection Control

24th April – As above