

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Minutes of an Ordinary Meeting

Date:	17 th July 2018
Venue:	Higham Farm Hotel, Higham
Members:	Drs: H Hammond, S Hoyte-Allen, R Khatib, P Moore, J Morrell, A North (Chair)
	Co-opted: Drs: S Thackery
	In attendance: Drs: S Watson
1.	Welcome Dr North welcomed everyone to the meeting.
2.	Apologies Drs: A, Dale, D Hannah, H Kshitij, N Preston, Y Nsamba, JK Ward
3.	Declared Other Business Dr Watson would be speaking on CDS.
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 reported on the LDC Conference that had taken place in Belfast. Motions depended on what was put forward by the delegates, with the BDA deciding which to support. All motions were voted upon, some had been ridiculed and some passed, but even if it was a good cause the GDPC decided which to take up. Dr North felt that it was sometimes rather pointless as he was not sure what comes out of it.

	<p>One motion had been about the amount of time/money lost when a patient failed to attend for an appointment. The motion was that the government should attached a UDA value to DNAs and an amendment to the motion was that patients could be fined if they failed to attend. Dr North felt that attaching a UDA value to lost appointments would help stop clawback: however Dr Thackery said that there would need to be a change in legislation to enable that. Brief discussion ensued around this. It was felt that it was a good idea to have some sort of system to off-set non-attendance, but it was acknowledged that that there was the capacity for fraud with such a system. Dr Khatib said that it was the responsibility of the practice to have a robust system to remind patients about appointments. Concerns were raised that GPs have a reminder system that they were able to access via the NHS, but that GDPs had to pay for this and it was felt unfair that funding was available for this for GPs and not GDPs.</p> <p>Dr Hammond said that she had tried many different things in the past and Dr Thackery said that there was software available to help- keep on top of this and he felt that there were not necessarily more DNAs, but they were more visible now.</p> <p>Dr Thackery said that he had brought up at the GDC that younger practitioners were under-claiming as they were concerned about being penalised in some way.</p>
<p>b.</p>	<p><u>Secretary's report</u></p> <p>Dr Moore had circulated all relevant information.</p>
<p>c.</p>	<p><u>Treasurer's report</u></p> <p>The Treasurer's report had been circulated via e-mail and the committee continued to be very solvent.</p> <p>Included in the report were donations to the BDA Benevolent Fund of £6000; Dental Guild of £6250 & Dentist Health Support Trust of £3000 and letters of thanks have been received from all 3 charities.</p> <p>Dr North noted that not all LDCs contributed to these charities.</p>
<p>d.</p>	<p><u>LDC website and CPD courses</u></p> <p><i>CPD Courses:</i></p> <p>Dr Khatib reported that everything was okay although he had paused the courses for a while: the infection prevention and control session had been cancelled due to illness and there had been some problems with the GDPR course.</p> <p>Dr Khatib hoped to deliver courses in September, October and November covering Safeguarding, Oral Cancer and Medical Emergencies, although he was struggling to get a speaker for the oral cancer course that he had been hoping to run in September. If anyone had any suggestions for speakers to deliver these courses they were to let Dr Khatib know.</p> <p>Discussion ensued around this. Dr Moore said that Nottinghamshire LDC were exploring supporting funding for trainers to go into practices to deliver training, but there were some issues around liability for this. Dr Khatib said that there had been discussion around funding trainers to deliver CPR training within the practice. Dr Thackery suggested that the LDC contribute up to a maximum figure and the practices source their own trainers. However, it was felt more appropriate for the LDC to concentrate on arranging courses that practitioners would have difficulty arranging.</p>

	<p>There was then a brief discussion around safeguarding training as the last course had been not been as good as previously. It was agreed to arrange with the local authority and investigate other providers.</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>Dr Khatib reported that he had attended a Trainer's event recently and everyone was unhappy. As of the middle of July neither the trainers nor new FDs had a plan for the September start. They had drafted a letter from the Educational Supervisors outlining their concerns, including the lack of support and no admin staff. Most of the Educational Supervisors had agreed to sign it.</p> <p>Dr Moore reported that since the deaneries had amalgamated there was only one admin staff member in Cambridge who was inexperienced. Dr Khatib said that the only one who knew what was happening had resigned.</p> <p>Dr Khatib said he was e-mailing the letter that night to Andrew Dickenson and Shauna McLeod. Dr North suggested that it also be sent to all other local LDCs as they would be experiencing similar issues.</p>
8.	Tabled reports
a.	<p><u>NHSE/LAT</u></p> <p>The next meeting was in September.</p>
b.	<p><u>PAG</u></p> <p>Dr North reported that the new delegate to attend PAG was with Shropshire/Staffs LDC.</p> <p><i>Post meeting note: This report had been received after the LDC meeting, and was circulated due to the length of time to the next LDC meeting.</i></p> <p>Dr McCulloch had attended the PAG.</p> <p>The number of cases heard was 11: Staffs/Shropshire 6 cases and Derby/Notts 5 cases.</p> <p>These covered: 2 undiagnosed Perio; 2 previous GDC complaints regarding Professional Standards; 4 patient communication issues; 3 sundry items (One was inappropriate sharing of a photo in a social media group ! -- The dangers of social media !!).</p> <p>Next PAG 15/08/18 Birch House Mansfield.</p>

c.	<p><u>LPN</u></p> <p>Dr Moore was unable to attend the next meeting, but Dr Khatib would see if he could attend.</p>
d.	<p><u>Trent Liaison</u></p> <p>Dr Moore had circulated the minutes of this meeting to committee members. Items discussed included:</p> <ul style="list-style-type: none"> • There had been £6.7m claw-back this year across Derbyshire/Notts and £4m would be put back into dentistry: this was much more than anticipated. Dr Moore said it was hoped that it might become recurrent and built into future contracts. Dr Khatib said it would be helpful to have more notice about the possibility of recurrent funding as, if it was known, they could plan better. Dr Moore said that they had requested 3-monthly reports on how claw-back was progressing, but nothing was definite and they might not get the report. However, much more was going back into dentistry this year – last year the majority went to the CCGs – and Dr Khatib felt that this illustrated that there was a need in dentistry. • Procurement was temporarily on hold because of a change of standing financial instructions. Business cases were going out about community services. Dr Weston said that this had been tried in other areas, but some lots had had no bids on them. CDS tendering was not a good way to go. Dr Hammond asked what would happen now. Dr Moore said that there was talk of training staff in nursing homes and Dr Khatib said there was discussion about piloting FDs doing it. • Orthodontics – There were issues with Rego. A Matlock patient wanted to go to Chesterfield, but this option had not been on Rego. Dr Thackery said that you could do a paper referral and write on top that it was not possibly via Rego. There were issues with Rego in relation to GDPR as systems used to transfer information must be robust and it wasn't with Rego. There were also issues around referrals via Rego not being received. It was felt that if all the practitioners who had a problem with Rego took a stand, then notice would have to be taken. Dr Thackery said that there were no statutory requirements for practitioners to upload software on their system. Rego now used a web-based portal and access depended on settings regarding data protection and only lets through data that is robustly protected. Dr Khatib said that the tendering for IMOS required a certain system and was very expensive. • Dr Khatib said that there were some issues regarding IMOS providers 'cherry-picking' and passing patients needing sedation on to other IMOS practices, whilst some IMOS practices were not getting any referrals. There were concerns that, if they were getting few referrals, were they safe. Dr Morrell said that if they were not getting referrals, were those practices required. It was felt that there was a lack of clarity surrounding this. Dr Khatib said that some practices had stated that they didn't want to do sedation and there were lots of discussions taking place regarding concerns and issues which was positive. • NHS Mail for dentists – there were issues regarding what type of portal was required, ie: a single one for the practice or individual for practitioners. However, it was expected to be rolled out shortly. <p>The next meeting was in October</p>
9	<p><u>Annual Dinner</u></p> <p>This item was deferred.</p>

10.	<p><u>MOS MC Report</u></p> <p>This item was deferred</p>
11.	<p><u>Peer Review Document</u></p> <p>The Peer Review Documentation had been circulated previously.</p> <p>Dr North spoke about the Peer Reviews that were taking place, supported by the LDC, which were very well-attended, taking place every 6-8 weeks. Dr Watson said that it had been talked about, but not yet picked up.</p> <p>Dr North said that he felt that it was the best type of education as it was self-driven. A small amount of money had been made available from the Area Team which was mainly for the facilitator, rather than the group. The guidance in the documentation stated that there should be 5 meetings, with 6 attendees from at least 2 practices. It was recommended that each facilitator attend a course. It was felt that the funding provided barely compensated for facilitating the sessions, but if it was available it might as well be claimed as a lot of work went into facilitating the group.</p> <p>Brief discussion ensued about PDPs. Dr Thackery said that there was a 2-day appraiser course for PDPs. Dr Khatib said that it was a good thing to offer as most people lacked any information regarding this. Dr Moore suggested a CPD course for this. Dr Thackery said that it was all very new and there was a lack of clarity of how it will work.</p> <p>Dr Khatib asked if the Peer Review Documentation had been adopted by the Local Area Team. Dr North suggested that the LDC set up a sub-committee to review the documentation.</p> <p>Dr North said that the LDC would continue to pay for the room and food for the Peer Reviews taking place.</p> <p>Dr Moore said that this was an ongoing discussion at the LPN. Dr Khatib felt that it should be more fully funded.</p>
12.	<p><u>AOB</u></p> <p>Dr Watson reported that the CDS tendering was an open model and Christine Utting was happy to be flexible and possibly look at a split role. Dr Watson said that it was important to interact with the LDCs, which is why he was attending tonight. Dr Khatib said that he felt the CDS was a very good service, but there was a very long waiting list: however, he had a positive experience of the service. There were issues with Wheatbridge in terms of providing for complex issues.</p> <p>Dr Watson said that there were major issues in Lincolnshire for access. Dr Thackery said that there were also issues with patients going into care with complex issues.</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>2018</p> <p>18th September 30th October 11th December</p>

Education Events

9th October – Medical Emergencies