

**DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE**

**Minutes of the Annual General Meeting**

Tuesday 24<sup>th</sup> May 2018

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**Date:** 24<sup>th</sup> May 2018

**Venue:** Higham Farm Hotel, Higham

**1. Apologies for Absence**

Drs: H Hammond, S Hoyte, S Thackery

**2. Welcome**

Dr Andrew North, Chair of the Derbyshire County LDC welcomed everyone for attending the meeting and Dr Catriona Peterson, Dental Advisor, who would be the main speaker for the evening.

**3. Annual Reports**

Chairperson's report

Dr North explained that he had tried to simplify the LDC meeting with reports being submitted prior to the meeting so that members would have the opportunity to read them first.

There were a couple of new initiatives that had been introduced:

- Recently a peer review group had started meeting and it other practitioners were being encouraged to participate and start their own groups which the LDC would be happy to support.
- There had been regular CPD courses running over the past year with very good attendance and feedback suggested that these had been very successful and it was intended to continue with these.

Dr North gave a brief review of the PAG meeting that he attended and he high-lighted the issues that brought practitioners to the attention of the Area Team. Overall, there were not many dental practitioners being discussed and the main issued appeared to be around record keeping and following rules and it was this that had prompted inviting Dr Peterson to the meeting. It was the responsibility of the Area Team to ensure that GDPs use public funds appropriately and hopefully, Dr Peterson would raise awareness for attendees of what was expected.

Secretary's Report.

Dr Moore said that he continued keep everyone informed of what was happening and e-mailed out to committee members any correspondence as he received it.

Dr Moore also attended a number of meetings on behalf of the LDC including:

- Trent Liaison Group where he met with LDC members from other local committees. Discussions showed that similar problems were being experienced by GDPs across the region.
- Local Professional Network (LPN) where members meet with members of the Area

Team. Recent discussion had been around ensuring that claw-back had not been too severe. Over £3 million had been clawed back, but not all of that had been put back into dentistry and there was a need to prioritise. There had also been recognition that Capita was performing poorly.

Dr Moore also reported that a number of members had raised issues with the LDC via the website which the LDC had responded to.

Attendees were reminded that if they had any issues/wanted advice the LDC committee members could be contacted directly or via the website.

Dr North said that he felt that the Area Team was very approachable and there was now a new contracts manager in post.

Dr North also spoke about the new Dental handbook, 2 versions of which had been released this week: one for general practitioners and one for prototypes. Dr North felt that overall, the handbook was useful, but as a living document it was liable to change: however, as practitioners had to comply with a lot of KPIs it was helpful to have something to refer to for guidance.

#### Treasurer's Report

Dr Ward stated that the LDC was financially secure and that the levy payments were being received regularly. The finances were being used to support the CPD courses for practitioners, which were taking place in the evening as the Deanery mainly put on day courses.

The LDC was also making Guild payments and donations to several dental charities.

Dr Ward reported that he was also Treasurer for Nottinghamshire LDC.

#### Vice-Chair Report

Dr Khatib reported that he was responsible to organising the CPD courses funded via the levy. He was focusing on core topics and all of the courses had been very well attended, with some being facilitated twice to accommodate the numbers. Eventually, the aim was to have a certain number of standardised topics to be covered regularly, which he would review as to how frequently they needed to be run. However, other courses were being explored such as the ERMER, which it was hoped would run in September.

Attendees received a certificate when they had completed the feedback forms, and overall, the feedback had been very positive.

Dr Khatib also kept the website updated and feedback for courses was via the website. As previously mentioned, LDC members' contact details were on the website should anyone wish to get in touch with one of them.

#### GDC Report

Simon Thackery had been due to speak, but had had to send his apologies. Dr North did have a copy of his report and would post it on the website later in the week.

#### Guest Speaker

Dr North introduced Dr Catriona Peterson who had been Dental Practice Advisor in

Nottinghamshire since 2009 and more recently in Derbyshire.

Dr Catriona Peterson gave a brief overview to her background and post-graduate qualifications. Dr Peterson emphasised that she was a dentist and wanted to ensure that the Area Team were heard by dentist and that the Area Team came to her for advice on dental matters.

#### *Why Dental Advisors?*

The group heard that prior to the current contract dental practitioners had been monitored in a different way and that Dental Reference Officers had monitored performance. The introduction of the UDAs and PCTs as commissioners had led to some significant disparity with contracts and UDA values. There were expectations that this would change with the new contract, but there was a lack of clarity around the timeframe.

There was also a need to monitor around clinical governance because of issues that had been raised around the Bristol health scandal and Dr Harold Shipman.

Overall, the PCT did not have the knowledge and understanding about dentistry to be able to support the practitioners.

#### *NHSE*

Dr Peterson spoke about the many changes that had taken place within the organisation over the last few years: reducing the numbers of staff, while extending the geographic area covered. The NHSE operated independently of the DoH and manages all of healthcare in England. The desire is to move away from the current operational inequalities.

As commissioners within the area, the NHSE had two separate teams: Nottinghamshire and Derbyshire and Staffordshire and Shropshire who were responsible for monitoring dental services and managing poor performance.

Dr Peterson provided advice on anything to do with dentistry. She gave an example of a recent issue where the safeguarding Boards had raised concerns about why there were not many referrals from GDPs regarding safeguarding issues as they wanted information to be able to provide assurances. Dr Peterson had been able to advise why this was the case and had pointed out that GDPs were not always aware of a patient's background in the way that a GP may be aware. A GDP may raise a concern with A GP who may the take it forward rather than the GDP.

Brief discussion ensued about safeguarding issues. Dr North pointed out that the Dental Handbook provided information about what to do in such an instance. Dr Peterson also felt that the handbook was useful as it was for practitioners and commissioners, so everyone should be following the same guidance.

#### *Managing Contracts*

Dr Peterson explained that there were now only 15 Dental Reference Officers and therefore they could not go out on visits as they did previously. The way that performance was looked at was to examine the data being collected from dentists and information on the DAF was being used to identify different things to concentrate on annually. Contract renewal visits had been taking place for a few years, but now the team were able to come in with the information from the DAF report.

Dr North asked why practitioners were not asked to comment on the DAF report. Dr Peterson said that comments on the report were invited from some practitioners and their response helped to determine what support/guidance would be offered and often not much

was required to bring the practice up to standard. Under-performance issues were dealt with separately. For contract activity reporting the Dental Assurance Framework report was produced quarterly and there was also the Vital Signs report: examples of these were shared.

The Vital Signs report, which could be accessed via Compass, provided measures that could help providers monitor their contracts against 4 key areas:

- Access
- Activity
- Quality
- Finance

This was now being replaced by the Dental Assurance Framework report, which was also available to be viewed via Compass. A brief discussion followed about the ease of use of Compass to access reports. Overall it was not felt to be very intuitive and could be difficult to use.

Dr Peterson then gave a brief background to the DAF explaining that the purpose was to help support a more standardised approach to managing contract performance and to make use of the extensive data available. Examples of the report were shared and Dr Peterson explained what was included in the reports. She then explained that the report was discussed quarterly at a meeting with the clinical advisors from NHS BSA and the local dental advisors. Practices were ranked depending on contract size and number of DAF items flagged and if it was a unique item it would normally just be kept an eye on, but if it was a repeated appearance or there were a high number of flags on the report a letter would be sent to the practice advising of this and asking for comments. This response would be reviewed by a dental advisor and a contract visit may be arranged with the advisor and contracts team to discuss the flags. It was possible that a more in-depth report would be requested by NHS BSA.

### *Managing Performers*

To provide NHS dentistry practitioners must be on the National Performers List and the process for doing this was now faster and, hopefully, there would not be a huge backlog in future as had been experienced previously.

The Performance Advisory Group (PAG) monitored the performance of those practitioners on the list, overseeing cases of concern about individual performers. Referrals could come from the complaints team, GDC, Fitness to Practice team or contracting team and leading any investigation into the concern raised. They would recommend actions to be taken which they would monitor and assess. Serious concerns would be escalated to the PLDP for consideration.

The Performance List Decision Panel (PLDP) was empowered to add or remove practitioners from the list or to impose conditions to the practice of those performers. This group considered suitability of the performer, including experience, references and English language skills.

### *Record Keeping*

Dr Peterson explained that the requirement to keep records was detailed in several regulations, including:

- Care Quality Commission outcome 21
- The GDC in the Standards for the Dental Team section 4.1.1 covered record keeping.

	<ul style="list-style-type: none"> <li>• The requirement for good record keeping was in the provider's contract with NHS England</li> <li>• The Faculty of GDP Good Practice Guidelines on Clinical Examination and Record Keeping.</li> </ul> <p>Poor record keeping would most usually be dealt with by the PAG.</p> <p><i>Fitness to Practice</i></p> <p>With regard to complaints a patient could choose to complain to the practice, NHSE or the GDC.</p> <p>Dr Peterson gave a brief overview of the ICR explaining that the complaints team would discuss the complaint with the patient and gain the latter's consent to review records from the practice. A response to the complaint would be requested from the practice and a dental advisor would provide an independent review of the documents and a final response would be drafted by the complaints team. The complaint would be referred to the PAG either for information or for consideration if a performance issue was identified. Any issues relating to the contract would be referred to the Primary Care Team and a contract review visit arranged if required.</p>
	<p>Dr North thanked Dr Peterson for her contribution and everyone for attending and the AGM was closed.</p>