

**DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE**

**Minutes of an Ordinary Meeting**

<b>Date:</b>	30 <sup>th</sup> October 2018
<b>Venue:</b>	Higham Farm Hotel, Higham
<b>Members:</b>	Drs: B Dawett, D Hannah, P Moore, J Morrell, O Msimango, A North (Chair), Dr N Preston, Dr Y Nsamba, Dr G Savva, Dr J Ward

	<b>Co-opted:</b>  Drs:
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	<b>In attendance:</b> Drs: D Martin
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<b>1.</b>	<b>Welcome</b>  Dr North welcomed everyone to the meeting.
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<b>2.</b>	<b>Apologies</b>  Drs: R Khatib, , S Hoyte-Allen, H Kshitij
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<b>3.</b>	<b>Declared Other Business</b>  There was none.
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<b>4.</b>	<b>Guest Speaker Section</b>  There was no guest speaker.
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<b>5.</b>	<b>Minutes of the last meeting</b>  The minutes were agreed as an accurate record.
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<b>6.</b>	<b>Matter's arising</b>  There were no matters arising.
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<b>7.</b>	<b>Standing reports</b>
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<b>a.</b>	<u>Chair's report</u>  Dr North reported that three committee members had attended the mentoring course: Drs North, Ward and D Hannah. It was felt to be a useful course and that, having completed it, they would be able to provide support and mentoring to GDPs if requested at meetings & investigations etc. However, they could not represent them in a legal capacity.
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	<p>It was suggested that it might be helpful to explore providing a PAS service, possibly in conjunction with Derby City LDC.</p> <p>With regard to practices requiring to test for Legionella, Dr North reported that he had found a company in Scotland that sends out a testing kit that was very simple to use and inexpensive. They were willing to provide a 30% discount for the LDC if there was a sufficient volume of kits being ordered.</p> <p>The committee members were asked to take part in a survey for an 'A'-level student who wanted to be a dentist and who had recently undertaken some work experience. The LDC agreed that the link could be forwarded to committee members.</p>
<b>b.</b>	<p><u>Secretary's report</u></p> <p>Dr Moore had circulated all relevant information.</p>
<b>c.</b>	<p><u>Treasurer's report</u></p> <p>Dr ward said that the financial statement looked more substantial than it was as there were still some CPD costs to come out: however, there was still a healthy balance and actual expenses had gone down over the preceding year.</p> <p>Dr North queried if each performer and practice paid the levy. Dr Ward said that the levy was paid by it was by individual performers only and not the practice. Dr North then asked how it might be possible to fund a mentoring scheme to support performers: would it be guild rate funded by the LDC or from the individual performers. Dr Ward said that the feeling was that if a GDP paid the levy, then they would get the service free, but if it was a non-NHS practitioner, then they should pay the guild rate per session. This was agreed to be reasonable by the committee.</p>
<b>d.</b>	<p><u>LDC website and CPD courses</u></p> <p>There was no report regarding this.</p>
<b>e</b>	<p><u>DFT</u></p> <p>There was no report received for this.</p> <p>Dr Moore said that concerns had been raised about there being only a single regional dental school and only one administrative person to provide admin support which was proving problematic and gave an example of a recent post-graduate training session where delegates had been sent instructions to attend a course at the wrong hotel.</p>
<b>8.</b>	<p><b>Tabled reports</b></p>
<b>a.</b>	<p><u>NHSE/LAT</u></p> <p>Dr Moore had previously circulated the minutes from the Nottinghamshire/Derbyshire LDC Liaison meeting of 22<sup>nd</sup> October.</p> <p>Dr Moore highlighted key points from the meeting:</p> <ul style="list-style-type: none"> <li>• Funding from the dental clawback cannot be guaranteed as recurrent, but there may be money available from a different pot.</li> <li>• It was clarified that the new contract may be rolled out in 2020. The options would be to keep the existing UDA contract; or to transfer to a Blend A or Blend B</li> </ul>

	<p>contract. However, a third of blended contracts were in clawback. Brief discussion ensued. It was felt that experienced practitioners were leaving the profession and the newer GDPs did not have the breadth of skills. It was suggested that the UDA system had de-skilled the profession. There were concerns for the future of the profession and the pathways that might be available for practitioners. However, it was also felt that there were changes in all professional roles.</p> <ul style="list-style-type: none"> <li>• Restorative Dentistry – the LAT had negotiated with Charles Clifford Hospital to refer patients, but there was no clarity regarding the number of patients.</li> <li>• NHS mail for Dentists – this was being rolled out nationally and from 1<sup>st</sup> December the Derbyshire &amp; Nottinghamshire Dental Team would now only send out to those e-mail addresses. There had been issues in setting the accounts up and concerns that important information would be missed.</li> <li>• SNOMED – There was a requirement for all systems to be SNOMED compatible by 2020. Vantage had advised that they would be ready, but some software providers were reluctant to incorporate in their systems.</li> <li>• Occupational Health – Expressions of interest had been received and they were being reviewed with a view to having the service in place by 1<sup>st</sup> December 2018. Following the award of the contract a communication would be sent out to Derbyshire practitioners: however, it was looking that it might be Derby Royal.</li> <li>• The next meeting would be in January 2019</li> </ul>
<b>b.</b>	<p><u>PAG</u></p> <p>It was felt that the last report received gave very little information with no breakdown of the issues discussed. Dr North said that it would once more be his turn from January to act as the dental representative to this group.</p>
<b>c.</b>	<p><u>LPN</u></p> <p>Dr Moore said that there had been a very extensive agenda:</p> <ul style="list-style-type: none"> <li>- There had only been 37 responses to the questionnaire regarding antibiotics. JW said that it was too long, complicated and involved. It was felt that there was a lack of understanding that GDPs had to meet their UDAs.</li> <li>- Only 6 practices had replied to the previous bariatric audit.</li> <li>- MCN – this was coming along.</li> <li>- Starting well project had been put on hold due to lack of funding.</li> <li>- It was being looked to set up consolidated 'super-centres' for head &amp; neck cancers.</li> <li>- PLVEs – questions had been raised regarding non-EU qualified dentists and the LPN was to talk to Andrew Dickenson about this.</li> </ul>
<b>d.</b>	<p><u>Trent Liaison</u></p> <p>An e-mail had been received from Christine Utting regarding funding for paying to support peer review. Christine had sent out some questions, which Dr Moore had circulated, but no-one had responded. There was a need to reply to the questions as an LDC or there would be no funding available.</p>
<b>9</b>	<p><u>Annual Dinner</u></p> <p>This would take place on 11<sup>th</sup> December, following a short OGM. Dr North would get the menu circulated for choices to be made.</p>
<b>10.</b>	<p><u>Practice-Based Research</u></p> <p>Dr Dawett had previously circulated some information regarding setting up a practice=-</p>

	<p>based research network in the East Midlands, which the Clinical Research Network (part of NIHR) had stated they were happy to support. In the e-mail he had high-lighted the benefits for the practices. To make a start practitioners needed to identify ideas, take them through for ethics approval and the Clinical Research Network would provide support costs</p> <p>Dr Dawett asked if such a group was to be created where would it be hosted. Discussion ensued. De North felt that it could be hosted through the LDC, but that it would need someone with passion to support it. It was felt that there was value in this idea and Dr North proposed that Dr Dawett lead on this. This was carried by a show of hands.</p> <p>Dr Dawett said that he was keen to get the LDC on board and use them as a model for other areas.</p>
11.	<p><u>AOB</u></p> <ul style="list-style-type: none"> <li>- Dr Dawett raised concerns regarding variations in standard general dental contract notice, which a few practices were receiving and there was a very short timescale for this – 1<sup>st</sup> November. Practitioners needed to look at their own contract and go through sections high-lighted. It seemed that they were clamping down on what constituted a course of treatment. And must include all exams. Associates needed to be made aware. Brief discussion followed and it was agreed that Dr Dawett would talk about this at the next meeting. Dr Ward felt that most of what was in it was tidying up the previous contracts. Practices needed to go through their original contract and check against the new one, but it would take a few hours.</li> <li>- Dr Preston high-lighted that the new IG toolkit was entirely different and that there were lots new things to fill in. Practitioners were reminded that it needed to be completed by March 2019.</li> <li>- Dr Martin outlined some of the difficulties that she was experiencing in her research for her PhD – What is Adult Learning. Committee members asked her to forward a paper explaining her concept and they would look at it.</li> </ul>
11.	<p><b>Date, Time &amp; Venue of Next Meetings</b></p> <p><u>Unless stated all meetings commence at 7.30pm, at Santos, Higham Farm, Higham.</u></p> <p><b>2018</b></p> <p>11<sup>th</sup> December – OGM followed by Christmas meal</p> <p><u>Education Events</u></p> <p>6<sup>th</sup> November - Safeguarding Children and Vulnerable Adults – Level 2</p> <p><b>2019</b></p> <p>29<sup>th</sup> January</p>