

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Minutes of an Ordinary Meeting

Date:	18 th September 2018
Venue:	Higham Farm Hotel, Higham
Members:	Drs: B Dawett, D Hannah, P Moore, J Morrell, O Msimango, A North (Chair),
	Co-opted: Drs:
	In attendance: Drs: A Dale, S Thackery
1.	Welcome Dr North welcomed everyone to the meeting.
2.	Apologies Drs: A Hannah, R Khatib, , S Hoyte-Allen, N Preston, Y Nsamba, G Savva, J Ward
3.	Declared Other Business There was none.
4.	Guest Speaker Section There was no guest speaker.
5.	Minutes of the last meeting The minutes were agreed as an accurate record with the correction of Item 7a, last paragraph, which should read GDPC and not GDC.
6.	Matter's arising It was noted that Dr Khatib had been experiencing difficulties in booking a speaker for the oral cancer course and it was suggested that Iain Mcvicar, might be suitable speaker.
7.	Standing reports
a.	<u>Chair's report</u> Dr North reported that the representative on PAG for the LDC's had now moved to the Staffs/Shropshire LDC. The previous representative from Derby LDC had not sent many reports and it was hoped that would improve now. Dr North highlighted that most of the cases were for very similar reasons and whilst there

	<p>were more referrals for Nottinghamshire/Derbyshire GDPs, this was probably because there were more practitioners within that area. A main cause for referrals was poor communications, often very basic issues that should have been picked up at FD level.</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>Dr Ward was unable to attend, but had reported that the LDC continues to be very solvent. Money paid out for training course expenses totalled £2360.</p>
d.	<p><u>LDC website and CPD courses</u></p> <p>The following report was received from Dr Khatib in his absence:</p> <p><i>' CPD Courses:</i></p> <p><i>We have Medical emergencies booked on <u>9/10/18</u> – 97 people booked so far</i></p> <p><i>Safeguarding level 2 booked on <u>6/11/18</u> – 90 people booked so far</i></p> <p><i>The new booking system of booking one person at a time seems to be working better and not getting as many "bulk bookings" of entire practices.</i></p> <p><i>However, because we are no longer using our original mailing list due to GDPR, we are only using the list of people who have specifically signed up and this is a smaller mailing list (200 people compared to 746 on the original mailing list), this may be why we are not getting as inundated as we used to. Courses are still full enough though so it is no problem.</i></p> <p><i>I am hoping to arrange an oral cancer course end of November or beginning of December</i></p> <p>Website;</p> <p><i>This is being updated regularly upon request – changes to booking system being implemented quickly – no problems.</i></p> <p><i>People are contacting us through the website contact form so people are obviously able to find the website.'</i></p> <p>Dr Dawett stated that the website had not been updated to include the new committee members.</p> <p>It was noted that Dr Khatib had reviewed the booking system to avoid block-bookings that had been problematic in the past. Dr North said that despite block-bookings no longer being possible, courses were still filling up.</p> <p>There was also a brief discussion regarding the new GDPR legislation and retention of data, such as e-mail addresses. Dr Thackery stated that if an organisation has a legitimate interest in retaining information, then the legislation did not apply. As the LDC was a statutory body, it could be argued that there was a need to retain such information to allow the LDC to keep GDPs informed.</p>

<p>e</p>	<p><u>DFT</u></p> <p>The following report was received from Dr A Hannah in his absence:</p> <ul style="list-style-type: none"> • <i>'We have moved to Midlands and East with Mr Andrew Dickenson as Dean. Andrew Corke is APD with overall responsibility for DFT. I have been informed that East Midlands is the model that the other areas will be moving to in terms of scheme sizes and TPD responsibilities, however in the future the scheme sizes may be reduced slightly to 14 FDs.</i> • <i>One FD has been given a three month extension from last years' cohort. John Cottingham is supporting this FD. John retires at Christmas, Fleur Kellet has been appointed Clinical support tutor for the Midlands and East region.</i> • <i>There is to be a review of the study day timetable. Study days are to be reduced to approximately 25 from 30. The lost study days will be replaced by practice based and online learning. In addition Andrew Dickenson is keen to reintroduce educator development days. There will be three each year, the content of which will be rotated so that ESs in Midlands and East will have the opportunity to attend courses in the subject area where they may require development. The content of these days is yet to be determined but we are open to suggestions from ESs as to where their development needs lie.</i> • <i>The current plan for the "Celebration Day" at the end of the academic year is to have a regional day in Peterborough, which is the geographical centre of the region.</i> • <i>I have been appointed as an interim measure to help implement these changes. Sensible suggestions for the above would be welcome.'</i> <p>Dr Moore reported that a response had been received from Dr Dickenson to the letter sent on behalf of the LDC chairs expressing concerns at recent changes. This letter had raised further issues and a response had been sent back to Dr Dickenson.</p> <p>There was a brief discussion about the value of vocational training as experience. Dr North felt that FDs were trained to a high level and supervised closely and that cutting back on that time could have a bad effect on newly qualified practitioners.</p> <p>Dr Hannah asked if there would need to be a change in law to facilitate such changes, and Dr Thackery stated that all that would be required would be a statutory instrument to make the changes.</p>
<p>8.</p>	<p>Tabled reports</p>
<p>a.</p>	<p><u>NHSE/LAT</u></p> <p>There was nothing to report at this time and the next meeting was on the 22nd October.</p>
<p>b.</p>	<p><u>PAG</u></p> <p>Dr Mcculloch had not been able to attend that August meeting.</p> <p>Dr North had already mentioned the changes to the GDP representative on the group. He highlighted that only one representative was allowed for Derbys/Notts/Staffs and Shrops and the LDCs were taking it in turns to send a rep, who should then report back to the other</p>

	LDCs. The dental representative did not have voting rights, but was able to make comments on cases being heard.
c.	<p><u>LPN</u></p> <p>The following report was received on behalf of Dr Khatib in his absence:</p> <p><i>'I attended the LPN meeting on Paul's behalf on 26/7/18;</i></p> <p><i>They discussed an update on the e-referral service; orthodontics recently added to this. Plan is to add community dental referrals but no funding currently for this but hopefully soon.</i></p> <p><i>They are considering pathways for specialist restorative dentistry but very complex and also there are very few specialist clinicians.</i></p> <p><i>Discussed the Oral Surgery MCN – the position for the chair has been approved and will be advertised soon. Have had lots of problems working through the NHS systems to get the position advertised.</i></p> <p><i>At the end, everyone was asked if there are any issues they wish to raise, and I was asked if there was anything on behalf of GDPs. I said there is a concern about the level of monitoring, including the DAF reports and the number of criteria we are being checked on. It is making decision making very difficult as we are constantly worried about being outliers. Laura Burns explained that they have a very thorough approach to this and only use the DAF report as part of a much wider picture, including NHS choices feedback, history of patient complaints, referrals from other sources. A few items highlighted on the DAF report wouldn't trigger an investigation; it would take many items flagging up continuously. Laura Burns wished to send a message of reassurance to GDPs that this should not be of major concern.'</i></p> <p>There was a brief discussion around DAF reporting. Dr North said that from his experience at PAG, once a practitioner came under investigation for one thing, other areas of their practice were reviewed.</p>
d.	<p><u>Trent Liaison</u></p> <p>Dr Moore reported on this meeting.</p> <ul style="list-style-type: none"> • There was a vacancy for a BDA Meeting Secretary if anyone was interested in applying for it. Dr Dale said that the meetings were currently suspended as recent attendance was greatly reduced. • Fluoridation – Phil Martin was the lead in this area and wanted to talk to LDC committees to help promote fluoridation in this area. Work was going ahead in Hull, but the project had stalled. Northumberland was close to an agreement. • Indemnity – Individual practitioners were being asked what indemnity and added years after retirement they had. Dr Dale said that this came from a case at PAG regarding what indemnity should be and it had been agreed £5m for three years, although 7 years had been suggested. However, one practitioner had been quoted £15k per year for run-on cover. The practitioner was appealing the decision and the hearing was in October when, hopefully, a decision will be agreed. Discussion ensued. It was felt to be difficult as different companies had different rules, so there issues that some practitioners were not adequately covered. Dr North said that he had spoken at PAG who had wanted to bring in rules but no legislation. It was felt that until GDC set some rules there would be a lack of clarity, however, it was thought that the GDC would not clarify as it would cause other issues. The subject of indemnity and run-on cover had been brought up many times over the years, but it was often a commercial decision. There were also concerns that young practitioners

	<p>were reluctant to seek information regarding indemnification as they were worried about possible consequences at a later date. It was queried if dental nurses were covered and they were covered, but would not get representation at the GDC.</p> <ul style="list-style-type: none"> Leicestershire –The LDC felt that they needed a complaints policy and had discussed an appeals process, which suggested that appeals from Leicester would go to Nottinghamshire LDC and visa versa and Derbyshire County would go to Derby City and visa versa. Once the policy was drafted it would be shared to the other LDCs. <p>Procurement – Twelve lots for a combined ortho/sedation and IMOS, each with a value of £1m were being tendered for. It was anticipated that not all would do IMOS all the time, but on rotation and Dr Dale felt that the contracts were too big for individuals: the ortho contract would be similar.</p> <ul style="list-style-type: none"> Nottinghamshire – There had been a discussion around marketing 3rd party services to providers. Christine Utting – There was some funding to support Peer Review: it had been suggested that practitioners be paid £100 per session attended, but £5 per practitioner per session was being offered. Funding was via claw-back. PAS Scheme – A brief discussion took place about funding for this as it had been suggested that GDPs who referred themselves should be charged gild rates: however, it was suggested that if practitioners were levy payers then this could be funded by the LDC. Dr Dale said that there were not many coming through. It was noted that Drs North, D Hannah and J Ward had undertaken a mentoring course. Lincolnshire - £3.3m had been made available to set up 3 practices, the contracts would offer services 8am – 8pm, 365 days a year. <p>There had been recruitment workshops in London to recruit staff as 60% of practices in Lincolnshire had vacancies.</p> <p>Dr Dale said that there had been issues around recruitment for PLV as the Deanery hadn't been able to process in a timely manner.</p> <p>Dr Dawett queried if associates needed to be registered with the Information Commissioners. Dr Thackery said this was only required if the associate took home patient information. It was suggested if they used a phone for work purposes that this be separate than the one used for personal use.</p> <p>It was queried if non-attendance of children with caries was a social care issue and what should be done. Discussion ensued. Dr Moore said that it was difficult as the GDP did not know if they had been seen elsewhere. Dr North felt that it was helpful if a practitioner had a relationship with the local Safeguarding team to seek advice. Dr Dale said that there was a policy regarding this in Derby and Dr Dawett asked in a policy was needed. Dr Thackery said a policy was needed as it may be a safeguarding issue and it was important to not write 'DNA' in the notes, but to note 'Child not brought to appointment'. Dr North said that he had made quite a few referrals and the parents had been appreciative.</p>
9	<p><u>Annual Dinner</u></p> <p>As in previous years it was agreed that there would be a short ordinary meeting on 11th December, followed by the LDC Christmas meal.</p> <p>Discussion followed about arranging the annual LDC meal at some point in the New Year and Fischers at Baslow had been suggested: brief discussion ensued about the value of rewarding committee members with a meal at Fischers. There was general approval as committee members were not paid to attend meetings. It was agreed to leave on agenda for discussion at next meeting.</p>

10.	<p>AOB</p> <p>There was no other business.</p>
11.	<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>30th October 11th December (followed by LDC dinner)</p> <p>2019</p> <p>29th January</p> <p><u>Education Events</u></p> <p>9th October – Medical Emergencies 6th November - Safeguarding Children and Vulnerable Adults – Level 2</p>