

## DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

### Draft Minutes of an Ordinary Meeting

<b>Date:</b>	29 <sup>th</sup> January 2019
<b>Venue:</b>	Higham Farm Hotel, Higham
<b>Members:</b>	Drs: B Dawett, , P Moore, J Morrell, O Msimango , A North (Chair), N Preston, Y Nsamba, G Savva, J Ward
	<b>Co-opted:</b> Drs: A Dale, S Thackery
	<b>In attendance:</b> Drs: D Martin
<b>1.</b>	<b>Welcome</b> Dr North welcomed everyone to the meeting.
<b>2.</b>	<b>Apologies</b> Drs:, D Hannah, S Hoyte-Allen, H Hammond, R Khatib
<b>3.</b>	<b>Declared Other Business</b> Dr Savva declared that he wished to raise membership in Advanced General Dental Surgery.
<b>4.</b>	<b>Guest Speaker Section</b> Drs Dale and Thackery reported back on the latest meetings attended, although overall the same issues were being discussed at different meetings. <ul style="list-style-type: none"><li>• There had been discussions around the DDRB. A lengthy report had been submitted by the BMA, although this only recommended on pay and it would be necessary to go back and re-negotiate on expenses. What was wanted was a meeting with the Treasury, but it hadn't been possible to even get a meeting with the Minister for Dentistry. It had been suggested to get someone from the TUC to negotiate on the profession's behalf, but the main issue was that there was a lack of cohesion amongst the profession. The general feeling was that the government didn't actually want to support NHS dentistry, but they didn't want to be seen as withdrawing from the service, preferring for GDP's to withdraw their services, thereby placing the onus on the profession for lack of services.</li><li>• One hundred and twenty-five contracts had been handed back and there was to be a tendering process for new contracts: however, there was a lack of interest in some areas. Dr North said that some practices were struggling to meet the extra UDAs.</li><li>• With flexible commissioning, it wasn't just down to achieving the UDAs, it was down to some other activities as well. Some Area Teams were more forward thinking, whereas others were not so much. There were concerns that not all the clawback would go back into the system.</li><li>• There had been discussions around the issues raised by Brexit, but there was a lack of clarity around what practitioners needed to do or what they might have difficulty</li></ul>

	<p>sourcing.</p> <ul style="list-style-type: none"> <li>• There would also be changes regarding registration for foreign dentists after Brexit. Regulators were unsure of what was going to happen and how it would affect GDPs. There were concerns that there could be issues around recruitment.</li> <li>• Eddie Crouch was advocating a 'Big Day of Action'. A survey had been circulated, but there was a general lack of engagement, although this reflected a general lack of engagement within the profession overall. It was felt that if it proved difficult to engage with and get backing from the profession, it was impossible to engage the support of the public, and the current public perception of GDPs was nor favourable.</li> <li>• There was a chance that amalgam may be phased out.</li> <li>• Capita wanted paying to enable collection of the LDC levy, without there being any guarantees that it would work. However, this only affected some LDCs.</li> <li>• The GDC would shortly be releasing the 'Moving Upstream' document looking at progress that had been made so far.</li> <li>• Part of the GDC operations was moving location to Birmingham.</li> <li>• The GDC was keen on the PAS system</li> <li>• There had been an increase in numbers of dentists reporting other dentists to the council.</li> <li>• Lots of work was being done around supporting newly qualified dentists as many were often very apprehensive in practice and scared to make mistakes. It was felt that some FDs lacked basic skills and there were concerns that this would impact on future trainees not acquiring the necessary skills.</li> <li>• There were major issues in Norther Ireland.</li> <li>• Orthodontic commissioning was a big issue: there were concerns that some groups/individuals were good at the tendering process, but when they were awarded the contracts they didn't have the staff to fulfil the contracts.</li> <li>• The CQC was still consulting on fees.</li> </ul> <p>Overall it was felt that the future of dentistry wasn't very positive, in particular the lack of engagement with younger practitioners.</p>
5.	<p><b>Minutes of the last meeting</b></p> <p>The minutes were agreed as an accurate record.</p>
6.	<p><b>Matter's arising</b></p> <p>There were no matters arising.</p>
7.	<p><b>Standing reports</b></p>
a.	<p><u>Chair's report</u></p> <p>Dr North reported that from the PAG report the ratio of cases being heard had shifted again and there were now more from Derbyshire/Notts, rather than Staffs/Shropshire as it had been previously. He felt that it would be helpful to know who was being seen and for what as the LDC might be able to help them. Dr Dale said that the letter that was sent out to the practitioner did explain that they were able to contact their local LDC.</p> <p>Dr North said that he was having to step down from the PLDP. They wanted 2/3 attendees from North Midlands and it wasn't an onerous meeting and it was an opportunity to meet GMPs. If anyone was interested in attending they should e-mail him.</p> <p>The LDC chairs meeting was taking place tomorrow, bur Dr North felt that it wasn't a particularly good use of time as it was about the Deanery telling the Chairs what they</p>

	wanted them to do. Dr Dale said that he was attending.
<b>b.</b>	<u>Secretary's report</u> Dr Moore had circulated all relevant information and there was nothing further to report.
<b>c.</b>	<u>Treasurer's report</u> Dr Ward reported that the LDC continued to be very financially stable, and there had been no courses to fund lately and few expenses to pay out.
<b>d.</b>	<u>LDC website and CPD courses</u> Dr Khatib had sent his apologies to the meeting. Brief discussion ensued about the expenses paid out for the website and if this was representative of charges for similar services. The consensus was that this was about average for the work undertaken and represented good value for money.
<b>e</b>	<u>DFT</u> There was no report received for this.
<b>8.</b>	<b>Tabled reports</b>
<b>a.</b>	<u>NHSE/LAT</u> There was no report at this time.
<b>b.</b>	<u>PAG</u> This had been discussed previously.
<b>c.</b>	<u>LPN</u> Dr Moore was the only GDP present. <ul style="list-style-type: none"> <li>• Catriona Petersen was producing a dental newsletter and wanted LDCs to contribute.</li> <li>• Two new chairs had been appointed.</li> <li>• Concerns had been expressed regarding patients with poly-pharmacological needs. Jane Temple would like to arrange a lecture to cover this. Dr Moore had said he would bring this to the LDC and the group agreed it would be useful. Dr Moore would discuss with Dr Khatib.</li> <li>• There had been a presentation on dementia.</li> <li>• There had been problems with the organisation of HEE and now they were reviewing re-organising the clinical staff.</li> </ul>
<b>d.</b>	<u>East Midlands Liaison</u> <ul style="list-style-type: none"> <li>• Leicester - looking at training package for PAS. This would be a cross-borders regional scheme.</li> <li>• Lincs - a £3.5m project to provide new services. The Area Team was paying a recruitment agency to go to Poland to recruit dentists as Lincolnshire had major problems with recruitment.</li> <li>• Notts - Were subsidising training courses by £200 per practice and had approved 3</li> </ul>

	<p>companies to provide this. There had been an issue around indemnity, but this had been resolved. They had run a course on anterior/posterior composites which had proved popular and had been very well attended. Dr Moore suggested that this might be a useful course to run in Derbyshire. Notts had also set up a new website.</p> <ul style="list-style-type: none"> <li>• Derby City – There were now only 5 members in the LDC. There had been talk of merging with Derbyshire County LDC, but they had been reluctant to do so.</li> </ul>
9	<p><u>Annual Dinner</u></p> <p>This had been booked at Fischers' in Baslow for 15<sup>th</sup> March and the menus had been sent out.</p> <p>Discussion followed about whether this was an appropriate venue due to the cost. It was felt that the cost was excessive and a different venue would be looked at and menus sent out.</p>
10.	<p><u>Practice-Based Research</u></p> <p>Recently 10 priorities had been identified as a result of a collaboration between NIHR Clinical Research Network Oral and Dental Health Specialty Group, Dental Schools Council and Public Health England to identify unanswered questions relating to oral and dental health research from a patient, public and clinical perspective.</p> <p>10 priorities had been identified although these were umbrella headings:</p> <ol style="list-style-type: none"> <li>1. What is the best way to prevent tooth decay, and reduce oral health inequalities at a community or population level?</li> <li>2. How can access to dental services be improved for the general public?</li> <li>3. What are the most effective ways of increasing early detection/diagnosis of oral cancer?</li> <li>4. How can access to dental services be improved for people with additional needs?</li> <li>5. How can dental health professionals work with other health professionals to help improve oral health?</li> <li>6. How can basic oral hygiene be achieved for people with additional care needs?</li> <li>7. How to improve communication between dental teams and patients/carers?</li> <li>8. Is there a role for dental health professionals in treating oral health problems to improve general health?</li> <li>9. What is the best way to prevent gum disease, and reduce oral health inequalities at a community or population level?</li> <li>10. What role do digital technologies play in the provision of dental care?</li> </ol> <p>Dr Dawett reported that there were a couple of different studies that it was wanted GDPs to get participate in, as the studies made a difference and would help shape recommendations to NICE. Dr Dawett had an e-mail outlining all this and practices would be funded for participating. Dr Moore said it would be possible to e-mail to practitioners and Dr Ward said that he had been promised a full list of all NHS practitioners and their e-mails.</p> <p>Dr Dawett said that anyone who wanted to participate should contact him, and it was important to get NHS participants.</p>
11.	<p><u>AOB</u></p> <p>Dr Savva wanted to raise awareness about membership in Advanced General Dental Surgery. He wanted to promote this to young practitioners to help them gain confidence.</p> <p>The Committee agreed to support this and suggested forwarding the details to Dr Khatib for putting on the website.</p>

<b>11.</b>	<b>Date, Time &amp; Venue of Next Meetings</b>  <b>2019 – 7.30pm start</b> 19 <sup>th</sup> March 30 <sup>th</sup> April – AGM  <b>Education Events – 7pm start</b> 7 <sup>th</sup> May – 4-handed dentistry Prevention is better than cure 28 <sup>th</sup> May – Infection control in dental practice 11 <sup>th</sup> June – Repeat of above
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