

MINUTES

JOINT HEALTH SCRUTINY COMMITTEE
9th December 2014 at 10.15am

Nottinghamshire County Councillors

Councillor P Tsimbiridis (Chair)
Councillor P Allan
Councillor R Butler
Councillor J Clarke
Councillor Dr J Doddy
Councillor C Harwood
Councillor J Handley
Councillor J Williams

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
A Councillor M Aslam
A Councillor A Choudhry
A Councillor E Campbell
Councillor C Jones
Councillor T Molife
Councillor E Morley
Councillor B Parbutt

Also In Attendance

Dr Doug Black – NHS England
Julie Brailsford - Nottinghamshire County Council
Ash Canavan - NHS England
Jane Garrard - Nottingham City Council
Martin Gately - Nottinghamshire County Council
Councillor D Langton - Member for Mansfield West
Vanessa MacGregor – Public Health England
David Spencer - Public Health England
Julie Theaker – NHS England

MINUTES

The minutes of the last meeting held on 7th October 2014, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor M Aslam, Councillor E Campbell and Councillor A Choudry.

DECLARATIONS OF INTERESTS

Councillor G Klein and Councillor B Parbutt declared a private interest on agenda item 5, Daybrook Dental Practice – Apparent Breach of Infection Control.

OUT OF HOURS DENTAL SERVICES

Julie Theaker (JS), Contract Manager Dental and Optometry, Derbyshire and Nottinghamshire Area Team, NHS England gave a briefing on Out of Hours Dental Services in Nottingham and Nottinghamshire. JS also informed the committee that £220,000 funding had been secured to help with the increased demand for out of hours dental services and that working groups had been set up within the CCG's and 111 services to decide where the additional dental services were most needed.

Following the briefing the additional information was provided in response to questions:-

- It was crucial for patients to have clear direction as to where they should go if they required emergency dental treatment. Out of hours emergency dental patients should contact the 111 service for advice, a dental triage nurse had been put in to 111 services on a trial basis to help with the increased demand.
- Accident and Emergency (A&E), 111 and GP's all picked up dental emergencies, with some patients being advised to see their GP for pain relief after receiving dental treatment.
- Information on dental websites belonged to the individual dental practice and was therefore not monitored. NHS England relied on members of the public informing them of incorrect information on websites. The committee felt that monitoring should be done but with 248 dental practices in the area there were insufficient resources to do this.
- Patient's registration at dental practices had not existed since 2006, although there was a pilot scheme to bring this back. Dental practices only had a responsibility to treat a patient that they had seen within the past two months. There was no monitoring of the number of patients attending A&E who did not attend a dentist on a regular basis.
- Patients were not attending dental appointments on a regular basis due to the cost; they would choose to attend the GP or Accident & Emergency department where they received free treatment. NHS dentists had three charge bands and posters detailing the fees were displayed in each practice. Information for patients regarding financial help with the cost of dental treatment was available on the website or from the dental practise. Private and NHS treatments could be mixed by a patient if requested.

- There was a need for dental services to be bought closer to other NHS services as dental emergencies were clogging A&E. Additional funding for dental services was also required. There was ongoing work with schools and nurseries to promote dental hygiene to the under 5's. Also, a mobile dental unit linked with the public health teams was currently out in the area of St Ann's.
- The promotion of NHS Dentistry and encouraging people to use dental services was an ongoing issue. Adverts promoting dental services were in trams, buses, newspapers, cinema, 111 service and in addition a monthly access survey was currently being done.

The committee requested that a letter be sent to the Secretary for Health detailing the committee's concerns regarding emergency dental needs and the impact on our services in Nottingham and Nottinghamshire.

DAYBROOK DENTAL PRACTICE – APPARENT BREACH OF INFECTION CONTROL

Dr Doug Black, Medical Director for NHS England, Notts & Derby gave a briefing on the recall of Nottinghamshire dental patients following the apparent breach of infection control procedures at Daybrook Dental Practice.

Following the briefing the additional information was provided in response to questions:-

- Prior to the press release a briefing note was sent to all dentists and GP's so they could point patients in the right direction for help.
- Concern was expressed by the committee that this issue had taken so long to be exposed. Why had it not been noticed by the dental nurses at the practise or the practise manager? NHS England undertook quality visits but did not regulate dental nurses.
- Why was the amount of money accruing for Mr D'Mello not monitored? The practice had previously been under investigation but Mr D'Mello was not a single practice and there was no contractual lever to adjust the amount being paid.
- Some patients may already have had the blood borne infections being tested for and any new positive results would need to be discussed to establish how the patient had contracted the infection. Patients were asked to complete a medical information form when attending a dental surgery and it was personal responsibility to inform the dentist of any blood borne conditions.
- Dental practices do not have any record of patient's illnesses or medication that they take; this raised a broader issue of information sharing between GP's and dentists.
- Currently the sum of £500,000 was being spent on dealing with this issue and any compensation claims resulting from it. This figure was based on contracts

with current providers. It was debatable how the cost will be recouped and the lawyers at NHS England would be considering this.

- The Care Quality Commission (CQC) was the independent regulator of all health and social care services in England, Dr Black would look at the CQC inspection of dental practices in 2013. The profile of hygiene control at dental practices was very high; patients were questioning dentists following this incident.
- Further publicity to reach more of Mr D'Mello's former patients would be in the form of a 'dear household' letter sent to all houses in the vicinity of the practice as well as press coverage.
- The committee praised the professionalism of the staff in the clinic where patients of Mr D'Mello were invited to attend for a blood test.
- There would be a formal report at the end of the project that would include the lessons learnt. It would always feel like the exercise was incomplete as they would never be able to contact all of the patients concerned. There would be a detailed evaluation exercise taking place in the New Year as this was a unique situation. This had been a successful example of whistleblowing and social media had aided this.

ROYAL COLLEGE OF NURSING

Ms Marie Hannah, Royal College of Nursing Regional Officer for Nottinghamshire and Derbyshire gave a briefing on the issues that nurses currently faced.

Following the briefing the additional information was provided in response to questions:-

- The number of District Nurses (DN) in the East Midlands had decreased by 45% between 2010 and 2013, but patient need had not. Urgent investment in this area was required as patients were being moved in to the community and this was where nursing skills were most needed.
- Overall nurses' morale was very low and there was an increasing rate of sickness absence. There may be over 120 patients in one DN caseload and in addition required to help with other clinics and triage. In a recent survey 4 in 10 nurses said they would leave the job if they could. District nurses were a Band 7 pay grade and required specialist training. It was getting increasingly difficult to recruit nurses with the required skill set to vacant posts.
- Community nursing had been fragmented between various bodies and a leadership team was required to oversee this. Experienced nurses, good strong role models who have the initiatives and the ideas to develop local leadership and to oversee joint working.
- In the past year and a half there had been an increase in nurses from Europe for acute medicine care but not for primary care.

Following the question and answer session the committee requested that a letter be sent to the Chair of the Local Government Association to highlight the nursing crisis and get this problem on the agenda at a higher level.

The committee asked Ms Hannah to return to the committee in a years' time.

During the above agenda item, at 12.00pm, Councillor C Jones left the meeting.

WORK PROGRAMME

The contents of the Work Programme were noted.

The meeting closed at 12.30pm.

Chairman