West Sussex Local Dental Committee Meeting

Meeting Held On:
Wednesday 14th September 2016 at 6.30pm
at the Roundabout Hotel, West Chillington

MINUTES

Apologies, Attendees and Welcome

Attendees:
T. Hancock, A.Tarnowski, M.Botha, A. Pitchforth, E. Lazanakis, G. Billis, P. Patel, D. Bryan, M. O'Hara, S. Quelch, K. Boles, R. Walker,

Apologies: M. Green, P. Mellings, J. Parry.

Minutes of the Previous Meeting

The minutes of the previous meeting were approved.

Matters Arising

1. Communication Forum

- T. Hancock (TH) wrote to Key Stakeholders (LAT/ HEKSS) to enquire about attendance at our proposed Communication Forum and unfortunately no enthusiasm was received. A. Tarnowski (AT) and TH discussed this and decided there is little benefit to proceed with the forum with the absence of the Key Stakeholders so it has been concluded to cease with this forum indefinitely.
- AT highlighted that the Challenges Conference and DCQAP meetings are other opportunities for discussions, and information from these are reported back to the main meetings.
- A greater effort could be made to invite wider stakeholders including the LOSSER and HEEKSS as well as our consultant from Oral Surgeons, Orthodontists and Special Care & Pediatric Dentistry representatives who already attend our main LDC meetings.
- The rest of the committee agreed with this decision.
- TB highlighted that Annie Godden is not keen to attend our LDC meetings.

2**. PASS - Littlehampton Practice**

- M. O'Hara (MO) has kindly been helping a practice owner in Littlehampton who has run into difficulties.
- The provider ran into problems a few years ago and was visited by M. Botha (MB). The provider took on associates but they unfortunately let him down. Subsequently he was not on track to achieve his NHS contract. The LAT helped by reducing the contract.
- The main issue is that the owner has not been paid from the health board (DPB) and will not receive further monies due to clawback and the reduction in the UDAs.
- The practice owner, being helped by MO, is hoping that repayments will be spread out over a longer period of time to aid cash flow. The practice otherwise in good care and condition.
- MO and MB believe the cause is simply a mismanagement from the practice owner.

- The provider was invited to get an accountant but requests have been ignored. MB has helped with drafting a letter back to the LAT and informing the provider to obtain an accountant. The LAT will not assist if the provider is not pro-active. The provider needs to base a proposal to the LAT based on the current performance.
- His options are to obtain a partner, sell the practice or actively get an associate to perform the contract.
- MB highlighted that currently this is a huge risk to the tax-payer.

3**. PASS - Crawley Practice**

- A. Pitchforth (AP) has been assisting a provider in Crawley who has undergone some medical problems which unfortunately has lead to her suspension from the GDC and inability to perform her NHS contract. This has resulted in the practice being closed on a permanent basis.
- The provider is now under supervised medical care and is receiving suspension pay from the LAT with help from the Ben Fund.
- Support is being provided as and when the provider requests it.
- MB pointed out the provider is receiving the best care possible.
- AP highlighted that the LAT are helping the provider too.

4**. Endodontic Referrals**

- TH wrote to N Vaid requesting information on what is being accepted through Rego/ Triage for Endodontic referrals.
- N Vaid (NV) advised that he is currently waiting for national guidance but whilst waiting he is using draft guidance from the Royal College.
- MB highlighted that NV was given backdated referrals. He subsequently asked RMS (Bridget) about what form of triage guidance was used and was informed that no guidelines were used. NV subsequently went to higher authority and thus was told to use draft national guidelines which accepts the shortened dental arch.
- MB advised that we should write to NHS England and inform them of the criteria and guidelines we wish to use, as we have been doing so in the past. AT reported that the LAT informed us that it was supposed to be “business as usual” until new guidelines were published.
- AT will give a copy of her Endodontic DwSPi contract to TH who will in turn contact NHS England to inform them that we should run with this contract until such time as national guidelines are produced.
- Currently Prof Brian Millar has not been given any guidelines for triaging and he is currently triaging for us.
- AT attended a Dental LPD core event and was informed that the restorative commissioning guide has not progressed beyond the gateway stage. It will thus need amending but will not be with us anytime soon.
- With regard to endodontic triage GB highlight that there are missing elements from draft guidance including diagnostics and how to judge from a radiograph a sclerosed canal, as an example. When a case is rejected, he would like to know from a GDC and legal viewpoint who is going to cover the GDP for possibly having to attempt a procedure outside their level of skill or comfort zone.

5**. LDC/ LMC Relations**

- A letter was received from GDPC informing us to engage with doctors concerning dental matters, such as patients visiting them out of hours or trying to obtain antibiotics/ referrals without having to see a dentist and thus incur a patient charge.
- TH emailed Richard Brown who then referred the email to Jerry Luke who invited TH to attend a meeting in October to give a rundown on dentistry, contracts, EDS, seeing patients/ registration (misconceptions) and how we can help doctors (GPs) seeing patients. This will be a one-off meeting and not a regular commitment.
- P Patel (PP) mentioned that NHS 111 is causing problems at EDS by providing incorrect information to them. This is an ongoing dispute.

- Drs (GPs) have been given information on not prescribing antibiotics or fluoride containing tooth-paste to their patients.

6**. DCQAP Update**

- The meeting was affected by the summer annual leave of J Graham and C Young so many items in the agenda were not discussed.
  1. Practice Visit Checklist - The new draft will include nurses' indemnity cover. Hopefully it will be finalised next week and circulated to all members.
  2. DPAs will be included in the circulation of LDN minutes.
  3. Dentist References - Following an incident with poor dentist's references provision and check, the Southern Dental and mydentist/ IDH have now developed a recruitment policy that was re-viewed during the meeting. The one developed by mydentist/ IDH is really comprehensive and it was suggested J Graham to ask them to allow the draft policy to be used by the LDCs members - uploaded in the website.
  Recruitment policy should follow the contractual obligation; separate policies for clinical and non-clinical; two clinical references for dentist and checks on GDC list at the time.
  4. Inlays - Practice investigation regarding the provision of excessive amount of inlays that found not to have the required level of gold. The provider has been asked to carry out self audit of inlay provision at the practice with relevant claims being withdrawn. If the provider refuses to do so, the practice will be charged for the people who will be doing it.
  With this chance, it was discussed the need for review of the level of gold content in inlays regulation but this is an issue that the BDA should consider.
  5. Endodontic Tx - Complaint raised against provider in relation to endodontic treatment and the provider "misleading" patients regarding availability of this treatment. PAG had asked what action DCQAP would be taking in relation to the failure of mandatory services. However DCQAP would like a response from the provider as to why the patient was not offered an NHS option following this complaint in order that DCQAP can consider whether the provider is in breach. DCQAP are mindful that the practice endodontic rate is low on the DAF information and the concern is that this may not be an isolated case.
  6. Record retention requirements - Information will be gathered from all related bodies (GDC etc) regarding the requirement on record retention in order to create guidance.
  7. Record Card Review is ongoing for several practices and in one case all performers will be re-ferred to PAG.
  Contractual action will not be taken until the PAG's decision is known and the report is send to provider for comments.
  8. Volunteer practice close - DCQAP considered that the practice should voluntarily close due to the number of outstanding PV actions. The provider should be advised that failure to comply would result in further contractual action and referral to the GDC.
  9. IR(ME)R clarification - Letter will be send to GDC to confirm what is acceptable in relation to IR(ME)R CPD. The letter should also be send to DDU, DPL and also HSE for confirmation of their understanding.
  10. Practice Maps (Procurement) - The first draft of the OHNA had been received which was cur-rently high level. Once completed, it would be for the LDNs to make suggestions for procure-ment, which would be ratified by DCQAP and then agreed by SMT.
  11. Case of underperformance and repayment in West Sussex- The provider is failing to give the correct accounts and was advised to approach a chartered/certified accountant who will provide a repayment proposal to include all details of the management of the current repayment offer within this financial year and if extended period requested, provide an alternative proposal to en-sure the practice remains viable. Should also include the possible reduction of the contract within these proposals. Also to contact the LDC. --NO FURTHER DEVELOPMENTS
  12. Brighton Endodontic Service comparison of services funding - Significant difference between West Sussex and Brighton and Hove endodontic contracts. The view is to bring them into line. It was made clear by me and supported by Tim Hogan that the current prices for the West Sussex are too low, considering the expenses of carrying out such Tx, and could compromise the quality of the service. An uplift will be considered.
  13. Practice relocation / two cases - One in Surrey was not approved due to distance and possi-ble destabilization of NHS dental service in the area. The other in Kent was approved as in-

creases access and serves better the wider area.
14. Urgent Volunteer practice closure in West sussex- Following a CQC inspection, there were found serious infection control issues. The area team was notified with a letter and there are concern as there is poor communication between CQC and the NHS Area Team.

7**. PAG Update - Learning Line Initiative**

- Shab Shabir (SS) has come up with reflection from PAG.
- The trend of performers going through PAG is mainly due to poorly prescribing antibiotics.
- SS is proposing that we a learning line is setup to help train the dentists via a newsletter and whats hot at the moment so you are aware of this. SS is working on this and hopes to take this forward.

NHS England South (South East) Update (MB)

- MB reports lots of complaints to deal with. Rather than patients complaining to the practice first, often they complain to NHS England in the first instance.
- S. Quelch (SQ) highlighted that for most corporates, they do not share the complaint with the performer, especially if the performer moves onto a different practice.

Secretary's Report (AT)

Core Training Day Update
- This will take place on Thursday 24th November in Worthing Health Education Centre.
- All places have now gone. We are expecting a 10% drop off on the day.
- Sponsors are progressing - £2000 worth of sponsorship has been secured.
- TH is going to lead the day.

LPN and MCNS
- The MCN and LPN structure is changing - Mark Johnson the Chair in Kent, Brett the Chair in Surrey and Sussex.
- We are part of Surrey and Sussex. Kent has 1 LPN and 1 LDC. Surrey and Sussex - our pathways are different and there is an LPN for West Sussex, East Sussex and Surrey and they all have different pathways.
- In the core group there will be the two chairs and one LDC rep along with a HEKSS rep and one Dental Public Health Consultant together with a Health Watch Rep (Patient Representative Group). Interest expressed for Julian Unter of Kent LDC to form part of the group. An addition clinician to be appointed by NHS England is being considered, these new structures are evolving and subject to change.

Challenges Conference
- Invitation received. AT to represent us.
- On the 5th October in Redhill.

Treasurer's Report

- MB is trying to calculate the LDC Levy. Currently at £10/ performer. Collected across Surrey and Sussex. However it is impossible to determine how many performers per area. MB still waiting to get this information from J Graham.
- Exec committee agreed to continue funding for GB to attend DCQAP meetings due to its importance. This will continue for 6 months and then reviewed thereafter for its effectiveness. Possibly could share this attendance on a rotational basis with the other LDCs.
- AT highlighted that the sponsorship received will not cover the full cost of the core day so funds will be required.

GDPC Report
- Meeting next month and a report will be published on the website.

Channel Report

- Next meeting is in October.
- The Public Health Dental Locum Consultant will do our oral health needs assessment for our patch. PP to meet her in two weeks. This consultant has been shadowing Annie.
- Occupational Health is changing - a procurement is out for dentists and their staff. The procumbent process will not be done by NHS England but by County Councils from next year.

Any Other Business

- TH emailed Sara Hurley inviting her to our Core Day but she cannot come. Additionally, various higher levels at IDH cannot attend.

- The Associate Dean - Lawrence Mudford or Steven Lambert Humble will attend our next LDC exec to speak about using funding held by LDC's.

- AT reports that Mouth Care Matters is doing well and is being rolled out across KSS the lead is Milli Doshi.

- R Walker has advised that more courses concerning the Index of Orthodontic Treatment Need is being run. TH received an email asking if we need further courses - TH to email to state that in West Sussex our training needs are covered.

- TH to take to Channel an email sent to providers asking them to register their interest in a future procurement. Some providers (e.g. K Boles) did not receive the email.

- Future meeting dates have been agreed with the Exec and are on the website.

- EL highlighted that the website is look dated and if money becomes available then this should be spent on a new website to include a mailing/ subscribe function to enable wider dissemination of information.
- MO has offered to launch a Facebook page in the meantime.
- EL advised that March 15/16 accounts are missing from the site. MB to send to EL to upload onto the site.

- RW reported that orthodontic specialists cannot refer to secondary care via DERS. Steve Walsh (SW) still not doing primary care specialist care - non-engagement from NHS England.

- PP reported that CDS is not on DERS yet to receive referrals but they refer out via DERS.

- MO highlighted that when referrals received back from DERS, no radiographs can be attached but sometimes this information (i..e post completion end radiograph) is important. MO to email J Graham.

Date and Venue of the Next Meeting

The next full meeting is on Thursday 24th November 2016 at our Core Day in Worthing.

Exec 4.30 pm	LDC Main 6.30 pm
Wed 12th October	Thursday 24th November
Wed 7th December	