West Sussex Local Dental Committee Meeting

Meeting Held On:
Wednesday 15th June 2016 at 6.30pm
at the Roundabout Hotel, West Chiltington

MINUTES

Apologies, Attendees and Welcome

Attendees:
T. Hancock, A.Tarnowski, M.Botha, A. Pitchforth, E. Lazanakis, G. Billis, P. Patel,, D. Bryan, C.Hallworth, M. Green, J. Clark, F. Banki, A. Patel, S. Walsh.

Apologies: M. O'Hara, R. Walker, K. Boles, B. Okeze.

Guests Welcomed: S. Quelch.

Minutes of the Previous Meeting

The minutes of the previous meeting were approved.

Matters Arising

1. Orthodontic Procurement

- T. Hancock (TH) discussed the orthodontic transitional arrangement KPIs (Key Performance Indicators) with NHS England south, south east are using as ongoing monitoring of Primary Care Orthodontic Contracts.
- Some orthodontic practices want to keep seeing new patients to satisfy the KPIs even though they will struggle with this due to their treatment waiting lists, some being in the region of 2 years.
- TH asked the question if these KPIs were unfair or fit for purpose and should they be challenged?
- D Bryan (DB) believes these KPIs are unfair and certainly not fit for purpose. They have been introduced by NHS England south, south east based on transitional policy.
- Originally Cherie Young (CY) advised orthodontist that the purpose of the KPIs is purely for data collection but DB reports the KPIs are being used to manage the orthodontic contracts. There is concern amongst the contract holders that when it comes to procurement, these scores will adversely affect them.
- For the orthodontists, it is difficult to control KPIs.
- Richard Jones (RJ) chairs the Orthodontic MCN for West Sussex. TH will liaise with RJ to raise this concern, as well as discuss the matter with Annie Godden at the upcoming channel meeting.

2. LDC Conference in Manchester

- A.Tarnowski (AT) and A. Pitchforth (AP) attended as our LDC Representatives. Apologises from G. Billis (GB). TH attended representing GDPC.

- The report is on the website.
- AT delivered our two motions; both which were carried.
- Prof Sara Hurley explained that the reformed contract could be implemented as late as 2022 (GDPC believes 2018-19), and that they may become time-limited.

3**. Anti-Microbial Stewardship and Prescribing Changes Awareness**

- GB reported that a course is being run in Kent by Wendy Thompson on the 28th June. Tim Hogan (Chair of Kent LDC) is promoting it. It is free to attend.
- The intention is that it will grow and expand over the next few years.
- If you wish to attend, then please contact TH or GB.
- The course will discuss antimicrobial resistance and how to prescribe antibiotics safely and effectively.
- TH promoted to all members, to pass onto GDPs, the Scottish Dental Clinical Effectiveness Prescribing App (available on phones and tablets). It gives you the disease subcategories and an up-to-date method of prescribing. E. Lazankis (EL) to put this link on the website.
- TH additionally advised that there is a NICE Antimicrobial Stewardship Online Tutorial (30 mins) which produces a certificate for completion.
- AT advised that E-Learning currently delivers a free online prescribing course but it is very basic in nature.

4**. DCQAP Update (GB)**

- The Practice Visit Check List has been updated. It is divided into two parts; Part A for DPAs and Part B for Contract Leads. This is on our website.
- Medicines Management team to forward the Patient Group Directive advice to all providers and include on the LDC websites. This is mostly related to dental hygienists and dental therapists regarding the administration of local anaesthetics and supply of fluoride preparations directly to patients.
- Contractual information on practices opening hours to be available on a data base and the practices to be checked to see if they are compliant.
- Antimicrobial Prescribing course – Tim Hogan (Kent) will email details through to Jill Graham (JG) for distribution to the DPAs.
- DPA: The newly recruited four will have an induction on 2nd July and they will undergo a calibration procedure.
- PAG: There have been found cases where inlays did not contain the minimum 60% gold. Prompt to check the lab's registration and have the necessary paperwork/ warrantee from the lab. There are concerns that some laboratories send abroad/ Chinese dental work.
- A case where a practice changes from Ltd to incorporation and there are new directors, the new directors will be checked and interviewed. This will be the standard procedure.
- Following a case in Surrey where the practice owners ignored and made difficult to provide requested information, they are now considering to issue a remedial notice as a standard procedure.
- A case again in Surrey where the practice was operating without having hot water, nor any handwashing signs in surgeries or in the toilets. They considered termination but they asked them to voluntarily stop seeing patients in the first place. The CQC was notified as part of the procedure.
- Practices with a PDS contract for Orthodontics that asked to add a second name in the contract may have their contract renegotiated offering the National average of £56/ UOA.
- AT reported that whatever is due to happen to Orthodontists (i.e. UOA negotiation down to a standard national £56 and time limitation of contracts) is likely to occur with GDS contracts in the future.

5**. PAG Update**

- TH currently attends PAG on rotation with Julian Unter (Kent) and Robert Seath (E Sussex).
- S. Quelch (SQ) is officially one of the new dental advisors and will be focusing on PAG and PLDP; the other 3 newly appointed advisors will focus more on contract monitoring.

- PAG meetings are now once a month, due to current case load.
- Currently West Sussex does not have any representation on PLDP.
- Once a performer finds themselves within PAG, it is difficult to come off. TH tries to promote a common sense perspective.
- If a performer is on PAG they can be moved onto PLDP and they have the powers to remove you from the performers list.

NHS England South (South East) Update (MB)

- MB reports lots of complaints to deal with.
- Focus for practice visits is Surrey. In West Sussex, you may only receive a practice visit if the practice opts to perform Foundation Training or there are serious concerns which have been raised.
- The intention is in coming year or so that all practices in Surrey will be inspected. They have started with the ones that performed poorly in the questionnaires sent to them.
- SQ reported that there are currently no dental advisors in Hampshire and thus no inspections. They run a difference format of contract monitoring/performance.
- MB reports that over the years compliance with practice inspections has improved vastly and thus he feels there is value in doing them.

Secretary's Report (AT)

Core Training Day Update
- This will take place on Thursday 24th November in Worthing Health Education Centre.
- The following speakers have been confirmed:
    - M Doshi - Safeguarding
    - S Quelch - Consent
    - AJ Ray-Chaudhuri - Treatment Planning for the Older Patient.
    - TH - LDC annual update
    - MaxFax Consultants (S Walsh) - Medical Risk Assessment.
- Focus is on the older person.
- HEKSS is on board now.
- Hoping to get the DEBS booking soon.
- Sponsors are progressing - hoping to have 8 in total.
- Prof S Lamber-Humble today sent an email informing AT that the older persons project is currently on hold until contract amendment/ reform.
- He is currently working on a process of Oral Health Apprenticeships.
- AT and C Hallworth (CH) both have an oral health promotion children club at their practice.

LPN
- AT was unable to attend since being at the LDC Annual Conference
- The new LPN chair advert went out and B Duane applied.
- P Patel reported that she believes B Duane has been appointed with Mark Johnstone being appointed in Kent.
- B Duane currently lives in Ireland. S Walsh concerned that this is quite far (not particular 'local' for his role).
- The position for the Public Health Consultant post has yet to be filled.

MCNs
- Currently all West Sussex MCNs lack direction of funding.
- Commissioning guides have been published but are being challenged on a national basis.
- SW would like to be informed if anyone hears of an MCN in Oral Surgery.

Special Care and Paediatric Dentistry MCN
- At attended following a request from the MCN which spans KSS to have a LDC representative on the group.
- Her notes that follow are what she considered to be most relevant to us in primary care:

The terms of reference have been drafted from these the 2 sections of particular note are;

4. Desired outcomes of the MCN's work:

- *Increased "right first time" referrals with reduced rates of inappropriate referrals and increased efficiency and speed of processing*
- *Improved information on service coverage of population groups unable to actively seek out and make use of services.*
- *Improved ability to manage cases requiring non-specialist care in GDS*
- *Proactive engagement with commissioners and the LPNs regarding SCD and PD provision*
- *Provision of advice on the implementation of systems to improve service quality including clinical outcome measures and guideline documents with relevance to SCD and PD*
- *Provision of advice to Health Education England, regarding postgraduate training and CPD in SCD and PD*

10.0 Overall objectives.

10.1 Implement local SCD and PD care pathways based on national models.

10.2 Achieve local dissemination of referral systems and acceptance criteria to all referrers.

10.3 Have a quality assurance programme

10.4 Have a clear policy on disseminating information to patients

10.5 Develop means of disseminating knowledge based information and clinical problem solving to GDPs including web based materials and training programme in conjunction with Health Education

10.4 To develop a strategy for SCD and PD services promotion to other relevant NHS and social care providers and patient organisations.

10.5 To develop the capability of proving routine referrals intelligence information on all SC and PD referrals to enable identification of outliers and remedial action plans.

Paediatric Dentistry MCN is currently part of SCD its own commissioning guide and pathways are yet to be published, it was discussed that there is a difference between these specialities and that it should always be made clear which specialty documents, guidance etc are referring too and that it may need to be different.

Vantage DERS

David Ezra (DE) attended and requested feedback / input on patient factors affecting referral for SCD and for also for restorative pathways. It was suggested that it would be useful to have directory of services available from each provider. The CDS/SCD and Paediatric service across KSS are different across the geography of each region this is dependent on historical contracts, staff, clinics and other resources. Kent LDC had a directory of referrals, DER's itself ultimately will be able to deliver this.

Trauma pathway

A work stream has commenced by JP on what might be regarded as basic competence level for treatment of trauma and what might be level 2 /3 work as a consideration for a trauma pathway on DER's. At this early stage of developing the pathway emergency treatment, subluxation and uncomplicated # would be a basic requirement, additional competencies for best outcome included; complicated #, root and crown #, post emergency follow up. Significant additional competencies may be required for post avulsion/ luxation, endodontic management of immature permanent incisors and multiple injured teeth.

PREM's and Proms

PS has started work on PREM's and Proms but requested guidance from NHS England as to what they wanted .The OHIP (Oral Health Impact Profile) was discussed a validated measurement of patient reported outcomes and whether it was appropriate for SC and/or paediatric patient groups.

In terms of patient reported experience measures there is wealth of information gather from service uses both through friends and family tests and pat surveys, it may be possible for DER's to also collect/ collate this data in the future.

The MCN was directed to the Kings fund for a process called experience based co-design which is a generic models that can help service involve users to improve quality. http://www.kingsfund.org.uk/projects/ebcd
AT raised whether the voice of refers into the system was being looked at as part of measures of outcome, currently it wasn't. There articles on what refers want from a service and what factors affect their use of a service and AT offered to review these and bring them to the next meeting.

LPN;
S& SDLPN Chair BD was on speaker to advice and input on DER's, he has applied for the Dental LPN chair for both Kent and Surrey & Sussex.

Research;
A research project has been commenced by R. Emmanuel (RE) on what facilities are thought of as essential/ desirable for SCD provision and these were discussed along with the variation in what was available for bariatric care currently in KSS.

JP (J Parry) involved in research network and funding guidance may be available for dentist to access in the future.

Sedation
A sedation needs assessment has been completed and was circulated in draft form though decision on sedation are all on hold while the RCS guidelines are reviewed for practical implementation by the Scottish intercollegiate guidelines network.

AOB
Following our discussions at Channel AT raised the issue around referral being triaged harshly in the West Surrey region and the different experience from the services in Hampshire and East Surrey. Shelley Oliver Clinical Lead @ Virgin Care clarified that the service had to apply its acceptance criteria a few years ago and that she attends the Surrey LDC meetings and was surprised clarification was needed, though she also highlighted that a lack of sedation services in the area is often raised as a problem for referrer's.

Treasurer's Report

- MB is trying to calculate the LDC Levy. Currently at £10/ performer/month. Collected across Surrey and Sussex. However it is impossible to determine how many performers per area. In May, MB was able to get this information from J Graham.
- In some practices the Stat Levy was only collected for some performers. NHS BSA are looking into this because we are a little short at the moment.
- We are letting this new Stat Levy run for 6 months to see how it works.
- We need approx £53k to run the LDC. We will be short according to Matt's calculation.
- The previous year's accounts are back from the accountant.
- £600 has been donated to Channel again.

GDPC Report

- On the LDC website.
- PP reported that on SOE if your service codes have not been correctly programmed, then the DMFT scores being submitted will be incorrect. Thus providers need to check these and update accordingly.

Channel Report

- TH and EL will be attending on 27th June on behalf of West Sussex
- AT also attends the meetings as LPN rep.
- Report is on the website.

- AT reported concerns about Oral Health Promotion and that when commissioning changes next year, funding will be given to local councils to use for something else or re-commission it.
- West Sussex Local Authority have no idea that the funding is coming to them.

Any Other Business

- TH reported that there is a Stat Levy payer in West Sussex who works 1-2 days/ year but still pays £10/ month Levy. They are questioning if they can stop paying. The answer is that as a provider they cannot opt out, but the performer can negotiate with the provider local resolutions.
- JP has released a statement asking for expressions of interest of practices (and/ or GDPS) being involved in research. The practice maybe eligible for funding. This will be put on the website. TH asked SQ if it would be a good idea for DFT2's to get involved. SQ believe this to be a good idea.
- CH reported that through DERS, referrals are coming back from MOS providers requesting DPTs but CH (amongst many other practices) do not have a DPT machine. MB and SW suggested uploading a picture text stating that you do not have the facilities to take a DPT and do not wish to unnecessarily expose the patient to have a LCPA which will give no clinical value.
- CH asked SW if there was still a MOS service at Chichester Hospital. SW stated as yet no, due to a breach of contract. However this is likely to be resolved
- EL asked AT if there is a core day program and flyer. AT holding off until we know people can log on from DEBS. She will let EL have it as soon as ready.
- J Clark (JC) reported that referrals are coming in from DERS but there has been a significant drop in referrals. Unsure why this is the case? AT reported that it is because GDPs are still getting used to the system.
- SW prefers a little '2-line' description of soft tissue referrals because the 'tick-box' descriptions do not often match the clinical scenario.
- JC reports that she is still receiving paper referrals.
- MB reported that there is a substantial backlog of complex restorative referrals which are still being triaged. Once the paper backlog is dealt with, then the online referrals will be addressed.
- TH will bring up with Chanel next week about a solution for possible short term funding to help eliminate this back log.
- GB advised that Tim Hogan has put together some trauma guidelines on the Kent LDC website. EL to email Tim to get these on our site.
- Mary Green is attending the BDA English Country Council meeting in 10 days time. No agenda as yet but if you would like any items raised, then to contact Mary.

Date and Venue of the Next Meeting

The next full meeting is on Wed 14th September 2016 at the Roundabout Hotel, West Chiltington at 6.30pm.

Exec 4.30 pm	LDC Main 6.30 pm
Wed 13th July	Wed 14th September