West Sussex Local Dental Committee Meeting

Meeting Held On:
Wednesday 24th February 2016 at 6.30pm
at the Roundabout Hotel, West Chiltington

MINUTES

Apologies, Attendees and Welcome

Attendees:
T. Hancock, A.Tarnowski, M.Botha, A. Pitchforth, P. Mellings, E. Lazanakis, G. Billis, P. Patel, M. O'Hara, D. Bryan, C.Hallworth, J. Parry. A. Patel, K. Boles, M. Green, F. Banki, B. Okeze, S. Walsh, R. Walker,

Apologies: Y. Mbapie.

Guests Welcomed: F. Banki, B. Okeze, K. Boles. (New members for the 2016-2020 LDC).

TH raised that all members should note the constitution, as per the website, especially the requirement of committee members attend meetings, and if not able to, to send apologies.

Minutes of the Previous Meeting

The minutes of the previous meeting were approved.

Matters Arising

1. Orthodontic MCN Chair Change

- Sandy Tibble is standing down as the Orthodontic MCN Chair, replaced by Richard Jones (Orthodontic GDP) to stand as chair.
- MB is attending MCN meetings as invited LDC rep.

2. Study Day Plans and Considerations

- We plan on holding another Study Day this year (Nov 2016). This will be a joint venture with East Sussex and Agi Tarnowski is heading it up.
- It is initially suggested to be free to West Sussex and East Sussex levy-paying dentists, and their DCPs. Consideration will be given for introducing a small booking fee if HEKSS are will to use the DEBS website (this would be to introduce some value to attending)
- It is suggested to have 5 lectures for 1 hour each.
- A. Tarnowski (AT) has suggested the following considerations:
    - Core subjects as the lectures.
    - Possibly focus on the 'older people project' via the lecturers, such as Capacity and Safeguarding Vulnerable Adults; Consent Issues in the Elderly (Simon

Quelch agreed to talk again); Medical Emergency Risk Assessment. AT happy to be guided by what is popular.
    - Alan Wilson is a possibility for Medical Emergency lecture.
    - Dr Millie Doshi (Special Care Consultant at East Surrey Hospital) may be able to give a lecture on the project she is currently involved in (Care Matters).
    - AT suggested 200 people may attend since last time 100 attended.
    - Speakers need to be remunerated and we should not rely on their goodwill. It was suggested the Guild Rate (at £275) unless they receive funding from another source. T. Hancock (TH) proposed and AT seconded. This was passed.
    - AT suggested HEKSS organising attendees as opposed to the previous year where the West Sussex LDC website was used.
- Venue:
    - AT has approached the Brighton Education Centre. P. Mellings (PM) raised a concerned about parking in Brighton. MB suggested Clair Hall in Haywards Heath, which is where the 2006 Contract seminar was held, highlighting that is large enough, central in West Sussex and with ample parking.
    - AT to investigate Clair Hall.
- PM suggested a 'Questions and Answers' sessions at the end, whereby the speakers come to the front and the audience asks questions in one setting. However, it was felt that this could be don after each lecture.

3. Officer Expenses (Agreement and Considerations)

- PM has spent time formulating guidance on claiming expenses from 1st April 2016. Discussion of the various aspects of the expenses were discussed and variations agreed. TH redrafted as shown below, the conclusion of these variations for the benefit of clarity. The expenses protocol will also be published on the website.
- The purpose of LDC expenses is to reimburse members for their time taken out of surgery and the subsequent loss of earnings when undertaking LDC business. This includes mileage and out of pocket expenses (eg car parking). A report is expected and minuted that attendance/claim has been made.
- **Attendance allowance:** Elected members will be able to claim £70 for attending a full LDC meeting inclusive of travelling costs.
- **Executive meetings:** Members of the executive will be able to claim 1 BDG sessional rate (2015/16 £275) inclusive of travelling costs
- **Channel meetings:** Members who attend meetings will be able to claim a flat fee of £140 and then mileage in addition.
- **Local meetings, DQUAP in Sussex, Deanery challenges meetings, NHS England local stakeholders meetings, PAG/PLDP, general invitations to attend as representatives of West Sussex LDC and any other meeting deemed by the executive to be of importance** (and approved to attend): Members who attend these meetings will be able to claim 1 BDG sessional rate for each half day and mileage with any associate parking.
- **LPN meetings:** Members who attend these meetings will be able to claim 1 BDG sessional rate and mileage with any associate parking (shared with East Sussex and Surrey LDCs)
- **LDC Conference and Officials days:** Members who attend will be able to claim 1 BDG sessional rate for each half day (BDA will cover mileage and out of pocket expenses).
- **Treasurer's Expenses:** The treasurer will be able to claim up to 8 BDG sessions a year for the work relating to LDC and further 4 session for dealing with the statutory levy (shared with East Sussex and Surrey).
- **LDC Miscellaneous Hours:** Members who engage in writing agendas, minutes, notes, correspondence and actioning work on behalf of the LDC will be able to claim £35 per hour (invoiced to the treasurer on a quarterly basis)
- ***Other expenses***: Members who attend meetings or incur expenses outside these guidelines must get the approval of the executive committee and treasurer before the expenses are incurred.

- Mileage is claimable at £0.45 per mile and is not liable for income tax, thus does not need to be disclosed.
- Income from the LDC is loss of earnings and thus is applicable to income tax.

4. Challenges Conference

- This is on the 10th March.
- TH and AT have been invited.
- TH to write report and will publish on the website.

5. Last Meeting of Existing LDC and Protocol for Election of Officers on 13th April

- This is our last formal meeting of the existing LDC members.
- In our next meeting, we will conduct the election of officers. The chairman is to be re-elected and thus TH cannot open the next meeting. PM agreed to do this.
- There will be the following positions available: Chairman, Treasurer, Secretary, 4 Executive Members, 2 Channel Members [AT also attends as the LPN rep], 1 DCQAP Member.
- TH to draft descriptions of the roles and email EL to put on the website.

6. IOTN - Letter to Annie Godden

- Barry Westwood has taken advice from the DDC who have confirmed that it would be beyond the scope of the GDP to undertake IOTN scoring without calibration and the DDU would struggle to defend decision making on that basis. B Westwood has written to Annie Godden with words to this effect. GDP training undertaken via HEKSS and local orthodontic providers allows a familiarization however.
- GDPs can still refer is they are unsure. It is hoped that orthodontists will not claim for an assessment where the 3.6 standard is not reached and instead could take the opportunity to ethically offer private orthodontic treatment.
- D Bryan (DB) quite rightly pointed out that the GDC is not happy about dentists acting outside their competency level. PM concurs and stated that there is no compulsion to fill in the IOTN and DERS does not require an IOTN score.
- Concerning DERS, practices should receive an iPod Touch to take a photo for orthodontic referrals and upload this as part of the aesthetic component of the referral.
- AT highlighted that it is imperative for the patient to make the decision on which orthodontist they want treatment from because they cannot switch once committed (unless they go through a lengthy appeals process with the LAT should a legitimate reason arrive).

7. Decontamination/ Storage Update – See appendix 1

- MB stated that instruments stored for more than a day in surgeries or a week in a non-clinical area and surgical instruments must all be bagged.
- Instruments to be used on the same day can be kept in a lidded container. They can be stored in a closed cupboard because the cupboard door/ drawer is the ‘lid’.
- Nothing should be on the counter that can become contaminated.
- Instruments can be stored in the clinical areas in lidded containers for a single working day; outside the surgery, such as the decon room, they can be stored for one week in a lidded container.

8. Dump and Run - S Walsh's Experiences

- S Walsh (SW) shared one experience whereby a patient suffered a hypochlorite burn and was told to just attend A+E at St Richards Hospital in which case they were waiting for 4 hours in A+E whilst the hypochlorite solution was doing extensive damage to their soft tissues and surrounding structures. The GDP should have just picked up the phone and phoned and spoken the the Max Fax Team rather than just send the patient.
- He also shared a case whereby a GDP failed to XLA a primary tooth on a young child and sent them straight to A+E to leave the Max Fax team to deal with.
- SW currently receives dozens of patients a year turning up to A+E, some with a letter from the GDP. S Walsh and the team are happy to help BUT they need direct correspondence (via a telephone consultation) from the GDP to explain the case and so the necessary preparations can be made. A downloadable instruction page is available on the LDC website to assist GDPs.
- AT suggested some form of referral pack to help GDPs understand WHERE to refer patients to, due to multiple referral pathways existing and differing between West and East Sussex, Brighton and Surrey.

9. Dental electronic referral (DERS)

- J Parry stated that from 1st April MOS, Ortho, Endo and Restorative referrals will go via DERS. Paediatric and Special Care Referral to go straight to the provider (i.e. Haywards Heath Health Centre) due to no DERS setup yet (despite the letter sent from the LAT to practices concerning DERS at of 1st April 2016).
- SW additionally has had little to no setup or training of the DERs system at the hospital. TH to email Annie Godden concerning this.
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10. Maxillofacial department at St Richards

- SW informed the committee that the hospital finances are very poor.
- Simple XLAs have been cancelled and postponed past April 1st 2016.
- Elective treatment is currently not being undertaken.
- They are desperately short of Consultant Max-Fax Surgeons.

11. Breach Notices for Christmas Opening: Attendance at DCQAP

- NHS 111 wanted to know the opening times of practices during the Christmas period (as PM describes) and thus put considerable pressure on NHS England South (south east) to find these out from practices (via sending a letter to practices).
- AT described how one particular practice received a letter from C Young pointing to the fact that they may be issued a breach notice due to multiple failed attempts at providing the opening times unless a valid reason is given. This practice, however, did send their practice times to the LAT as instructed in the first letter. This GDP took great offence to the receipt of this letter.
- TH emailed S Hurley concerning this letter and she will be taking this up with the LAT. The practice is thus going to be expecting an apology from the LAT.

12. LDC Conference

- The LDC conference is to be held on June 9th/10th.

- Nick Stoles is conference chair and is holding over two days (Thursday and Friday) in Manchester
- 3 West Sussex members are invited to attend, to be determined by the exec. TH will be attending as GDPC rep
- Two days equates to 4 sessions BDG. Travel expenses paid by the BDA.

NHS England South (South East) Update (PM)

- PM and MB stated that the number of complaints have risen. Some complaints are due the patient being unreasonable. With others the dentist have been referred to the PAG/ PLDP.
- Workload has increased.
- Compass is currently proving difficult to negotiate.

Secretary's and LPN Report

- Fay Eves was appointed as the DCP for the LPN. She is a hygienist from Horsham.
- Brett Duane will continue acting as chair until a new chair has been recruited.
- Sarah Crosbie is retiring from Sussex Community Trust in March 2016.
- There is no Dental Public Health Consultant on the LPN.
- Due to a dental practice closure for fraud and using claw back monies, it is estimated that there is enough funding for 2 practices and 6-8 smaller lots to bid for in 2016/17, but this will following a needs assessment across KSS.
- Minutes and communication is difficult and flawed due to no website.
- HEKSS has now moved to Russell Square in shared accommodation with Health Education London. A 20% cost saving in the running cost is expected.
- The Older Person Project in care homes is slowing down.
- MCNs lack progress.
- Sara Hurley will be visiting KSS in March.

Treasurer's Report

- The Stat Levy cannot be collected as it usually is. Due to Compass, from now it has to be collected as a single process. A global sum was collected previously. PM will consider a mechanism to achieving the desired outcome which the 3 chairman can negotiate.
- For February and March 2016 a levy sum has been agreed, West Sussex and Surrey LDC will get less; East Sussex LDC will get more, but as a result East Sussex levy payers will contribute more than they are currently. From April 2016 LDCs will need to agree a common mechansim to collect.
- EL suggested the introduction of a 'pot' (Surrey and Sussex contributing to one common pot). PM explained that the problem is getting information out of to the Area Teams to make a decision. PM maybe looking at the flat fee for performers rather than as a percentage of the NHS contract.

- We still have £20,000 from Prof S Lambert-Humble.

- The following amounts to be paid as donations were agreed (PM to action):
    - Ben Fund - £1,250
    - Guild - £10,000
    - Dental Support Fund - £1,250.

GDPC Report

- On the LDC website.

Channel Report

- On the LDC website.

Any Other Business

- PM stated that the BSA asked some practices to do a self-audit for those outliers concerning the 'Treatment within 28 day Investigation'. Out of this, money has been voluntarily returned from some practices within West Sussex. There is a general sense that this initiative has been a success and that they may wish to expand on their investigations into other areas.
- DB today received the British Orthodontic Society response to the Orthodontic Commissioning Guidelines but is yet to read this document.
- J Parry has been appointed the Oral and Dental Research Lead for KSS, and will feed information into the LDC.

Date and Venue of the Next Meeting

The next full meeting is on Wed 13th April 2016 at the Roundabout Hotel, West Chiltington at 6.30pm.

Exec 4.30 pm	LDC Main 6.30 pm
Wed 16th March	Wed 13th April
Wed 11th May	Wed 15th June
Wed 13th July	Wed 14th September

Appendix 1

Letter from Tim Hogan to Nick Vaid clarifying the decontamination situation

1. Bagging or wrapping is simply to do with storage and is not itself anything to do with single use or reuse (the KLDC is happy with this)

2. The legal document from which all guidance is taken is "The Code of Practice on the prevention and control of infections and related guidance" and this is within the Health and Social Care Act 2008.

3. The Code is not mandatory and registered providers do not by law have to comply with the code provided that provider is able to demonstrate that he/she/they meet the regulations in a different way (equivalent or better)

4. The code will be applied in a proportionate way so that where there is a greater risk of infection (eg an acute hospital) the necessary facilities will be greater than in say a care home or domestic setting

5. You have attempted to define an instrument/medical device and you accept that HTM01-05 does not actually define the above. However we are all agreed that whatever is used again should be "cleaned and sterilized at the end of the decontamination process: and maintained in a clinically satisfactory condition up to the point of use."

6. You have pointed out that the new addition of HTM01-05 recognises that the main risk to patient safety is the contamination of instruments/medical devices with another person's blood and body fluids and that this is event related rather than time dependent. Environmental contamination relating to storage would comparatively have minimal impact on patient safety and hence we now have much longer storage periods before re sterilisation is required.

7. And finally the KLDC note that taking into account the above you would be of the view that:

i) Sterilised instruments / devices are stored in closed trays, mini-racks in cupboards/ or covered drawer inserts, lidded boxes/containers or sealed bags

ii) Extraction forceps, elevators and surgical instruments are **always** bagged and dated

So reusable times that are stored in closed trays or boxes and away from the clinical area such that they are unlikely to be re-contaminated is acceptable. In other words not everything has to be bagged or wrapped only those instruments/medical devices that are invasive as above provide they are stored appropriately.

T. P. Hogan

Chair Kent Local Dental Committee

December 2015