



West Sussex Local Dental Committee Meeting

Meeting Held On:
Wednesday 13th September 2017 at 6.30pm
at the Roundabout Hotel, West Chiltington

MINUTES

Apologies, Attendees and Welcome

Attendees:

T. Hancock (TH), A.Tarnowski (AT), A. Pitchforth (AP), M. O'Hara (MO), C. Walker (CW), D. Bryan (DB), M. Botha (MB), P. Patel (PP), B. Okeze (BO), S. Quelch (SQ), E. Lazanakis (EL), K. Boles (KB), M. Green (MG), R Walker (RZ).

Apologies: G Billis (GB), M Monotos (MM), P Mellings (PM), J Sowerbutt (JS).

Guests Welcomed: Lawrence Mudford (LM).

Minutes of the Previous Meeting

The minutes of the previous meeting were approved.

Matters Arising

1. Health Education England - Lawrence Mudford (LM)

- Money is held with E Sussex and W Sussex LDCs - £20,000 each. This is now to be spent on CPD projects.
- The idea is to use this money on an event or series of events (i.e. venue hire/ speakers content) and this is the LDC decision.
- Money not to be spent on LDC members claiming for their time.
- Topics are negotiable. We can use the e-Wisdom booking service and their administrators.
- Suggestions by LM - Dental Challenges from Older People - "Older people and the challenges that they face"; "Dementia and dementia-friendly dentistry"; "Care homes and neglect"; "Sugar prevention methods"; "Domiciliary care from point of view of medical emergencies and infection control".
- Suggested also thinking outside the box. Consider a webinar or filming and then uploaded on the LDC website.
- LDC appointed AG to take this forward and organize this.

2. DCQAP Report – last meeting 22nd August in Lewes

1. Apologies from Karen Crossland, Snehal Dattani, Tim Hogan, Jill Graham, R Woolerton.
2. Minutes of previous meeting agreed (only slight modification from Alison Cross).
3. Matters arising discussed, focusing on CQC visits, outstanding practice visit documents required and some PAG cases. JG (Jill Graham) absent so a lot could not be updated. Two key areas to make note from the cases discussed:
 - a. Ideally there should be no cabinets over autoclaves in the decon rooms, so this should be considered if submitting plans for a decon room design to the local office. The reason is because it makes it more difficult to fill it with water, and could result (over time) with a lot of condensation build up under the cabinet and potentially mould.
 - b. IG training should be done before an event, not after. For example, when considering a breach in IG, if the local office requests CPD for the staff members, in a lot of cases the CPD certificates have been done after the IG breach, when they are looking to see if it was done before.
4. DPA update:
 - a. In the near future CSAs (Commissioning Support Assistants) will accompany Clinical Advisors on practice visits to relieve the contract managers from going. At the moment, CSAs will accompany the contract managers whilst they learn the process.
 - b. The new DPAs will start with training booked on the 7th September for complaints and then on 27th September on record card reviews.
 - c. There is no complaint backlog now, so complaints sent to NHS England are dealt with very quickly.
 - d. No update on PAG because Karen Crossland was absent.
5. Contract Variations
Three key points came to light.
 - a. There was a request from a GDP to allow for their hygienist to work under their NHS contract. There was confusion about why this was brought to light (JG absent so could not explain) because a hygienist is allowed to work under the NHS contract under the prescription of the performer/ provider, providing the performer/ provider sees the patient first for the examination. The hygienist (of course) cannot be added onto the contract and submit claims.
 - b. Kent Community Health Trust (KCHT) submitted reasoning for a UDA increase. The KCHT suggested a UDA value well above the average which is £25.98. The uplift was declined due to the DAF not showing the reasons for the request submitted match up with the data NHS England have (i.e. they are not working on high needs patients and their FTA rate is half the Q67's average). Additionally, it was pointed out that many providers have UDA rates of £23 and can make this work in their NHS setting, so why can't KCHT? Maybe it could be due to the level of bureaucracy a trust imposes and might highlight the fact that the KCHT is struggling to work with UDAs/ GDS contracts. Thus the uplift was declined.
 - c. Southern Dental - notification of change of directors. No refusal made. Cherie reports that Jacobs Holding (JH) future dealings looks promising. Documents being delivered to the local office quickly. JH are looking to turn practices around - i.e.. improve them - and set up 'Centres of Excellence' across their patches to put them in a better position for future procurements. Also they are offering their associate dentists to stay in (unsure if rent is charged or not) flats/ accommodation on top of the practices.
6. Orthodontic performer report discussed.
7. Secondary Care - Cherie having difficulty working the Coding System in Special/ Secondary Care.
8. Issue of a provider not having the date at which their contract was changed from the PDS to a GDS contract. DCQAP noted the very high UDA rate and thus need to look into whether the provider is still performing the additional criteria that would have been in the PDS contract in the

GDS one, such as need to see a certain number of patients. Communication to go back to provider to request clarity before retrospective GDS contract issued.

9. + 10. Discussion on complaints received and Clinical Advisor reports on performers. 11. Ash raised points made by West Sussex LDC on:

- a. Getting clarity on how changes on Rego Referral Criteria are reported to GDPs
- b. Why re-endo's are often being rejected and almost 'forcing' GDPs to give them a try when this is not routinely taught at dental school anymore.

The response from the Dental Advisors (NV + PM):

- a. NV will be sending/ emailing out a Referral Criteria document to West Sussex GDPs for clarity - this document is pretty much ready. It is based on the Draft Commissioning Guide to Restorative Dentistry.
- b. NV and PM often just ask for clarity from GDPs - such as 'when did you attempt the re-RCT' - just as a question to help them triage the referral but most often GDPs fail to reply to these. The request for further information does not mean the referral is rejected.
- c. PM stated that Re-RCT's is on the curriculum for dental schools.

12. Patient Group Directives - (PGD) - from the powers above Annie has been informed that therapists/ hygienists/ nurses cannot prescribe certain drugs in practice without a PDG being in place or a dentist being on site to oversee this. Of concern are two drugs that would be in the emergency drug kit - these are Midazolam and Salbutamol inhalers. A PDG would entail a pharmacist giving their 'say-so' that they are happy the processes in place are robust for the particular drug (i.e. the drug is stored correctly/ how the stock is ordered). Getting a pharmacist on board for GDPs is near to impossible.

The issue that would come is if a therapist/ hygienist works on a day when a dentist is not in, or patients are on the premises (say when the surgery opens) without the dentist being there. Annie will take this back to higher level to advise them that the situation is a bit ridiculous in these cases. However in the meantime, to 'overcome' this issue, the local office suggests:

- in the referral note/ form given from GDPs to their therapist/ hygienist, pls put somewhere, something along the lines of "...In the event of an epileptic seizure, please administer Midazolam in line with our practice policy...".
- in the case of an emergency and to save a life, just give it.

3. DERS Update - New Restorative, Paeds and SCD Pathways

- See below Secretary Report.

4. PAG

- MO attended PAG.
- Consideration of triaging so that not all issues are referred to PAG.
- MO found it supportive and reasonable to GDPs.

NHS England South (South East) Update (MB/SQ)

- "Learning Lessons" (organised by Huw) is being developed. Taking complaints and giving snippets to LDCs, in the form of a flyer - lessons learned from complaints.
- Two new dental advisors from this committee - AP and KB.
- Child Protection Level 3 needs to be done by the lead clinician at each practice. NHSE will liaise with CQC to clarify.
- They will be sending out practice visit questionnaires to be sent back before visits.

Secretary's and LPN Report (AT)

LDN Last meeting was on 21/6/17

The meeting was well attended from LDC's Will Westwood, Nish & Julian, Ken Haynes from Kent, Andrew Elder, Jenny Oliver and Jackie Sowerbutts but from Public Health, Brett, Mark and Annie.

Richard Jones sent a late apology as his wife has just given birth but did volunteer (albeit late to be considered for the Ortho MCN chair) as he was the only applicant this may be in fact a done deal.

MCN: adverts sent application's received for SCD and Paeds, Urgent Care, OHP but no applicants for oral surgery, ortho or restorative. Andrew Elder explained why he felt he could not apply under the current arrangements. The MCN need chairs to go forward. A survey was sent out on barriers some of which have been addressed. All post re-advertised in the summer with recruitment planned this autumn.

There is currently no DCP on the LDN and they would like to look at this also.

Ortho procurement, stalled pending the legal action Ortho needs assessment still just a draft though lot sizes have been changed re feedback, procurement unlikely to be imminent.

PHE: Jenny Oliver presented about the work she will be doing on a needs assessment for SCD & Paeds, the overall budget would stay the same Jenny Oliver presented a neat summary of the purpose of the LDN.

Jenny also tabled a draft for presenting projects for LDN to consider if non recurrent funding occurs.

Jackie is working on AMR project with a more user friendly tool (which does the stats automatically) however this has a funding element and 3 different products and bids would need to be presented to NHS E, She spoke the work with West Sussex LA and other LA. Only 2 LA have taken up any OHP activity which means that there is little Oh promotion or epidemiology support. Audit tool was shared and sent out.

<https://ksstest.wpengine.com/dentists/amr-audit-cycle/>

Jackie confirmed Mike Wheeler is keen to engage with the LDC to organise training.

DERs-e-mail from Bret Duane 26/7/17 re changes in DERs

'Annie has sent an email recently out to LDC Channel, and it was other commitments that stopped me sending out an explanatory email at the same time to all of you to explain the decision that has been made by the DERs project board.

As a number of you have now seen Annie's email, I'm going to paste hers and amend it a little bit to reflect the recent discussions

A few weeks ago the DERs Project Team met to develop a flow chart and guidance to GDPs on which pathway should be used in readiness for the final 2 pathways (paediatric and special care) being introduced. The flow chart has proven quite a challenge when both Paeds and SC comes into the equation as there are numerous variables (eg, an extraction for an anxious patient may be carried out by sedation practice, CDS, IMOS or secondary care dependent upon treatment and patient complexity) and so we found it difficult to show this for all treatment possibilities on a flow chart that can be easily followed.

We have therefore agreed to bring forward our planned upgrade to consolidate individual pathways and instead have a simpler referral process where a referrer does not select a specific pathway (eg sedation, oral surgery, special care) and instead selects the reason(s) for referral and will then answer the questions they are already familiar with (these questions will be reviewed to see if these can be streamlined) and based on the answers DERs will then direct the referral to the appropriate service. This will save the instances where a referrer gets to the end of making a referral which is not accepted and then needs to start the process again in a new pathway, eg using the oral surgery pathway to refer for extraction under sedation but at the end of the referral as this is a "routine" extraction it is not accepted and instead the referrer needs to start again using the sedation pathway.

It is envisaged however that the majority of the questions for Oral Surgery, and Orthodontics, Restorative, and Paediatrics and Special care will remain unaffected by this decision to stream line the processes. Please

rest assured therefore that the hard work put in by all colleagues will not be “undone” by the decision to merge the pathways. David, Alison Cross and I will be working hard to ensure the flow through the pathway is both consolidated, but yet allows specific questions relating to special care , paediatric referrals etc.

A Special care pathway for example will still be very much focused on the complexity questions, the paediatric pathway will include the Frenkl scores (as a very small example) etc

This was the way in which we originally intended to develop DERS but it was not possible as 2 of our former referral management services gave notice on their services so we did not have the time to work up individual pathways with the various MCNs and then merge these into one. Instead we had to introduce pathways piecemeal, starting with the oral surgery and endodontic pathways that were the first referral management services to cease and then the remainder of restorative and sedation as a result of the next referral management that ceased, with other pathways following this.

Referrals for Paediatrics and Special care will continue on paper for another few months until we have the new referral process. While we are disappointed that we will continue throughout the summer with paper referrals just for CDS, we all feel that bringing forward the planned integration is the right one to make it easier for GDPs to make referrals. ‘

SCD MCN

SCD MCN on Tuesday 21/8 @ Wharf House;

The following points may be of interest

LDN_MCN chairs : as you know these post have been re-advertised as there were too few applicants in oral surgery, ortho and restorative, it is hoped that time and financial concerns addressed, the new closing date for applications is 10th of September.

Conscious sedation: the new guidelines have been published which suggest only inhalation sedation is suitable for under 12's in primary care, no new procurements and existing services to be re-aligned by 2020. The concern was raised on the need for planning if this is to be adopted as the pressure on secondary care to accommodate those cases treated under IV sedation in primary care currently would be great.

A meeting on Sedation is planned with NHS E in October.

Dental Check by 1: national guidance is not forthcoming in the near future, there have been requests locally to provide a simple guideline of the key messages ,resources available and reassurance from NHS E on the need to accept a more limited examination, I will try to bring this forward to the next LDN in October. The examination itself will be able to be documented in the Red child health book.

Safeguarding updated: in the case of children not attending or failing appointments the term ‘was not brought’ should be applied rather than DNA or FTA especially in letters as this more accurately reflects the situation.

DER's; the SCD and Paeds pathways were developed and pretty much ready prior to go prior to a change in the way the system would work .

Bariatric care; a teleconference is planned to explore the specification and gain pt input health watch will be attending.

Homeless and hard to reach groups. JS reported this will be put on hold as a project for now.

Unscheduled care: 4 CCG's are looking at 111, ultimately hoping to have outcomes directing to pharmacy or direct booking in day time clinics via access slots, JS hoping to work on a pilot in Surrey.

Needs Assessment SCD & Paeds: mapping of services almost complete, there will be engagement with patients and clinical input. Referrer engagement also via LDC and those who use the services more frequently requested. Demographics, FP17 data and BSA activity will all be looked at. The inequalities across KSS may be levelled in this process but high needs individual patients both adults and children should have access to referral.

Mouth Care Matters: over 100 people attended their conference in July. Mili presented health economics data on the benefit of improved OH to patients and to NHS, has produced a really good document but the future is uncertain now the SLH is retiring and HEE funding ceasing, she will know in September how many trust will take up post themselves to keep the projects going.

PR forms, some problems have been reported and a consensus is requested on how to deal with the situation where a care home refuses to sign a PR form for the initial assessment. Clarity on whether the patient can be seen and guidance on better ways of finding out the exemption status. Care homes have been fined if they have got this wrong and so no longer want to sign either part but clinicians and services in a difficult position.

Premis and Proms are being developed for SCD.

Treasurer's Report

- MB - with our efficiency savings and contributions to charity, we can reduce the levy even more by £1-£1.50, but this is ill-advised by MB.
- MB advised can increase the levy in order to make decent contributions to charity, or decrease the levy even more but then less contributions to charity. MB is keen to leave at £10.
- TH advised to wait until National Guidelines come through and all agreed.
- Had two thank you letters from the charities we support.

GDPC Report

- Next meeting in October 6th 2017
- Report to follow.
- Previous meeting minutes on the website.

Channel Report

- July 24th 2017
- Report on the website.

Any Other Business

- MG was sent a bulletin from the GDC (via email), which summarised the hearings and cases and press article links. MG feels that this is not in the remit of the GDC because newspaper articles are not necessarily factual. MG wrote to Peter Ward (PW) to express this concern. PW contacted Matthew Hill (MH) at the GDC and a meeting was arranged. MH advised that this should stop but this has not yet stopped.
- AP and MO reported about Hep B shortage. Masta Clinic at Gatwick administering it privately. Public Health England have increased our need on their priority list.
- AJ at Brighton no longer accepting paper referrals.

- B Westwood emailed A Godden to ask about her thoughts about The Times newspaper article discussing the fatal lung conditions (COPD) through the use of bleach/ cleaning products and the vapours produced and her thoughts. A Godden yet to respond.
- TH will write to David Cheshire and Matthew Hill (GDC) inviting them to attend the November AGM. We will also invite Liz and Sarah (Frank Taylor Associates) to attend with sponsorship.

Date and Venue of the Next Meeting

The next full meeting/AGM is on Wednesday 22nd November 2017 at the Roundabout Hotel, West Chillington.

Future dates

Wednesday 7th February 2018

Wednesday 18th April 2018

Wednesday 13th June 2018

Wednesday 12th September 2018

AGM 21st November 2018 (TBC)