West Sussex Local Dental Committee Meeting

Meeting Held On:
Wednesday 7th February 2018 at 6.30pm
at the Roundabout Hotel, West Chillington

MINUTES

Apologies, Attendees and Welcome

Attendees:
T. Hancock (TH), A.Tarnowski (AT), A. Pitchforth (AP), M. O'Hara (MO), M. Botha (MB), D. Bryan (DB), E. Lazanakis (EL), M. Green (MG), J Clark (JC), S. Quelch (SQ), K. Boles (KB), B. Okeze (BO), P. Patel (PP).

Apologies: S. Walsh (SW), G. Billis (GB).

Guests Welcomed: Andrew Dicker (AD) from Medisort, Littlehampton. David Cheshire (DB).

Minutes of the Previous Meeting

The minutes of the previous meeting were approved.

Matters Arising

1. Andrew Dicker, Medisort.

- Talk from Andrew Dicker concerning the method of how our clinical waste is disposed of; a summary of the regulations; paperwork issued and responsibilities; different types of bags; and different types of clinical waste and new methods of reusing waste as a fuel and energy source.

2. Professional Regulations Consultation

- 9 Healthcare regulators currently but with the idea of moving this into 3 regulators or 1 "super" regulator.
- We may get consumed in with the Medics or be joined with Pharmacy and optometry
- Consultation is being evaluated currently and we will be notified by the GDC in due course.

3. LDC Conference in June 2018

- Two LDC members to attend.
- Any interested to contact AT.
- This will be held in Belfast.

4. A Message on LDC Website

- EL had a message on the LDC website asking for the regulations concerning the "de-registration" of patients (how a practitioner can refuse to see a patient).
- We have formulated a response that was emailed to the enquirer who was pleased with the reply.
- The advice from the LDC will be published on the website.

5. Oral Health Promotion

- The OHP MCN has invited LDC representatives to attend an Oral Health Promotion meeting.
- TH enquired about sending a representative. PP attend in her capacity as CD for SCD in West Sussex and offered to attend on behalf of West Sussex LDC.

6. L Mudford

- Email of thanks read out by TH from Laurence Mudford thanking the committee for our efforts and wishing us success in the future.
- No- one is aware of will be replacing L Mudford in Health Education England.

7. DERS

- DERS version 2 is being piloted. TH, AP and MB testing out a beta version and reporting it back to D Ezra.
- New version is asking what is wrong with the patient, together with your intentions, and then the options of where to send the patient is given to the practitioner.
- This new system will allow for multiple referrals for one patient and the system will remember the patients. It now acknowledges special care dentistry, which should mean Special Care Dentistry will no longer accept paper referrals from 19th February 2018. EL to put this on the website.
- DERS will be able to publish reports to determine higher referrers and possibly highlight concerns.

8. PAG

- MO reported all the same with PAG. A lot of 'tit-for-tat' cases but MO providing a well balanced view.

9. Orthodontic Procurement

- Department of Health working through the concerns raised from the BDA/ BOS and the procurement seems to be moving forward.
- There was a slight postponement for 5 weeks in order to assess the feedback.
- In Kent, Sussex and Kent, 55 PDS Orthodontic Contracts exists but NHS England wish to bring it down to 38 Orthodontic Contracts.

10. David Cheshire

- A thank you and gift donation to DC for his work.

<u>DQCAP Report</u>

- Short meeting in December 2017.

- Practice temporary closures due to renovations.
- A lot of UDAs being handed back in Kent so plenty of UDAs for redistribution.
- Complaints being dealt with swiftly.

NHS England South (South East) Update (MB)

- Orthodontic procurement is being prepared for.
- More practice visits due to influx of FD trainer applications.

Secretary's and LPN Report (AT)

LDN main news is MCN have now been set up, oral surgery is starting with a clinical forum chaired by Brett Duanne.

DCby1 over 233 practices have signed up , a you tube presentation on examination is Available https://youtu.be/leemmsNTrjs

A CPD presentation is in development.

Officials Day Report - Friday 1st December 2017

- Attended by AT and GB.
- Main positive from the day was a vision of information sharing between primary and secondary care with the transfer of radiographs and clinical notes (etc). However the method of implementation would be complex from an IT view point.

- Mick Armstrong started the Day on behalf of the BDA and shared some cautious optimism regarding more engagement with government having met with the minister Steven Brown recently. He shared that the future is very much PHE and prevention focused but there is no more money. With regard to HEE he shared a spoof YouTube video about his thought on the project called Advancing Dentistry.
- The BSA date shows that the majority of dentistry in the NHS is a band 1 or 2 this leads to an idea that DCP could be used to provide this in a more cost effective way for the NHS… in terms of training the future workforce this could be about a common entry with an exit at 3, 4 or 5 years. 5 different work streams are reporting on this by the end of March.

- Mick raised the question of the ARF is £890 when the complaints numbers and FTP proceedings numbers have reduced. There as also mention of reducing the number of regulators. This was brought up again in questions with the disparity between dentist and doctors who have crown indemnity.

- On Amalgam, despite Brexit this will still move forward as a phase down and stated the need to work with the best interest for the patient when choosing a restorative material, he questioned the evidence on why under 15's and pregnant mothers should be singled out. Mick mentioned and was supportive of DCby1. The other campaign he highlighted was the HPV vaccination which the BDA believes should be offered to boys as well as girls to help prevent oral cancer.

Update from the GDPC Henrik Overgaard-Nielsen, Chair, BDA General Dental Practice Committee:

- Henrik discussed contract reform; in a nutshell, oral health assessment and pathways good, business model bad. Another wave of 20 prototype practices joining the process is envisaged in 2019 though, he himself was surprised that any practices would still be wanting to join the process. The wave 1 and 2 practices are playing catch up and life for practices in the process is sometimes very difficult. Prototype practices report additional time and resources are needed to make the system work at all.

- The GDPC have made the following suggestions; life-long registration with practices being allowed to choose blend type. The GDPC would like to see a minimum practice guarantee, patient weighting based on need, use of indicative figures and a gradual roll out. They would like to see the prototypes see some changes even now to try and gain improvements. The take home is the business model needs sorting out. Henrik pointed out that the starting point of the process; capitation, registration and quality was not about access and activity.

- The numbers of practices affected by claw-back is growing year on year in 16/17 25.7% with 81.5 million mostly returned to the treasury.

- The accreditation of Tier 2 providers seems to be moving forward, Henrik personally is not keen especially with regard to older practitioners, the GDPC are not for this process but are working to try to make it better.
- Responding to LDC Conference motion with regard to the DDRB, GDPC feel that disengagement would not have the desired effect.

Contract Reform Helen Miscampbell and Eric Rooney

- The government's 2017 manifesto commitment on Dental Contract Reform was "We will support NHS dentistry to improve coverage and reform contracts so that we pay for better outcomes, particularly for deprived children." The presentation that followed echoed Henrik opinion on pathways and oral health assessments though my feeling was that there were many straight-line graphs presented here on outcomes. On DQOF practices were pretty much achieving the measures so this was deemed not to be useful, as such they will continue to be measured but there will not be payment related incentives attached. In terms of contract delivery, the practices seem comparable to GDS but more hours and resources have had to be put in place by some to make this happen.
- Some feel that it does not support care to the high needs patients. The prototypes will continue with evaluation in 2017-18 and on into 2018/19 with decision about moving on from this in 2019/20.

NHS England decision making and support structures Manda Copage, Head of Primary Care (National Performers Lists), NHS England

- The presentation was about the role of PAG' and PDLP's, The NHS role is to assure suitability rather than fitness to practice. A toolkit for managing performance concerns was produced in 2016 so that there should be more consistency by local offices across the country. Manda presents scenarios for the conference to consider in terms of whether they raised questions about the individual's fitness to practice. This was a good way of thinking about the kind of issues raised at PAG considering health, capability and conduct issues, including whether dishonesty can be remedied. Manda was keen for LDC peer support intervention early such as PASS type scheme's that could prevent further escalations and she felt this should be encouraged. The slide below was particularly good on the principles around decision making by PAG's and relative risk.

Information Governance Toolkit developments John Hodson, Senior IG Specialist, NHS Digital

- This presentation was about the new Data Security and Protection Toolkit which will apply to any Dentists using NHS data. The IG tool kit is being refreshed hoping to reduce duplication to make it easier. It is being piloted and so it was also a plea to dentists to contact him to help develop the Data Security and Protection Toolkit so it works well for dentists in particular testing the language and guidance used is suitable.

- His contact was cybersecruity@nhs.net

- The final presentation of the morning were from the dental charities; British Dental Guild, Dentists' Health Support Trust and the BDA Benevolent Fund all of which are grateful for funds from LDC without whom they would cease to exist.

- The afternoon was split into 3 smaller break-out groups with all delegates hearing the presentations:

SESSION A: Working with the media Ashley Dé, Head of Communications, BDA

- The session discussed the opportunities the media presents the BDA to be pro patient, pro dentistry and pro dentist and to try to support policy through stories that underline the value of dentistry, how we achieve it despite problems. Ashley stated the BDA's position to support, magnify and promote and offered his contact details to help with media and to advise on how to ensure engagement is effective.

SESSION B: An Update from the GDC: Fitness to practise data analysis and ECPD Matthew Hill, Executive Director, Strategy, GDC and Jessica Rothnie, Policy Manager, GDC

- Mathew remembered us and spoke highly of his visit to us, he presented the fitness to practice update he shared with us last week. Jessica spoke about the changes to the enhanced CPD scheme starting on 1 January 2018 which are summarised well in the following slides;
- The hours should be spread more evenly over 5 years with at least 10 hours every 2 years.
- The idea of qualitative rather than quantitative CPD is being investigated with a stronger emphasis on peer to peer CPD.

SESSION C: General Data Protection Regulation Victoria Michell and Ayesha Khan, Practice Management Consultants, BDA

- The General Data Protection Regulation 2018 were discussed, which will be in Parliament in May 2018 and will be unaffected by Brexit. The bill applies to patient, staff and financial records. Key points that are a change from the data protection act are, a move away from consent when dealing with personal data (not care and treatment) and additional subject right to be

forgotten. Notification of the ICO and to individuals plus the removal of the DSA request fee. It will also be possible to refuse to respond to a data request if where the requested is manifestly unfounded or excessive.

NHS England Digital developments Andrew Taylor, Head of Dental Programme, Office of the Chief Dental Officer

- The final presentation was about the future strategic digital work for dental practices and of SNOMED CT. The vision is to have all performers and practices on nhs.net connected and able to share records and other information.

- A change in regulation in 2016 means that Systems used within Secondary Care, Acute Care, Mental Health Services, Community Services, Dentistry and Optometry - for the direct management of care of an individual - must use SNOMED CT as the clinical terminology standard within all electronic patient level recording and communications before 1 April 2020.

- This should enable cross sector inter-operability, charting diagnosis would lead to a drop down of choices of interventions. A summary care record would be available across healthcare including warnings on allergies and meds, mental health and vulnerability alerts. It would allow e-referrals and sharing of radiographs. It would allow e-prescribing. It would help with delivering unscheduled care and recording outcomes. Perhaps it would even include information about entitlements so that entitlements checks would be unnecessary. It was a very positive vision for the future.

Treasurer's Report

- MB - nothing to report. We are currently stable.
- The ideal levy for 2019 would be £11-£12 but at the moment we are leaving things at £10.
- EL to find out how much it would cost for a website upgrade and report back the cost to the committee.

GDPC Report

- Meeting held on January 25/26th 2018. Attended by AT.
- Report on the website.

Channel Report

- Meeting held on January 8th 2018. Mostly on about DERS and a small mention of Orthodontic Procurement.
- Report on the website.

Any Other Business

- AT working on Core Day this year with ideas of having workshops as well as lectures.

- Alison from Top Tips keen to come back and talk with us concerning the Sugar Reduction Programme.

- PP - Special Care MCN to give minutes to LDC to distribute. Possibility of 111 being involved with providers to pre-book emergency appointments.
- Special Care and Paediatric supposed to be re-tendered this year. EDS to be re-tendered in 2020.

- English Country Council (ECC) has not sat yet due to insufficient members. MG suggested that possibility applicants that applied to PEC might be asked to sit on ECC.

- JC advised long wait for orthodontic referrals coming into secondary care. They are commissioned to treat Complexity Care 3b. They are getting less complexity cases being referred in.
- JC advised the Orthodontic MCN is almost up and running. They are looking for representation from KSS GDPs in the near future.

- JC advised that SW has reported 22 week wait for MaxFax due to extractions that can be treated in primary care are being referred in. SW feels patients are under impression they will have treatment on the same day and this needs to be reported to the patients.

- MB note to all that £25 had to be paid to HSE for X-Rays.

Date and Venue of the Next Meeting

The next full meeting is on Wednesday 18th April 2018 at the Roundabout Hotel, West Chillington.

LDC Main 6.30 pm
Wednesday 18th April 2018