West Sussex Local Dental Committee

Meeting to be held on:
Wednesday 12th September at 6.30 pm
at the Roundabout Hotel, West Chiltington

Apologies: Jenny Parry, Mark O'hara, Emmanuel Lazanakis, Roz Walker

Attendees: Toby Hancock TH, Ashkan Pitchforth AP, David Bryan DB, Matt Botha MB, Mary Green MG, Stephen Walsh SW, Kellie Bowles KB, Simon Quelch SQ, Christine Miller CM, Parul Patel PP, Anitha Diwaker AD, George Billis GB

Welcome Guest: Jackie Sowerbutts, JS public health consultant (oral health), DCT: Kirstie Lucy Pickup (CRUK facilitator for the Cancer prevention and Oral Health Toolkit)

Cancer Research Presentation:
Lucy Pickup presented an update
Ultimately 1 in 2 may have cancer
As the aging population increases so does cancer
Shared info about promoting oral cancer screening among health care and prevention
Better survival with early diagnosis
Increase in men and women in the last 20 years
Prevention by being Smoke free, healthy weight, less alcohol
I U app to track drinking alcohol
Being smoke free can prevent 15 types of cancers
Stopping smoking most successful with support and medication
Most people need more than 1 attempt
E cigarettes evidence safer than smoking long term data clear co-opted onto
GP and pharmacy in West Sussex offer support
Well-being hub has info as does Smoke-free

Well Being Hubs:
https://www.westsussexwellbeing.org.uk/

https://www.westsussexwellbeing.org.uk/topics/smoking/services-for-west-sussex

Lucy also gave advice on having conversations, behaviour intervention to support smoking cessation, using a Ask>advise>act message tactic
https://www.cancerresearchuk.org/health-professional/awareness-and-prevention/smoking-cessation?utm_source=Cancer%20Insight&utm_campaign=Smoking%20cessation

PHE Update:
JS discussed Sugar reduction toolkit evaluation of being undertaken by WSCC.
OHNA has been published and recommendation made to the LA. There is little support in the area for PH currently.

An initiative with midwives may help to reach ante and post-natal groups.

The process of orthodontic procurement was discussed and its consequences.

The problems and inequity around the process to independent practices was discussed. It was felt my many members that independent practices were dis-advantaged. Some involved in the process reported that some questions were not answered well by corporates. The consideration on what the value of the UOA was and whether this was the overriding factor. DA have said this question did not have the highest value, however concerns have been raised as to whether a low bid can actually make for a sustainable and viable business or whether contracts maybe handed back at a later date. Lessons and refection on process may need to be learned before the process is rolled out nationally

On GDS procurement lack of access, deprivation big factors on location of new practices
Earliest date for this is 2019
10 new practices will be commissioned then smaller bundles to existing
There will be out to consultations with LA, LDN and LDC to get a wider view

AP raised a point that a high need area does not necessarily mean that people will attend which may not improve access. Populations without a high need but with low access could be unfairly penalised.

The problems around the contract model delivering to those in greatest need was discussed

Foundation dentist program will be seeking to create enduring relationship with nursing / care home, trainers will be sent more info shortly. JS will be able to answer questions

Minutes of previous meeting were agreed with no objections

Anitha Diwaker was co-opted, her nomination was from Toby Hancock, seconded by Agi Tarnowski

Website overhaul and update (EL), has been looking at improving website which has been approved, more details to follow

Core training day (AT)
Core day update – (AT)

VENUE: Worthing Health Education Centre
Date : 22/11/2018
HEE booking: https://www.ewisdom-london.nhs.uk/ COURSE ID 7947

Lecture	Speaker	Time	Learning Objectives
Registration and Breakfast		*8.30 - 9.00*	
LDC Update	Toby Hancock	9.00 - 9.30	Update on Local and National Issues
Dementia Friendly Dentistry	Rob Emanuel	9.30 - 10.30	Recap - dementia and dental health. Prevention strategies for patients with early dementia Practical advice on patient management and treatment planning

Problem solving in primary dental care	Arijit Ray-Chaudhuri	10.30 - 11.30	Understand the factors which might limit success and provide solutions to avoid common failures in Restorative Dentistry. Highlight best practice in treatment planning and delivery
BREAK		11.30 - 11.45	
Complaints	Simon Quelch	11.45 - 12.45	A complaint can be a good thing, some advice and top tips for the whole team. Carrying out an investigation, and responding to complaints Understanding the regulatory framework behind complaints
LUNCH		*12.45 - 1.45*	
PHE	Jackie Sowerbutts	1.45 - 2.15	Promote awareness of PHE and LA programs to improve oral health How practices can be involved Support and resources available
Medical Risk Assessment	Steven Walsh	2.15 - 3.15	Inform delegates on potential problems when treating patients with medical conditions and co-morbidities of concern to dentist. Signpost appropriate patient pathways in 2ndry care/special care Up-date understanding of guidelines on anticoagulants, bis-phosphonates, antibiotic prophylaxis
BREAK		3.15 - 3.30	
Problem solving Workshop	TBC	3.30 - 4.30	

Almost 101 places gone

Problem solving workshops:

- Cancer research; prevention messages
- DER's by Vantage (David Ezra)
- MCA in practice (Rob Emmanuel)
- PHE in practice (Jackie Sowerbutts)
- DPS legal advice (Brian Westbury)
- BSA (Trish Mavrick)
- Q&A Employment Law (Rebecca Blake)
- Q&A with DA *(tbc)*

Sponsors: *Henry* Schein, Neoss, Oroscoptic, FTA FTA Law, Software of Excellence, GC, Dental build, Kulzer, SDI, Dentsply, Dental Protection

Social/Dinner plan for 2019 (M O'H) to be confirmed

DERS focus groups:
Letter from KSS LDC to Vantage and NHS E. caused some offence with regard to blame for lack of services being placed on the triage system. AT and TH attend to the referrer feedback session giving some more balanced feedback including the positives, as well as the problems

DER's Feedback from SCD&P plus sedation:
Extra info will be required i.e. why extra time and behavioural factors affecting care needed as a free text box
Radiographs will need to have a report included this is especial with regard to IV sedation practices who treat based on the referral alone without a further assessment and treatment planning appointment.
Domiciliary Care referral now needs to go through GP who is able to assess pt mobility unless in they are in the course of treatment, this was due to high number of inappropriate referral to CDs for domiciliary care.

Patients with mobility problems can still be referred to CDS

When triaged IV sedation can refer on this has caused some issues if the triage has been delayed the patient has essentially been on 2 waiting list.
Molar RCT for level 1 cases not accepted by tier 3 in Royal Alex unless child has hypodontia or medical problems

Restorative:
Probs in referring raised, pt sent to hospital assessed and then not offered treatment
Perio referrals need pre and post treatment pocket chart
Difficulties with LA removed as a complexity determinant from endo and IMOS

Ortho and IMOS feedback groups to follow MB and TH to attend on the 17/9/18

MFU update
SW reported that DER's is evolving
Routine referrals 750 waiting for outpatient appointments
SW concerned about 2 week rule; an audit has shown the pick-up rate 2% from dentist on 2 week rule. Of 200 referrals 2 cases were cancer. Of the referrals 62% met criteria and were reasonable. Would be helpful to have a photo of the lesion to facilitate triage.

The audit identify a training need. SW will be arranging some training through HEE.

SW looking at GP referrals some of which has been sent to GP to refer from GDP
He thinks the GMP will have better pick up rates.

There is concern that some IMOS providers are moving patients onto MFU which are tier2 (not tier 3) but beyond their skill set.

A restorative consultant maybe appointed but work may/ may not include accepting referrals from primary care.

Coastal West Sussex CCG –Self Care and Over the Counter medicines Guidance (TH/AT)
Request to circulate info about campaign to reduce waste
Clarification sought over High F toothpaste
Local campaign is supported by a national program however does not over ride dentists own guidance. There may be problems getting patients to have ongoing prescriptions for High Fluoride toothpaste through their GP.

Orthodontic contracts (TH)
1 tranche have been published, awaiting further news. Problems of patients mid waiting list were highlighted.

OPG/DPT referrals and access – (AT)

Info gathered shared with NHS E pathway for QVH and SASH
Dan Coleman was taking up the project and had reported he was nearly there with East/West Sussex acute OPG access; awaiting details from BSUH and working on Surrey and Kent.

PASS report (TH)
LDC supporting 3 cases
A reflection point has been that legal advice has proven costly and may be too great to enable LDC to advise it in settling of smaller claims.
Advice also sought on character reference from West Sussex LDC. The committee felt that support should be given on what a reference should contain.https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/writing-references/writing-references

Indian dentist seeking FTE/ ORE has been directed to a corporate seeking overseas dentists.

Pension Advice Evening Joint LDC's (TH)
Phil McAvoy expressed and interest to attend a LDC meeting. Following a brief questionnaire to the Exec an educational deficit was evident. The committee would as a whole like to invite him in early 2019.

DA advisors Reports
Complaints Deanery problems accessing course CORE subjects
Rules and regs is running
Complaints and Consent courses not at the moment
It is hoped that HEE will relax its stance on these topics
If GDP can't get on courses they can't get off PAG
NHS E does not accept online courses

Foundation training scheme is crying out for practices/ Educational supervisors.
The poor value training grant and more associates doing the training; it is felt risk outweigh benefits

Practice inspections due to start in the near future DA allocated to different areas,
3 year rolling program is behind schedule. FT practices will be inspected as a priority

OS MCN
Teleconference last night neither SW or MB were able to attend.

Secretary's and MCN/LPN Reports

Restorative MCN16th August 2018 (MO/AT)
Key points discussed: inequalities across the KSS
Identify what care is available across KSS already for referral services, where patients are being expected to travel to and how far
address issues with the REGO algorithm

OH Imp MCN 30th August 2018 (PP/AT)
Report in appendix
Core OHP MCN request to ask how GDP practices feel they cane give back to the community.

BDA MG shared info about local group meeting on 27/9/18 On MI Dentistry in Chichester which can be booked via BDA website. MG will attend English Council meeting.

KB offered to share info on tongue tie and a recommended practitioner in Sutton.
https://www.nhs.uk/conditions/tongue-tie/

PP asked to encourage practitioners to sign up for EDS

Meetings to follow:

- Ders feedback Ortho and IMOS 17th September
- SCD P MCN 20th September
- LA OHP event 18th September
- LDN 20th September 2018
- Oral Surgery Forum
- GDPC 5th October 2018
- Channel 15th October 2018
- West Sussex CPD day 22/11/18
- West Sussex LDC main meeting 13/2/19
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AT to share:

Could it be SEPSIS campaign
New Classification Perio Disease
SDEC new IE guideline
BDA info re downs turn in treatment numbers
Dental courses
AJ flier

Appendix 1

OHImp MCN report PP and AT
Local group meeting OHImp MCN – Surrey and Sussex

Teleconference: Thursday 30th August
Chair –June Willis-Lake
Attended by :
Sarah Davies (SD) – Chair
Louis Hall (LH) –West Sussex County Council
Parul Patel- Special Care Dental Service , Sussex Community Foundation Trust / East Sussex LDC
Leona Towner (LT) East SussexHT CDS
Jackie Sowerbutts – Consultant, Public Health England
Agi Tarnowski(AT)- W Sussex LDC
Barbara Hardcastle (BH) – Brighton and Hove City Council

Update on OHP Activity in region:
Virgin Care CDS +/ Surrey LA :
no contract/ commissioning for OHP but in process of recruiting OHP lead
Brighton and Hove LA
Joint project with West Sussex CC for Sugar Smart Tool Kit in Dental Practice , undergoing evaluation initial indicators are that it was well received and resources useful.

Work with SCT on Early years project Ali McNealy leading
Working also with Healthwatch with regard to care in older people

W Sussex CC
Sugar Smart Tool kit under evaluation
Published OHNA consideration of how to take this forward
Louis Hall leaving in few weeks, CC recruiting new OHP lead

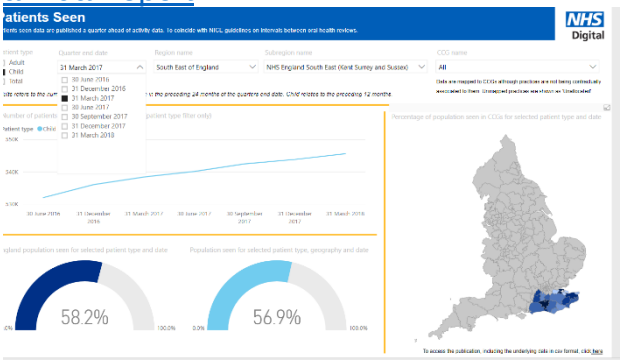
East Sussex CDS
Have new contract with LA
Working with Nurseries and creating |Early Years Excellence Hubs
Developing training for nurseries and special care nurseries new & existing toothbrushing programs esp with regard to infection control and key OHP messages

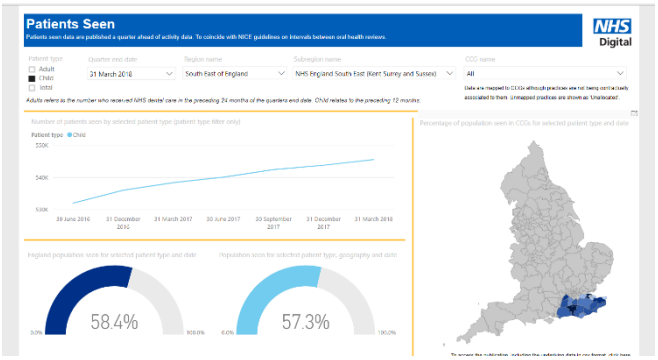
SCFT
Have completed epidemiological survey in Brighton and Hove (adult patients)
met targets in both patient and practices numbers

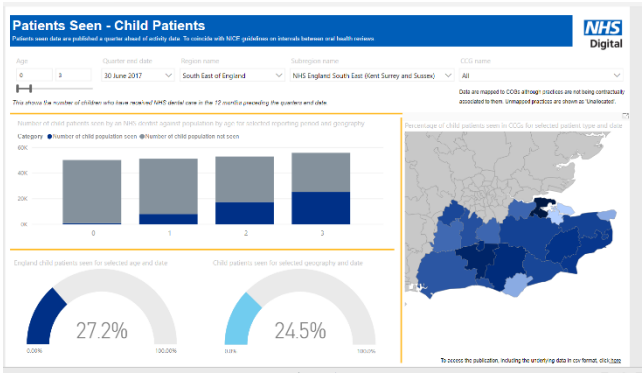
Kent ; working on similar lien and work streams

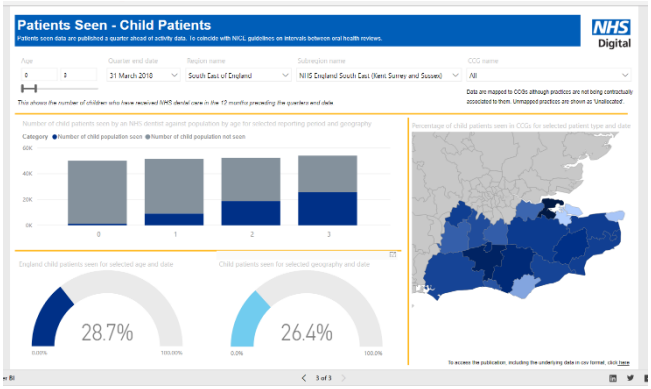
DCby1
NHS Digital Annual Report Published today
Only possible to compare quarterly reports
March 2017 and March 2018 shows increase in numbers of 0-1 0-2 and 0-3 patient seen
But a bit too early to see impact
DCby1 in KSS, **262 practices signed up** Kits sent out end of March 2018

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2017-18-annual-report









More work is needed in encouraging early registration and in helping children and family centre to work with local practices.

HEE

Jackie involved in project with FT to develop relationship with local care homes rather than single one off visit . New Older Persons Project involves OHP training of carers but also when to seek dental care and to encourage pt to be seen in GDS. Ultimate aim is for practices to have contact with early years centres and older persons care homes. In next 3 months – FTs expected to go to care homes and build lasting relationship, there are 60 training practices

Domiciliary care was discussed difficulties with current contract. CQC myth busters were shared.
https://www.cqc.org.uk/guidance-providers/dentists/dental-mythbuster-24-medical-resuscitation-equipment-domiciliary-dental

CQC myth buster versus GDC standard
https://standards.gdc-uk.org/pages/principle7/principle7.aspx

LDN

Linking the OHP MCN with the LDN priorities was discussed, input requested by 6th of September.

Publcising and improving care for those using Eds services was discussed

Link to research project by Proffessor Rebecca Harris RETURN (InteRvention to rEduce inequaliTies in the Uptake of Routine deNtal care) was shared.
https://news.liverpool.ac.uk/2018/05/31/university-awarded-2m-grant-for-dental-services-research/

Social Prescribing

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations to help improve people's health and well-being.
https://www.kingsfund.org.uk/publications/social-prescribing

The use of nonmedical interventions to help with medical conditions

In north west success using social prescribing to help Oral health in local communities

E.g. engagement of parents of children o attend the dentists went to local museum and interactive displays, take away leaflet of where to go and how to access a GDP

Baby book for mum who did not engage in pre-birth health care, has online social media based app, could get drop-in visits and oral health advice, looking after children and teeth

Making things easily accessible to those that find it difficult

Brighton have single point of contact to help families e.g. regarding healthy eating

RESTORATIVE MCN
16/8/18
MO and AT}~

This was the first meeting of the Restorative MCN for NHS England South East region and was held in Tonbridge. The meeting was chaired by Prof Brian Millar, a Restorative Consultant at Kings College Hospital who is also a programme director at the KCL dental institute and was involved in the development of the REGO referral system. Also present was AJ Chaudhry (Restorative Consultant, Brighton), Agi Tarnowski (LDC Secretary – West Sussex, primary and community care dentist), Julian Unter (LDC Kent & primary care dentist), Mark O'Hara (LDC West Sussex & primary care dentist), Andrew Elder (consultant), Parminder Bhogal (Primary care dentist) and two representatives from the NHS team. All primary care dentists present had either post graduate training in restorative dentistry, accepted complex care referrals and / or where providers of NHS contracts.

Brian was appointed to MCN chair 1st April 2018. National guidance on restorative pathways is still in development but he has looked at what other MCNs have done and publications they have been provided with from a national level to guide us in the interim.

Brian opened the meeting by saying his view for the MCN was to address the action points set for us by the LPN and he was looking to bring education, support and career development into the agenda in this area to support the action points and our patients. He hoped this would reduce inappropriate referrals while encouraging dentists who want to progress to have the opportunity to develop and provide a higher level of care for their patients.

The group discussed that they need to grow membership to reflect the patch in all fields and at all levels. It would need to include general dental practitioners who are referring in to the system, practitioners / specialists who accept referrals and consultants in restorative care. It was discussed ideally a a lay member should be present, it was agreed that health watch would be contacted to see if they would be interested, this may be difficult but input could be gained via the commitment to the LDN where the minutes and actions of this group would feed into for further discussion at a higher level.

MCN draft terms of reference approved with no additions. Brian developed this document from the ortho MCN groups locally which were set up prior to this MCN group and national guidance documents which are generic for all MCN's

Expressions of interest for deputy chair where called for but no offers where made during the meeting. Brian said if any one wishes to they could email later. He felt that the deputy chair would need to be a consultant.

Brian advised that the priorities for action by the MCN need to be drawn from and linked to the LDN priorities, which were provided during the meeting for attendees to read in detail later and feedback on what they feel the priorities should be to start with:

Priority 1 Develop improved patient pathways
Priority 2 Increase access to high quality routine general dental services for targeted, high need groups
Priority 3 Develop quality standards and quality improvement process for established patient pathways
Priority 4: Improve access to appropriate urgent (unscheduled) general dental services
Priority 5: Improving oral health frail and older people

Priority 6: Improve public understanding of what NHS dental services are available and how to access them

The chair requested input from the group on how these could be taken up by the MCN and actioned.

Some of the key topics discussed were:

1. To address in equalities across the KSS patch in treatment pathways and availability of care.
2. To identify what care is available across KSS already for referral services , where patients are being expected to travel to and how far, how much this is costing patients in travel as well as the NHS – as several pathways lead to a London Hospital which is no doubt more costly then a local practitioner with advanced training.
3. To address issues with the REGO algorithm that leads to 'tweaked' referrals.

Brian advised that Tiered levels of care is coming although the documentation has yet to be published. In other disciplines this has been developed already so these where used to gauge an idea of what would constitute a level 2 provider. The MCN has been tasked to develop a method by which practitioners could be accredited as a level 2 provider it was agreed that a post graduate qualification would be desirable but not essential, but importantly a log bog / case work to demonstrate high levels of care in that field.

An element of regular quality assurance would also need to be factored in to ensure on going high standard. Clarification would be needed on whether the contract for this service lies with the performer doing it or the practice, or both.

It was suggested to look at existing models of similar care undertaken in West Sussex currently and historically to get a blue print of what has worked and could be improved apon. Some concerns were also shared over how this will impact the work force, Barry Westwood's e-mail on level 1 recruitment (shortage of dentists) was discussed as the future workforce dentistry including more DCPs. Several concerns were raised around available funding and that it might be taken from other areas of the dental budget, most likely tier 1. However concern was expressed that practices are already under funded which results in the number of referrals occurring for more advanced items of care, and such action could have a serious negative impact on NHS care and recruitment the underspend in the current dental budget was not discussed.

The Restorative tier 2 will be mono-speciality most likely will cover – Endo, Perio Level and Restorative / Pros. Endo could the easiest to develop in line with London and other schemes already in place.

A needs assessment is being asked for by the members to identify needs in KSS but it was advised it is unlikely to happen as there is no funding to support this. It was argued that if we are to make recommendations then we need to fully understand the needs of our area in a robust manner.

Lastly the REGO system was discussed in terms of its review and development. Issues were raised over the system being complex at times and users needing to understand where to find modifiers to allow legitimate referrals to proceed. Review meetings with stakeholders is underway but it was felt that those using the system in primary care where not really having their feedback sought and perhaps it would be better achieved on line via rego using the proposed feedback button.

It was agreed to meet 3 times a year although core groups may be set up to discuss specific elements of the action points as needed. The next meetings where agreed for:

26th November 2018
6th March 2019
4th July 2019