West Sussex Local Dental Committee
Minutes Wednesday 13th June

Attended by :
T. Hancock (TH), A.Tarnowski (AT), A. Pitchforth (AP), M. O'Hara (MO), M. Botha (MB), D. Bryan (DB),C. Halworth (CH), E. Lazanakis (EL), P. Patel (PP), Emmanuel Lazanakis (EL), Jo Clarke (JO)

Apologies: S. Walsh (SW), Jackie Sowerbutts (JS) Public Health Consultant
A. J Ray-Chaudhuri (AJRC) Consultant Restorative Dentist, S. Quelch (SQ), M. Green (MG),

Guests Welcomed:
Louis Hall (LH) Registrar for Public Health, West Sussex County Hall
Anitha Diwaker GDP West Sussex

Minutes of the Previous Meeting
Minutes of the previous meeting held Wednesday 18th Apirl were agreed
Matters Arising

1.Louis Hall (LH) Registrar for Public Health, West Sussex County Hall
Up-date on West Sussex County Council OHNA(LH & JS) Follow up following focus event highlighted the needs sp needs children is that right the right areas for the LA to work on? PP and MB highlighted how shared care arrangement can work. DB highlighted Children in care their difficulties. Dental needs of migrant families and travellers were discussed. AT suggested reviewing how many children in special schools are registered with a dentist and whether this could be encouraged via the school.
TH asked whether infor from the OHNAs would be passed on to NHS E or LA , LH said would be shared and may influence commissioning intent
DCby1 lower rates in West Sussex than in other areas , the LDC were unsure why this would be the particularly in our are , work is beening done to spread the message team working with other health care professionals is key
Ali Thompson tool kit developed 12 practices piloting in June, kits have been sent out they will analyse the feedback meeting planned for July August

2. LDC Conference Belfast
MO AP attended on behalf of WS LDC
West Sussex LDC Motions:
To be on a level playing field with general medical practitioners, this conference demands our NHS dentists have their Care Quality Commission fees reimbursed by NHS England. (AP) was carried with a large majority
This conference urges NHS England and the BSA to find a solution that prevents the most vulnerable members of our society being unfairly fined when attending dental services. (AT) was carried unanimously
Voting by cards which enabled more unanimous voting, 8 motions were left undebated and will be passed on to GDPC.
All CDO invited, all attended bar Sara Hurley, Eric Rooney Deputy CDO attended for England
Of interest:

- Problems with Prototype practices continue with concerns primarily around financial viability
- Prevention pathways still working
- Devaluation how it works in Northern Ireland including the current remuneration system which has 60% is item of service, 20% capitation and 20% is allowances. It is a very open market with no restriction on opening practices. The Oasis project which was PDS contract to provide 56,000 patients with access in 14 hotspots of deprivation within Northern Ireland with a. This PDS had a flat fee contract per patientand ran for 5 years and was then converted to GDS for the 14 practices.
- Devo Manc was discussed in particular their toolkits, they are 2 years into the process and are analysing data. TH mentioned that soft devolution may occur in more areas of the country.

- John Milne gave a presentation on PASS , Audit &Peer Review , with a great dealk of variation evident across the country. AT has e-mailed to see how other LDC's have organised and funded such activity.
- Continuing focus on Paediatric Dentistry's with key note presentation by Stephen Fayle
- Next year the LDC Conference is in Birmingham,
- Leah Farrell the following year
- LDC funding should be resolved in the near future meaning the same funds will no longer have to collected for numerous LDC , who will be able to set their budgets again.

TH full report is available on the website

3. PASS CASE – 2 recent cases

TH spoke about 2 cases that had sought support they were offered advice and signposted to legal counsel.

- Case 1: Performer contract terminated with 1 day notice following acrimonious instant messages on Exact, which were photographed, the performer did not receive his pay or deposit back. The performers contract was very confirmative and reflected an employed rather than self-employed status, the case was referred to FT dental law who have taken up the case, the performer may be entitled to compensation.

- Case 2: Hate campaign on social media following acrimonious parting, leaving messages on NHs choices, social media and websites. This pattern of activity following a disharmonious parting has become more common.

AP highlighted that it is difficult to remove bad reviews from NHS choices though practices can reply

- Both cases came from Independent contractors rather than corporates

AP highlighted rules on returning deposits which when followed according to the BDA contract may cause a problem with underpaid pension, which the BSA takes from the practice, the practice is left out pocket if performer does not pay it back. If the deposit is returned in a time period that does not include august when pension re-adjusted. It could be have been a problem the other way too in the past this is less likely now as both performer and provider have to sign.

4. DERS update –focus groups

2nd of July AT to attended

Surrey Email on DER's was discussed, LDC discussed the problems that were occurring and that the system is still evolving. CDS had found that initially referral numbers went down but now going up as dentist have learned the system to enable the referral to go through

JC stated that the MCN should be involved in their part of the pathway, publication would be useful to support dentists. It was discussed that the system is being manipulated in order to get the referral through often the text is the most useful information.

Additional problems of pt's registered with GP outside West Sussex was highlighted.

As were a loop were pt referred into MFU cant not be referred on to CDs but GDP can not find pathway to CDs and is directed to MFU.

Complaints and feedback should be directed to Vantage and problems highlighted to NHS E through karen.crossland@nhs.net

5. 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	

Venue, Speakers and set
Sponsorship confirmed from 10 companies , perhaps have room for 2 more
Workshops in the afternoon should be good and include
Problem Solving Workshops on
Referring and REGO David Ezra (confirmed)
MCA Rob Emanuel(confirmed)
Working with and utilising PH and OHP resources: Jackie Sowerbutts
Q&A Employment Law Rebecca Blake (confirmed)
Advice from West Sussex Dental Advisors ? all/some of our DA who ? TBC
BSA Trish Marwik (TBC)
DPS (TBC)
Options of either signing up to 3or 4 and changing 15-20 minutes or open house discussed.
EL to send out flier and invitation letter.

5.Orthodontic procurement update –
6 cohorts, being processed by August. Situation very worrying in some areas like Horsham where 1 of the 2 existing practices will loose. In KSS potentially at least 16 practices will be closed. Transfer of patients from unsuccessful practices is likely to cause complaints. Process itself is regarded as fair and transparent by DA's. DB wonders if successful bidders will be able to make the contracts work.

6. OPG/DPT referrals and access – (AT)

Diane McFeeters operations manager ofDiagnostic Imaging department at ESH confirmed OPG facilities at Horsham and East Surrey hospitals. Can accept NHS referrals. They would prefer these were made electronically but currently don't have a monitored generic NHS.net account so a paper referral would suffice. The Form has been sent and EL will put up on web site.

They currently provide a disc containing the image as we can't IEP (transfer the image using Image exchange portal) to individual dentists. Dentists should ask this to be given to the patient along with the key to open it and arrange a review.

TH to investigate process for Chichester , PP to ask to pass on forms for Worthing, QVH

7.USC MCN (PP)

Summary U MCN 2 meetings so far; looking at input for Flow chart for triage system for re-commissioning. Access slots available in primary care for next day following triage will be available perhaps through GDS commissioning. EL noted this actually works well in his practice. EDS in West Sussex, currently contracted to end of March2019

OHP MCN (PP)

Starting well – one practicve in West Susses CH starting soon, will be meeting with JS and update at next meeting. Request by OHP MCN for use of DCby1 list to be as point of discharge for CDS, PP stated that this would not be correct. HEE mouth care mater funded by hospital now mini mouthcare is being developed in some hospitals. Request for dialogue with anyone knowing about GDS MCN's.

Full reports in appendix.

NHS England South (south east) / Dental Advisor Update MB AP

Practice visits not happening due to Ortho Procurement workload Outside team moderate the applications process very transparent. NHS E team is larger with some restructuring in contract management but all only on 1 year contract.

Secretary's and MCN/LDN Reports

SCD MCN Summary

Full report in Appendix

Since DER's started in April all CDS are seeing a decrease in numbers of referred units

Secondary care has seen increases

More declines seen from sedation provider

Sedation providers to be invited to attend MCN

Commissioning standards for Paeds has been published includes a pathway for high needs children

PHE breast feeding advice published inline now with advice on bottle feeding

PREM & PROM are piloted but difficult

Pathways on RCT under Ga being discussed and finalised.

GDS Procurement:

Over 300, 000 UDA to be procured planned April 2019

10 new practices of 21000 each plus smaller lots 3500-7000 each

A flat rate of £25.99 per UDA will be offered

Practices would be asked to provide extended hours, bariatric provision, access slots, perhaps be a named practice for local care homes.

Comments from LDC that a repeat of ortho procurement with and a playing field that favours corporates. The committee felt the UDA offer was possible.

DCby1:

266 practices signed up

CPD tool on our web site very easy to access and make a great lunch an learn in house

Work is now being done on Paeds CPD day with HEE

Work needed to share message with other healthcare networks

LDN: next meeting 27/6/18. Last one cancelled due to accident.

Restorative MCN invitation:MO and AT invited 16/8/18 LDC agreed to fund

PHE OHP LA invitation: AT invited 18/9/18

COURSES in PRH request from Carol Langley to share with LDC
https://www.ewisdom-london.nhs.uk/coursesandbooking

7925 Endo course on the 13th July at PRH

7915 Anxious Patients Course on 21st June PRH

Treasurer's Report

MB Collecting levi currently no problems, happy to hear we will be able to set our own budget in the future.

MB sent invoices for sponsorship For CPD Day.

GDPC 4th May 2018

Full report on Website

Summary points :

Guild rate now £295

Contract Reform some discussion on variation to contract reform by adding bands.

Practices handing back contracts when below patient charge, then resubmitting to get average national rate.

Capita performers problems, is a mechanism to get money back. BSA dropped 28 day recall.

Equalisation UDA value average value £26.4 is proposed. 10% reduction in graduates from 2019.

NHS pension not achieving 9.0, contribution will need to go up but if gets 40, 000 persons will be taxed, 1 million max life time limit causing more to retire early.

Amalgams phase down happening recommended uplift to DDRB asking for 7.8%.

Channel meeting 16th April 2018

Full report on Website

Summary Points

AG reported that DER's has been amended even since the launch, feedback for online survey and focus group has delayed , LDC to send representation to this in July

East Sussex ; held successful training day in Feb

PHE (Victoria Spencer-Hughes) working to support Dcby1

Surrey : DER's is the main point of concern

Kent: DQAP meetings concerns of new breaches being found including:
Changes to opening hours made via NHS choices website and when not agreed by NHS England.
Failing to use a registered lab for lab work
Sending off claims with different dates to the record card

Benefit in Kind, if PCR not claimed when staff treated, HMR could be notified.

Force Majeure is not applicable for snow in winter

Serious incidents/ Never event deafferentation events Tim Hogan is reviewing and producing a report.

Tim Hogan had a teleconference with Peter Briggs (Dean of London/KSS deanery). Peter differentiates between training and education (where training is the ongoing CPD and education is upskilling). He is only willing to fund education, with the exception of the "NHS rules and regulations course". Accrediting e-learning

Kent also looking at IG toolkit.

Any Other Business

- Well-being survey research request, 1 hour interview DB & MO TH to forward e-mail
- EL quote for up-grade of website design layout and functions page £1200 one off fee
- Anitha DPO- requirements for GDPR, LDC advice was generally appointments are within practices but a person would need to implement change, external source not necessary. Tool kit is being put together by DA @ NHSE . A note was made that practices can no longer charge for FOI request for records. Associates don't generally need to be ICO registered
- ARF declaration deadline end of June for both
- JC ortho MCN 1st meeting 17th of July, would like primary care rep 3x a year pm Horley request for KSS take to Channel to be fair and transparent
- LDC Charity Event… idea floated, MO to look into
- CM – child FTA policy, lots of letter sent to GMP, no feedback from GP is this too much access to Level 3 training option discussed , PP may be able to offer some support SCD looking at WNB process currently.

Date and venue of next meeting:

All evening meetings are held at the Roundabout Hotel, West Chiltington

LDC Main 6.30 pm: 12th September 2018

LDC CPD DAY and AGM: 22nd November 2018 WORTHING HEALTH EDUCATION CENTRE

APPENDIX
REPORTS REFERENCED:

1. **US MCN and OHP MCN (PP)**

Unscheduled care MCN – KSS 24/5/18

- Working on flow charts to help with triage
- No indication of when it will procured
- West Kent pilot – challenge how do you share care with other providers who are on different networks and different software systems
- NHS111:
  - MCN chair advised good triage service but when transferred to 2nd service patient needs to answer questions again and they are kept waiting till the 2nd service calls back
  - Avulsion training model – if tooth avulsed and bleeding go to A&E, if tooth avulsed and no bleeding then it gives advice to inform patient to re-implant it. Group asked for this to be reviewed
- East Surrey EDS going from 10-2pm to 9-1pm weekends and bank holidays

Oral Health Improvement (OHI) MCN – Surrey & Sussex 1/6/18

- No public involvement in this group currently therefore Healthwatch Brighton to be contacted for their involvement

LDC

- Starting Well Care initiative – National Document from NHS England announced 70,000 more toddlers going to get 1st CU in 70th year of NHS
- https://www.england.nhs.uk/2018/05/70000-more-toddlers-to-get-their-first-dental-check-up-as-nhs-england-targets-childhood-dental-health/
  "The Starting Well Core initiative will include additional support to the dental profession, including training materials and guidance for caring for your children, and a programme of communication to encourage the public to take up the offer of a 'Dental Check By One', for babies in the first year."
- Local authority (LA) not aware of this document
- Unsure re: capacity of GDPs –

Question to LDC members

1. Have commissioners informed GDPs or given extra UDAs for this?
2. Can OHI MCN get lst of GDPs who signed up to DCBy1? E.g. KENT CDS would like to direct patients to these practices
   However discussion regarding just because GDPs have signed up or not is not a good way to assess the practices appt availability, suitability or experience to treat children since DCBy1 is for very young children.

B&H LA

- LA due to complete local oral health needs assessment
- Working on own dental tootlkit

West Sussex

- Dental toolkit pilot
- Integrated response team within hospital – contact all care homes in area and SCDS providing training to them
- Final draft of W.Sussex OHP needs assessment should; be finalised in 1 month
- GDPs invited to comment on it:
  Dear Colleague,

  How would you like to contribute to improving the oral health of children in West Sussex?

West Sussex County Council has recently drafted the 2018 West Sussex Oral Health Needs Assessment and is looking to obtain feedback and comments. As someone who is involved in the provision of dental services locally, we would value your input to help shape the document and contribute to the recommendations which will be used to inform an Oral Health Improvement Strategy.
The current draft has been developed by the West Sussex Public Health Directorate with the support of Public Health England and Dr Jackie Sowerbutts, Dental Public Health Consultant. It can be accessed by following the link: http://jsna.westsussex.gov.uk/needs-assessment/west-sussex-oral-health-needs-assessment-2018-final-draft/

Please direct any comments or feedback to Louis.Hall@westsussex.gov.uk.

The deadline for comments is 5pm on Friday 22nd June 2018.

We look forward to hearing from you.

Kind Regards

Louis Hall
Public Health Registrar, West Sussex County Council

- Louis Hall to investigate of BASCD 5yr old survey will be running in West Sussex and if contract will be procured

East Sussex LA
Apologies sent

East Sussex Health Care Trust
- CDS forming new contract with East Sussex LA
- Training with HEPA co-ordinators & care home staff for OHP, disseminating via care homes visited by CDS Doms
- 8 training days across different locations– Hydration & oral health training
    - Working with infection prevention champions in care homes

SASH
- Mouth care matters train the trainer running within the hospital

HEE
- Funding for mouth care matters has finished for care homes
- 13 leads in acute hospitals are now funding posts themselves- Conquest, Brighton, Queen Vic, ESH, Western
- Mini mouthcare matters – Great Ormond St, Birmingham, Manchester and Alder Hey Children's Hospital
- Paeds Consultant asked to investigate if it is running in BSUH

PHE – apologies from JS
TWITTER
- OHI MCN Twiiter page launched May 24th
- Twitter account: @KssOHMcn
- National messages re: oral health will be tweeted here e.g. from GDC, BDA, mouth care matters
- If you want anything publicised can send to Sarah Davies

MCN Chair
Sarah Davies has links with other OHI MCNs nationally
Most areas looking at:
1. OHI MCN
2. or GDP MCN – General Dental Provision

If anyone has links with GPD MCN please let Sarah Davies know

SCD P MCN (AT)

Special Care and Paediatric Dentistry MCN Points of interest

17th May 2018, Tonbridge

DER's,

- CDS are all now receiving referral through DER's. There have been some problem it is encouraging that it is possible for Vantage to respond to these problems quickly to implement a change. For example, initially children for deciduous extractions only were going to secondary care and IMOS, this have been rectified. CDS onward referral issues to hospital have been rectified. Some geographic boundary issues have been rectified.
- All CDS referral have noticed a decrease in number of referrals to units
- Some CDs have noted in increase numbers of GDP's calling with problems
- Secondary care providers have seen an increase
- Sedation practices seem to be 'full' and are rejecting more/ passing more onto CDS
- Sedation service provider to be invited to the MCN
- The pathways that have been implemented are a change to the habitual patterns of refers. The DER's algorithm is based on the new commission standards documents rather than the historic service provision of CDS.
- This could be why dentist can't seem to refer as they have in the past. Referral choices in the past perhaps have been more diverse rather than one or two pathways.
  An example of my interpretation of how this works is below:
  Complex Extraction → IMOS/ 2ndry Care
  Complex Extraction Plus anxiety→ IMOS with Sedation
  Complex extraction with medical complexity→2ndry care
  Non complex extraction with medical complexity → CDS not IMOS? Refer on if needed
  Non complex extraction with anxiety → CDS/ sedation in theory both should come up
  Non complex extraction with no medical complexity→ would not be allowed by the system
- some treatment items sent to be triaged by CDS who will fulfil a gatekeeper role.
- It would be useful to see the algorithm to better understand the pathways
- DER's meeting set up for July for refers into the system another to be set up for those receiving referrals

Commission Standard for Pead's published

https://www.england.nhs.uk/publication/commissioning-standard-for-dental-specialties-paediatric-dentistry/

CDS procurement likely to be delayed to 2021. Input from the services has been received NHS E reviewing 'stock take' to understand current service provision. There was discussion about developing more robust patient and public involvement now that can be used in the procurement process later. The purpose would be to find out what aspects patient (and users such as referrers) value in order to preserve. Services to identify user groups at this stage, both patients attending and not attending from these groups will be attempted to be reach.

High disease levels included in possible referral criteria, NHS E request definition of High caries rate ideally with a number

GDS Procurement:

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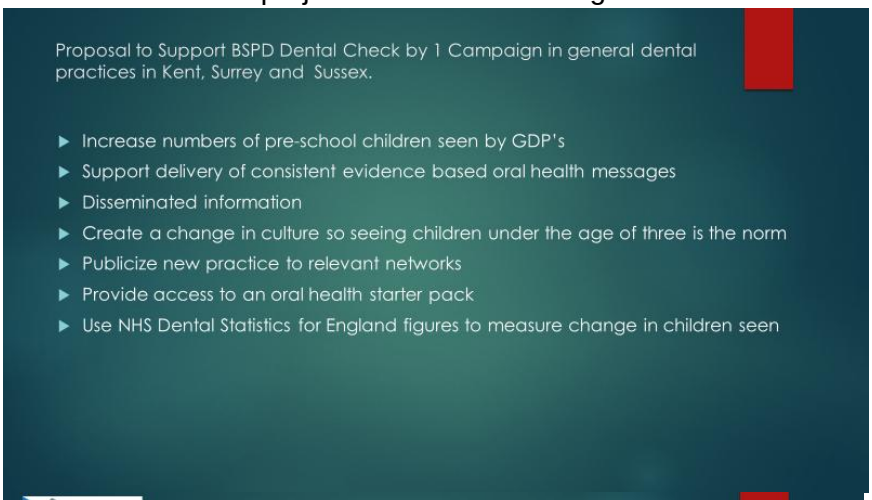
Not procuring domiciliary

DCby1 Update;

DCby1 in KSS update May 2018

In Novmeber 2017 project asked the following:



DCby1 in KSS, **262 practices have signed up**. I believe this is a great endorsement of our dental practices commitment to help prevent tooth decay in children.

Oral health starter kits with messages supporting DBOH sent out all bar 3 practices received them by end of March.

Initial registration when e-mail only was sent prior to Christmas was about 80 practices , the majority of practices register after a hard copy invitation was sent.

Starting a network of child friendly practices:

An e-mail was sent for practices the OPT IN to join, 28 practices have joined.

Team CPD:

A **free** presentation which can be undertaken by practices as providers of the CPD for the whole team perhaps during a lunch time; instructions, evaluation sheets and certification was sent out to practices

https://prezi.com/view/SFi7WfJymqbXvsGpcSgT/

It has been shared with LDC for link through their web sites

Instructions given to practices on how to show DCby1 acceptance on NHS choices

Spreading the word further:

Engagement with LA through the OHP MCN to HV

East Sussex HEPA individuals who co-ordinate health and wellbeing programs for East Sussex for early years are aware of the initiative and can sign post parents
West Sussex engagement with County council ,shared info to Children and family centres and well being hubs
LPN chairs requested to send out Summary to pharmacy LPN for further distribution
Further work needed to engage with Health Visitors LA
Further work needed
Engagement with FT and HEE …. Opportunity to develop a paediatric training day

Are more children being seen?

BASE LINE NHS DIGITAL
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/nhs-dental-statistics-for-england-2016-17
2016-17 Dentasl statistics arecpublished in August where we can compare in more detail what is happening in our region.
But it is possible to look at the national picture which can be compared on the quarterly reports the numbers of children seem 2016/17 and 2017/18 show an increase from 6.7 million. (57.8 per cent of the child population) to was 6.9 million. (58.2 per cent of the child population.)

PREMs and PROMs;

These were piloted in Kent and Surrey experience measures were easy to understand but patient reported outcome measures less so, the nature of dental treatment is varied even for GA patients and a single question relating to improvement either in appearance or eating is not always relevant. New question is being looked at to judge patient reported improvement following treatment/ intervention.

Documents signed off: TOR's, GA pathway for SC patients

Documents still being amended: RCT under GA for SC patients, MCN public document for web site.

Other documents discussed: Phase down of Amalgum, PHE Breastfeeding Advice,

PHE breast feeding.pdf

amalgum.pdf

Deputy Chair was elected by the committee: Panna Shah, Consultant in Special Care Dentistry Kent Community Health NHS Foundation Trust

Date of next meeting changed from 5/9 to 20/9 am