West Sussex Local Dental Commitee

West Sussex Local Dental Committee

Topic: WEST SUSSEX LDC MEETING

Time: Apr 14, 2021 06:00 PM London

Attendees:

Agi Tarnowski AT
Mary Green MG
Christine Hallworth Miller CH CM
Mark O'Hara MOH
Matt Botha MB
Ashkhan Pitchforth AK
Simon Quelch SQ
Kellie Downie KD
Toby Hancock TH
Sandra Da Silva-Creasey (Secretary)

Guests:

Lucy Short LS
Zusana Resatorova ZR
Chaitali Bakhai CB
Emilie Tadros ET

Apologies:

Richard Simons RS
Jane Harris JH
Parul Patel PP
Emmanuel Lazanakis EL
Anitha Diwake ADr
Mariam Noorani MN
George Billis GB

AGENDA PLAN with Documents

Minutes of Previous Meeting

Agenda

Agenda Item

Safeguarding West Sussex Update (LS)

MASH

MASH is the single point of contact for all safeguarding concerns regarding children and young people in West Sussex and includes front door access for Early Help.

Learning and Development officer for the Children's safeguarding partnership. We work with every single person who interacts with young children. The partnership is led by three main leads plus professionals for local authorities and the police. We collaborate with people like yourselves who also work with children. My specific role is in the partnership to equip people with working with

young children. If you are seeing children for dental check-ups you may be the first point of contact in spotting signs of neglect. Dental neglect being a sign. The website I will share with you has some case studies that shows great examples of good practice. Lots of training available. The training is free and is useful.

AT What cost is the training and what are the times training is available? **LS** Training is online and not Free but some courses are. Offering a hybrid training programme so that half the session could be delivered online and the other half in house. You might consider sending a key person to the training. The level of training depends on which ones you choose. Different levels are available.

AT What would be the next step to safeguarding a child if someone has a gut instinct that something is not quite right?
LS They can refer to MASH and will be triaged to the appropriate section.

Healthwatch West Sussex Update (KB & JT)

Healthwatch West Sussex

AT -Problems remain the same from lack of access for urgent care and routine care. Now that practices are up and running complaints are coming in for the routine in equal measures. In Brighton and Hove they did a blanket survey and found that patients were fairly unhappy about the advice and access to information.

Matters Arising

Welcome New Member MS
Constitution update and vote

We have tweaked the Constitution to make sure it is more relevant and refers to the area team and refers to current electronic processes rather than the historic way things have been done and to reflect on whether we are still happy with the way everything currently works. Lots of things have never really been stated before like our PASS, Peer Review etc.

If we agree the constitution the way, it is we will send it to our commissioning team for approval. The only thing that did have some disagreement on where LDC's statutory funding is used. The Constitution has been sent to you but click here for easy reference.

LDC Constitution Poll launched 100% agreement. Constitution will be sent to NHS for approval.

Q1 & Q2 targets

AT – We all know what the targets are now for Q1 & Q2, 50% practices achieved 60% target min Q4 of 2020 therefore they have upped the targets. There are concerns about Abatement as well the assumption that as a profession we are spending less but actually we are spending more, another thing to raise at the Restoration and restarting group.
AP – Still having to get more PPE. The quality is variable and waste cost are high.
AT –There seems to be a push for the reduction of PPE and fallow time by BAPD.

Vaccination - Thank you to MG & Courtyard Surgery
COVID Vaccination Service

MOH - Vaccinated over 1000 dental colleagues in West Sussex. We were the first county to get everyone vaccinated. We have only had 1 or 2 that could not get their 2nd jab but overall, very successful.
CBT - Two apps depending on where you are in Horsham. MED AIR is one of them, the other is called Patient Access. Each CCG has its own software. The main app is called the NHS app.
ZR – Helping to deliver vaccinations and all the details are entered in the One Page, but what I have noticed that the only record of which vaccine you had is only recorded on the card you are given. Here is the Covid Vaccination Service.
CB - The system we use is called Pinnacle.
MOH – Allegedly the system will linkup to the passport system, so when holidays are booked they will be able to see if you are eligible to travel.

It was agreed the LDC is to fund a thank you gift.

ICS Report on meeting (PP)

Click here for ICS Report

Additional hours initiative

Restoration and restarting services.
AT – Apart from allowing for over -performance if there are other ideas? please send them across.

MFU TWR request

2-week Rule

AT - We have been approached by the team from the MFU with regards to the 2-week rule.
JC - The issue is that because there is only the 2-week rule pathway but sometimes there are cases that are being sent via this pathway even if they are not the 2-week rule. IN MFU they will triage all the cases and move them to urgent but not 2-week rule.
AT - The person who reads the referral wants to know why you are worried. As a referrer you think that by putting in the ticks you have done this. If there is not enough information, it doesn't help.
JC - The 2-week rule referrals cannot be rejected. We can upgrade a routine but not downgrade a 2-week rule so it is very easy for the system to be swamped.
AT - We will help as much as we can with regards to the survey and obviously be mindful of referring them to the 2-week rule. Will gladly assist to aid the situation. CPD event coming up.
AP - Feedback would ensure or aid the referrer to minimise the non-essential 2-week rule.
AT - Feedback is great to encourage good behaviour and to train and develop the referrals.
KD - An amazing app I have discovered recently is called SFDADS that you can download an image of a lesion and it will guide you to where you should refer to and link you to an appropriate consultant. Practice sign up is £300 and individual cost is £100 per year.
AT – All referral gets a response so targeted feedback could be useful.
JC – Reply to referrer button is regularly used. Feedback is given.

Needle Stick Testing

MOH - Finger prick test kit sent and must be witnessed by another GDS colleague. No vial of blood needed. It is a rapid HIV test.

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

SQ – Have left position as NHS Advisor, but as of January/February number of complaints has decreased considerably. With regards to the referrals for the 2-week rule, this practitioner had made 8 x 2-week rule referral. I audited it and sometimes there really is a need for training, so these things don't happen.
AT – Thank you for your time as a Dental Advisor, you have made a difference.
AP – Thank you for all your help – fantastic reports that were great learning tools.

Secretary's Report

Data Protection Policy

MOH - Data Protection policy is being written. PO BOX set up.
AT – If anyone feels there should be more policies please get in touch.

Communication Update
MOH - Last newsletter went out last weekend and included information on vaccinations. Going forward to send out newsletters quarterly as there is not much to share at present..

PAG Update
MOH – The system is working well. There are not huge numbers of GDP's

Fit test solution still available – by e-mail
MOH - Boxes of FIT test solutions available.

PASS and Peer Review

Up-date on cases
TH -The latest was discussed,
MOH-for IT security case work will be stored on 'One drive' on NHS net account.

Update on programme 2021
AT - Referral pathways next.

Office 365
AT - There is a lot to be learnt still on this, may MOH will teach at some point

June
AT – Planning to do a face-to-face location in June with SQ, have the same venue for both meetings and will be pre-ceeded by the LDC meeting.
July – we will have a presentation by George,
September will be a presentation of removal by Matt.

MCN/LDN Reports

Ortho (JC&TH) Request for input lessons learnt.

JC – The 3 years of term as an Ortho MCN Chair has come to an end. Have taken over as clinical lead on the MFU in the meantime. We have not made as much progress as I would have liked to have done. To be fair Covid got in the way as some projects were coming to the end.

Trying to improve the dropdown pathways on REGO. We would love to have a flagging system so that you would know when you receive a message. At present it is hard to… there are some good things that will happen on the dropdown pathway. We have agreed that an Orthodontic provider can refer directly into secondary care.

AT – Of course you also had turmoil of procurement, I really appreciate the work you have done and thank you for all the guidance and especially on pathway for permanent molars of poor prognosis.

Restoration and Recovery group led by Huw O'Keith, update on how MCN will work going forward – there will be 2 LDN's.

Oral Surgery (MB)

MB - Patients pay the band 2 charge when they are referred. If GDP can ensure they charge band 2. On REGO now you must tick the box to say whether they have paid or not paid. Current contract will run until 2023.

OH Imp (PP)

AT - Has sent report.

UDC (TH & PP)

AT - Most AGP's are being referred to UDC's from EDS. They are looking very much at models of care. In Hampshire and the Isle of Wight they have radically changed their out of hours service to a very reduced service.

SCD&P (PP& AT

AT – The big topic is still procurement; it has been deferred which is a good thing. UDA's are going to be the currency. Promised an uplift in their contract but his has never actually happened.

- CDS contracts have been extended for now.
- Spec for service that was shared before X-mas is reviewed and Q&A answered (pdf attached)
- Several concerns remain, top 5 are UDA currency, 3a and 3b requirements impacts on services, accreditation, domiciliary especially with non-specifically funded shared GDS care.
- GA access across KSS patchy, most starting up with some access now East Surrey seems to have best position, worst access is in Kent.
- Sedation services - 3 providers have met virtually all concerned about no uplift.
- St faiths has found success with IS model shared audit greater time resource needed though waiting list lower (booking now for referrals received in Nov 2020), do not think young children should defer to CDS automatically anymore.
- No updates on out of hours services.

Restorative (MO&AT)

There was discussion around hypodontia cases, with reference to REGO and feedback of seeing what is appropriate and what is not. There was a huge discussion about implants. Kings College had released guidance on what classified as implants. Provision of services. As West Sussex we have concerns about ENDO and funding. We seem to be the only patch that has this funding, other counties have very little funding.

Would be prudent to raise this as with Covid this has dropped off the radar.

Discussion about referrals dropping.

Covid update in secondary care teaching hospitals – waiting times are very long, ENDO cases or restorative care is 12 months or longer. A yearlong project of upgrading the ventilation systems mis underway which will also create delays in care.

LDN, RD MCN (AT)

Big topic is still procurement, it has been deferred which is a good thing that concerns around currency and the specialist led commission service remain unclear. They have also omitted the disciplinary cases completely.

The referral criteria – the fact that each county has a different referral criteria. We have now got a patient who wants to contact us about the referral criteria.

Patient Group feedback and input from Healthwatch
https://www.healthwatch.co.uk/news/2020-12-09/dentistry-and-impact-covid-19
Concerns remain over access both routine and urgent acre.

Positive feed-back avenues-
NHS Choices

Have met virtually and received data from NHS choices.
NHSE/I Update
-MDS procurement was shared from NHSE.
-UDC additional hours procurement was shared.

LDN matters arising-
Improving pathways
- DER's video- (from DER's newsletter July 2020)
https://drive.google.com/file/d/1vwlNeuuIxpoDj-gjUx7GYZ0-HnOAye1A/view
There is a NHS Feedback portal that can be shared. A tier 2 discussion is needed.

Treasurer's Report (MB & TH)

MB - It is going very well. Post covid in the black, unless there are any outstanding invoices/expenses that someone has not handed to me yet. We managed to send out the £10k to the Guild fund and the usual amount to the three charities. We need to build on the success we have had and continue to reward the dentists with the funding we have. Practices appreciate as funding is going back to invest in the dentists.

GDPC Report

Vote to support GDPC representation - GDPC Report

Horizon Input from West Sussex - collected and was shared

TH - Meeting on the 19th of March. Published comments. Closed the official and will be on website. Very much focused on Covid. The dilution of the SOPS and the contractual updates. There is still pressure from NHS England to increase production. A delicate balance. A bit of upset about the 60% saying that the GDPC representation is not correct.

16.5% for abatement still applies and that the production went up threefold, but payment stayed the same. Different areas of England are working to their own guidelines. N.Ireland, Scotland, Wales . Wales are a bit softer in what they must pay. The associate pay is still arguing that they are being treated unfairly, which is on-going. The 35% minimum target is also still a discussion point. The corporates are doing the best and it seems to be the small corporate which are struggling.

Integrated care is on the back burner and private practice groups are mainly concerned about SOPS. The next meeting is at the end of this month.

AP – 10 years on, do we honestly think the contract reform is ever going to be sorted? It is going round in circles. Capitation is what the main block is, and the only hope is that the pandemic is a bit of a wakeup call on what a dentist can and cannot do.

TH - Currently the NHS think UDA's are the simplest and most equitable way to judge how much work the NHS has completed. Capitation is what everyone is asking for, but the politicians will not want it. The only hope I that the pandemic has been a bit of a wakeup call.

MB – I heard that they want practices to adopt the pilots and looking for 75% UDA's and 25% KPI's.

AT – Horizon Scanning Input from West Sussex. I think the areas of concern is how the UDA work for us and what the challenges are in the next 10 years. Wanting input on what people thought was important.

TH - Answer is diversification. I think that the increase in females versus male will be significant. Within 20 years diversification is a natural progress. If practice prices stabilise more people will be able to afford. The well-being of dentists is my priority. More security in contract ownership, more job security for performers who do not own contracts. In the future I think capitation is a sure possibility.

MOH - Abatement is the biggest issue. Working hard does not make a difference and costs are constantly increasing. How are we meant to retain and recruit if we can't afford to pay them.

ZS - I used to have a private practice but too much paperwork. I now work as an associate. Universities are going the wrong way with only offering dental therapists. A short, quick curriculum and the therapists will not be ready for these types of patients. The government needs to appreciate us and support us.

CM – For the time being – associate pay must be the top of my list and not far behind is the non-scheduled care and there is so many antibiotics being prescribed. A properly funded prevention pathway.

AP – Engagement with NHS England and years developing that bridge and suddenly it has been knocked down. That would be crucial to get it back in. Hope to get back to pre-covid. Dentistry without any fallow time.

ET – First meeting and very interesting could generally refer to the paediatrics and in the last few years it feels that you cannot refer to anyone. REGO is very good, but you must play the game. My future concerns would be dentistry in general hopefully a structural reform with the NHS.

KD - Having transparency. Joe mentioned earlier on how working in the MCN for three years and still was not able to make great changes with the contract's prevention's-urgent care. Lots of ways that we can help looking at motivation and trying to work with us and not against us. Being involved with education supervision and seeing this year that the NHS want value for money services and will not improve if there is not enough support, the training has been very tough and there is a lack of trust.

MOH - Resilience is becoming such a battle and the mental health and burnout is something we have never seen before; this is not the right approach we are dealing with such highly academic people.

MG - when I started, I had excellent support there was always a way to get help now there seems to be a deskilling when I was a junior dentist, I did so many treatments are now not done at all by junior dentists. Also why is dentistry so cheap, why should certain treatments be charged. Now the scheme is not fair for dentists, and it is not fair for patients. It is only good for the government who can say they are doing a good job which we know that they are not. Covid has really highlighted the cracks in the system.

MB - We are on the precipice. There is not enough work, there is not enough recruitment. There needs to be transparency. It should be renumerated, and it should be done fairly. The biggest elephant in the room is that there are simply not enough dentists. The highly skilled clinicians coming from Europe are now not there. We need to have more dental schools. We need to fund more treatment, or the department of health needs to say what they can fund and be honest on what can and cannot be achieved. There is an expectation that there is an NHS dentist for everyone.

Channel and RLG

IT and Communications

Click here to see all communication on the website

NHS NET development- what can it do for us and how we can use it

Newsletters

Reports from committees

Test Positive Guidelines

Dental Practice Risk Assessment

Guidelines for Prioritisation of Dentoalveolar Oral Surgery Treatment

BDA Country Council

Dentists practicing in England have entirely different meetings. Memberships has gone up slightly. People have changed from the lower membership groups to the higher membership groups. No face-to-face meetings last year, they are starting to talk about face-to-face meetings. Excellent BDA,

CQC Inspector calls meeting and it was great to hear about the outstanding practices and the worst. Really good webinar and it was free so worth checking them out. The data breach you may have heard of has been resolved and your data is safe. Cyber clan did a report for the BDA and no further action is needed and all details are safe with the BDA. Self-employed status focus group is also being set-up.

If you are a member you could look into the CQC Webinar.

The Business of Dentistry

BDA CC

PAG/PDLP

DQAP

AOB

Click here for Program for PEER Review.

Thank you to everyone very informative.

Date and venue of next meetings Virtually on ZOOM or in person (Optional)

Wednesday 16th June

Wednesday 15th September

LDC Conference 2021 3-4 June Manchester

AGM, and Other CPD TBC