West Sussex Local Dental Committee

Topic: WEST SUSSEX LDC MEETING

Time: February 9, 2022 06:30 PM London

Attendees:

Agi Tarnowski AT
Parul Patel PP
Toby Hancock TH
Mary Green MG
Mark O'Hara MOH
Emmanuel Lazanakis EL
Matt Botha MB
Jane Harris JH
Christine Hallworth Miller CHM
Simon Quelch SQ
Leon ?
Robin Leslie?
Sandra Da Silva-Creasey (Secretary)

Apologies:

Ashkhan Pitchforth AP
Jo Clark JC
Anitha Diwaker AD
George Billis GB
Oliver Trefgaime OT
Katrina Broadhill KB
Richard Simons RS
Andrew Hobkirk AH

AGENDA

Minutes of Previous Meeting

Healthcare Update KB

WS LDC PPT Presentation by AT

Click here for PPT link

MATTERS Arising: -

- **SE LDC Liaison Meeting**

AT- Reluctant to make decisions locally, want decisions made nationally. No particular action from liaison meeting. Meeting happened before the 50million funding.

- **Change to vaccination mandate**

MOH-Deadline 21st January.
EL– Extra dentists and extra hours to support.

- **50 million funding**

AT- Very hard to mobilise

MOH- By the time you divide the £654 per 3.5hour session between nurses etc. it isn't a huge amount per person.

EL-You don't want to push your staff too far and completely tire them out.

AT-Small step in the right direction.

MOH-Apparently, they have started cold-calling practices to ask why had no applicants.

- **HSC WSCC – meeting and letter**

- **MP's of West Sussex letter**

AT – We received 4-5 repsonses.

MOH-90% of responses were positive. Our own Horsham MP said that he could not attend that legally he can't join the debate as it would be unconstitutional unless it effects his constituents', but he is aware that his constituents are struggling to find a dentist and would love to meet to resolve this situation. So did not make sense.

AT-Many MP's could not attend but would love to meet in the future. This debate will not end the problem.

AT- Maria Caulfield is the minister for dentistry, so you have the minister of health and the minister for dentistry is a direct report to the minister of health.

TH- She is quite pro and seemed to understand that the contract does not work for anybody.

EL-Only since 2012 this was the only procurement; I was aware of was the one that has lasted for the last two years.

TH-The variation that came two months ago has not been discussed on the BSA statistics that came through and we must complete the data. We should challenge it. I feel that this has slipped under the radar. TH-UDA delivery has gone down, national clawback has gone up and what they asked for is the same.

AT-Can't be challenged as the BSA just send this for information purposes. You can still do a single banded treatment you just need to make sure you do as assessment.

TH-The constraints of the NHS contract is incredibly difficult to manage.

- **Covid sickness dentist info (EL)**

EL-Where patient activity is lost due to staff absence as a direct result of COVID-19 or due to self-isolation form 1 December 2021 to 31st March 2022, contractors will be able to submit a claim for this lost activity to be credited to the contract.

- **Local labs info**

AT-When of our local dentists stopped taking on NHS prosthetic work. Did a ring round and most people were not willing to take on any new work.
MOH-A lot have also said this is no longer viable and have just closed the door and retired.

- **GRIFT**

Recording of the webinars on hospital dentistry workstream page.
Click here for link

- **Restorative**
- **Oral Surgery**
- **Peads**

AT-what gets it wrong is putting off the inevitable. If this was applied to primary care this would ultimately cost the NHS less.

PP-Two sides to the story. AGP's have resumed and things should be moving along. We often get patients who have been to the dentist who haven't done anything.

TH-A lot of patients have had the operative and have had the AGP but have no mechanism to get the work finished as can't afford the private work. The NHS cost is going up in a way to keep patching up the work.

AT-We need in an ideal world to have pathway transparency.

PP-This would not in my opinion be a fair pathway, an access slot would be great, but most come to us as they are regular attenders.

TH-The NHS should fund this based on the extraction.

JH-The problem is you need to have time to put them on the appropriate treatment time.

MG-I have had patients referred to by the GP not the dentist to have her wisdom tooth out and after being assessed was put back on a waiting list. I sent a REGO referral that was sent IMOS but then when I offered to take out her wisdom tooth the patient wanted it done in hospital so back to square one.

- **NIHR**

AT- National Institute Health Research – who are reaching out to practices to get research going. If they want practices to do some research, then the end-goal must be beneficial to both parties and the research has to be well funded and supported.

- **LDC Conference Wales 10/6/2022**

AT-Conference will be face to face and on-line. We put a motion in every year for at least the last 4/5year.
ACTION - Motions, please think of what you would like to put forward. I would like to put in a motion, 'There is no place for dentistry in the NHS'. It would be great to see people's opinions.

MB-Brexit did not come as a surprise, and nothing has been done about it. Capable candidates out there that are willing to work in the NHS.

AT-3 potential motions and if someone has something similar, we will have to withdraw it.

- **WSLDC rep x2, special observer x1, GDPC reps (AT, TH)**

AT-Conference is in Wales. Who has not been and would like to go? An extra space left if anyone would like to attend.

- **NHS England Email and LDC Response**

Treasurer's Report (MB)

- **Vote on remuneration method**

MB-Any objections or support to remuneration of honorarium.
AT-No objections.

Secretary's Report (MOH)

- **IT and Comms**
- **Newsletter**

MOH-Associates have received the newsletter and were quite engaged. Parliamentary debate happening.

AT-GDPC I heard they were happy to share the performance list with LDC.
Lady from Chase De Vere who was offering to run talks on pensions, retirement.
PP-Chase DeVere presented at the BDA – they were good at helping to work out savings, pension taxation and annual allowance and growth. How you work out the calculations.

MOH- Brief from Chase De Vere covered; - Pension taxation, planning for retirement and personal taxation, secrets to winning financial plans for new dentists. Building a solid foundation and implications of moving from NHS to private dentistry.

AT-Let's get in touch and ask them to present and focus on Personal taxation and pensions. Perhaps an on-line event or CPD.

Channel and RLG update (EL)

EL-Organising our structure in a formal structure across the Southeast Coast. Will be a more sensible way to organise and to scale more easily. The technicalities were not the problem. In principle the question that was posed was mainly about structure as the LDC and the Southeast

are more seen as local authorities and that many steps are being repeated. We all lobby the same people etc. so it would make more sense that we collaborate. As we don't have the Personal Assistant support, which would involve salaries, supporting a virtual office.
Our resources in terms of negotiation power and the rest of the meeting were the usual. In essence we are all on the same page.

AT-The landscape has changed again, the sands have shifted below our feet. Back in November the priority was urgent care but now they are still responding to stuff that was on the ground. Now the problems are not access to urgent care it is more of routine care that is the issue.

AT-NHS use threat i.e., they say this will be considered a threat of breach, but then the website crashes as everyone tries to update the system. So, it does work but needs to be pushed back.

AT-The influence does not end – you never know when that pebble ripple will reach.

MB- The re-structuring of the landscape – wants to meet with LDC and Channel to find out where we see ourselves fitting into the Trust. Although he did not understand or know about any of the other issues we had.

At- We are not governed by anyone. ICS may not want to take on the offer of commissioning dental. July 22 is when they will know when ICS will be taking on the structures. When people don't have access to dentists they just kick off. The local medical committee reached out to us before to meet up and they tumble weeded and it never progressed.
ACTION - Toby can you touch base to find out what happened, the meeting was for primary care providers.

PASS (TH)

AT-In theory we have the PASS scheme, but it only still seems a handful of people that go through PASS. Is it still worth investing in?

EL-An outside mentoring course instead.

AT-Even if we did the course would people really want it, people on social media don't get in touch asking for a mentor?

MOH-Not huge numbers in our county either.

TH-I did a course, and it was Deanery led. I would suggest leaving PASS as it is.

PEER Review (AT)

- **IMOS**

AT-We didn't end up doing was IMOS or complaints. I am happy to do something on PEAD's. Happy to run 1-2 topics how many are needed. We can do them as part of the review or CPD day. Matt was waiting as he was developing guidelines for IMOS and what would the perfect timing for that be.

MB-The guidance on what can be referred and can be done. There is an IMOS meeting soon but it is essentially ready to go. Mission is to reduce the number of referrals and not put through the routine ones.

AT- It is impossible to predict but you do get a gut feeling. Basically, to tackle the abuses that are happening.

ACTION – Set up a Peer Review meeting with Matt once there is a working document. On-line zoom meeting.

- **Complaint's symposium**
- **Other? Volunteers for new topics**
- **Pead's on choices?**

Biannual CPD day (AT)

- **Virtual/Face to Face**
- **Alone/KSS LDC**
- **Core/Other**

AT-Last year we had 100+ on the webinar. 9hrs of CPD and no one complained about paying the speakers

MB-A little Mix of subjects, a bit of both. Core subjects like safeguarding. Level 3. Receptionists need to be level 1, the rest need to be level 2. Level 2 Safeguarding.

TH-Oral Cancer – clinical subjects like that people turn up for.

AT-Not cross-infection. Wendy Thompson is good.

EL-Finance discussion would be good too.

TH-Updates – The topic about the BSA - where you can find help was a good presentation.

AT-We could reach out to Gatwick Diamond, they have a conference centre. We can explore it as an option. PlusX in Brighton might be a good option. Work collaboratively on the administration with the Southern counties.

MG-Southern Counties haven't heard anything about the CPD day. There was a breach email that was sent out saying you won't receive any grants saying you can ask if you need any money. Then there was a subsequent email saying ignore that last email.

AT-Mary can you see if there is any scope to work with the BDA to do administration. LDC pay for speakers and the event would be free to all dentists in the area. November date so plenty of time to organise. AGM could be on the same day but does not have to be.

Ortho and MFU update

MCNLDN Reports

AT-Not much

Ortho (TH)

Oral Surgery (MB)

MB-Next meeting is due next month. The last one talking about re-accreditation with IMOs performers. Procurement put on ice until 2024.

OH Imp (PP)

Pp-Local authority driven – nothing really relative to us.

UDC (TH, PP)

PP-Urgent care has been cancelled. All the UDC's can't refer onto to UDS. West Sussex have resumed their AGP. East Sussex have had to close one of their sites because of lack of dentists and staff. Brighton is not seeing as many patients as they say they are.

SCD&P (PP, AT)

AT-Procurement stopped and two new chairs which is Millie and Julie.
PP-SCD and EDS procurement has all come stopped. SCD has rolled on. Selection regime and re-collaboration would be in benefit for the existing providers as it is almost all ready to go. Up north someone has already done that.

Restorative (MO, AT)

MOH-One in September.

RD MCN (AT)

AT-Put projects forward.

LDN

AT- LDN at the end of the month.

GDPC Report (TH)

Click here for GDPC Report Link

TH-Meeting was a couple of weeks ago, Agi is now on the magic inner circle. The inner workings of the BDA.

AT-How PCSE administer their processes for us. There may be scope to influence that section of it. Will be great to be there to discuss not just what wouldn't work but what would work.

TH-BDA pushing to consider their own practice plan.

AT-Huge conflict of interest.

MG-If the NHS does not work then they are looking at privates so that areas that do not have NHS can still can dentist care.

EL-60% of my practice is NHS – I can't afford to see it fail.

TH-It is an eye-opener to those that build their business model to create practices that rely heavily on the NHS.

AT-In terms of leverage – it is the only thing that the NHS are listening to. As a nation are we going to say that we don't want there to be NHS dentistry. Let's go back to my Motion.

MOH-All these patients need twice as much work due to the COVID backlog.

BDA county Council (MG)

MG-We are waiting for the election result. Waiting for Council to vote for it which it is not yet. I have volunteered for DentAid.

AT-I went to volunteer in Eastbourne and it is a really poor district as there are no young people coming in to the area. Dentaid is a charity and is offering even more care, 10 years ago I had not heard of them.

IT and Communications (EL, MO & PP)

Click here to see all communication on the website

Newsletters

Reports from committees

Data Security Policy

Test Positive Guidelines

Dental Practice Risk Assessment

Guidelines for Prioritisation of Dentoalveolar Oral Surgery Treatment

AOB (MG)

- **IR test Associates 2023**

TH-Happy to get a Locum in. As an associate you should not agree to all your returns. Get an accountant or Financial advisor. If they ask you otherwise you don't have to volunteer this information.

Date and venue of next meetings Virtually on ZOOM

13/4/2022

22/6/2022

14/9/2022

AGM TBC