



West Sussex Local Dental Committee

Topic: WEST SUSSEX AGM MEETING

Date: 6th December 2023 06:30 PM London

Attendees:

Agi Tarnowski AT
Toby Hancock TH
Matt Botha MB
Mary Green MG
Emmanuel Lazanakis EL
Harshil Patel
Jane Harris JH
Sandra Da Silva-Creasey (Secretary)

Apologies:

Mark O'Hara MOH
Christine Hallworth Miller CHM
Kellie Downie KD
Parul Patel PP
Anitha Diwaker AD
Ashkhan Pitchforth AP
Jo Clark JC
Simon Quelch SQ
Arijit Ray-Chaudhuri ARC

Guests:

[AGENDA](#) Click to view

[Minutes of previous Meeting](#) click to view

- Actions from previous minutes
 - Awaiting response from NHS E on DERs input given Autumn 2022
- [West Sussex LDC AGM Agenda](#) click to view PPT

Summary of LDC AGM Agenda

- Due Elections in 2024
- 6 Vacancies present
- Levy is £12 and remit stands the same

- It was agreed LDC would Carry on with PASS
- Peer Review & CPD Days
- Contributing to the charities and vaccinations
- Met with Charlotte and funds are limited, she can only move the money around. Need a lot more money in order to have a rescue package. Don't think ICB can do that.
- Sussex ICB have a lot of underspent.
- **Flexible commission** arrangement was put in place last year If you are going to over perform the money TBC.
- If they don't commit to paying practices that are over performing couldn't they pay them the following year, which would at least help each practice plan.
- **Rapid procurement** is one of the areas they are looking at
- They have sent out expressions of interest for the rapid procurement.
- A flexible commissioning initiative is being developed on urgent care .
- FOR HOSC MEETING ACTION-
- These two areas can be brought up 'Expressions of Interest' on 'Rapid Procurement' and the other is 'Over Performance' to 10% to the ICB
- The outcome is unclear to what the efforts of engagement have been.
- Elections – Using [Google Forms](#)

PEER REVIEW – Working with DCP - [LDC Peer Review DCP Report](#) click to view

➤ Meetings of virtual and Face-to-Face

- Face to Face is good but it is useful to do the online as well. The cost balances out and helps during the winter to avoid colds etc.
- Face-to-Face and virtual with a 3/2 ratio.
- Venue will continue to be Bills As room is free.
- AGM to be Face to Face next year TBC

MATTERS Arising (AT)

➤ Officials Day

- The Officials Day marked a return to Face-to-Face meetings
- Sean was really good. Robust data to challenge assertions.
- Eddie was good too.
- Victoria Mitchel updated on the new provider selection procurement which was good but slides will be shared.
- Phil Macevoy highlighted the pension changes. Can come to LDC
- At point of retirement everyone can look at the two options but the reality is everyone will want to go back to the old scheme.
- The BDA spoke a lot about Minamata – they don't want it to be phased out but phased down.
- Everyone liked the opportunity to talk to ICB
- Access scheme evolved in Manchester.
- Break out rooms for the treasurers and PASS
- Treasurers room will develop a 'Best Practice Guide'
- Jason Wong spoke about NHS Dentistry within the context of the wider NHS.
- Afternoon was all about the ICB's.
- LDC conference will be in Brighton on the 6/7 of June and the LDC were asked to feed into the overarching theme of 'what good looks like' via a QR code.

- DN Training Program
 - Based in Chichester but most is remote and support to train up nurses.
 - £266 will be contributed by employers.

NHS E&I (MB)

- Dental Advisor Update MB

TREASURER'S REPORT (MB)

- Funds are good – they are in the black.
- CPD in profit as 7 sponsors but one pulled out. We have £1783 - Simon sent his invoicing. Catering have not sent invoice yet but we know what to expect. Cost neutral.
- Easily accommodate 6-7 sponsors in the room so that is the magic number to stay cost neutral.
- Divali impacted how many people came.
- 50 attendees. Capacity of venue is 80.
- Lead time is key.
- Opportunity to have an annual Sussex Event.
- Increased Levi Update £12

SECRETARY'S REPORT & PAG (MOH)

- Comms have grown over the years. NHS sending regular new joiners.
- Getting a few research projects requests to pass on to our members.

PASS (TH)

- Two cases in 2013, both are performance related. One case that dragged on into 2021. 10 cases to date – most are not performance related.
- No cases that came from PAGG into PASS.
- The majority are on retainer. Lots of things are under guarantee on the NHS.
- One big take home from the LDC – Staggering number of complaints that the GDC are dealing with.
- Most is financial and very little is performance related. Unique to West Sussex – do not have performance issues.
- Take homes from RLG meeting is a vast amount of blue on blue out of malice. Will be good to have a happy medium to minimise the situation.
- Most cases are new owners going in and reporting previous owners.
- The prospect of an NHS rescue plan is unrealistic.
- Are we trying to attract NHS dentists back or retain the current NHS dentists.
- If you are fully private, you are earning 3 X more than on the NHS.
- The financial commitment will never be there and therefore the increased number of dentists will be unlikely to happen.
- Young people do not see their career in the NHS.

PAGG (MOH)

- PAG has gone well over the last year with the pre triage process in the area team.
- Only those cases that need to be discussed are and at the right point in the case.
- The process remains fair and proportionate as well as compassionate always bearing in mind the human factors behind what we might be seeing.
- Karen Crossland has now sadly moved onto new ventures; she was an excellent chair and always approached each case with immense fairness and free of NHS bias. I hope the new Chair will be equally professional.
- From Jan 2024 the Medical and Dental PAG meetings will be scheduled by ICB area with both Medical and Dental cases being heard at the same meeting.

PEER Review and AGM (MOH)

- N/A

MCN/LDN Reports

- **Ortho (TH)**
- **Oral Surgery (MB)**
- **OH Imp (PP)**
- **UDC (TH, PP)**
- **SCD&P (PP, AT)**
 - Contracts being renewed for April 2026.
- **Restorative (MO, AT)**
- **RD MCN (AT)**
- **LDN**

GDPC Report

[Click here to view GDPC Report](#)

- Meeting was at the beginning of October; the prospect of an NHS rescue plan is with the Treasurer and the changes are marginal.
- Urgent access mainly but have spent very little time with talking about it.
- Are we trying to attract dentists to come back or are we trying to retain dentists?
- Always disagreed with GDPC approach. Even if everything is working well, we can't encourage dentists who are private to come into NHS or coax someone out of retirement to come back to the NHS. The only way to fill the NHS is to increase the number of trainees.
- Everyone is talking about the NHS contract to keep people from leaving but the problem is there are not enough dentists to start with.
- If you are a private dentist you earn 3x more than a NHS dentist, in the past a private dentist earned less than an NHS dentist but worked less hours, so was an easier life if you were older and wanting to slow down.
- The supply of overseas dentists is improving but a lot of the NHS workforce plans relies on the dentists that there are, doing more than they do now, which is impossible.
- Next meeting in January, where we will find out more.

Channel & RLG Report EL

- The whole section on flexible commissioning schemes from the other parts of the country was interesting. We could see how other LDCs seemed like they had a better relationship with their commissioning groups.
- Northeastern Cumbria, runs a scheme by list by validation. Which is the same financial deal as an FD post. A UK citizen that qualifies abroad until 2027 there will be a mutual recognition of UK degrees. An overseas graduate can register with a GDC straight away. They take £80k of the contract value diverting the money away from the UDAs and use money to run a PVLE scheme. Salary for the dentist and to help pay expenses but the dentist must commit to 2 years. More than 3000 UDAs will accrue to the practice. This is similar to the FD scheme.
- The pay is £24k but the FDs are £30k
- The idea is to attract a PVLE scheme into Northumbria and then tie them into the contract for 2 years.
- A different type of flexible commissioning strategy.
- New practice pilot in Cornwall – 2-year pilot which will give up 70% of the UDA contract, which means they can convert their contract to private but still maintain their NHS patients.
- Cornwall has an issue as they have a central waiting list – 100,000 waiting list of patients.
- ICB event there and the flexible commissioning document that was shared. FC could only be about 10% of the contract but that is not true. Generally, it might be up to 10% or 20% contract. You can do much more of 10%.
- Hampshire in the Isle of Wight have entered a contract with Dentaaid where Dentaaid will see the exempt patients.
- Hampshire and the Isle of Wight have entered a contract with Dentaaid. Dentaaid will see exempt patients referred by 111 and homeless charities. Exempt patients are new as it will include nursing expectant mothers, elderly, children etc. There will be no UDAs attached to it. Dentists will be salaried, but they will struggle initially as most dentists are committed to 3 months of notice.
- Hampshire and Isle of Wight ICB are already doing this.
- Our patch has a 550 level, access sessions in Kent, Surrey and Sussex. Sussex want a hybrid model. Some of the FD schemes where it has just been salaried have not worked out well.

IT and Communications (EL, MO & PP)

- N/A

BDA Country Council (MG)

- English Council meeting – for the first time ever all the branches had elected members representing them.
- The CEO talked about the BDA website that is up and running. If you want to do the CPD element of it will only have one login.
- The BDA approached the Covid enquiry and asked to submit evidence. Therefore, they have done a public facing document which they submitted to the Covid enquiry
- Social media presentation by Vic Madreaga. It was very interesting.
- Notifications for elections please send the Elections separately rather than just on the newsletter as people may disregard the newsletter – Send out form on its own.

NEWSLETTER

- Click here to read [Newsletters](#)

- Newsletter twice per year, summer one may include a survey

AOB

- Election time might be a good time to engage with private practices.
- Some practices had Job Fairs running at the end of FD where they invited various practices. Perhaps something to consider.
- One of the practices is over performing – earlier in the year there was the non-recurrent funding and this has been rolled out at the beginning of the year but you can't tap into this funding anymore. There is such a desperation for UDAs but you can't get a grant either. No real appetite to recommission the UDAs.
- They want the rapid procurement to be focused on the areas where they want to spend the money but the reality is that if you have a practice in Crawley you have patients from all the surrounding areas.
- Agi will email the ICB about Over Performance and that is to do with the regulation change last year. The marginal changes in November included the possibility of over performance to use up UDAs. Done with agreement not unilateral.
- How wonderful the LDC and CPD day was so good, which was very good this year with excellent speakers.

N.B. Agi will email the ICB about Over Performance and that is to do with the regulation change last year. Also, will send an email about the rapid procurement with regards to the initiatives are about to go live as no parties had heard yet. Dental nurse email to be sent out as well.

[Click here to see all communication on the website](#)

Reports from committees

[Data Security Policy](#)

[Test Positive Guidelines](#)

[Dental Practice Risk Assessment](#)

[Guidelines for Prioritisation of Dentoalveolar Oral Surgery Treatment](#)

Next Meeting:-

21st February 6.30pm – 9.30pm Face-to-Face Bills Restaurant Horsham