West Sussex Local Dental Commitee

West Sussex Local Dental Committee

Topic: WEST SUSSEX AGM MEETING

Date: 8th February 2023 06:30 PM London

Attendees:

Agi Tarnowski AT
Toby Hancock TH
Matt Botha MB
Mary Green MG
Mark O'Hara MOH
Christine Hallworth Miller CHM (Virtual)
Jo Clark JC
Jane Harris JH
Simon Quelch SQ (Virtual)
Arijit Ray-Chaudhuri ARC

Sandra Da Silva-Creasey (Secretary)

Apologies:

Anitha Diwaker AD
Parul Patel PP
Shahla Minai SM
Emmanuel Lazanakis EL
Ashkhan Pitchforth AP
Kellie Downie KD
George Billis GB
Katrina Broadhill KB

Guests:
N/A

AGENDA Click here to view
Minutes of Previous Meeting

- Three Actions from December Minutes:-
  - Get the motions to the LDC Conference and submit them and we have them drafted.
  - Chase up the Sponsorship for East and West Sussex LDC Paediatric study day

HEALTHWATCH (AT)

Feedback from Healthwatch is that websites are not accurate and that they can't tell which Dentists are taking new patients and who isn't and there is still a lot of access issues.

Health watch is running two simple dental surveys at present to see what, if any, improvements have happened since reforms affecting dentistry were announced in December. They are also carrying out research of the NHS website to see if practices are meeting the new requirement to update their availability. The three Healthwatch teams in Sussex met with the Integrated Care System's (ICS) lead for dentistry this month and are forging plans to work closer together. They are once again working with a local MP to have questions raised in Parliament and have submitted a response to the Parliamentary Inquiry on dentistry .

Healthwatch we went to the Health and Social Care oversights committee virtually. They presented and ICB presented first.

MATTERS Arising (AT)

LDC Conference Report

- **Engagement & Interaction with ICBs. Contractual Changes – What are everyone's first impressions?**

  The consensus was people are upset as too little too late but better than nothing Contractual changes have not changed the referrals pace; Emmanuel was saying that the algorithm has tweaked. It is a step forward but very few of the patients fall into the bands so made very little difference.
  There was a sense that NHS England are uncertain how to apply unilateral contract reductions as and when yet. The ICB taking over commissioning that is likely to be their focus right now.

DERs-

- AT – In September we did the focus groups, and everything was going ok and suddenly a month later things shifted, and you can't get progress on the REGO pathway for endo
- RCT letter with guidance from the provider will be shared on the web site.

ACTION – Send URN number to Agi and write and ask what has happened to the algorithm and ask why the Referrals have stopped.

- **SE LDC Liasson Group**
  - A lot of clawbacks. ICB's are finding their feet. Presently want to make a difference but they are not the entirely the on decisions. The ICBs are finding their feet but it is their finance department that are the decision makers and some ICB's said no to using the clawback.
  - BOB – flexible commissioning which have managed to influence their finance director to green light. The NHS England has gone through but value to be agreed.

- **HOSC**
    - AT - So we raised about Access. Everything that was sent across was put into slides and presented. They know that access is terrible in the West Sussex so the County Council who have the oversight committee are aware of it but whether they will be able to put enough pressure on the ICB when they have pressures elsewhere is yet to be seen.
- **HSSC**
    - AT - Health and Social Care input was submitted. Interesting set of ideas from different people.

- **LDC Conference**
    - AT – Harrogate 8th & 9th June allowed to have two representatives and one observer. Toby and Agi to wear two different hats. Two motions to put on. Mary requested to go. Location Harrogate.
    - AT - Next time could be hosted in Sussex, various location were suggested and discussed.
    - AT - TH (GDPC) & AT (LDC AC) don't count from our LDC Allowance

TWO MOTIONS

- Motion 1

  Conference Call for HTM01-05 guidance to be scrutinised by BDJ EBD based on scientific evidence for cross infection and environmental sustainability.
  Narrative
  The world is drowning under disposable plastic, pouches, and our poor environmental practices, do we feel confident that the guidance and rational behind standard practices is correct? What is the evidence base for the dogma we adhere to? The EBD is a trusted unbiassed no governmental publication We understand that we must keep patients safe and consider our impacts on the planet.
- Motion 2

  Conference call for the GDC to improve ORE examination process.
  Narrative
  Twice yearly ORE is not enough, more ORE are needed. ORE places are released online on first com first served basis causing an online 'free for all' for person wanting to take the exam. If they miss out there is no guarantee of better luck in the following 6 months. Conference call on the GDC develop a better fairer and more efficient system.

NHS E&I (MB)

- **Dental Advisor Update MB**

SECRETARY'S REPORT (MOH)

- MOH – Sponsorship – two so far – DeVere's & SDL – 11th May Princess Royal - 80 Delegates, the sponsorship will go to cover the food. SDL to cover the speakers.
- MOH - Pead's CPD day for circulation.

- AT – We should tidy up our database. Survey Monkey on Mailchimp. Looked at all the practices they were getting all their referrals from. Newsletters twice a year, one Summer, one winter.

Action- Organize and prune data base

PAGG (MOH)

- Fluctuates from time to time some are just 45 minutes others are hours. A lot of people are not usually in Sussex.
- Often tends to be new graduate and tend to be the older clinician. Some are doing 7-8000 UDA's and perhaps that is not feasible, and this is why mistakes are happening.

- **OPG Access**
  - JH – We tried to gain access in Horsham, but it did not work. We did not have what we needed. Rang and spoke to a helpful lady.
  - AT – What seems to work for me is that I email and cc the dept and then I give the Horsham telephone number to the patient. Then the patient rings them, and they get the disc. Sometimes they send the patient the disc sometimes they send it to me.
  - Not compatible with Der's referral system
  - JH – Why is the NHS using a system that is so incompatible with modern technology?
  - AT – The algorithm will not let you send it without an X-Ray.
  - CM – I have been successful in Brighton, and I think PRH too. I had to open the disc at home and email it into practice.

TREASURER'S REPORT (MB)

- MB – All good. Setting money aside for education and the level of the levy is good and fair. We can afford what we are doing. We have good funding and last year I was able to make reasonable donations to the dental charities we support.

Channel Report & RLG

- **Channel Report +GIRFT Programme.**
  - Tim is retiring – Cheryl Woods will be taking the chairmanship in Kent.. Jules has a secretary ready to take his role, he is moving to Oxfordshire to be nearer the grandchildren.
  - Sana Movahedi came to talk to the LDCs about the GIRFT programme.
  - In primary care they are looking at your practice data and your BSA Data. They are comparing your BSA data to your Peers in a deep dive to highlight unwanted variation. They are looking at the spread of patient group, age demographic and recall and other BSA data. T
  - JC– FOR secondary care GRIFT ,The data is not very accurate different codes for different things so sometimes the data doesn't add up. Some hospitals don't put in any codes, we spend a lot of time putting the data in. I don't know if the next time round the data will be more robust. It has had some positive changes but at the end of the day your conclusions are only as good as the data.

- AT – Not as good as the BSA pre 2006 data. The data gathering is about identifying variation.
- MB – BSA Data tells you where you are.
- JH – It tells you your referral data but not what you refer for.
- AT – some practice found that as a result of this they have realised they were not catering for the working person and need to extend our working hours.
- MOH - If you have 7 Million people's data recorded then it is very useful data. The most relevant to primary care and has potential.

PEER Review and AGM (MOH)

Recent Peer Review – Indemnity and then Sustainability in December

Options from Feedback

- Hypoplastic molars
- Oral medicine update
- Perio
- Snowmeds
- RCT x3
- Dentures
- Emergency dental care
- Early retirement
- NHS rules & regs
- Scanners
- Diet/ more prevention advice

George shared CPD options on ENDO.
Agree topics for peer review 1-2 a year

Pead's CPD Day
11th May 2023 Princess Royal Hospital – Haywards Heath

PASS (TH)

- Not many cases get put through. I am quite pleased as speaking to colleagues from Hampshire who are inundated. Whistle blowing, financial, sexual harassment. Will always be virtual – the areas we cover is so large that it does not make sense to have person in person meetings.
- New person - The challenges and changes – there is a risk. I see a lot of Associates suffer.
- You never leave the practice you work your way out of a practice.

ORTHO & MFU

Ortho (JC, AT)

- People who won the orthodontic contracts in are flipping the corporate. The NHS should have a clause in the contract to say if you flip-it we should have some of that money back. Giving these 'Golden Hello's' the person is tied for 5 years but orthodontic contract can be sold and flipped for profit .
- JC - Cost of people's livelihoods.

- The practices who were successful on their bids – some now are struggling to achieve their UDA contracts based on the numeration they were on. They were saying the money was too low.
- Ortho practices need to look at where the schools are not just where the children live.
- Currently ortho are finding they are getting referrals who have been waiting for a while and haven't got a G DP and sometimes very hard to get the treatment needed to be done for the patient.
- Ethical obligation to serve the patients but what happens if you leave the NHS while the patient is on a waitlist ?

Restorative

- ARC – Still doing my consultant job and take on severe hypodontia. Process for implants was about who is expected or not expected. A new consultant is being recruited, optimistic that we will get the right answers for the right persons.

MCN/LDN Reports

- **Ortho (TH)**
- **Oral Surgery (MB)**
  - AT - They were going to do some sort of feedback from for IMOS. The coordinators are the first line of triage.
  - No news on Urgent referral,.
  - AT – I will ask NHS England to give me the right pathway and the right number.
  - MB – There must be an out of hours number.
- **OH Imp (PP)** Various things are going on, basically what the local authorities are doing.
- **UDC (TH, PP)**
  - NHSE need to realise that if you remove the access in one area, they will just turn up at urgent care services in the hospital that are already bursting at the seams. If they are going through the ICB – they must realise that they need to pay for these people to take them out of the urgent care in hospitals.
- **SCD&P (PP, AT)**
  - AT – The procurement has stalled and are waiting to provide a selection which means they will be able to join forces with their neighbouring SDS's and put joint bids.
- **Restorative (MO, AT)**
- **RD MCN (AT)**
  - AT - ICB looked at the additional access, but they were not happy to offer what was done in the north not success with slightly improved offer
- **LDN**
  - ICB attending but not much movement at the moment

GDPC Report – meeting 03/02/2022 (TH & AT)

Click here to view GDPC Report

- TH - 3rd February – re-elected the same person. Minutes from the 7th October to the previous meeting. They have met up with various members of parliament but as a summary for their sub routines nothing to report.
- TH - The Heathrow Timing Study 1999 – looking how long it takes to do some NHS treatments in practices.

- AT – This is still looking at the activities in 1999 so does need an update as so much has changed Practices have changed, record keeping has changed.
- TH- One specific meeting with Neill O'Brian who is in Parliament under Secretary responsible for Dentistry.
- BDA 70-75% last year. They have made clear their thoughts that the regional marginal changes to the contract are a starting point.
- MB – Sometimes it feels like we are fighting a losing battle. Why is the commissioner not all over it. They have a secret agenda.

NEWSLETTER

- Click here to read Newsletters
- MOH – Newsletter twice per year
- AT - Our virtual webinar last time was a joint effort and was very well attended. East Sussex are doing an ENDO Day Face to Face.
- Perhaps we can look to go back to doing a Conference Day.

IT and Communications (EL, MO & PP)

- N/A

BDA Country Council (MG)

- MG – Southern counties – we have a meeting. It is a residential meeting. It is at Copthorne – 21st April. This meeting was supposed to be happening for 3 years now so finally happening and hopefully well attended.
- MG - The English Country Council BDA is very soon, and the agenda is 3 pages long.
- Most of the pages have not come through but the topics are:- 'BDA response to Covid19', an 'Update on healthcare organisation in England'. 'BDA Briefing on the reconstructing of BDA Dentists.' 'Updates from branches and sections.'
- MG - The courses are all on the website.

AOB

- George sent his apologies, and sent an Endo of Peer Review
- Sustainability Conference 24th May 2023 – Click here for conference details
- Please promote Pead's Day

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 – **Wednesday 19th April 6.30pm – 9.30pm Bills Horsham**

Dates for Diary

LDC Meetings: -

19th April 6.30pm – 9.30pm Face to Face

21st June 6.30pm – 9.30pm Face to Face

13th September 6.30pm – 9.30pm Virtual

6th December 6.30pm – 9.30pm Hybrid