West Sussex Local Dental Commitee

West Sussex Local Dental Committee

Topic: WEST SUSSEX AGM MEETING

Date: 21st June 2023 06:30 PM London

Attendees:

Agi Tarnowski AT
Ashkhan Pitchforth AP
Toby Hancock TH
Parul Patel PP
Matt Botha MB
Mary Green MG
Mark O'Hara MOH
Emmanuel Lazanakis EL

Sandra Da Silva-Creasey (Secretary)

Apologies:

Anitha Diwaker AD
Jo Clark JC
Jane Harris JH
Simon Quelch SQ
Christine Hallworth Miller CHM
Kellie Downie KD
Arijit Ray-Chaudhuri ARC

Guests:
Harshil Patel

AGENDA Click here to view
Minutes of Previous Meeting

- Actions from previous minutes
    - Write to NHSE regarding NHSE on referral guidance document – completed.
    - Put someone forward for the Working Group that is not directly involved but understands the situation.- Volunteer from East Sussex- Adeel Khan
    - Difficulty in getting through the pathway await response to DER's feedback submission

- LDC Meeting Report

MATTERS Arising (AT)

- **West Sussex ICB Listening Event**

  The following points were raised: -

  - The ICB Listening Event felt primarily for GDP's – some NHS England people were there and people who deal with procurement and finance were there too. They wanted to capture what everyone was thinking about regarding dentistry.
  - It was great that they were listening, and the proof is in what they come back with. Lots of different ideas. It was a space to discuss the emotional aspects of what we are doing.
  - Great gesture, issue is with flexible commissioning – if the ICB is being judged on access, the flexible commissioning is just not going to work like it should.
  - Urgent access for non-registered patients in non-working hours – there was a good response, lots of willing providers but as soon as they reached a critical level of intake, NHSE stopped it and did not allow any more practices to apply.
  - The scheme is continuing but no more practice can join.
  - They realised it was proving popular but having an impact on revenue, so they stopped it.
  - The people from the ICB have an appetite for change, the people from NHS like the procurement person have no intention to change things up.
  - The nurses and practice managers seem onboard, and they will support these initiatives as it will benefit them not financially but on par with their values and sustainability etc.
  - It is about aligning the narrative to what the ICB wants.
  - No new money, just spending the money in a different way.
  - This has all got to happen in this financial year, it is still in the thinking stage, and we are way behind to achieve this.
  - I was really heartened by the fact that they wanted to listen to what we have to say, but disappointed that we spent so much time listening to them.
  - The question format was poor, there was no interaction – there was limited debate. The most engaging speaker was the one telling us that something had happened somewhere else.
  - The Southwest has not done any engagement like this.
  - If you speak to the younger people who are less experienced and convince them, ICB could end up achieving more.
  - That is the interesting thing about the way that commissioning is working.
  - The Commissioning decision seems to have moved to ICB and they don't look at tendering as something that is worthwhile so different opportunities may come up
  - The LDC felt we should work with the iCB as much as possible

- **Feedback from LDC Conference**
- LDC Conference Motions Report

  - Harrogate was very nice. Conference layout was very good, we got through all the motions on the the 1st day, 2nd day was all about speakers
  - Brighton will be easier to travel to.
  - Lord Toby Harris attended, Labour MP attended as well, they were both good. The Chief Dental Officer came, there were people from high up who came, and this was good.

- We put a motion through about averaging the UDA's but some averages were so low this motion was not carried , a minimum £30 value was accepted as a motion.
- Some motions flew ours were carried once they were debated.
- The FD training Grant. Should there be a certain amount of tie ins for graduates. The next generation were not apposed to it but did not like it being mandatory.
- The CPD Day got traction.
- Brighton next year which will be good.

- Input for SE LDC liaison meeting 11/7/2023

  - All online, do you know what we want to raise in that meeting? Put it in the chat if there is something you want to specifically raise with NHS England.
    Items suggested:
  - **Resilience offer prior to hand back/ contract reduction.**
  - **Put together a standard 5-10 questions for exit interview.**
  - You need to have an exit interview so that next time you understand what drove them to leave.
  - NHS closures in Haywards Heath and East Grinstead as well.
  - At the SE Liaison meeting they do tell us what the reductions are, but the last list was not updated.
  - Is there anything that would make a practice go back to an NHS practice or stop you practices leaving.
  - The funding is by far the biggest motivator. It is the pressure and the lack of support. Dealing with patients who want private level care.
  - Especially with the cost-of-living crisis.
  - The practice in East Grinstead could be the BUPA one.
  - The UDA rate is £41 – easy to recruit and deliver the service, good nurses. If you have an UDA rate of £25 it does not work. It is not about lowering the level of the top ones down it is about increasing the level of the bottom ones up.
  - Existing practices with a higher UDA, can retain their associates better but with practice costs spiralling, even those practices are coming under pressure. I think we need to look at the whole offering, not just increasing the levels of the lower UDA's
- **Guidance on multi-drug use on IV sedation for adults**

  - We are struggling to refer patients.
  - There will be a revision.
  - What do we do with the patients? Shall we send them to the commissioner?
  - They stay on the list to show that they are still taking them.
  - They changed the rules, so they need to fix the problem.
  - It will be useful to refer to the narrative that has come out.
  - The difference is stark, we have one sedation contract that we get £420 per sedation and the other one is £110.

- Input for MP meeting 14/7/2023

  - Jeremy Quinn spoke to us last summer and we have a repeat meeting with him. Mark will join Agi to meet with Mr. Quinn.
  - Let's see if they have solutions to the problems. Do they really want to make NHS Dentistry work?

- How will they be able to get practices back. Hopefully that narrative will help the practices that are staying.
- We joined this forum and other NHS businesses like Pharmacies who are also struggling and have the same problem.
- A practice in Lewes had 18k UDA's and gave 6K back and then he got contacted back by the local MP and he was sympathetic.
- In Horsham we have 3 practices on the same road and there is a £10 difference from one practice to another even though the demographic of people is the same.
- We paid back 5 million.
- Any other sectors increase their costs, we are the only sector that can't do this.
- There will be confinement on the NHS rules but the ICB's need to be addressed to understand the situation.
- Perfect time to do private conversion, associated instead of earning the same as they did before will be earning 3 times more. There is a feeling the commissioners are thinking the practices will just look after themselves.
- It is very difficult to work on the NHS basis alone.
- They will never increase the UDA level so that it is sustainable.
- The mentality of the government is that they are saving public money and those that can afford it will go somewhere else and those that can't be will be firefighting and doing the minimum they can afford.

- ACTIONs
  - AT to Contact Adam Doyle for follow-up from meeting.
  - AT- SE LDC Liaison meeting
    - request up-date on Sedation Guidelines
    - update on standard exit interview
    - update on movement or development of resilience offer to struggling practice before a hand back occurs

- Year-end processes and guidance 2022/3

  - We had two contracts in one practice so we hit 96% in one contract and defaulted on the other, then the letter arrives and now we find out that we can offset the two contracts.
  - My understanding is that if you do 96% and 100% then they moved the threshold to 90% only for this year but you won't be in breach of the contract. It would have been nice to have had this news in November.
  - The therapist coming in has not solved the recruitment crisis, but it has helped.
  - So many staff holidays have been carried over for the last few years due to covid.
  - These arbitrary cutoffs at the end of the year gives them control and these UDA's they can control the budget with.

- GDC V Williams Court of Appeal – Judgement and NHS Statement

  Discussion points raised: -

  - Put before the GDC and was erased and thrown off the GDC register for lying and dishonesty, Williams took this to the High Court and the erasure off the list has been removed. Although she is still suspended. These 3 High Court Judges looked at the

NHS rules and were not sure what they implied. So how on earth are we to interpret it?
    - Will anyone be doing Top Up Fees?
    - The reality is that a lot of dentists have been doing this for years. The top up fee is put through as a consultation rather than a top up. So, they are saying we can do top ups but in the spirit of what the NHS want.
    - 2005 regulation completely missed.
    - The experts did not recognise in the regulations that no mixing on the same tooth existed.
    - Will they pay damages to anyone else who was struck off for similar?
    - The FTP committee never saw the regulations when they decided to erase her.
    - NHS will guarantee the NHS work, so any NHS work done this way will not be guaranteed.
    - I don't know how the NHS intend to redefine this. This is a fundamental flaw.

    - There is a lack of clarity on what the NHS offer is.
    - If three High Court Judges can't work out the rules, this proves that it is not clear.
    - Close the loop and make it clear that Top Up fees are or are not allowed
    - You can come out of Dental School and set yourself up in private practice and earn a lot of money without the hoops to work on the NHS.

- West Sussex LDC Goal

- What would the best LDC look like?

    - Inclusive and be more engaged.
    - Support for the primary care dentists,
    - Mentor, Pastoral Support
    - More younger Members
    - Face to face meetings rather than online
    - Help with navigating the NHS pathway
    - Increased visibility of LDC
    - Newsletters to show what we do
    - Listening tool for the workforce

- Ideas on how to do this.

    - CPD Days
    - Identify people there and invite them along
    - Contract navigation support
    - Peer Review
    - Pass Scheme
    - Having members to contact and assist
    - Local Guidance on Website
    - Promote the LDC on the website
    - Find a central location that is easily accessible
    - Contact the local FDU's
    - Send regular newsletters
    - Capture what the workforce is saying – part of our CPD Day, survey on newsletter.
    - Use social media to engage with electorate

Action AT to ideas presented further

MO- to develop survey for social media

NHS E&I (MB)

- **Dental Advisor Update MB**

TREASURER'S REPORT (MB)

- Increased Levi Update £12 performer by July
- The sponsors have paid up and still waiting for a few invoices from speakers final account will be ready for September meeting.

SECRETARY'S REPORT &PAG (MOH)

- Karen has now left the Health Service; Debbie is taking over for the time being.
- Received form the BDA the initial guidance on engaging with your ICB.
- Research from Dundee University, which will be forwarded on.
- Performance Group Update

PASS (TH)

- No news currently , no referrals at the moment

PAGG (MOH)

N/A

PEER Review and AGM (MOH)

- Team working with Dental Therapist – would like to see practical points on how this would work. President of the Association DCP in Brighton.
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- CPD Day.
- AGM joint with ES LDC .
- Invite for J Milne.

MCN/LDN Reports

- **Ortho (TH)**
- **Oral Surgery (MB)**
- **OH Imp (PP)**
- **UDC (TH, PP)**
- **SCD&P (PP, AT)**
  - Moving slowly
- **Restorative (MO, AT)**
- **RD MCN (AT)**
- **LDN**

GDPC Report

Click here to view GDPC Report

- Next meeting in October.
- Quiet for the summer.
- Next big push is change of government. Awaiting the next batch of marginal changes.

Channel & RLG Report

- **Channel Report**

  - Lou from Kent, Charlotte from Sussex attended, and it we had a good discussion. Excited that we are engaging with them.
  - The regional BDA meeting was also very good. The question was asked if the high-performance list should be discontinued.
  - The informal nature of Channel will be something that will appeal.

IT and Communications (EL, MO & PP)

- N/A

BDA Country Council (MG)

- Last meeting was on Saturday, a virtual meeting – Fantastic presentation from John Milne, the new President of the BDA. He went through the archive of the BDA and put through some lovely slides and clever ideas on what the BDA should be doing. JM has offered to come to our patch and he would be good to hear.

AT to contact to develop this idea

NEWSLETTER

- Click here to read Newsletters
- MOH – Newsletter twice per year, summer one may include a survey

AOB

- N/A

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:-

13th September 6.30pm – 9.30pm Virtual

6th December 6.30pm – 9.30pm Hybrid