West Sussex Local Dental Commitee

West Sussex Local Dental Committee

Topic: WEST SUSSEX AGM MEETING

Date: 27th September 2023 06:30 PM London

Attendees:

Agi Tarnowski AT
Toby Hancock TH
Matt Botha MB
Mary Green MG
Mark O'Hara MOH
Emmanuel Lazanakis EL
Christine Hallworth Miller CHM
Kellie Downie KD
Parul Patel PP
Sandra Da Silva-Creasey (Secretary)

Apologies:

Anitha Diwaker AD
Ashkhan Pitchforth AP
Jo Clark JC
Jane Harris JH
Simon Quelch SQ
Arijit Ray-Chaudhuri ARC

Guests:
Josh
Becki
Georgia
Eleanor Taylor
Rebecca Wilkinson

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
    - Urgent care pathway – no news
    - Matters arising passed on as discussed to SE Liasson Meeting
    - GOAL- CPD days
    - -increasing engagement with professionals

- ICB
- -workforce survey
- -increase engagement with BDA
- Increased Levi to £12 implementation MB
- Data base clean- up MO&AT

- LDC Meeting Report click to view

PEER REVIEW – Working with DCP - Peer Review Team Working with DCP click to view

Aim - A Round table to shared learning on team working with DCP in practice
Objective - Discuss evolving possibilities with contract reform Nov 2022
Highlight good practice.
Understand problems and possible solutions.

Summary:-

Sharing Experience consider: -

START – What should we be doing?
STOP – What should we stop?
CONTINUE – What should we continue?
Anything else?

- Start - Onus back on Therapists, hygienists and looking thoroughly at DCPs, if they want more direct access and if they want to expand their horizons. Building up the skills.
- Stop - second guessing themselves, stopping a bit of pushbacks from associates.
- Continue - working with the relevant bodies.

- They're all qualified as therapists and then they work as hygienists due to the remuneration of pay. A dentist has a cushion of a year in DT, but a therapist is thrown straight in.
- Training deficit – Training to practice is a big jump. 6-month programme for therapists.

- There are regional training schemes, courses are available. These courses are voluntary.
- Foundation Training is underfunded.
- A lot of practices wanted to sign up for the scheme, but it is small so very competitive.

- Start - Change mindset within the industry and refer up to the more skilled clinicians. Moving people up into the system, making sure our higher skilled clinicians are spending time with higher skilled tasks.

- Start - Improve the reward package for the therapists
- Continue - discussions like this
- Need more therapists researching in different areas of academia.
- The networks we have are fractured. Therapists could not subscribe to the BDJ and had to buddy up with dentists.

- Start - Working as a Hygienist no one knew what a therapist was, very much what can you do? Reaction of surprise. Information on what we can do so how can they utilise Therapists productively.
- Continue - Continuing conversations like this and engaging with each other.

- Start - Opening the awareness of what Therapists can and can't do. Understanding the limitations of the practice. Refer to the Therapists. Improve communication.
- Continue - Continue Support networks which are vital to have open questions with.

- Start - Mentored 6 Therapists. Foundation training has changed so much over the years. The foundation pathway has not changed much. The onus should be on the University to prepare the Therapists better and that they feel nurtured and are a safe beginner. They want to maintain their skills, but it is very challenging in the environment they are in.
- Start - Foundation training should be made mandatory but as a voluntary training not many take it up and is very expensive for NHS to fund.

- Start - Within practice, two fantastic therapists working within the community. Better support system when they leave is needed.
- Start - General practice, the staff and the dentists do not fully understand what the Therapists can do. Not helped by the UDA model.
- The corporates seem to be very reluctant to let the therapists lead the treatment.
- Start - At university level, undergraduate students don't get involved with that shared care. Better working together at university so that can filter on later in practice.

- Start - If a complaint came in there would be no control as you are not performers. Same issue with nurses, practice nurses, Doctors and Dentists.

- The NHS is the barrier, and the Therapists work well under private practice since 2016.

- We need to take Dentistry out of the NHS. Associates can focus on what they enjoy doing without worrying about their UDA's.

- Start - Moving Dentistry into private practices and start treating DCP's as family members and stop worrying about UDA's. Keep upskilling.

- Start - Solving problem with use of Therapists with the UDA problems. Give Therapists their share of the fees. With an Associate package it is very difficult to understand how to split the fees between providers.
- Stop - A practice I sold is opened on a Saturday and Sunday evenings as they are exploiting Therapists to work on these days.
- Stop - Recruitment – 36C are the oversea Therapists we are seeing which are very poor quality.
- Start - Compulsory foundation schemes for Therapists as dentists have it and it should be readily available for Therapists as well.
- Start - Allow Therapists to have their own performer numbers. Still have the same issues with pay but would not have the issue with distributing the responsibility. Therapists are self-employed and as a result they are not performers, so the NHS has no control over any problems. The NHS are not willing to take control.

- If you have a person who is self-employed the risk is the same as you need to see that person's quality of work after a few months.

- Start - Don't think the answer is further training, the dentist or therapist should be able to work well in an NHS or private practice. The UDA does not lend itself to having different people on the same course of treatment. The problem lies in the UDA system. We need to keep highlighting the potential of working with therapists and there are so many opportunities if we have the system in place that train people well and remunerate people well.

- Start - The only way to deal with a therapist is to go to the GDA, which is unfair and very harsh as it would be much better to handle the issue locally.

- Start - looking at the issues we are facing in the population. Stop exploiting people – whether they are dentists or therapists, wherever they work to ensure that workforce is valued.

- Start - Would love for Therapists to have their own clinics, nurturing their journey and maintain their skills in therapy. Wish they had a bigger presence.

MATTERS Arising (AT)

- Meeting with MP 14th July – No real progress made
  - Conservatives were going to revolutionise Dentistry NHS England but obviously this to date has not happened.
- ICB Engagement – Listening Event
  - Working on data and in a few weeks will share the insight
  - Request to do Joint letter with OPG with East Sussex
  - Follow up with Adam Doyle
  - ICB will be at the SE Liasson group meeting, and at LDN and MCN as well.
  - They do not want to engage and are not offering up much information
  - Will be at the 13th of October meeting

- **South East Liaison Meeting 11/7/2023, next meeting 10/10.2023**

  The following points were raised: -

  - Contracts are being back, but access is up, so they are happy.
  - Raise the question on whether the recommissioned UDAs are they temporary or recurring.
  - Trying to get away from pre-procurements.
  - Alternative procurement paths.
  - Ask how many DCPs are working on the patch and is it resolving the access issues.
  - OPG Issue.
  - Urgent referral pathway.
  - BDA banding £35 minimum value

- **DDRB Uplift**

- We have determined that practice operating costs are in fact increasing by 8.3% and that the cost of practice staff has increased by 15%. An evidence-based contract uplift would be 8.7%.
- Government has refused to move from its opening position and 5.13% will be imposed in upcoming payment schedules and backdated to April 2023.
- Payment was made in November.
- Sizeable increase at 5%.
- Real cost of foundation training surgery

- **Sedation update**
  - No one is backing down
  - Single drug use is not feasible with very nervous patients, which is safer to use. Multi-drugs have more risk of complication, and longer recovery period for the patient.
  - 100k patients with no safety issues on the use of multi-use drugs.
  - Patients who are very nervous are being referred to Special Care too and this is increasing – at present cannot take anymore – at capacity.
- **IMOS**
  - Ongoing care following referral services i.e. IMOS some issues with patients having surgical extractions and their ongoing treatment.
  - In theory all the clinical information should be on REGO, but the system is not helpful.
  - Not standard for the information to be on REGO when there is a referral is made to IMOS?
  - Bring up in the SE Liasson Group

- **Reaching out to FD**
  - Declining care for Ludwigs's angina – Doctor asked what do you want us to do with them?
  - Needs more formal communication between East Surrey and QVH
  - Patient had tonsillar swelling and I called East Surrey reception, which were good, perhaps more due to it being medical rather than dentistry.
  - Speak to Millie acting East Surrey Clinical Lead. She can look at these two issues with her dental knowledge and see what formal process there should be.
  - Patient could stop breathing and this could become an emergency. It should be irrelevant whether it is Ludwig Angina or Tonsillar swelling.

- **Reaching out to Pvt practices**
  - How to get practices to consider doing paid research with the universities by Prof Banerjee.
  - Understand the benefits for patients.
  - Approached by the NRHR.
  - Mark to add a paragraph in the next newsletter to be placed.
  - Reach out to private practices to see if they want to be a part of our scheme.

- **DPASS**
  - Met with Stuart Johnson BDS – no new update on this.
  - Officials Day is coming up in December

- **Vexatious Complaints**
  - Important to reply to the complaint and ask to take up privately.

- **Core CPD Day**
    - CPD Day 13th November 2023
    - Some sponsors have paid already – 5-6 sponsors

NHS E&I (MB)

- **Dental Advisor Update MB**

TREASURER'S REPORT (MB)

- Increased Levi Update £12
- Pead's Day Update
    - Everything looking good and still in the black.

SECRETARY'S REPORT &PAG (MOH)

- **Changes as people have left**
- **Performance Group Update**
- **Cancer Referrals**
    - Maxillofacial Consultant reached out as he feels that the cancer referrals have increased due to inappropriate ones being referred.
    - Can do a virtual CPD.
    - Training needs to be targeted to the specific offenders.
    - Saving Faces charity diagnostics good to use, use the diagnostics before referring to REGO.

- **Survey development / input**

PASS (TH)

- One case, local case from Chichester. Referral from orthodontist provider. Issues with the practice he is in getting a pay cut. Approached and met him face to face and then had details with the principal who was not helpful. Mediation did not work well and have found him a new job.
- Invited by Tim Connolly from the BDA to represent the other LDAs on zoom. Wrote a summary. The BDA is trying to encourage private practices to get involved with them as well.

PAGG (MOH)

N/A

PEER Review and AGM (MOH)

- CPD day 13/11/2023

MCN/LDN Reports

- **Ortho (TH)**
- **Oral Surgery (MB)**
  - A survey and a lot of talk about sedation and procurement is still ongoing.
- **OH Imp (PP)**
- **UDC (TH, PP)**
- **SCD&P (PP, AT)**
  - Contracts being renewed for April 2026.
- **Restorative (MO, AT)**
  - No desire by commissioners to do anything with regards to a tier 2 service.
- **RD MCN (AT)**
- **LDN**

GDPC Report

Click here to view GDPC Report

- Next meeting in October, where we will find out more.

Channel & RLG Report EL

- **Channel Report**

  - Channel meeting yesterday – touched up on a few subjects, where we are on different areas.
  - Have a meeting with the regional BDA, 6 months from previous meeting.

IT and Communications (EL, MO & PP)

- N/A

BDA Country Council (MG)

- Last

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:-

6th December 6.30pm – 9.30pm Hybrid