West Sussex Local Dental Commitee

West Sussex Local Dental Committee
Meeting: Tuesday 12th May 2020 at 6.30
Zoom Video conference

Attendees and apologies	**West Sussex LDC Members** **GEORGE BILLIS** **MATT BOTHA** **ANITHA DIWAKAR** **KELLIE DOWNIE** **MARY GREEN** **CHRISTINE HALLWORTH** **JANE HARRIS** **TOBY HANCOCK** **EMMANUEL LAZANAKIS** **MARK OHARA** **PARUL PATEL** **ASHKAN PITCHFORTH** **SIMON QUELCH** **AGI TARNOWSKI**	**Guests** **ANU JUWAHAR** **CLAIRE BATES** **NATASHA VADASZ** **PURVA MALIK** **TONY BOTTING** **MIHAELA IVAN** **JACQUI SETTERS** **TAHI ALI** **ATHENA AP** **SAMI BUTT** **JO CLARK** **SANDRA CREASEY**
Recording for purpose of minutes	POLL 1	

Agenda items		Documents / Verbal Updates	Comments	Actions
Minutes from 15th April 2020	AT	Minutes 15th April 2020 final.docx	Previous Minutes agreed with no changes.	
Matters Arising • Update from Urgent Dental Care Centres in GDC, CDS & EDS • Locations, workforce & volunteering	EL PP TH	The referral systems is up and running to GDS and CDS sites, it is a limited resource. There are a few things we could do to help get the patient to the right place at the right time until (as we all hope) things get back to normal or at access is widened 1. When referring make sure you fill in as much detail as you can on the history of the presenting	EL-The hub is in Crawley and HH. Community Dental Services and a hub in Brighton too. A lot of people have co-opted to work in the hub. If anyone wants to put themselves forward it would be appreciated. Crawley hub accepting dentists. Hubs operating Monday-Friday. From next week weekends too but need additional workforce. EL-The hub is operating with full PPE. 16-20 patients per day. Crawley full capacity too. PPE in good supply, struggled to find FFPE masks. 60 masks last about a week. Currently using FFP masks only for AGP. Need more supplies within the week. 1 AGP per session.	Dentists to keep looking at the status of those referrals. When practices are asked for more information on their REGO referral it is vital that this is sent through as soon as possible to ensure the referrals are accepted.

• Patient numbers and waiting list • Second wave • You tube Yorkshire UDC		complaint and what treatment and advice has already been given 2. Make sure correct AAA has been tried (refer to SDCEP guidance of correct drugs and doses) 3. Describe how it has not been successful 4. If you have and old radiograph of the tooth send it 5. If you have a photo from the patient of the current problem, send it 6. Ensure you have referred on REGO but don't make promises or share contact details of the hubs with the patient https://www.youtube.com/watch?v=1pLA_Afef7A&feature=youtu.be	Treatments being seen are predominantly extractions. Referrals are good to fair. Step up the treatment of the referrals to the triaging to a higher level. If you refer patients to the hub please also forward any x-rays and any photos as well. AT- How much of a waiting is there from point of referral. EL- 5 day delay at present but as capacity increases there will be a much quicker turn around. It also depends what patients need. EL-Registered patients without supporting data will be sent back. No patient referral accepted with insufficient data. Receiving 40 referrals per day and we must reduce. It has come to my attention that the CDS sites are not busy and only getting 4-5 per day. We are receiving lots of younger patient referrals but there are some with compliance issues. We are passing onto CDS if possible. AT – Patients especially the younger ones can still be referred to CDS. CDS are taking each case on its merit. CDS will accept any especially if there are compliance issues. In response to questions on the chat:- AP- What was the procedure to become a hub please? was there a tendering process? Agi – Decision by NHS England picking the sites based on set criteria i.e. location etc. MG- Are there any UDCs in the SW part of the county? AT – Chichester emergency dental still running. In Sussex General dental hubs are Crawley, Sussex, and Brighton. CB- How are you recruiting dentists to staff the UDC's? AT- Recruiting of staff was done by the NHS volunteering group via NHS England. EL- Survey was sent out. Very few dentists put down face to face contact. The dentists must pass the Fit test. If they pass the Fit test then they can start working within a few days. JC- Can orthodontic patients access the hubs in the rare case of an urgent problem? AT- They can access the hub. There are REGO questions. Agi There are limits in CDS but EDS is still extremely busy on the phones. EL– Unlikely that there will be a second wave of practices will be put together, the current practices are meeting capacity, so preference is to open current practices on the weekend. This will allow room for growth.	If you are keen to volunteer for the hub, please check the form it is still active and will be put on the website.

• NHS E newsletter & SOP 3rd of May 2020 • AAA guidance doc TH (KENT LDC) • Future rv of evidence from other countries • HEE webinar	AT	20200501 GDP UDC Briefing.pdf NHSEI SE Urgent Dental Care Hubs cc AAA Guidance doc on Pain and AB man covid19_dental_reopening_rapid_reviev	AT- Any requests for NHS Co-ordinators? AP- Our request has just been for dentists and nurses but not received anything from a practice manager or Co-ordinator's point of view. EL– Co-ordinator role is recruited through the NHS Group so that they can be better coordinated, steering room meeting on Thursday so will know from there. AT- Guidance on antibiotics as well as how other countries are doing will also be on the website showing the way they have resumed normal dentistry. Each country is obviously very different UK is population is heavily intense. For example social distancing in Australia is not really a problem but London is a very different story. AT- Safer working webinars will be done by HEE and will also be on the website.	Newsletter Feedback - contact NHS England South East and explain that practices are still waiting for clarification on what the abatement figure is and this needs to be shared as soon as possible. Guidance on antibiotics will be on the website.
• LDC activity and resources	AT	LDC ROLES	AT – LDC newly elected and keen to see how others can join. Please contact us if you want to get involved.	Request for those who would like to be more active in LDC to contact AT or TH
• Pharmacy Update	MO	Pharmacy-dental-SOP-Final (1).pdf	MO – Pharmacy has been Up and down over last few weeks. New REGO system launched and some days the pharmacy accept the referrals and other days they don't. We have to try and do whatever works for the pharmacy to make it work for the patient. Essentially the pharmacy want the hard copy of any prescription. Royal Mail taking longer at the moment, which is also making it harder. AT- Anyone needed to contact the pharmacy via email? MB – Had to scan prescription before they dispensed it. Agi – Some are going above and beyond to make it work. They are also more familiar this week with REGO, which is really good.	Contact if Pharmacy problems ***ENGLAND.southeastcommunitypharmacy@nhs.net***
Financials; Principles RV and update what support is available for practices and	AD AP TH	check list for parctices_.docx	AP – Only thing to add would be the Bounce Back Loan which is processed quickly and is credited into your business bank. 25% of turnover received. Increased the furlough to October which will help keep people at home and will also help some practices, which may help. With regards to the Cbils they are prioritising their own bank customers. Business account with that bank. Bank back loans are different as they are backed 100% by the government.	

		Associate support document.docx	MO-Remember the Bounce Back Loan needs to be repaid after a year. AP- The bounce back loan has a lower interest rate of 2.5% so some are taking this out to pay back their current loans. AT- With regards to furloughing of staff this has been extended to October but the NHS income is coming on a monthly basis is this a 3 month time limit or will this be extended for a year. AP- Fees will remain the same but patient charges will be reviewed in September. AT – From practice owners point of view have you been able to find agreements with your associates. Reports in Social Media sometimes on the BDA that one party or the other is behaving badly. EL- In our practice we have some Dentists that are private and some hygienists that are able to claim the income protection scheme that is rolling out in June. I have decreased the percentage that I am paying my associates and created a small fund, a retainer to give to the pot to top up the dentist's income. This has managed to be subsidised two of our dentists. This was also written on the BDA. There are conditions. We cannot ignore the caveats but we do not have all the information. AT – We need to know what we are going back to and know what type of contract it will be and see if the GDA module is going to stay the same. It is unclear what the new norm will be, but the new norm will be different. This week the BDA will be talking about this so we should have a little more clarity at the end of the week. EL- It will never go back to how it was, and we will never have the same efficiency. AT- This week the CDO will be talking about this with the BDA. Toby shared a scheme limited to the NHS support, £50k Self Employed and Bounce Back Loan. Can Associates access this or just practice owners? Unclear and will hopefully see some clarity soon.	
Review of societies and advice	GB		GB – There is a concern all over the world about the way we are working. Level 2 PPE is accepted everywhere for AGP's as well. Everyone is focusing on social distancing, the way that we can clean and de-clutter the surgeries. Tele-Medicine is going to be the new thing and will stay for a while. Several papers are supporting the new way of working. Disinfection – no need to spend lots of money– sodium chloride is effective and not expensive. We need to continue to be careful and know who is coming into the practice and we are one of the dental practices that is the safest place to be. AT – The antigen testing takes 3 days to get the result back. Plus there is no antibody test as yet. GB – Most important is to triage patients before they come and when they arrive for their appointment and continue to keep the distant. AT- How is it working in hospitals Jo?	

			JC – Urgent cases are still arriving in hospitals. Urgent cancers etc. It can be done quickly and all patients are tested with blood tests and swabs the blood tests gives us the results within 3 hours. All patients for elective surgery are tested. Patients are being asked to self-isolate before they come in for surgery, children need to self-isolate with their parents. Not a long term solution. At present low numbers of Covid-19 in Sussex. MO- Had test on Thursday got it on Monday. AT- As a Health Care Worker you can request to get tested. When requested can be tested very quickly.	
Communications Current actions future- mailing list	MO	Via web site: http://www.wsldc.co.uk/contact-us/ Gmail: west.sussex.ldc@gmail.com We are starting a subscribing list for updates if you wish to join via our web site or link below; http://eepurl.com/g1_d9z	MO – Get more people on mailing list in West Sussex. Set up a system where people can subscribe. Link is on website and everyone who visits website will be prompted. The more people we connect with the more we can sign up. Agi- Subscription via Facebook and Instagram is set up. GDC has made an offer to contact people to distribute the invitation to the subscribing list. Circular in the Business Service Authority in Compass have been looking out to give permission to LDC's to circulate information. Have got groups with Southern Counties and this has been great to share. Will also be able to share to BSA.	POLL reaching out to Associates vla GDC - no objections.
Development of Peer Review			Agi – As a local group trying to organise facilitators to organise local topics and set up a Peer Review. Free to attend via Zoom but remunerated by the LDC via the educational fund. MB- Could afford to do this, there is an education budget that could be put towards this.	Poll taken to develop the Peer Review. All in favour. If you have a topic to discuss please email so we can put a list of topics to schedule.
Dental Advisors Updates	MB SQ & AP		MB – Not much new news from NHS England – focus on getting the centres up and running and being led by the Chief Dental Officer's guidance. AP – Exactly what Matt said, following what the CDO will announce. EL – Have there been any announcements of the procurement in the South East? Agi- Due to Covid-19 the procurement has been deferred. SQ – As mentioned it has all been put on hold. Not officially announced. SQ – Practices will not be going back to how it was, and it will be all about reforming and I also saw something about Dental Practices opening up in July. Although this is not official. As soon as the supply chains of PPE are sorted than there is no reason why practices do not re-open. The CDO is being very slow, which is very frustrating. AT– We are all frustrated and the news is coming through very slowly.	
Reports from Committees				

BDA GDPC **and CC**	TH, AT, MG	17 april GDPC report.docx GDPC Meeting Videoconference - 1 GDPC 17th April and 1 may2020	AT - The BDA are working and negotiating on how practices will look when they return.	
Channel	EL		AT- Channel our regional liaison group which, Emmanuel heads up have been meeting every week El- A quite informal meeting of late but great to ensure we are aligned to other LDC's. A lot of initiatives that have come through – Kent produced valuable information on correct prescribing of antibiotics and analgesics to support triple A Agi produced the flowchart on secondary triage for the urgent care hubs, others that have come out of this are the joint proposal from channel group where we are asking when we go back to work. It is good to connect to other counties and move forward as a unit. Agi – Thank you Emmanuel for heading up this group, you are making this situation better and I think by working across the region with one voice is a great help.	
NHS E committees. **LDN - AT** **RD MCN- AT** **SCD&P MCN-PP& AT** **OH Imp-PP** **UDC MCN-TH & PP** **OS MCN- MB** **Rest. MCN-MO& AT**				
PAG	MO			
DQAP	AP			
• **PASS**	AD, AT			
Treasurer Report.	MB		MB- Used to collect the levy in the bigger area Sussex, Surrey and East Sussex but this will be coming to an end and now will only be collecting the levy from the W.Sussex area. This will start in July. This will mean we will be able to donate money to the benevolent fund and GDPC. As soon as the Accountant is ready, we should have our set of accounts.	
• **AOB**			AT-The Safer Working Webinars will be circulated. MG- Similar meeting last Monday and it is still a constant battle with BDA and no one really knows what is going on. I don't think the CDA is passing little information back and forth well. Some dentists in Hampshire have shut the doors and decided to close completely and no longer carrying on as dental practices. MB- NHS contract is quite small then some will go bankrupt. Some have no choice.	All updates will be shared on the BDA Website.

			CB-Regular NHS Associate, not enough information filtering to us. Not much info given to me as an associate, providers are so busy with the amount of emails but it would be great to get more information like this – please email us and put this on the website. AT- Updates will be on the website. JC-Meeting with Chief Executive today and discussions regarding non-convid-19 to try and encourage them to not be fearful of coming to A&E. A&E have had a huge drop and also in other areas of the hospital, so please do refer REGO patients to us as we will accommodate them. MO-Patients calling up for triage that are not our patients and are not West Sussex patients. Guidance today from NHS. Now referrals to REGO temporarily get referral from their local GP. Does take time but is worth doing. AP- PPE Fit Testing is something everyone has to do. Is there someone to contact to get this rolled out? AT- Urgent care hubs are doing the testing and when the practices are rolling out then the testing will be available to them. EL-FFP2 masks will not pass the Fit Test. A lot of FFP3 masks are also poor quality and are not passing the test. The 3Ms masks get very good results. DHP is a supplier. FFP3 masks are difficult to come by only available to the NHS. Great visors that are being supplied by a company called Solar Cress. Really good to source, would highly recommend. Cheap and disposal. AT- Something to address to Channel. EL-Urgent care hubs will continue up to the end of July, mainly doing AGP's. Beginning of June Dental practices will be able to handle their own urgent cases but not AGP's. AP- Do we need to source our own masks. EL-SOP suggest that you can do non urgent procedures with level 2 PPE. NV– Referring to UDC's – Are you able to refer them? Is it appropriate to refer without antibiotics? Can you still refer them? AT-Yes the triple A's is antibiotics if appropriate but if they are not appropriate then we are getting referrals in for example a fractured pre-molar, a vertical fracture down the pre-molar because of acute pulpitis then you don't need to give them the antibiotics. El- Yes they can be seen but when there is a split tooth then antibiotics will not cure the problem. Under the best circumstances it is difficult to treat these patients. The thorough approach should be taken by referrer. In a normal setting there would be a full diagnosis. Ultimately the conversation will be had with the urgent care hub dentist.	

			AT-As secondary triaging at times there is some sort of swelling. If there is some sort of swelling then they need to be offered antibiotics. If you genuinely believe that this is polpitus and will have no benefit from the antibiotics then ensure you can justify this in the referral. NV – What if the patient just wants the tooth out regardless of what they have. EL-Patients will have to be in acute pain for extractions to be done. MB-This is fine but remember the urgent centres are a last resort. Only 3 hubs covering a vast area. GB – If we could see the patients than a proper triage would be able to be carried out. Need good quality of referrals but also each case is different. NV-Mixed messages from BDA. Feel I have no choice but to prescribe antibiotics before I can refer to hub. There was a statement on REGO that referrals will be rejected if the antibiotics have not been given. Agi- Make sure that as much information is given, so if you don't have x-rays then please get pictures from the patient and send these through with as much details to guarantee that they don't get rejected. EL-Very challenging to do the secondary triage. We have a very different challenge on our side as patients do not have a proper view of what the urgent hub is and patients arrive that think they are coming to a normal dental practice and will have time to discuss their case properly. This isn't the case. We have very limited capacity and need clear cut cases to process through the system until normal service is resumed. AT- Thank you Natasha, great point to raise. AT- Thank you to everyone for attending and we will meet again in a month's time for a virtual meeting in June.	
Date of next meeting	17 June 2020 Virtual via ZOOM			