West Sussex Local Dental Committee

Topic: WEST SUSSEX LDC MEETING
Time: Sep 16, 2020 06:30 PM London

West Sussex LDC	**Guests**
Agi Tarnowski AT *Matt Botha MB* *Mark O'Hara MOH* *Simon Quelch SQ* *Toby Hancock TH* *Emmanuel Lazanakis EL* *Jo Clark JC* *Christine Hallworth Miller CH CM* *Jane Harris JH* Sandra Da Silva-Creasey (Secretary)	*Katrina Broadhill – Healthwatch West Sussex* **Apologies** *Anitha Diwake ADr* George Billis GB *Mary Green MG* *Simon Quelch SQ* *Richard Simons RS* *Parul Patel PP* *Kellie Downie KD* *Ashkhan Pitchforth*

AGENDA PLAN with Documents

Minutes from 29th July Agenda 16th September	Click here for previous minutes	AT MO and SDS to lease re document attached to minutes

AGENDA ITEM	LEAD	DOCUMENTS	COMMENTS	ACTIONS

• Summary of Report from Healthwatch West Sussex • Healthwatch West Sussex Briefing – Katrina Broadhill	**AT** **KB** **AT** **MOH** **KB** **MOH** **KB**	HealthWatch Report	Feedback on Healthwatch Report, which was painful reading at times. Planned care that is not urgent there is a problem partly due to conditions and partly down to the backlog. The role of the Healthwatch is to pass on this information. Very strange advise obviously being given in these strange times for example telling patients to take a nail file to a sharp tooth but this kind of advise is necessary to reduce the problem. Jo has passed on the offer that if there is some basic self-care then we can help jointly brand to send out those tools something so everyone receives those basic messages. Burgess Hill residents will struggle to get dentists and register on GP surgeries. So that all these patients have the most up to date information. There are currently 4 different messages at present coming out of the CCG so this is causing a problem. As a local partnership we want to help get the communication across as accurately as possible. Essentially not saying anything that people are unaware of and not dissimilar to national picture! Acutely aware that the access to dentistry is above the national average. Biggest challenge is facing the customer expectation and that is due to the service being inconsistent. For example 'What does urgent treatment mean to different people etc. Easy to focus on our own patients and get side-tracked. There are capacity problems across NHS for the planned care partly due to restrictions that Covid-19 have placed on dentistry. It is not business as usual. This is the central message to be given. Capacity has always been an issue and now obviously this has been heightened, especially when told you must also be opened and see patients you have never seen before. How can this be feasible when you have a back log of 10,000. The biggest issue is the abuse we are getting from patients. Most argue that their friends have been seen. They might have had it privately, which is the difference. Two private dentists and the rest are NHS and we have 2000 private and 10000 NHS. You will also get abuse from people who are on dental plans. We can reinforce some of these by being open and transparent about the fallow time etc. but if people get the message that they can get the treatment if they pay for it then this is the difficulty. If patients are told by dentists that they can't see NHS patients then this will be very difficult.	Katrina – To draft document that states it is not business as usual. Attach Self-care guide. Bear in mind that a lot of people are happy to have digital consultations.

	TH		Practices are mixed with private and NHS and due to this must run the way they do. They could not function solely as NHS as this would not be financially viable.	
	MB		We are also trying to work within a system that is limiting how many people we can see and until the fallow time reduces, we are limited with the 20 minutes between NHS patients. Previous 6 patients in an hour now only managing 2-3 patients. Therefore, there must be a balance between NHS and Private patients.	
	MOH		The reason that most practices are mixed is that from 2006 onwards we were limited with how many UDA's. The volume is down, and everyone is waiting private and NHS patients. We are not discriminating between NHS and private.	
	AT		Main key point is it is not 'Business as usual'. Patients are trying different practices and obviously getting frustrated. Locally NHS England are aware.	
	MOH		Also making it clear that their consultation can be dealt by phone, but a lot of people will argue with the receptionist and want to have face to face consultations.	
	AT		Practices need to convey that across their websites. Thank you Katrina for taking part in our meeting and hopefully we can work together going forward.	
• UDC updates	**AT**	UDC Hub Briefing	An update with UDC, so to show you that the UDC figures were going down rapidly a few weeks ago. The pathway into CDS has changed so that now if you have an urgent case there is not a hub for it.	
	EL		We sit on the Steering Committee and at the last meeting they were discussing numbers and referrals had dropped considerably. There were 130 across all the South East in one week, and to compare at peak we were doing 130 per week, per practice. Great news. Eventually there will be no need for UDC hubs. Steering meeting tomorrow so will provide update on this. The objective is to get rid of the urgent care hubs.	
	AT		AT – The UDC numbers are going down to less than a 100 but they are being absorbed into primary care. This does not reflect that there is no Urgent care need.	
	EL		Fit Test is no longer a problem. Practices are now able to offer the full range of services. UDC capacity in case of a 2nd wave. Talk of a possible 2-3 week lockdown in October. Personal view that all practices have their own PPE and have had the training so in a 2nd lockdown the UDC hubs will not be needed in the same way. Leicester has a topical lockdown, private practices were able to continue to offer care. The local area team would produce a local solution to be put in place.	Continue supporting practices with face fit testing as needed

	AT		At present the clusters seem to be in Norfolk and the North of England.	
	KB		Brighton and Hove have just moved to Amber and 4000 students are arriving on the weekend.	
	AT		How is the EDS progressing, let's get an update from Toby.	
	TH		Numbers in EDS are rising, heavily oversubscribed. Commitment of 7 face to face. We have referred the patients onto a dental hub. Patients I have seen are easy going. Prescriptions have gone up considerably. People who need dentists and are willing to see private dentists are still not being able to get appointments. Comments we are getting back are that they can't find dentists private or NHS. Figures have always been over capacity. to discuss this now.	
• Communication OCDO preparedness letter 6	**TH**		No comments raised.	
• Communication for NHSE&I- issue 7 inc FAQ's	**AT**		Practices are required to spend the same amount of time to see patients as before the pandemic. The BDA and NHS England are looking at how the contracts will be measured; those details though are still unclear. Our current methods of counting have stopped from today but there is still no clarity on how we will be measured going forward.	
• Associates Pay- Compass reporting	**AT**	Key Points of Info for Associates Pay	Looking to expand up to 50% but the problem is they limiting us on how many we can see per hour, we therefore need the flexibility on fallow times.	
	TH		Many practices are investing in industrial ventilation methods to ensure that they comply with the requirements to change the air in the room by additional means.	
	AT		Industrial ventilation methods aside are irrelevant, the issue is the acceptability of it as if you are not adhering to fallow times then you do not have any evidence that you have carried out everything, especially if an associate gets ill then you have to be able to state legally that you have adhered to the 20 minutes between patients.	
	TH		20 minutes fallow time per patient is still very difficult and will limit our capacity greatly. Some industries do not have any fallow time, Podiatrists for example and do not have to create AGP's or GP services. Their capacity is still affected because they can't have a waiting room, which is why even if fallow time wasn't there at all you still have to have a gap between patients.	
	MB		Exactly the two factors have a huge impact, the fallow time and the waiting room.	
	AT			
	MB			

	EL		Just to add that if you do reduce your fallow time this is a double-edged sword as if the fallow time is reduced then the widget counters will expect your activity time to go up. Expect UDA's to come back in a big way. You might still have reduced targets do to waiting rooms etc. There is no strong push from LDC or BDA to reduce the fallow time since the NHS will give with one hand and take with the other.	
	AT		Very difficult to manage if this does happen and we will see a tsunami of patients.	
	AT		Another issue raised with regards to 'Associates Pay' we put together some key points. The BDA resolution service shut down until the matter has been resolved nationally. The BDA put together a side agreement which is compatible with BDA contracts for both parties to have and that both parties understand they are suspending UDA's and adhering to NHS guidelines as they follow through.	
	TH		James Goldman from the BDA told me off when I told two associates that they were not in the same boat. The heat seems to go out of the issue, although there are a lot of associate providers that have been hard done by this. We really do not have enough information to give them the right advice.	
• Fit testing support and kit	**AT**		We do have a kit so let us know if anyone wants to borrow it.	
• In the event of local lock down in West Sussex	**AT**		If a member of staff tests positive, click here for document to complete.	
Forming an Executive	**AT**		If anyone wants to represent the LDC please bring yourself forward by the end of September.	
	TH		Facilitate people to attend meetings like PAG.	LDDC members to e-mail AT re being on EXEC by end of September
• **Secretaries report and Communications update**	**AT**		It will be possible to e-mail all performers on COVID matters, thanks to communications with BSA due to change in regulations under the Covid.	Newsletter to be prepared suitable for providers and performers
- Website development update **- Social media**	**EL**		Looking for the most efficient system where content is uploaded. Kent, Surrey and Sussex get their information up there simultaneously. The person they use would charge £20 per month, he gets all the information centrally and maybe we should consider his support services for a while and review after a few months.	
	AT		Believe this would be a great idea – any objections from the treasurer?	
	MB		£20 per month is money well spent.	

	EL **AT** **MB**		The Kent people have a few retired guys who have time to also come up with some great documents. Can I liase directly with this man? Yes please. Also, we need the links on our minutes so that we can have a much tidier and easier way to access documents. Now that we have the green light to send emails to all performers and providers and send them the links to the website so that people us the website as their first port of call.	EL to lease with Kent to get updates on WSLDC websites
• **Treasurer report**	**MB**		Account went down to about £85 and has now gone back up since we received, once levies received. Very happy to be in the black again! We are also separate from the other LDC's now so independent financially.	
• **Development of CPD Day &Peer Review** - **Update** **Peer Review Volunteers and Topics**	**AT** **SQ** **AT** **TH** **EL** **MB** **AT**		We did some peer reviews before the summer. Does anyone have any peer reviews that they would like to do. Our peer review was going to be on the 19th November but venue is now not available so we can do this virtually. CPD Poll Go ahead all day online Split into two evenings Overall, 67% voted for Two evenings rather than 1 daytime. Kent have cancelled their CPD day. CPD is about participation and running an all-day event on Zoom might be death by zoom! Go back to speakers and explain that the CPD Day will be done slightly differently. Two evenings rather than one day will be better. Limit on zoom is 200 but it is just a click away to upgrade. Getting support from others is vital and ensuring speakers are happy to speak to a wide audience. Next Channel meeting is in October. Let us email them. Group one evening being for Core CPD so dentists and nurses can be part of that one and the other evening just for dentists. We can do that. Topics that we had planned were medical emergencies, cross infections, safeguarding children and complaints plus top tips. Relevant to most people. Workshops in the past – surprising winner was getting the BSA to them. Perhaps get a Q&A from them.	Email Channel to get agreement for joint working and feedback as soon as possible on the CPD evenings AT plan to deliver CPD evening s on core subjects
• **Dental Advisors Updates**	**MB, SQ & AP**		We have now moved into one region. We are now South East region which, includes Hampshire, Isle of Wight and Oxfordshire as well. Trying to coordinate the dental clinical advisors together. All employed differently, some contracted some	

	AT **SQ** **AT** **MB**		employees so reformation on-going. Two meetings – contractors talk commissioners. There has been some talk about the new inspections. Changes in regulations etc. and quite a bit of debate describing best practices especially about not doing AGP's in window-less surgeries. Also looking at the complaints coming in, quite complicated, you can imagine. Communication is key. The complexities of the Covid issue are not fully understood by patients. Regarding Covid complaints we were all reassured that complaints would be managed. There will always be complaints if a service is impacted. There is also a lot of pressure on us as we are on the front line, which cannot be compared to GP's who run online consultations and still get their contract money. As you mentioned it is not business as usual as this is so complex and the reality is that the patients can't even find private dentists. We already had capacity problems before Covid. Completely right there was already capacity problems long before and this has just compounded it. Lots of discussions round how practice visits should be done.	
• **Reports from committees**				
▪ **BDA GDPC CC**	**TH** **AT**	GDPC Report	Last GDPC meeting was the 14th August. Contract framework has ground to a halt. Covid changes has given a chance to remove the UDA from the contracts. Negotiations to be kick started in the latter part of year. Fallow time is the main reason why most practices are unable to re-start. A long discussion on the Jason Wong's publication about practice viability HMRC – saying that they removed the wording on contracts that are like the UDA contracts so no concern about associates looing their salaried status. PPE supplies have been dramatically improved., PPE portal available now too. Flu vaccine pushed through to make it readily available to dentists and their teams. 80% is being achieved in Orthodontics mainly since they are primarily non AGP. NHS England is looking to increase their expectations soon in GDS. Motion at the LDC Conference was to have a Career Associate representative on the GDPC committee but because it is mainly made up of providers this motion was rejected. Toby is standing for election so please vote foe Toby for PEC.	TH and AT to continue GDPC representations
▪ **BDA CC**	**MG**		MG sends her apologies.	
▪ **Channel**	**EL**		Channel has been meeting more regularly. Kent, Surrey and Sussex meeting every week and now reverting to every month, which has been very useful. The big ground-breaking piece of news is that Alison Taylor, the medical director for the whole of the NHS South East. We are having a meeting with her and will be a great opportunity to develop a relationship with them. Still deciding an agenda. Meeting	West Sussex LDC to send EL and AT to LDC Liaison meeting

			scheduled for the 30th September. The RLG meeting is in October the report can be found online. The regional liaison group meeting, which is being re-scheduled and involves all the LDC's in the South East and also with members of the NHS, advising on contracting. This meeting will be in October. Working together with other LDC's which is always beneficial. Our current meetings with the 4 LDC's are going really well, we have a great rapport, and it is good to have this close connection to other LDC's. Hopefully with Alison Taylor's input this will be strengthened further and benefit us all.	
▪ **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**	**MB** **AT**		OS MCN Two weeks ago we had a meeting, looked how we could prioritise and discuss the practicality of it all. Practices are under pressure just like everyone else. There will be people who will put urgent and in pain in every referral, so it is important to alert the people who capture the referral. From the GA side they are about to start back up again, hopefully October. We were always underneath the 18-week rule when we stopped in March so it will be difficult.	WS LDC to continue to send LDC reps to meeting with NHS E and get reports back As they come back on line
▪ **PAG/PDLP**	**MOH**		All on Teams until further notice – no new cases at that point just tidying up the cases.	
▪ **DQAP**	**AP**			
• **PASS**	**AD, TH**			a meeting on PASS is to be arranged to move forward.
• **AOB**	**MOH** **AT** **EL** **AT** **MOH**	Test Positive Guidelines Dental Practice Risk Assessment	Problem on the REGO pathway was flagged to Alison and resolved within an hour so it was amazing to see this. They have added a button now that says exempt or no charge, which is amazing. Two small things, one of my associates' daughter had a fever and called it in by phoning 119, no tests available but they were told that they had to self-isolate for two weeks. A week ago, the system worked well. A massive detrimental effect on the work force going forward. As a result of this we lost two dentists for nothing. The problem is there is no testing capability at all. They have run out of test kits completely across the UK. Two weeks ago, similar scenario as another associate felt unwell but within 24hours was tested, found negative and able to continue working. The online system does not take you anywhere, so people are then told to contact 119. If there is a spike in Brighton as we heard earlier this is going to be a real worry. Somebody last week was in contact with a patient who tested positive so they managed to get the last test available on Saturday but they were then told when they received the negative test results that even if the test was negative if they had	Mark to track email and email back to ask if health care workers particularly dentists to see if they are able to access this pathway.

	SQ		been contacted by Track and Trace they still had to self-isolate for 14 days. They were contacted by the patient not T&T so they decided to keep working. SQ – No tests at present. Not prioritising Health Care Workers.	
Date of next meeting `	**TBC**			Meeting will remain virtual for the foreseeable future.