West Sussex Local Dental Committee
Meeting to be held on: Wednesday 17th of June 2020

West Sussex LDC	**Guests**
Agi Tarnowski AT *Matt Botha MB* *Anitha Diwake ADr* *Mary Green MG* *Emmanuel Lazanakis EL* *Mark O'Hara MOH* *Ashkhan Pitchforth* *Simon Quelch SQ* *Parul Patel PP* *Christine Hallworth CH* *Toby Hancock TH* **Sandra Da Silva-Creasey (Secretary)**	*Andrew Hobkirk AH* *Mariam* *Chaitali Bakhai CB* *Chila Tudor* *Yasir Noorani G YN* *Vatsal Amin VA* *Fiona Sutherland FS* *C Viggor CV* *Jo Clark JC* *Ruth Bentley* *Vasileios Gianno VG* *Amit Patel AP* *Bruno Silva BS* *Yashika* *Sean Khorami SK* *Charles viggor CV* *Purva* *Richard Simons RS* **Apologies**

Minutes with Documents

Agenda item	Documents	Lead	Comments	Actions
Minutes from 12th May			No Objections	
RV actions				
Matters Arising				
• UDC update GDS	Shared Learning fom UDC 6 June 202	EL		

EL - Have had opportunity to experiment with different types PPE masks in the hub for 2-3 months. FFP2 masks pass rate is very low, so do not purchase.
Best type is FFP3 – 3M mask 90% pass rate with this mask. The valve version is the one you need.
P3 half masks fit well.

EL – End session with AGP but if you must do AGP at the start of the day, then you would have to throw it away after use and move onto the next mask.

AT – How are the numbers of referrals in comparison to the start.

EL – Numbers have been consistent. There has been a shift in the type of patient and referral reasons that are coming through from the practice.

AP – Registration does exist unless it is private. Any patient that enquires regardless of whether they have been seen in the last six months or not have the right to be seen. Cannot say you have reached your capacity as the UDA target is not there at present.
Email sent saying that all patients need to be seen.

EL – The hub is run by volunteers, if anyone wants to volunteer a nurse or dentist would like to volunteer that would be great.
The hub is using re-washable gowns.
Christine – Part of a group and we are not opening until July.

AT – NHS England did clarify that there should not be a discrimination between private and NHS patients.

CH – Two practices with one being private and the other being NHS but not opening until July – Can we refer?

EL – The issue is not with practices that are closed so I am referring to practices that are open and are prioritising private patients but are still referring all others.

MG – Not every dentist realises that the hub was not getting any extra funding. I think this should be publicised more.

I have referred a patient who I did not have any information on them and sometimes I see patients that are fine but when they call you, they say they are in agony.

EL – Not an issue for a practice that is genuinely closed but for those practices that are making their own criteria for referrals. Hub has received funds for the PPE and some expenses.

PP – The referrals are still coming in thick and fast to CDS. Medically complexity patients. Prime example of a 13-year-old patient who was referred incorrectly – Time is of the essence. The hubs are here for urgent care only.
GDP's are abusing the system. Our CDS list is in and growing.
GA lists and access has completely stopped. No access to theatre space. The waiting lists are very, very long.
Inhalation sedation is being used for compliant patients. PPE is different as we are using the FFP2 masks but going forward we are looking possibly at moving to there-usable masks wrt sustainable.
Access problem in our area for unregistered patients is visible from EDS numbers.

AT – Our capacity in dental services is so diminished. Inhalation Sedation is taking place as long as patient is compliant.

RS – Inhalation is being regarded as AGP or not?

PP – Inhalation is currently being regarded as a AGP.

RS - I have made representations on whether I can see patients on IV sedation but still awaiting answers on this. Early July is hopefully when we can start seeing NHS patients.

AT – It is in the guidance that this cannot be applied to children. Are IMOS services been provided?

RS – No new referrals for IMOS.

MB – The IMOS services have not been given the go ahead. In the urgent hub IMOS is being carried out. Ordinary referrals via DERS pathway are not happening either. NHS England want everyone to concentrate on emergencies. In urgent Hubs IMOS is being carried out.
AT – Shared resources on the BDA site.

AT – LDN meeting tomorrow so will highlight if there is a consistency in their referrals and feedback.

• **Channel Report**		EL	Channel meeting on a weekly basis. Group of LDC's from East and West Sussex, Kent and Surrey. Expand into the Thames Valley area too. Co-ordinated approach for our NHS commissioners. Great interaction and liaising well to focus on joint issues.	
• **Web site**		EL		
• **UDC Update CDS**		PP	Covered above.	
• **Healthwatch request**		KB MOH	AT – Met them through the routine dentistry, they did some mystery shopping in May around West Sussex and have provided us a report. MOH – The main thing is to check if the information on the out of hours and what is on their website, what their	AT – This survey will be on the website for everyone to view. Practices to view for their own information. At – Mystery shopper will also be on the website.

	 Covid19 Mystery Shopping DENTAL -  Dental Website and Answerphone Checl  Health watch.msg	MO	answerphone messages are so that everyone is in alignment. AT – Please do check your answer messages and make sure they are not too fast for the patients and that the numbers are current, so it is as clear as possible for patients. MOH - Practices should be in alignment and the recommended wording is coherent and in alignment with other practices. PP – Please make it clear that the hub is very busy, and they may have a long wait. Sometimes it is best to go to A&E as the capacity of the hub is limited.	
• Returning to work updates • POLL1 • POLL2 • POLL3	AP – Mixture of issues that we have had have been PPE, purchasing the disposal ones and then realising they are not sustainable. The Perspex screens was also a challenge. Each site is different as the patient flow is different. The general difficulties that everyone experiences but at the same it is good to be open. AT – Is IV sedation for adults is provided by you. AP – Handling all the backlog of IV sedations. The issue is getting the FIT Test and concerned about the abatement. Perhaps our representatives are not representing us as forcibly as they can. AT – Lots of talk about a 16% Abatement. MB – I would like everyone to be an online trainer but unfortunately you can not fit test others outside your practice. It will be very hard to get everyone to be fit tested otherwise. RS – Already doing this for local practices. I have just Mary – Some arrangement to do some Fit Testing. Would like to be able to do FIT testing on other practices as quite an expert and being able to do it properly. Have now worked out what fallow time is needed too. It varies depending on the circumstances and 1 hour is not always needed. Ventilation of the room you are working in – how long the aerosol generation is used etc. Will send this onto you.			**Poll 1** - 73% have started seeing patients **Poll 2** – The majority of people are doing just urgent care and non AGP. A mix of people just doing the Triple A. **Poll 3** – Biggest barrier for most is finances, shortly followed by patient expectations and the future of dentistry.

• RV of guidelines	Various CQC			AT – CQC supportive mechanisms have been published on their websites for practices to review.
• Financial matters		AP	no changes to report currently	
• 2week rule	**What to refer on 2 Week Rule** **Suspected cancer: recognition and referral NICE GUIDANNCE NG12 2015 (updated 2017)** **1.8 Head and neck cancers** **Laryngeal cancer** **1.8.1 Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for laryngeal cancer in people aged 45 and over with:** **persistent unexplained hoarseness or** **an unexplained lump in the neck. [new 2015]** **Oral cancer** **1.8.2 Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for oral cancer in people with either:** **unexplained ulceration in the oral cavity lasting for more than 3 weeks or** **a persistent and unexplained lump in the neck. [new 2015]** **1.8.3 Consider an urgent referral (for an appointment within 2 weeks) for assessment for possible oral cancer by a dentist in people who have either:** **a lump on the lip or in the oral cavity or** **a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia. [new 2015]** **1.8.4 Consider a suspected cancer pathway referral by the dentist (for an appointment within 2 weeks) for oral cancer in people when assessed by a dentist as having either:** **a lump on the lip or in the oral cavity consistent with oral cancer or** **a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia. [new 2015]** **Thyroid cancer** **1.8.5 Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for thyroid cancer in people with an unexplained thyroid lump. [new 2015]** https://www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer#head-and-neck-cancers All other lesions can be referral via oral medicine/pathology pathway **What photos to take on a smart phone** • Take 8 photos 4 from front: palate, tongue stuck out, tongue resting and floor of mouth under tongue 2 from each side: cheek and side of tongue • Always use flash • Hand width away • Face a mirror to line up photos **How to upload on to referral on REGO** step 1 set up referral on REGO step 2 follow 2week rule pathway step 3 under attachment section choose **From mobile** tab Rego will generate unique PIN step 4 on mobile navigate to **ref.management/mobile** type in unique PIN tap OK step 5 choose add photo step 6 Select **Take Photo or Video** step 7 Tab the capture button, delete or add step 8 click save on referral …see REGO uploader pdf. instructions Either GDP or pt with photos on mobile can use this GDP would generate the pin as usual. go to ref.management/mobile and enter the pin that you provide to them then select photo and upload.		AT – Importance of the Two-Week rule not forgotten but the numbers have significantly dropped. AH – 94% drop in DERS referrals, 84% drop in 2-week wait. As a department we are expecting patients with more advanced disease. The challenge across the board is to triage these patients. Virtual clinics running and face to face contact. The risk of the lesion being malignant is very low but still the consultant body wants to be here to advise practitioners. Examinations and consultations are being done virtually. Face to face is being conducted if the patient is at very low risk. The whole of the consultant body wants to do everything they can to support. AT- NHS coordinators in our region – include a photo with referral which helps tremendously. You mention that examinations are also virtual. AH – When we can and know it is low risk, we have tried to increase the Face to Face consultations. Although we must be careful as can't over book capacity is still limited. AT – Secondary Care – how is that up and running? AH – Brighton moved very quickly. Priority 1 have cleared very quickly but still theatre capacity is limited. Trying to provide parallel services. Although still very constrained in the capacity we can deliver. Routine minor oral surgery day case lists will not be coming online for several months. JC – Very similar picture in Worthing and Chichester. Will take a long time to get back to some sort of normality. The real issue is the capacity of patients that we can see, we can see 4 patients in a session whereas previously we saw 20. Patients that have started treatment will be prioritised and new patients will have a very long wait to be seen. Anticipating years rather than months. AH – Constant evaluation of the waiting lists and triaging the priorities. AT- This will be a huge challenge for all unless the PPE situation changes. It is heartening to know we are all in a similar position and as guidelines come through, they will be shared and distributed. Make referrals into secondary care as effective as they can especially for the two-week rules.	
• LDC Conference and motions • Submission by 1/7/2020	https://www.ldcuk.org/	AT	GDPC rep AT and TH LDC rep 1 MO	

		MOH	LDC rep2 available SO LDC MG AT – This year the conference was cancelled. There are spaces still for the virtual conference so please come forward if you would like to take part. MOH – Remote prescribing might be a way of life now.	
• Joint SE LDC letter to NHS E	 COVID19 Joint LDCs Raising Concerns 31	AT	AT – the letter that was written requested clarification on contracts, financial liabilities, and the mixed practices.	We are still awaiting a reply from this letter sent on the 1st June.
• **Secretaries report and Communications update** **-website** **- social media** **-ICO registration** **-GDC mailout**		MOH	MOH – Since we had the GDC email go out we have had people sign up to our mailing list. 220 on the mailing list. Relevant information will be sent, and anyone can contribute to the information so please share.	
• **Treasurer report**		MB	The levies East, West Sussex and Surrey will be split so that levies can be sent individually like it used to be done. Stopped receiving LDC levies in March and apparently will resume in October. Money going out and not coming in. Hopefully, August will resume back to normal. There are reserved funds, which we must fall back to if needed.	
• **Development of Peer Review** - **Feedback from first peer review** - **Upcoming** - **1/7/2020**	 Emergency Dentistry at the Coa	TH AT	AT - Half of the Peer Review was Toby speaking. Mary – BDA branch meeting which we hope can be done together next time but overall, the meeting was good.	Next Peer Review 1st July.
• **Dental Advisors Updates** • **Complaints**	NHS E FAQ's  20200608 Re-opening Frequer  20200608 Update on NHS dental servi	MB, & AP SQ	MB – Weekly meetings to stay updated and iron out any confusion. Held on a Wednesday so clashes with the hub work I am doing at the urgent centre.. MOH – New Performers that are waiting from advice from Capita. Probably delay due to being furloughed.	AT – BDA Website will be updated with this information.
Reports from Committees				

BDA GDPC CC	GDPC 5 June report.pdf	TH, AT		
BDA CC		MG		
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, TH, AT		
• **AOB**				
Date of next meeting	TBC			