West Sussex Local Dental Committee

Topic: WEST SUSSEX LDC MEETING
Time: Jul 29, 2020 06:30 PM London

West Sussex LDC	**Guests**
Agi Tarnowski AT *Matt Botha MB* *Anitha Diwake ADr* *Mark O'Hara MOH* *Ashkhan Pitchforth* *Christine Hallworth Miller CH CM* *Jane Harris JH* Sandra Da Silva-Creasey (Secretary)	Teresa Henley – Bupa Worthing Hootan Minai – Holbrook Dental Horsham Priya Nunavath Shal Anand Louise Skelt **Apologies** George Billis GB *Emmanuel Lazanakis EL* *Mary Green MG* *Simon Quelch SQ* *Richard Simons RS* *Parul Patel PP* *Kellie Downie KD*

AGENDA PLAN with Documents

Minutes from 17th June	 Minutes 17th June 2020 v2.docx

AGENDA ITEM	LEAD	DOCUMENTS	COMMENTS	ACTIONS
• Communication for NHSE&I -on re opening -on associates pay -new fit test training days • Rapid report of AGP • Fit testing kit to borrow • DDRB pay uplift 2.8% • UDC updates	**AT**	 NHSE I SOUTHEAST DENTAL PAYMENT O  NHS E I NEW OPTIONS FOR FIT TE  NHSEI SOUTHEAST DENTAL REOPENING	https://oralhealth.cochrane.org/news/aerosol-generating-procedures-and-their-mitigation-international-guidance-documents	
	AT		***NHSE Letters*** First letter that was sent was referring to re-opening. Ensuring that AGP referrals are being referred to the hubs.	
	AP		Inappropriate referrals are still on-going. The hubs will be reporting any non AGP referrals to NHSE. There will be some genuine cases i.e. some dentists will be shielding etc. NHSE wants all practices from the 20th July to be opened so referrals need to have the right assessment prior and accompanied with a radiograph to the hub. Cannot refer all AGP's that are not urgent. Hubs are not operating in the same way as in April and May they are only doing urgent AGP where practices are unable to carry out due to PPE issues. Referrals only for broken tooth etc. Surgical extractions are along the IMOS pathways.	
	MB		IMOS is up and running. AGP is still a problem for some practitioners. There are a lot more IMOS providers within the hub but is not an IMOS service. We also have the situation where patients are not turning up for urgent slots as perhaps some have been waiting since February and now the treatment is not urgent anymore.	
	AT		Some people are still shielding until the 1st August so once that passes hopefully things will get easier. Another point made was that there was not any undue activity happening. Practices should also be trying to see as many patients as they can.	
	AT		***Associates Pay*** - The email from NHS England seems to be quite clear on their expectations so hopefully this will be helpful. We welcome the clarity from the BDA. They have also been quite clear on the methodology on how both parties are paid.	
	AT		With regards to the '***Fit Testing Training'*** news from NHS England is that the uptake is not great and that there are spaces on all the courses. Perhaps a month too late for most	

			practices. We have got a kit as an LDC that we have got access to and this can be loaned out if anyone needs it.	
	MOH		***Rapid Report of AGP's*** came out recently and essentially is not very conclusive in supporting AGP's in the practice and very little evidence on what is being done. Most countries are doing the fallow times but it seems that it is only us and Canada that are doing the same as us. Great variations in many countries and quite a few talk about ventilation.	
	MB		***Fallow Time***. An AGM document has recently reported that we will need to upgrade our ventilation. Essentially, they are saying that we need to invest in negative pressure for the rooms. Workable fallow time is what we need to strive towards. There is some evidence that isolation rooms like operating theatres are proven to reduce fallow time. Explore all options but hold fire as supplier's information will be bias.	
	MB		Hydochloric acid will damage everything but Hydrofluoric acid is safe to use. We need to achieve 6 air changes. Risk assessment must be done for each room. Check ventilation units, window sizes and work out the maths, the facts would be true and therefore you could reduce fallow time.	
	AT		So many variables, let us wait and see on the fallow time and get a clearer guidance on this.	
	AT		Good news on ***DDRB pay uplift at 2.8%*** before calculations of expenses so will not balance out the expenses but will help.	
	AT		Unfortunately Emanuel is not here to discuss the ***UDC*** Report.	
• **LDC Conference report**	**MO**	 mark ohara ldc conference report 2(		
	AT		Mark let us know how you found the virtual ***LDC conference*** where we heard from Sara Harding and Sandra White	
	MOH		It was good that it was a 1day meeting rather than 2 days, which was quite nice. 33 motions put forward by the LDC, the majority was England and the majority were upheld with only 2-3 that was rejected. Overall it was a positive meeting. Everything focused around PPE supply and Fit Testing. Every county seems to be behind in the Fit Testing. Lots of talk about sustainability on this current activity. Everyone agreed that UDA's have gone and there must be a measure of success. Building on what we have right now and putting ideas forward for April onwards next year. Focusing more on prevention and	

			access. Some elements of activity and it can't be just prevention only. Focused on outcome and improvement. The CDO seemed to be on the same wavelength.	
	AT		The CDO seemed humbler.	
	MOH		They admitted that the communication was not good and are trying to improve although communication it is still not great. Sandra White said that there is no movement on fallow time and review to be held. Jo Churchill, the spokesperson for the Department of Health mentioned that we are appreciated, probably because the patients wrote to MP's to complain, probably because it has become a political agenda now.	
	AT		Nothing focuses an MP's mind more than people writing to them to complain.	
	MB		Did they mention the pilot contracts? Moving away from the UDA's.	
	MOH		They loved the clinical pathways of the pilots but that they do not financially work. The impression was that you would get your 100% but you would have to show the people on your books.	
	AT		They did not talk about KPI's at all but did discuss capitation base models of care but the detail around that is unclear. The threat to go back to UDA's if this model does not work is heard a lot. Leading on these ideas is Sean Charwood Vice Chair of the GDPC who wants to hear from people and see what ideas that are out there will work.	
	T HE		My experience through EDS is that majority of patients are not registered and the increase in neglect that is shown is far greater than 2002 and 2004. Practices need to take on new patients and it is becoming harder and harder for these patients to find non-NHS emergency dentists.	
	AT		A capitation type system will not work for these people.	
	MB		I completely agree with Teresa there are a lot more extractions that need doing, and it quite evident that people are not able to access treatments when they need to, so we need a system that invests heavily in prevention but also in complicated patient treatment. There are lot of patients that cannot access NHS treatment at all. Perhaps ENDOS and Molars should be outside the NHS. Prevention is key although it will be hard work especially after Covid-19. Pre 2006 the portfolio of patients was completely different. We need to be truly honest about what the nation needs and not have a political agenda behind it.	
	AT		Survey to really see how we can influence and create a workable solution. Prevention is a need but can be detrimental to the patient who is requiring fillings and if you close the door on someone and say that you won't treat them until their oral hygiene has improved than	

			that person will not come back or only come back when they are desperate and need to be moved quickly along the system. Some practices also use this method to avoid treating them.	
	TH		Highlight the mention of core service which if you go for core service you are expecting to get core pay. Unless it is capitation base.	
	AT		All NHS England want to be able to say is 'We are a successful government as we enable patients to have care via the NHS. This is through the capitation type system'.	
	MB		Population has grown, and investment has not increased. Do less but get paid less per heads or perhaps we can just do the emergency work.	
	AP		I personally think that the UDA system will come back on the 1st August 2020. I do not think the capitation system will work. Paying an associate a daily pay does not work as I noticed a practitioner taking 3 hours to do a root canal treatment when they normally take 1 hour so I asked them and they said that they didn't need to rush it, so I asked them if this meant they were rushing it before. This is where the problem lies.	
	MB		Capitation would have to have KPI's to really measure their success. Give value to prevention. You can count prevention. Pay associates for so many heads per day.	
	CM		We were measured on various KPI's during out children's day. Called 'The Starting Well' programme. We managed to get through lots of kids. We had different teams set up one for tooth brushing etc. We used to rattle through them quickly. One every half term holiday. Two surgeries would be involved in the day. It was an open day so you could book but no one would be turned away.	
	AT		You never failed to meet KPI's then.	
	CM		It was good, we had an open day and managed to get though 50-60 per day.	
• **Secretaries report and Communications update** **-website** **- social media** -	**MO** **EL**		Active on Social Media and Website.	
• **Treasurer report** -levi collection vote	**MB**		**VOTE ON OPTIONS POLL** No levy has been collected. August will be the first collection. We have 3 options in August that we can collect from each performer:	

	MB **TH** **AT**		1. Collect the full arrears of £40 + £10 August levy = **£50 total** levy. **No loss to LDC.** 2. Collect half the arrears of £40 = £20 + £10 August levy = **£30** total levy. **- £8'600 loss to LDC** 3. Collect none of the arrears and only collect the August levy of **£10**. **- £17'200 loss to LDC** **To clarify: -** We have not collected any levy for the last 4 months; we need to think about what we want to do. Do we need to go back and collect levy that is owed. We need to decide how to deal with this. We have a small reserve that we have saved up over the months. Collect all the levy – collect £50 in August no financial loss and break even. Collect half of the levy which will equate to a loss of £8'500, we will still have to be very strict with what we do but will be okay. Only collect £10 and will have the loss of £17'200, we will then have to be strict with what we can attend but still be able to attend some events. Things are tight for the performers, but it would be great to collect and it would only be £20 for them. LDC would be £8,500. Happy to pay full amount. Poll run but not all LDC members here so will send poll out on an email. Poll taken - Majority 71% want to carry on with full collection. Poll will be sent to all LDC members.	
• **Development of Peer Review** - **Feedback from second Peer review** - **Volunteers and Topics**	**AT**	 RV OF PERR REVEI 1 JULY2020pptx.pptx	Peer review with AJ and Toby went well. Everyone who went found it positive and said they would recommend it to others. If you want to do a topic or know anyone who does, then this would be an ideal informal way to present it in this forum. Half of the process is a Q&A, which is interactive and more like a peer review than a lecture.	
• **Dental Advisors Updates**	**MB, SQ & AP**			
Reports from Committees				

BDA GDPC CC	**TH, AT**	gdcp notes 24 june 2020.docx	GDPC is all about negotiations, previously last year it was all about abatement. All these subjects were spoken in a similar way at conference so nothing new to add.	
BDA CC	**MG**			
Channel	**EL**		Still meeting weekly across KSS. MOH and AT will be at every meeting. Ensuring that we work in a coordinated way across the region.	
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**	**AT**		Varying peer reviews talking about cases. Looking at patients sent to CDS hubs to see what they needed. It did open lots of special care dentistry eyes that so many people are seen by general practice. Patients that were shielded and vulnerable and CDS hubs having to liase with doctors and hospitals. Lots of unseen people that came through too with the usual problems of inappropriate referrals and no access to GA that we encounter and are used to but they were surprised to see a huge variety of patients with complex medical histories. From the special care point of view there is no access to West Sussex and limited in East Sussex and limited in Surrey too. 'More people needing and seeking care than there are places to deliver that care now across the whole of dentistry'	
PAG	**MO**		Action to bring this to Channel and write to NHS England and open communications when we see the Liaison group commissioner. PAG has also not been held for months so this should also be addressed.	**Address with Channel and write to NHS England**
DQAP	**AP**		DQAP is not up and running with regards to involving the LDC's. A group email to Tim and Julian should be sent to say that engagement was beneficial and should be resumed.	
• **PASS**	**AD, TH, AT**			
• **AOB**	**AT** **CM** **AT**		Trauma guide is out for 2020 so will be attached. Would the occasional zoom be possible as it is much more accommodating for all. Perhaps all meetings should be on zoom and seasonal ones in person, i.e. a summer & winter meeting in person for example. POLL consultation to be taken with regards to Zoom meetings.	**Trauma Guide to be attached.** **POLL to be taken with regards to Zoom meetings.**
Date of next meeting	**TBC**		16th September @ 6.30pm Roundabout Hotel Able to accommodate up to 30 people but might have to do a live zoom going on the side. Track and trace will be in place. Venue is reserved for us so if there is a second peak then this will be cancelled.	