

## Regional Group of LDC East & West Sussex, East & West Kent and Surrey

Monday 16<sup>th</sup> April 2018

### Attendees:

Barry Westwood (Surrey)  
Toby Hancock (West Sussex)  
Tim Hogan (Kent)  
Agi Tarnowski (LDN)

Nish Suchak (East Sussex)  
Emmanuel Lazanakis (West Sussex),  
Julian Unter (Kent)  
Parul Patel (East Sussex)

Apologies: Jackie Sowerbutts (Public Health), Snehal Dattani (Surrey), Annie Godden (NHS England), Richard Wilczynski (GDPC)

Minutes of Previous Meeting: Agreed as accurate representation of meeting

### Experiences of Vantage's "DERS: The new navigator system"

- Parul has spoken to Vantage about the access to SCD. The mitigating factors are the prime directors for if SCD opens up as an option within DERS.
- This specifically applies to adult special care, children and others who previously would have been accepted to SCD but now questionably are re-directed via Rego to other care providers.
- Primary care providers (ortho etc) are having difficulty escalating referrals up to secondary care providers (hospital etc)
- Some pathways are working well (eg primary orthodontics)
- Agi will feedback via the LPN, each LDC will nominate members to attend the focus groups to highlight performer issues
- Annie added that since the launch a meeting has been held with all CDS providers and some changes have been agreed that will go live today, while referrers won't see any changes when making the referral this will change the algorithms that work behind the scenes to send the referral to the relevant provider (CDS, sedation, oral surgery etc) based on the answers the referrer gives to the questions. The online survey to seek users views will therefore be deferred to 2 months from today rather than the original launch. The focus group will also now be 3 months from today rather than from the original launch and Dan Coleman will be emailing LDCs this week to ask that you put forward names of 2 people from each LDC that would like to be on the focus group (please can they be individuals that will have used the new DERS system to make referrals); he will also be seeking volunteers from the wider GDS by emailing all practice emails to seek expressions of interest to attend either this or future focus groups – the focus group will be for making referrals rather than receiving these as that aspect will be captured through the relevant MCNs.
- In the meantime if referrers have concerns please advise them to contact Vantage in the first instance as they will be able to talk them through making the referral, if Vantage are unable to help please ask the person that is attempting to make the referral to contact Alison on [alisoncross@nhs.net](mailto:alisoncross@nhs.net)

## Regional reports

### *East Sussex*

- The LDC training day went well and the next one is arranged for February 2019
- Victoria Spencer-Hughes (consultant in public health) will be promoting dental check-by-one for practices who have opted in. This will direct referrals to these practices for child access.

### *Surrey*

- DERS is the only point of concern.

### *West Sussex*

- Louis Hall (registrar for Public Health with West Sussex county hall) will be giving a presentation at the up-coming LDC meeting on Wednesday. Louis has drafted a local dental health needs assessment.
- There has been a recent case of PASS, which Toby has assisted with and has highlighted a worryingly aggressive mentality of a contract provider within West Sussex.
- Mark Ohara and Ashkan Pitchforth will be attending LDC conference and West Sussex will be raising 2 motions.

### *Kent*

- Tim raised a number of area wide issues from the latest DCQAP meeting:  
*New breaches being found:* Changes to opening hours made via NHS choices website and when not agreed by NHS England.  
Failing to use a registered lab for lab work  
Sending off claims with different dates to the record card
- HMRC referrals being considered where staff are treated and patient charges are due to be paid but not collected. Being treated as "benefit in kind"
- Provider indemnity needs to be enhanced to cover vicarious liability where a provider is managing a practice, this includes partnerships where both parties need the cover.
- Force Majeure is not applicable for snow in winter
- Tim will work through the "serious incidents" (SI) policies to give a workable breakdown for practices to write their own policies from.
- Tim had a teleconference with Peter Briggs (Dean of London/KSS deanery). Peter differentiates between training and education (where training is the ongoing CPD and education is upskilling). He is only willing to fund education, with the exception of the "NHS rules and regulations course". However he is willing to "accredit" some online training platforms. In regards to education; any teaching for clinical topics will have to be undertaken by someone who is active clinically in their own right. Also all mentor and educational supervisors previously accredited by the deanery are now not and will never be approved in the future either.
- Agi will invite Peter/ HEE when attending the LPN meeting to come to a Channel meeting to see how LDC can best help support practitioners and work with HEE as their remits change.

## Orthodontic Contract tendering process

- Batch 1 is currently being evaluated; batch 2 closed on Friday and will be sent to evaluators this week; there have been bids received for all lots in both batches, including contracts in new areas.

## *Current contract matters and LPN*

- The commissioning team still await the report on the review of prototype contract arrangements (this is imminent as it is at the final stage of sign off before it can be shared) so

I can't give any update on the outcome. There have been expressions of interest for new prototype contracts which the national team are currently reviewing to determine which will be included in the next batch, I understand some of the applications are from KSS.

- Agi's report from the Kent, Surrey and Sussex LDN strategy Day on 21<sup>st</sup> February 2018 which took place at the Holiday Inn, London Gatwick airport (Appendix A)

#### *Treasurers report and financial matters*

Julian has produced a year end summary and requested contributions of £675 from each LDC

#### *AOB*

Emmanuel enquired of the new IG toolkit (beyond version 14). Tim will look into the new one

Julian enquired of how Nish contacted his East Sussex practitioners. There appears to be some difficulty in getting access to the BSA, who use email addresses. It is believed that each performer will be issued with nhs.net emails in due course

#### *Date of the next meetings*

2<sup>nd</sup> July 2018 at 6pm Reigate Manor Hotel, Reigate

Toby Hancock

## Appendix A

*“The purpose of the day was to define what the LDN care about, as a network, and what the LDN want to achieve together. The day was facilitated by Alex Taskin of Passe-Partout, a strategic learning partner with NHS England. The day was well attended MCN and LDN chairs, LDC representatives, HEE, PHE and NHS E.*

*The aims of the day were to agree a strategic vision, steps for delivering the vision, how network members will work together in future and raise collective understanding of the context in which the LDN works, e.g. working with patients and public, working with Strategic Transformation Partnerships (STPs), PHE and HEE on workforce and Integrated Care Systems, addressing population needs.*

*The LDN was broken up into small groups ideas were pooled using the appreciative enquiry technique to share collective experience on **What will make the LDN valuable and successful forum?** In summary on:*

**Working together:** *a shared vision, leadership, internal communication and dissemination, the use of technology and a need for face to face collaboration*

**Lead local improvement and innovation:** *involvement of stakeholders, respect for ideas, having the right people, understanding the challenge, sharing goals and learning, using technology and communication, using experts having insight.*

**Influence national policy and practice:** *communication with specialist societies, national conferences, regional training and structures, lobbying, creating a desire to network within local communities.*

*- Jackie Sowerbutts Consultant PHE spoke about Patient and Public Involvement and Dentistry, especially with regard to planning services and setting up public engagement in the early stage of planning a service rather than trying to fit one in at a late stage in procurement. The belief being that better services can be delivered through better buy in of groups involved. The cascade of engagement ranges from inviting and informing, through to consulting, involving, collaborating or ultimately devolving. Jenny Parry shared a project at the Royal Alex which has a young person’s panel that can be called upon during research projects. The group is paid. The strengths and weaknesses of working with Healthwatch were discussed.*

*Jenny Oliver- Consultant -Public Health England spoke about Applying the Five Year Forward View to Dentistry - The video link below is actually rather good about setting the context of the NHS currently.*

*How does the NHS in England work ?*

<https://www.youtube.com/watch?v=DEARD4I3xtE>

*Jenny presentation built around the key topics from 5 years forward on what has been done and what could be considered, I will share the presentation slides as there was a lot in this. It was an update one the document below.*

Key topics in Five Year Forward View	What we are already doing	What we could consider (many of these overlap)
<b>Freeing up hospital beds and helping frail and older people stay healthy and independent</b>	<ul style="list-style-type: none"> <li>• HEE, all acute providers in KSS and Surrey Borders Mental Health Trust - Mouth Care Matters</li> <li>• We are looking at need for special care for older people through special care needs assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy with local authorities to ensure they are training staff working with young children and older people in oral health care?</li> <li>• Could we do more to advocate for continuation of Mo Care Matters in secondary care?</li> <li>• Could we do more to support roll out of MCM in other settings, e.g. palliative care, social care?</li> <li>• Could we do more to minimise number of GAs for der extractions, e.g. increase access to dental care for elderly, fluoride varnish application on all child patients every 6 months minimum, advocacy for action on sug</li> <li>• Do we have enough capacity, and appropriate trained workforce, in special care sedation to avoid unnecessary GAs for adults?</li> <li>• Strengthen dental advice and support to care homes?</li> <li>• Increasing capacity of dental services caring for older people should additional funds become available?</li> <li>• Could we do more to support carers to improve their own oral health?</li> </ul>
<b>Services should be designed around patients Empowering patients Engaging communities</b>	<ul style="list-style-type: none"> <li>• There will be patient/public engagement for special care and paediatric procurement and GDS procurement, unscheduled dental care (in hours and out of hours) and orthodontics procurement</li> <li>• Communication plan</li> </ul>	<ul style="list-style-type: none"> <li>• Could do more to learn from what is gathered locally from patient and public views, e.g. on other topics in the LDN and from local authorities work?</li> <li>• Could we do more to ensure that dentistry is routinely built into any relevant NHS England communication and engagement plans?</li> <li>• Could we do more to communicate regularly with performers as well as providers?</li> <li>• Could the LDN develop its own patient forum or similar?</li> <li>• Could we link in more with charitable and voluntary sector organisations?</li> </ul>

*There was some discussion about how dental practices / community services could fit into integrated care systems and the primary care home.*

*Eric Rooney Deputy Chief Dental officer England spoke of The role of LDNs and MCNs - the biggest take home from this for the LDN seemed to be the missing Routine Dental Care MCN in our geography and a perceived need to set one / some up which might us a different group of practitioners than those of the LDC's..*

*Deborah Tomalin- Director of Commissioning, NHS England – South East (Kent, Surrey and Sussex spoke on STPs and Integrated Care Systems, this was a in depth presentation, in summary LDN and LDC should try to get involved in these but currently there are no plans to place our funding under their jurisdiction (thankfully as some come with huge financial deficit problems).*

*In the last part of the day a practical syndicate session, there was discussion and consensus building on the core purpose of our network, priority themes and delivery.*

*A huge positive on the day was speaking to Peter Briggs HEE Interim Dean who agreed to support our LDC CPD day, huge changes are afoot in HEE around workforce transformation delivery rather than provision of statutory training and it would be good to try and develop ties with HEE, Tim Hogan of Kent LDC is meeting with him soon."*

*The next meeting of the LDN is the 19<sup>th</sup> of April, a paper on priorities has been circulated.*