



# West Sussex Local Dental Committee Meeting

Meeting Held On:  
Wednesday 15th February 2017 at 6.30pm  
at the Roundabout Hotel, West Chilington

## MINUTES

### Apologies, Attendees and Welcome

#### **Attendees:**

T. Hancock, A.Tarnowski, M.Botha, A. Pitchforth, E. Lazanakis, G. Billis, P. Patel, D. Bryan, M. O'Hara, C. Walker, P. Mellings, J Parry.

**Apologies:** M. Green, K. Boles, S. Quelch, J. Clark, J Luke.

Guests Welcomed: Drs Julius Parker and Clare Sieber (from LMC). Marisa Menezes.

### Minutes of the Previous Meeting

The minutes of the previous meeting were approved.

### Matters Arising

#### **1. Health Education KSS**

- S Lambert Humble and Lawrence Mumford would like to come and speak to us about their use of the funding which the LDC is holding for them.
- Possible dates are the 15th March or 26th April.
- Root Kaur will let us know.

#### **2. Rego Development**

- M. O'Hara (MO) and T. Hancock (TH) had a meeting with David Ezra (DE) from Rego before Christmas.
- Feedback was given and ideas to improve Rego.
- Examples about possible future improvements include a summary page at the end of the referral, electronic prescriptions and the possibility of exploring lab referrals.
- Paeds and Community will shortly be coming on line.
- Surrey has now been fully integrated into it.
- D Bryan (DB) mentioned that some orthodontists are still having issues with referrals. DB to report to Rego direct.
- Rego costs NHS England £25,000/ month.
- Some providers are not collecting the Patient Charge Revenue (PCR) at the 'referring practice'; and the IMOS provider is not charging either. By collecting the PCR correctly it will help fund the £25k/month spend.

- S. Walsh (SW) has forwarded a written letter concerning Max Fax referrals for the 2 week rule and the use of the 'free text box' to give a fuller description of the case. There are still dentists who are not completing the text box and only undertaking the tick boxes which is resulting in confusion as to what the reason for the referral really is.

### 3. Local Medical Committee

- TH provided a summary on advice for doctors on how to handle dental cases.
  - a.
    - PCR is key driver for some patients - they will thus attend their GP to avoid the PCR from the dentist. The only way to resolve is if the GPs introduced a PCR or the service the GPs gave for dental issues was so poor that the patient would not take it up.
  - b.
    - We accept the reasoning behind the antimicrobial resistance (AMR) prescribing guidance and the need to reduce antibiotic prescribing for dental problems.
    - Antibiotics are needed to stop spreading dental infections.
    - Also strong painkillers give patients time to source a dental service.
  - c.
    - Patients are no longer registered to a dental practice. They only have an association with a practice for 2 months after a course of treatment is completed.
    - Thus, apart from emergency treatment, the practice is under no obligation to see a patient if there is no funding or time due to commissioning limitations of our UDA system.
    - NHS England has responsibility to commission urgent dental appointments either via access slots within normal dental practices or out of hours service. These are signposted via NHS choices or NHS 111.
    - NHS Choices and 111 need to improve on the information they give out.
    - To improve emergency dental access, EDS in West Sussex could be expanded. Currently a maximum of 40 patients a day are catered for at Crawley, Haywards Heath, Worthing and Chichester. The service will be procured and tendered on April 2018 but the worry is that the service could be downsized. For example - Hampshire only offers telephone advice.
    - The committee felt the EDS service was over-used and a lot of patients abuse the service (A Pitchforth [AP] and P Parul [PP] particularly noted this).
    - E. Lazanakis (EL) offers PCT slots throughout his practices and this can be a useful way of filtering patients.
    - A Tarnowski (AT) wants to keep EDS to serve its purpose.
    - M Botha stated that the CDO will decide what is to be done nationally and West Sussex will be forced to follow suit.
  - d.
    - As an LDC we are keen to develop ties with the LMC.

Julius Parker (JP) made the following points

- As GPs they have to accept patients who live within their boundary. They cannot refuse any patients.
- The GPs work on a state funded system with patient registration. GP practices receive approx. £145 per patient per year as their source of NHS income.
- AT enquired if there was an unattractive patient type from a medical point of view (similar to a high caries risk/ perio patient from a dental view point). JP declined to say due to ethics.
- They do find that patients will attend the GP if they cannot get an appointment at their local dental practice.
- As part of ongoing negotiation for their GP contract, they are having CQC fees are reimbursed.
- PP suggested better signposting so patients do not attend the GP instead of a GDP. P. Mellings stated that PCR is probably the main issue and A+E is available 24/7 but a GDP is not. MB suggested that possibly the GPs could refer patients presenting with a dental issue to the local

dentist by JP said this is not possible because they cannot be seen to be liaising with one particular practice. GPs are currently informing patients to call 111 although some GPs prefer to treat the patients themselves.

- PP mentioned that the Dental Helpline number will try and get patients to attend their local GDP.
- J Parry (JP2) described that some patients in fact go to their GP in order to get referred for orthodontic extractions under GA. PM stated that GPs should not be making that referral.
- AP mentioned that we should get our CQC fees reimbursed.
- EL mentioned that GDPs in Scotland get their rents reimbursed.
- JP stated that their indemnity is in the region of £10-£12k/ annum.

#### **4. Orthodontic Needs Assessment and Procurement Update**

- Richard Jones is looking into competitive legislation. This might affect plans.
- The tender deadline to fill in the questionnaire has been extended to the end of March.
- From January, NHS commissioners have stopped answering queries from orthodontists on the tendering questionnaire.
- DB described that the questionnaire is exhaustive and some questions are difficult to understand.
- TH stressed that orthodontists must submit their questionnaire/ reply.
- In the last LOC Meeting, any practice to be closed down in the future will receive a 'close-down' value. A contract holder will be paid 70% of their contract in the first year, and then 30% in year 2.

#### **5. Core Training Day Feedback**

- AT - 93 people attended on the day.
- £122.29 was collected from on-door donations and sent to the BDA Ben Fund.
- Excellent feedback from the attenders.
- Best bits were the speakers - especially AJ.
- Huge thank you to AT for all her efforts organizing it and putting it together.
- Worst bits - ventilation because it was a bit cold in the hall. Parking was an issue for some. Some complained they could not hear the speakers clearly at the back of the hall.
- Financially it was a success. MB stated that net cost was £375.
- Biannually is a good idea going forward.

#### **6. Officials Day Reports**

- Held at the Cavendish Conference Centre in London.
- Report is on the website.

#### **7. Sustainability and Transformation Plan (STP)**

- Email was forwarded to the executive to consider prior to the meeting
- It was agreed that the patient journey was a desirable one. A patient could pass from one health care provider to another (e.g. hospital into social care).
- At present we are happy that dentistry is being kept out of this but aware that future developments may well encompass our funding via tendering or procurement.
- JP was up to speed with the developments and thinks it is largely aspirational and won't have much of an impact.

#### **8. DCQAP Update**

- Report emailed out.
- PM stated that private practices are requesting NHS.mail accounts because patients are entitled to NHS treatment even if registered to a private dentist.
- Issues raised on use of non-NHS mail emails. JP2 mentioned that Brighton and Guys use non-NHS.mail accounts.

- PM stated use of a non-NHS.mail account with patient data/ information in it, constitutes a breach of contract, so care is important.
- Suggestion was made for someone to contact DDU/ Dental Protection for advice.

### **NHS England South (South East) Update (MB)**

- MB reports lots of complaints to deal with.
- Record card reviews are becoming harder to perform.
- Surrey practice visits are taking time.
- If a dentist is declared bankrupt then they cannot be a provider or a performer.

### **Secretary's Report (AT)**

#### **LPN**

- LPN report is on the website.
- The main topic is consideration as to whether we amalgamate with Kent or not.
- Pushing to have two clinical personnel to represent us at our LPN.
- Options paper has been developed.
- New enlarged group.
- AT no longer representing Surrey.
- Paeds and Special Care MCN met a few weeks ago.
- Discussion of Rego implementation across KSS.
- Special Care (SC) and Pads referrals on Rego has been developed and it looks good. There will be glitches in the system to begin with.
- Pathways are not the same across the patches - it depends on resources available, and different referral criteria.
- No-one will triage the referrals - they will go straight through to SC or Paeds.

### **Treasurer's Report**

- MB presented 3 options concerning the levy - 1. £10. 2. Percentage of Turnover. 3. Tell Capita how much money we need and they calculate the deduction based on the percentage of turnover.
- MB was keen with the fixed value of £10 which seems to be sufficient.
- The 3 LDCs need to agree. Kent and Surry have surplus funds and have suggestion a freeze.
- Committee did not like this idea due to possible confusion. Also MB mentioned that it is good to have a buffer.
- Unanimous vote on agreement of option 1.

### **GDPIC Report**

- Report on the website.

### **Channel Report**

- Report on the website.

### **Any Other Business**

- TH has managed to successfully get EDS trust to honour the status of Worker for EDS dentists who were paid via the older payroll system and worked for them for 2 years, meaning annual leave entitlement which equates to a 12.5% pay rise ongoing and 2 year back pay of annual leave.

- We are looking for motions for this years LDC conference in Birmingham for June 2017. Please email TH if any suggestions. AT suggested putting forward reimbursement of CQC fees like the GPs. TH to write the LDC motion.
- C Young to circulate the complaints email (Health Watch Statement).
- EL wants to upgrade our website but will cost money. Possibly we should consider amalgamation with Surrey and Kent websites. MB informed EL that we do not have a lot of funds to support this. EL to look into developers and quotes.
- PP - now undertaking Dental Nurse Training for a fee. However, AP stated some providers do this for free.
- AT raised issue of wanting GPs to prescribe high fluoride toothpaste for our patients on repeat. Guys has banned prescribing toothpaste.
- MB to look into if funds available to give to charities since the Ben Fund is struggling.

### **Date and Venue of the Next Meeting**

The next full meeting is on Wednesday 26th April 2017 at the Roundabout Hotel, West Chilton.

Exec 4.30 pm  
Wed 15th March

LDC Main 6.30 pm  
Wednesday 26th April