



# West Sussex Local Dental Committee Meeting

Meeting Held On:  
Wednesday 26th April 2017 at 6.30pm  
at the Roundabout Hotel, West Chiltington

## MINUTES

### Apologies, Attendees and Welcome

#### **Attendees:**

T. Hancock (TH), A.Tarnowski (AT), A. Pitchforth (AP), B. Okeze (BO), S. Walsh (SW), M.Botha (MB), G. Billis (GB), P. Patel (PP), J. Clark (JC), P. Mellings (PM), S. Quelch (SQ), K. Boles (KB), M. Green (MG), M Monotos (MM).

**Apologies:** E. Lazanakis (EL), M. O'Hara (MO), David Bryan(DB) R. Walker (RW),

### Minutes of the Previous Meeting

The minutes of the previous meeting were approved.

### Matters Arising

#### **1. Conference Motion and Panel Question**

- AT's panel question is to the effect of 'is a BDS in your 20s sufficient to sustain your career in dentistry'.
- TH – we have a single motion going to conference; "To be on a level playing field with the general medical practitioners, we also expect our NHS dentists to have their Care Quality Commissioning fees reimbursed by NHS England"
- AT, MB and MO attending in June 17.

#### **2. Dental Practice Visit Feedback**

- Feedback form on the website.

Jill emailed TH stating: "*Apologies for the delay in getting back to you regarding the comments that were forwarded following the introduction of the feedback form to be used following a practice visit.*

*Although the distribution was for information only, I received some constructive comments which have been considered. The main concern identified was where negative feedback was provided direct to the Dental Team that providers may feel that it would be detrimental to their relations with the team in the future.*

*I would re-iterate that in order to improve on the Practice Visit process and ensure that it runs as smoothly as possible from notification of the visit to the sign off letter, feedback from providers is necessary so we can learn where the process can be further improved. The intention was, as*

*discussed at a previous DCQAP meeting, that should providers wish to complain regarding the visit that had been carried out but did not wish their details to be provided, they should be able to advise the LDC who could, in turn, provide anonymous information to the Dental Team but if this was anonymous we are unlikely to be able to investigate thoroughly or take action.*

*It may therefore be helpful for the LDC websites to include a copy of the feedback form with a note that should any dentist wish to make anonymous comments they would be able to do so via the LDC but that this may hinder the ability to investigate and take action.*

*There was also the mention of also bringing the Practice Visit process into line with the CQC and carrying out a moderation process to include a panel of DPAs to consider the report and any photographic evidence, thus having less chance of providers feeling they were being treated inconsistently. Again this was discussed at a previous DCQAP meeting and it was confirmed that in the first instance any actions identified at the practice visit were discussed and agreed with the provider prior to the end of the visit. It was confirmed at the time that photographs are sometimes taken by DPAs and are forwarded to other DPAs to discuss the visit and the actions required. It was agreed that at a future DPA meeting the ability to discuss with other DPAs would be confirmed and they would be advised to take photographs if they felt that it was necessary and would assist in discussions with other DPAs. It was also agreed that a discussion would take place to commence the creation of a moderation process. Unfortunately, due to time constraints at the December meeting this did not take place but will be the first agenda item for the March meeting. Finally, it was pointed out that it would be helpful if the free text boxes included the following wording – “if you have ticked ‘somewhat dissatisfied’ or ‘dissatisfied’ please give your reasons here”. We are currently in the process of updating the feedback form to reflect this request and a further copy will be forwarded once completed for you to include on your websites. Again I thank you for your comments and look forward to continuing to work with you in improving the Practice Visit process.”*

- However, AP states that Jill Graham mentioned it is best not to give anonymous feedback because NHS England will not be aware of which DPA/ contract manager the feedback relates to and thus cannot act on the feedback appropriately.

### **3. Information Governance 10**

- Tim (Kent chair) has simplified the requirements of IG10 into an easy to understand format. Emmanuel will take a copy of the document (<http://www.kldc.org.uk/information-governance-toolkit-10-version-14-for-dentist/>) for our website. Mark remarked that once the IG10 has been dissected, it doesn't take too long to work through. There is likely to be an overhaul of the Information Governance website shortly.
- This is on the website.

### **4. Regional Liaison Group Update**

- Snehal attended that RLG on behalf of KSS on 1st March, below is his summary:
- 1. *Those of you who have heard of "never events" - these are deemed as events that should "never" happen as good practices, protocols and preventive measures should stop them from occurring. They are yet to be defined and the BDA (With the GDPC?) has argued against some items being included as "never" events eg ID Blocks, Once termed as such an event - if and when they occur then a GDP is obliged to tell various authorities and self-report. Figures will also be collected annually and publicised! How well will that go down with your patients! Discussions continue between the BDA and Tara Renton who Chairs the Committee deciding upon this.*
- 2. *End of Year process will be done directly by BSA. To be trialled by two areas this year. BSA hold data and then instead of giving it to local area NHS office - BSA will address directly with contract holder. If agreement cannot be entered into then this will be addressed by local office*

NHS England. Two areas will be KSS (OMG- Us!) and Birmingham. Carol Reece and Heather Deakin who did the recent 28 day repeat attendance review for the BSA were at the meeting. As such I cornered Carol and asked if she would be willing to come to our RLG meeting in April. She said she would and so tentatively I have asked her to keep free. I said I would come back to them once I have consulted colleagues and then we can confirm if all okay. Please confirm if we all want her to come and speak to us on this by Friday.

- 3. "Breach notices" were discussed and NHS England are looking at trying to make them "time limited". The best I could understand was the concept of a suspended sentence i.e. once issued a breach, then whilst it is always on your record, if you did not repeat the offence within two years then the breach notice would be considered as "spent". However it would still be present on your record - just not considered moving forward.
- 4. From 1st April to circumvent Capita and their "speed" or lack of it - Providers will be able to add and amend new performers to their contract. This will however only apply to performers who have a personal number and are on the Performer List. It will still not allow someone newly qualified to be put on until they have ticked the above two conditions.
- 5. Horrendous "claw backs" in recent times. Also due to poor information - dreadful non-payment for those who over-performed. A double whammy! Some 2,836 contracts over performed by 705,825 UDAs. Most rolled over but some 1,172 contracts over performed by more than 2% which amounts to some 527,500 UDAs (approx.). Now this latter figure may include 2% over performance or not - BSA cannot say at this time. But certainly some of it will not be paid if not all and constitutes a major bit of free dental care plus tax collection in the form of charges!
- 6. London area claw back up to £7.3m from £5.0m last year!
- 7. Compass is being cleansed up of some details. Not sure what details but my personal fear is that if Capita have anything to do with tis - you may lose all your details!
- 8. Dynamic Purchasing - Penny & Henrik from BDA/GDPC have made various submissions that this process is not "fit for purpose." it is the one that NHS England are looking to use for contracting moving forward. It is the one that will be used for the Ortho tendering. Please look at the letters and submissions made in the reports attached. We had long and protracted discussion on this and included our report. It took up a considerable portion of the meeting. I am sure that I heard comments such as "8-8 tendering is unnecessary for this sort of tender and may be considered lay tendering as it was in the drafts prepared for all tendering. It may be unnecessary to best fulfil the use of resource here." I have to wait for the exact minutes to come out but I may have para-phrased some words. It was also noted that many new GP contracts were moving away from such requirements
- 9. Sedation - CQC is building an expert team to inspect such centres. It is a "live issue" under discussion by NHS, England, CQC and others eg CDOs
- 10. Look out - there may be another region heading our way as local dentistry amalgamates into an NHS.....have we been here before? We may have Thames Valley Region joining KSS - plans are afoot so watch this space. They are Herts and the surrounding areas.
- 11. As you have heard the "discount rate" -used to calculate returns on lump sums for longer term compensation claims - has been reduced from 2.5% to somewhere in the minus 0.75% to plus 0.5% range. The repercussions if this is not revised may be that our indemnity premiums could increase and double or to 2.5 times what they are now.

## 5. Levy Update

- East Sussex has £60k surplus funds. Surrey has £190k surplus funds. West Sussex has no funds.
- West Sussex wants £12/ per performer. Surrey and East Sussex want £0 for one year.
- Voting was done and West Sussex out voted.
- However, after a negotiation and commitment to make efficiency savings, this has been pushed back for one year.
- We need to thus save money as an LDC. Ideas to save money include:
  - DQCAP and PAG are whole days. Agreed they are important.
  - MM suggested we go to DQCAP and represent East Sussex, Kent and Surrey and receive funds from it. MB suggested we can propose this.

- AP and AT suggested not invoicing for meetings but TH rejected this, as all work done for the LDC by officers of the committee has value and must be remunerated as such.
- MB thinks interaction with LAT is very important.
- MB suggested Exec meetings to be in the evenings rather than the afternoon or to do just do the executive meetings via emails.
- Decided to have main 5 meetings and no executive meetings.

## 6. Website Design Update

- EL wants money to spend on website. However we have no funds and any updates will need to be put on hold until the effects of the levy collection and efficiency savings have taken effect.

## 7. Orthodontic Procurement BDA Challenge

- Richard Jones reported: *“Legal challenge to procurement process*

*No doubt many of you will be aware that in recent weeks, the BDA has raised a challenge to the current dynamic purchasing system that is being used as part of the orthodontic procurement exercise in the south. Essentially, about a month ago the BDA wrote a letter to NHS England raising a number of issues. The concerns are several but can be summarised as follows:*

- 1) Concerns that the DPS was not designed for such procurement exercises*
- 2) Concerns that the principles of "National Tariff" are not being abided by in this procurement exercise*
- 3) Concerns about the process discriminating against smaller providers*
- 4) Concerns about lack of a valid needs assessment being in place before the procurement*
- 5) Concerns about insufficient engagement with clinicians, patients and the public*

*The letter concluded with the BDA making a number of demands which if not met would result in the BDA launching a full judicial review process of the current procurement process via the Dynamic Purchasing system. These demands included stopping the current Dynamic Purchasing Procurement process and replacing it with an alternative. If you haven't already seen it, the full BDA statement on this can be found at:*

[https://www.bda.org/dentists/policy-campaigns/campaigns/Pages/Orthodontic-procurement-legal-challenge.aspx?utm\\_source=Communicator&utm\\_medium=Email&utm\\_content=Story1button&utm\\_campaign=LN\\_M:+April+2017+I++-+NA](https://www.bda.org/dentists/policy-campaigns/campaigns/Pages/Orthodontic-procurement-legal-challenge.aspx?utm_source=Communicator&utm_medium=Email&utm_content=Story1button&utm_campaign=LN_M:+April+2017+I++-+NA)

*NHS England were initially given a week to reply which was extended to 28 days if they extended the current deadline for the qualifying stage of the current procurement process. NHS England did this extending the deadline to 28th April. This 28 day period ran out last week but NHSE have subsequently asked for an extension until 28th April to coincide with the end of the PQQ stage. I have had some communication from the BDA and to date no formal response has been received.*

*The BOS has been involved in discussion with the BDA and listed as an interested party in their correspondence with NHSE. The BOS is now considering launching an independent but concurrent challenge to run alongside the BDA in view of concerns surrounding the impact the current process may have on services for patients.*

*It is highly unlikely that the issue will be resolved by the reply expected by NHSE but equally it is not in anyone's interest for the matter to proceed directly to a judicial review. In my view, it seems likely that a period of negotiation may take place which could introduce delays to the current procurement process. This then raises questions about the viability of completing the procurement process in time to award contracts and allow a sufficient implementation period prior to the new contracts starting in April 2018. No doubt there will be more information on this within the next couple of weeks.*

*Should the judicial review process proceed, this does not necessarily mean the tender process will stop and the two could run alongside each other. However, the BDA could apply for an injunction to stop the process temporarily.”*

- BOS getting behind BDA.
- Annie Goden has informed us there has been a redistribution of lot sizes, but still not suited for single handed providers.
- Deadline challenge is 28th April 2017.
- Might need a judicial review.
- TH personally feels it might be delayed for another year. PM is certain it will not happen this year.

## **8. PAG Training**

- TH would like to go on PAG training in Oxford.
- We have no money to go, so TH is not going.

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

- MB/ SQ - complaints have risen.
- PM - NHS England case managers are being audited too.
- Sept 17, PM will retire.
- Nick Vaid will retire by the end of the year.
- NHS England will advertise for more DPAs. The emphasis will be triaging DERS and Practice Visits.

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

### **LPN**

- LPN report (see AOB + notes to follow from AG)

AT attended Der's feedback meeting along with Tim Hogan, Nish Suchak, William Westwood, Paul Mellings, and Brett Duane and Annie Godden.

West Sussex raised the following issues:

- Most of the comments and feedback from users is very positive
- The referrals system is a useful tool for practitioners and patients
- Waiting list and distance useful tool for ortho referrals levels the playing field
- All NHs pathways should be possible via the same system to eliminate need for paper forms
- Summary page at the end of a referral would be useful that could be automatically downloaded to records software
- Ortho provider commented that problems still occur, refers starting to be able to play the system
- Possible for patients to be left in limbo waiting for a response when sent back on rego, referral policy will need to be in place in all practices and will be part of DPA checklist.
- MFU concern over 2 week rule and the use of free text box to give a fuller description of the case. Only ticking the boxes with no description raises confusion as to why the patient is being referred
- Free text missing on actual reason for referral and history of presenting complaint requested from those accepting referrals bit in MFU and restorative
- Some medical conditions missing like serious childhood illnesses , global developmental delay, learning difficulty, autism etc
- IV referral blocked if pt has history of depression

- IG issue re copy of referral with a great deal of patient info sent to pt unsecure e-mail.
- Ease of navigation for unusual cases like clefts no pathway in oral surgery, sent to ortho but clearly not an ortho problem
- Concerns of ability for patient in a private practice being able to be referred into NHS services as necessary
- Cross border referral where REGO is not available
- Referrals in and out of hospitals such as Guys who are unfamiliar with the system
- Multidisciplinary cases ie hypodontia , Cleft

Referral out from SCD better now with google chrome however can still just become stuck

Future developments ideas

Referral to GMP for a concern for medical problems

E prescriptions

Lab referrals

Social care Safe guarding referral

Contacting refers direct via nhs e-mails

Ability to send invoices standardised discharge report summary for Imos / restorative

Out reach work could a dentist refer for support from a consultant?

Inadequate reason for referral in the free text box which is that last rather than the first box that a refer completes, this should hold information about the reason for referral and its history.

Kent highlighted issues around the usability and problems encountered by orthodontist using the system in accepting alternative funding streams.

East Sussex raised the issues of OPG's which were mandatory for a while for them, this is now past but there is a push from Bret and Annie to have this as the best standard for a referral, AT argued that this was not possible for all practices that do not have an OPG and that accessing one within hospitals has East not been possible for a number of years... however as this is what is needed for triaging between 2nd care and IMOs.

Feedback on DER's was sought via providers via a survey monkey questionnaire sent out by e-mail , a 6% response was achieved, a further feedback mechanism direct to refers at the time of use is being considered with a smile face choice and opportunity for free text comments.

The issues from Surrey were around the lack of ability to refer into East Surrey Hospital via Ders', getting NHS numbers

The first KSS LDN followed joined by Mark Johnston, Steven Lamber Humble, Jenny Oliver ( PHE consultant sharing Job with Jackie Sowerbutts), Andrew Elder, Barry Hayes, Richard Jones, Sarah Davies (SCD in kent and OHP MCN kent) og note;

MCN; to be developed 3 ortho MCN (Kent, Surrey and Sussex ), 3 oral surgery as with ortho, the others all KSS wide 1 restorative , 1 SCD & Peads, 1 OHP, 1 Unscheduled Care MCN..... National guidelines suggest payment for the 6 chairs only but as there is no funding. Thus the remuneration could be via CQUIN payment (already paid )if chair is from secondary care or by agreement with salaried services, if chair is from primary care by a reduction in their personal UDA UOA target from their contract equivalent to guild rate.. AG said other mechanisms might need to be investigated to get the right candidate. Andre Elder did not think CQUIN would be sufficient for the time equivalent needed AG argued his trust get large CQUIN payments but conceded that where 2 or more Consultants were MCN chairs and in the same trust this could be a problem.

There were no oral surgery or Imos providers at this meeting.

Ortho: the first stage was ready to go but has been delayed now due to the election and PURDAH, which may mean that the second stage could be timed out of being feasible in this financial year. The legal challenge was also mentioned as a reason for the need to delay. The responses to the Ortho Needs Assessment should be available soon as well as the services specification development plan but the final needs assessments with the lots (which are of small numbers to take on board the localism feedback), GDS procurement was next after ortho so this is also delayed.

EDS and SCD contracted until 2019.

HEE: SLH merger with London now completed, CPD bookable now via e-wisdom rather than Deb's, There is concern about a London centric view and keenness to make sure KSS is not overrun. SLH would be keen to have LDN LDC support to make sure KSS is represented fairly,. The LDN chair will write to support him,

OH practitioner training (for a dental nurse) still planned seems to be going forward could be funded for individuals

Challenges conference tba

Workforce training likely to be multi-professional rather than dental specific CPD. mental health, urgent care, end of life, dementia and children's services may be alternative funding streams.

PHE: Jenny Oliver (currently in Oxford) sharing the Job with Jackie Sowerbutt only some of their work load comes from NHSE (3 days) the rest from Local Authorities (4 days) who are all very different, it was reported that money which should have gone to them for dental OHP etc has not been seen.

Healthwatch still engaged and asked to consult on bariatric proposal for pathway development.

AMR Jackie put together proposal for AMR audit may use FD practices and automated tool being developed elsewhere rather than the national audit tool as a pilot initially then on to KSS as a whole. TH suggested using CQC as a stick to ensure all practitioners comply.

Anti-biotic prophylaxis for cardiac patients, NICE guidance wording has changed making it a bit ambiguous JS was approached by Surrey cardiology network regarding setting up a patient. TH volunteered to help.

### **Treasurer's Report**

- MB - we have broken even and thus donations will be minimal but still can give some. £2,200 left to donate.
- MB suggested Surrey/ East Sussex donating to charities on our behalf (National guidance is £20/ per performer per year should be donated to guild.)
- TH suggested if they Surrey/ East Sussex do not make a donation to guild then we can donate £5,000/£6,000. Committee agreed to this, even though this would put our accounts into a £3500 deficit.

### **GDPC Report**

- Report to follow and will go on the website.
- The meeting on the 5th May 2017.

- TH attended the BDA pensions committee today. Even though when the 2015 Superannuation contract change came into being and reassurance was given that no further change would take place for 20 years. There will now be a consultation in 2018, to implement another superannuation variation/contract for 2019 which will be to reduce the benefit paid out or increase the member's contributions (or a bit of both). However reassurance is given that the NHS superannuation is better than any private pension, so it is important to encourage our junior colleagues to sign up to take advantage of it.

## Channel Report

- The latest meeting took place on Monday, 27<sup>th</sup> April 2017.
- The report will be on the website, once the minutes have been agreed.
- Now all LDCs are putting on Core Training Days for their counties.
- From September there will be one dean. Unsure who at the moment.
- Occupational Health is now via Heales. They have a 3 year contract and have taken over from Occupational Health Works (OHW). However Heales will only supply a service of performers and attendance to one of their clinics will be requires. OHW will continue to offer a private service for all staff members, in which they will attend your practice and their fees are set to undercut those of Heales/

## Any Other Business

### SW

- SW - DERS is now mandatory and thus all referrals to go through DERS.
- **Referrals are going up significantly, including skin cancer referrals, whilst capacity is not increasing and this year due to long term illness has actually gone down.**
- Issues are:
  - **Issue 1** - An abuse of the two-week rule box. GDP must tell patient that a cancer is suspected and it must be a cancer that is being referred. This is flooding the system. If this continues, then SW will refer practitioners to the PAG (Performance Advisory Group). This is not one individual and not one practice - multiple GDPs are abusing the system in this way.
  - **Issue 2** - lots of Paediatric referrals are coming in for XLAs of D's and E's under GA. These patients should go into Community, not to MOS. PM's - DERS should trigger to stop this. However, SW mentioned that some cases (such as child lesions) need to be seen.
- Due to the above issues, the 18 week pathway is now at 28 weeks.
- Referrals for Restorative Dentistry has been switched off. David Cheshire is retiring in November 2017. Referrals will be pushed to Portsmouth or Brighton (AJ). MB - the problem now is a commissioning problem and this will become a big problem. TH - LPN meeting last week in order to deal with this.
- **No one from Western Sussex was invited to the joint KSS LDN or DER's user group feedback**
- **While 3 Oral surgery MCNs planned only Kent has a Oral Surgery MCN set up, there is has been no information about others or support given to try to set this up in our area.**
- PM - funding is available for Restorative Consultant in Chichester but the trust currently not proactively recruitment. SW is stating that as a trust they may not want a Restorative Consultant to provide this service **as it currently works and may look to job share with neighboring trusts perhaps. The Trust has just had notice of retirement and is currently re configuring internally, the opinion of the current post holder is that t there are too few trainees in the system to recruit from).**
- AT - we are lucky in West Sussex to have some restorative services (Enhanced Practitioners) because East Sussex, Surrey and Kent have far less.
- SW - another issue is that we cannot generate enough consultants and these consultants tend to work in private practice.

- As an LDC we are all concerned.
- **Issue 3** - SW cannot expedite a referral for XLA of a tooth. GDPs should extirpate in practice.
- **Issue 4** - Oral bisphosphonates **do not need referral** to secondary care. MB/ PM - feedback to DERS that oral bisphosphonates are blocked from going through. Triaging seems to be possibly a cause of some referrals being triaged to secondary care and not primary care.
- **Issue 5** - GDPs are not filling out the supplementary referral box. This is very important and key. MB suggested sending the referrals back to get this box filled out.
- PM - there is an issue about funding, and also secondary providers not coding correctly (except Western Hospitals).
- SW - Brighton MFU **Consultant numbers and service reconfiguration with transfer of in patient work to East Grinstead service will be introduced shortly**

## TH

- Has been involved in assisting various performers who are going through the PAG and one provider who is going through DCQAP. This contract holder was red-flagged on the DAFs. AP to go to DQCAP to get figure of audit claims reduced from a large amount of claims to be audited to a more reasonable and fair amount.
- Practice in Littlehampton closed. NHS contract redistributed to local providers.

## PP

- We need EDS dentist in Worthing & Chichester
- Complaints for EDS sites have gone up.
- Special Care to go onto DERS very soon.
- All KPIs have been met this year for SCDS.

## MG

- Director of Strategic Operations from GDC attended English Country Council meeting.
- Launching 'Shifting the Balance' paper from GDC. There should be a shift away from 'catching out the dentist' and trying to get them better trained.
- BDA adamant that GDC cannot function without a dentist at the top.
- We asked the GDC to realise that dentist salary/ pay is lacking and decreasing. However, GDC will not recognise there is a fault in the dentists pay system.
- MG encouraging to put responses forward when the paper is out.

## JC

- Roz Walker on maternity leave at the moment. Waiting list is thus increased and up to about 6 months.
- David Cheshire is retiring so the hypodontia clinic will be affected. RW will encourage the trust to find a replacement so this combined treatment clinic continues.

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

The next full meeting is on Wednesday 14th June 2017 at the Roundabout Hotel, West Chillington.

LDC Main 6.30 pm  
Wednesday 14th June 2017