



West Sussex Local Dental Committee Meeting

Meeting Held On:
Wednesday 14th June 2017 at 6.30pm
at the Roundabout Hotel, West Chiltington

MINUTES

Apologies, Attendees and Welcome

Attendees:

T. Hancock (TH), A. Tarnowski (AT), E. Lazanakis (EL), A. Pitchforth (AP), M. O'Hara (MO), G. Billis (GB), C. Hallworth (CH), M. Green (MG), D. Bryan (DB), J. Parry (JP), S. Quelch (SQ), M. Botha (MB), K. Boles (KB).

Apologies: P. Patel (PP), B. Okeze (BO), M. Monotos (MM)

Guests Welcomed: Jackie Sowerbutt (JS), Alison Thomson (ALT), Lawrence Mudford (LM).

Minutes of the Previous Meeting

The minutes of the previous meeting were approved.

Matters Arising

1. Sugar Smart Campaign - Jackie Sowerbutts and Alison Thomson

- JS Public Health Consultant and ALT Public Health Project Officer West Sussex
- Sugar Reduction Programme has been running since Jan 2015.
- Has 5 key work streams - (a) Change4Life Events (b) Public Sector Food Procurement (c) Young People and Sugary Drinks (d) Sugary Reduction Champions (e) Healthy Vending.
- To date focus is based on reduction of sugar purchased and their consumption.
- ALT here today to find out how they can work with dentists to further their programme and mission.
- Suggestions include packs/posters for waiting areas; mentioning of Change4Life Be Food Smart app during dental appointments; Sugar Smart Day competitions; and practices having a 'Sugar Reduction Champion' (possibly involving Foundation Dentists).
- A 'Sugar Reduction Champion' would co-ordinate the work within practices, such as making sure posters on display and being actively involved with patients giving advice.
- AT suggested dentist referring patients to a hub and knowing the information will be delivered effectively, and then feedback given.
- ALT mentioned the Health Promotion Resource Centre at County Hall in Chichester (West Sussex County Council) and dentists welcome to visit the centre to use the resources they have there (teaching packs/ games/ DVDs).
- GDPs to see our LDC website to obtain contact details for ALT to receive supplies for their practices.

- JP highlighted importance of dental check ups by 1 year of age. JS mentioned some practices decline seeing patients until they are 3 and the need to see children before 1 years of age needs to be passed onto practices.
- JS highlighted need to target Grandma/Grandads and Aunties who look after children more than working parents.
- AT mentioned importance of changing culture such as not reinforcing grazing culture, and encouraging healthy eating.
- JS informed us that dental teams should push the Sugar Reduction message and also mention smoking cessation and alcohol reduction during dental appointments. Looking at a local MCN group to support providers locally and reduce health inequalities. MCN may not come with funding attached. Main aim is to reduce the number of dental GAs given.
- ALT and JS will provide a PDF page which can be uploaded onto the Website for future reference.

2. Health Education England - Lawrence Mudford

- One year ago London and KSS deanery joined. Not merged due to two separate deans.
- S Lambert-Humble leaving on 15th September, at this stage one single dean will be employed to oversee London and KSS. At this point, the 'merger' will be in place.
- 4 Associate Deans will be working under the Dean, all having specific roles.
- Post-graduate education is looked after by 3 tutors. (LM for Sussex).
- There will be a move away from Postgraduate core courses from Postgraduate centres.
- Looking to expand on workforce education, such as nurses able to take impressions.
- Under new GDC terms, we aim to develop a PDP for each team member so education can be targeted better for each member, rather than GDPs doing the same core courses run by the same providers every cycle.
- LaSE (London and South East) wants to promote prevention more, and apprenticeships (dental nurse training/ clinical dental technician training). 'Hygienist/ therapist training apprenticeship' idea has now withered out.
- LM working closely with Matthew Hill (MH) and MH more than happy to attend our LDC for a talk/ presentation.
- DEBS is now not in use, and moved towards e-Wisdom. The same log in details previously used on DEBS have been transferred to be usable on e-Wisdom
- Money has been deposited in our LDC and shortly S Lambert-Humble will advise on how this is to be spent.

3. Conference Report and Feedback

- AT, MB and MO attended in June 8th and 9th at Birmingham.
- 26 topics were debated this week at the Local Dental Committees (LDCs). The event was attended by 161 LDC representatives and 27 from the BDA's General Dental Practice Committee (GDPC). Motions on contract reform and clawback took centre stage with prototype practice owners testifying that changes needed to be made to the business model to make contract reform workable. GDPC Chair Henrik Overgaard-Nielson outlined the work of the committee in the last year. He noted the frustrations felt by dentists after six years of testing a reformed contract but warned that if they walked away from the process, dentists would be left with nothing but the discredited UDA system. Vijay Sudra was voted as Chair Elect for the LDC Annual Conference 2019. Joe Hendron is LDC Conference Chair 2018.
- Next years conference will be held in Belfast. Will involve a weighting system, so possibly only 2 members attending next year, and the weighting system will determine how much we pay.

4. DCQAP Report

- Was on Wed 24th May
1. Practice Inspection Checklist is now ready to send out. Annie suggested a slight change needed in the section where they check 'IRMER/ GDC etc' status of individual performers because it is missing a column for 'Safeguarding CPD done'. This will be changed and they sent out.

2. The IDH Recruitment Policy is soon to be sent out for the LDC's to publish on the websites as a 'good standard' example to practices.

3. DAF Reports - discussion taken place about them in general. If a request is sent out to providers to come in to discuss a DAF report, then NHS England team fully recommend this because it shows engagement. The key flags which rings alarm bells for NHS England are high recall attendance under 3 months and 6 months, and high Band 3 to Band 3 rates.

Concerning GDS contracts, the DAF report exercise is merely to ensure new providers know what they are 'walking into' before taking over as opposed to getting a shock once takeover has happened or a realization that a claiming audit will be requested with potential of clawback/ repayment of inappropriate claims.

4. Discussion occurred to reduce the number of claims a provider had to audit. He was asked to audit 9000 claims. He had done to date 7000 claims. Due to the provider auditing this well, the panel was happy to limit the audit to patients in that 18month period where more than one claim was made, and thus the provider does not need to audit single claims in that period for the same patient.

5. If the CQC suspend a provider's registration, then the provider does not need to make arrangements for urgent care for their patients in open COTs, and the provider will not receive a breach notice for this. However, if the provider subsequently fails to perform their contract at the year end, then they will obtain a breach.

6. Previously if a provider wished to change premises, and the LAT were happy with the new premises (location wise) then no public engagement was needed. However, now for all cases, public/ patient engagement is required regardless of the extent of the move (even if it is next door) and this information needs to be passed to the local office where the contract managers will submit a Q13 form to higher level for approval of the change of premises.

7. If a locum works in a practice, previously NHS England were happy for the locum to work under someone else's performer number for a period of 2 weeks. However, now the BSA insists that every performer should work under their own number and the same applies for locums and they must be added onto the contract. Care needs to be taken with split claims (ie. where two different associates/locums are involved in the same claim for the patient) and the claim needs to be submitted under the name of the performer who started the COT.

8. Providers can now add performers onto their contract via Compass. After this is done online, the provider must send a Compass Form to the local office within 7 days for approval.

9. Issues were raised where patients are being triaged through Rego and their GP is not in KSS and this is not allowed. Loop hole exists where the referrer can enter 'Other' in GP section and then type in the GP's practice name which is not a GP in KSS. This will be updated to prevent this. It is important for performers to regularly check Rego. The practice Referral policy for each practice should state this.

10. Hue has produced referral guidance for endo referrals. This only applies to Kent, Surrey and East Sussex. This will be emailed out to LDCs. For West Sussex, we use the other commissioning guidelines.

11. PAG - 32 cases tabled at PAG in the last meeting. 11 were new. Currently there are 110 separate cases open on performers. PDLP is on tomorrow with 10 cases in total. Following a presentation by the Wessex LDCs, the PAG has realised that not every performer referred to them needs to undergo the same scrutiny and same courses to improve - now PAG needs to 'individualise' recommendations more to each performer.

12. Simon is now triaging complaints and this is working well. There have been quite a few orthodontic complaints coming through - complaints include wanting to transfer/ treatment taking a long time.

13. There is now need to report Serious Incident Events to the local office. They will either take action on it or just note it/ file it away.

14. Heales are now offering free pre-employment checks and vaccines to dentists only. For DCPs, other providers are cheaper than Heales. However, Heales will deal with needle stick injuries relating to any members of staff.

15. Information Governance and NHS.net.

Julian presented several arguments about why we should be allowed to use gmail/ hotmail for patient information but unfortunately this was not accepted. The basic gist is that with NHS.net accounts the information is encrypted before being sent and then decrypted on arrival at the other NHS.net end, whereas this does not happen to the same level with gmail/ hotmail and these email forms save the emails on big servers in America, whereas NHS.net servers are far more secure. The panel have still agreed not to issue breaches if the performer or practice team (except provider) sends an email on Hotmail/ gmail in error as long as the practice complies with the conditions as per the last DCQAP meetings summary.

16. UOA

General consensus was UOA rates will be dropped sooner or later to £58 so any opportunity for this to occur and they will attempt this. It was discussed that this will significantly impact on prices for ortho practices and the LAT will consider this.

5. DERS Update - New Restorative, Paeds and SCD Pathways

- See below Secretary Report.

6. PCSE Update

- PCSE advised adding Performers on Compass.
- Action plan in place to sort out the performers that got 'stuck in their system' for 9 months and some cash goodwill gesture to performers. Point of contact - NHS Ombudsman.

NHS England South (South East) Update (MB)

- Sept 17, Paul Mellings will retire.
- Nick Vaid will retire by the end of the year.
- NHS England will interview at the end of the month for more DPAs.
- Looking at the ways performers can avoid being referred to PAG.
- Have caught up quite a lot on complaints.

Secretary's and LPN Report (AT)

- LDN 20/4/17(no meeting since last LDC meeting)
- Since this meeting e-mails sent out with job description, Terms of Reference and job advert for the 10 Managed Clinical Network Chair positions to which we are currently recruiting to.
- Reminder of Future Potential Projects: (a) AMR Audit for GDP JS leading (b) AB prophylaxis JA and Tim H to work together (c) STP's call dentist to engage.

SCD MCN 23/5/17

In attendance were: Annie Godden, Mark Johnstone, Jennifer Parry , Leona Turner, Sarah Davies, Panna Shah, Mili Doshi, Jenny Oliver, Shelly Oliver, Parul Patel, Jackie Sowerbutt, Elizabeth Lines and Gemma Micheal.

- DERS sign off , the pathways for paediatric dentistry were circulated and amendments made, It is pretty close to being ready and looks good, the trauma in children pathway in particular would be a new an inventive way of getting this treatment to the right person after it has been stabilized. The SCD one is still being worked on and will be sent to this MCN first for input. Both these referral pathways and restorative will go live at the same time. The restorative one and ortho had a the LDC look over them as a user group through Channel and it is hoped the same would happen again as this brought a perspective on them before a KSS roll out hopefully in July perhaps, Annie was going to approach Channel to see if this was possible and when. Once the input is standardized the marrying up and mapping of resources and services available is being looked and headed up by Jenny Oliver. NHS E are aware that the services across KSS are very different and have different resources, there was no clear answer about this but may feed into the next point. JO will be collecting directory of services information again. A consent to research question will be added to the pathways on entry to DER's.
- Procurement of CDS (SCD & Paediatric Dentistry) due in 2019 Jenny Oliver will be mapping services in order to do a needs assessment . Services will then need to prepare bids. Milli Doshi and Mark Johnston whose services are different from those in 1ry care will help her initially. Patient engagement is going to be inbuilt with the GDP as users of the services and the providers of continuing care at discharge should also be engaged.
- BSUH update; due to financial pressure in the system for beds there has been no out of hours MFU service in Brighton since 16/5/17, NHS E were not made aware of this situation. The nearest centre is QVH in East Grinstead either a SHO can come down or patients be transferred up. This is a concern for Paeds as MFU support post GA re-admittance, bleeds and severe abscess's as well as of course dealing with dento-alveolar trauma which surely must occur in city particularly in the evenings and at night.
- The update guides on Sedation including who and how accreditation can be given are due in June.
- Bariatric provision still planned in Primary care with procurement of 2 new builds with the ability to provide treatment to those who are well with SCD services providing treatment to those with limiting co-morbidities.
- Homeless and hard to reach groups, JS is working on where and how these groups are provided for as part of her role with local authorities, what the provision is and how services tackle the need. In some areas like Brighton there is a recognized need which is has resources placed to provide treatment and support, but resources are limited and in some areas there is probably unmet need. The scope of her project extends to other vulnerable adult groups like children leaving the care system. Jackie is looking at charities and opportunities to pilot delivery systems. It can also feed into unscheduled Care which can fall within STP which have a urgent care element
- Refers' feedback showed a good professional relationship between refers and CDS services although, in one area it seems more strained. The areas that were consistently highlighted were communication and clarity of what is accepted on referral. With the introduction of DER's this should improve as the pathways will be visible to all. Refer's could be contacted directly in a future survey via DER's itself. Whist the pathways are clearer via DER's there does not seem to be an answer of what happens if services aren't available in the area to provide treatment on a accepted referral pathway.
- PREM's and PROM's were also discussed.

Next LDN meeting Wed 21/6/17

DER's feedback 1/52 with DE any one please contact with issues to raise

Next SCD meeting Tue 22/8/17

Treasurer's Report

- MB - we have broken even and thus donations will be minimal but still can give some. £2,000 left to donate - £1,000 to guild and £500 each to others.
- MB advised at £10/ performer, we will be still breaking even.

GDFC Report

- The full report on the website.
- Summary:
 - In a deal negotiate with the LMC/GPC, NHS England are now reimbursing all doctors the percentage increase in their professional indemnity insurance, for this year and all subsequent years. This is felt to be good news as it is likely to focus the government's attention in handling the claims culture, as they will, personally, be picking up the tab for its effects.
 - Opticians are currently being targeted by the HMRC on their employment status. The majority work as locums on a self-employed basis.
 - The GDFC triennial term will be coming to an end in Dec 2017, with nominations/elections taking place using a new electronic (website based) voting system.
 - Keith Percival (Hampshire LDC) has been re-elected to stand for the British Dental Guild again.
 - DDRB has recommended a 1% increase in dentists pay. Although not official until after being signed off by the new government, following June's election. It is expected to be passed in late June resulting in a contract uplift of about 1.2% in August's schedule (back dated to 1st April 2017)
 - The orthodontic tendering process has stalled due to the government election status and the BDA legal challenge is likely to roll into a judicial review of the process. The theory is that the tendering process can continue throughout all this but the general consensus is that deadline for the procurement will be delayed by 6 months or more likely, a year.
 - The BDA are still consulting on whether compensation can be claimed, as a good will payment, if a performer or provider is quantifiably out of pocket due to the Capita delays in allocating performers to new contracts. It is thought that claims could be made through the ombudsman and likely amounts are £2000 per month. If a provider accepts an NHS England offer of a rollover of UDAs into a following contract year, this is likely to be seen as an equivalent good-will resolve, however.
 - Breach notices to be made time limited (with a bit of luck)
 - Urgent care is being reviewed in general. NHS 111 is being looked at and although it is designed to be extremely risk averse, it is possible for dental issues to be diverted earlier to dental nurse advisors.
 - A confidential contract reform report has been released with views on the prototype progress. You don't have sufficient security clearance to be informed of what it says, as details are on a need to know basis.
 - Amalgam phase down has now been ratified. From 1st July 2018 amalgam should not be used in the under 15yr olds, pregnant or breastfeeding women (except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient. All other precautions are already in place; amalgam separators in suction systems and use of capsulated amalgam.
 - Regional liaison group meeting conclusion confirmed that any referral for OPGs/DPTs taken in NHS hospitals cannot be charged for privately to either a patient or dental practitioner as this breaks the terms of the "free at the point of service" mantra of the NHS. The NHS/trusts will pay all costs. Any cases of charging are to be reported to Carol Reese (via Tom King at the BDA).
- Meeting was on the 5th May 2017.

Channel Report

- The last meeting was on 25th April 2017 and the minutes are available on the website.
- The next meeting is July 24th 2017

Any Other Business

TH - we have an equivalent Trauma Guide on our LDC website (Kent version). Asked shall we club together and obtain membership for the online site. TH to take this forward.

Date and Venue of the Next Meeting

The next full meeting is on Wednesday 13th September 2017 at the Roundabout Hotel, West Chiltington.