# KLDC Minutes July 2019

# MINUTES OF THE SIXTY-SIXTH MEETING OF THE KENT LOCAL DENTAL COMMITTEE HELD ON WEDNESDAY, 3RD JULY 2019

These minutes should be read in conjunction with the attached reports relevant to each agenda item were appropriate/available as presented to the meeting. If any links in this page do not work, please let us know via the Top Menu / Contact page.

**AT 6.00 PM AT**

**THE HOLIDAY INN, MAIDSTONE ROAD, ROCHESTER, KENT ME5 9SF**

**Present:** Drs Adesanya, Barham, Banvir, Carstens, Chandni, R Chopra, Davies, Hartle, Hamill, Hogan, Myint, A Patel, U Patel, V Patel, Sheridan, Shivji, Smith, Winstone, Willis-Lake and Wood.

**Observers**: Drs Peter Mauthe, Dipen Patel and Askan Pitchforth.

1. WELCOME

Dr Hogan welcomed members to the meeting and gave a special mention to new observers, Dr Peter Mauthe, program director of the Canterbury FD scheme, and Dr Dipen Patel from Stangrove Court Dental Practice. Also attending as an observer was Dr Ashkan Pitchforth who is a previous KLDC member but had moved across to Brighton and joined the West Sussex LDC. [Dr Pitchforth arrived shortly after the meeting had commenced.]

2. APOLOGIES

Apologies were received from Drs Bhatti, P Chopra, Nugent, N Patel, Ramamoorthy, Unter, Varghese and Watts. Dr Hogan advised that the Secretary Dr Unter had experienced another cardiac episode and although he is getting better was not feeling well enough to attend this evening's meeting and had therefore sent his apologies.

3. LAST MEETING, WEDNESDAY, 3RD APRIL 2019 (AGM)

- Confirmation of Minutes – **[Report attached ~ Item 3(a) Apr19]** A few minor amendments were made to the minutes. It was **agreed** these will then be sent to John Noakes together with the associated written reports to be uploaded onto the KLDC website. This is a slightly more complex process than previously because all the links have to be inserted with the relevant reports.
- Matters Arising
- Dr Johnstone – Dr Unter had contacted him and he advised that he (Dr Johnstone) no longer wished to be co-opted. Dr Willis-Lake will attend on his behalf - however, he would still like to receive the papers and relevant emails. He may still attend the occasional KLDC meeting.
- Heales – this will be addressed in the Secretary's tabled report.

- Bariatric Chairs – Dr Hogan advised that he did raise this at DCQAP. Patients are no longer referred to as Bariatric but over "21 stones". Practices should have scales on their premises to be able to weigh their patients who are unsure of their weight. The case was raised at the LDN and also at the Wharf House DCQAP Meeting that these chairs are not available in any of the DentaLine centres. It was suggested that the commissioner provide the funding for the chairs. Earlier in the year there had been some funding available but now there is no money because of the higher costs involved in completing orthodontic treatments where previous providers have lost their contracts. The commissioners state they only commission and it is not their responsibility to provide funding. Had the provider asked for the chairs earlier in the year then it may have been possible to provide them but the request for funding only came after a patient who was over 21 stones complained when he could not be seen. The contract for OOH service comes up for renewal in 2 years and should there be competitive tendering the tender that includes a bariatric chair will have a better chance of winning the contract. In the meantime, NHSE are happy not to insist on the provision of such chairs and suggested patients are given "antibiotics" and told to seek appropriate daytime care.

Dr Davies thanked Dr Hogan for raising his concerns through the appropriate channels but said that they would continue to seek a satisfactory solution in this matter so that patients could be provided and managed with the treatment that they require.

- Information Governance Security Toolkit (now known as Data Security Protection Toolkit DSPT)– Dr Hogan advised that this would be updated on the website as soon as he had received support simplifying it.

4. NOTICE OF ANY OTHER BUSINESS

New Mental Health Campaign – "Every Mind Matters" – Judy Barham

5. SECRETARY:

- Correspondence (not reported elsewhere) – Dr Unter could not attend the meeting but had provided a brief report and Dr Hogan discussed this with members.

Dr Unter had finally found the person responsible in NHSE for commissioning and onward performance review of the Heales Occupational Contract. Without a FOI request he could not get details of the actual number of individual items of service provided by Heales to GDPs and in the case of needle-stick injury to DCPs too. Heales meet with NHSE every quarter to present performance data and also to present the number of complaints Heales have received and dealt with. It appears they have one or two cases per quarter. NHSE have invited Dr Unter to make direct contact with the senior person(s) responsible in Heales to discuss the complaints and service issue. He invites members of the KLDC and any of their colleagues plus neighbouring LDCs to submit brief bullet point concerns they may have had. He requires named individuals not anonymous data. At the moment Dr Unter has not received any written concerns so he is unable to progress this matter any further but would urge members to ask around and get back to him so that he can take this forward.

- Report of Meetings – meetings are reported as they appear on the agenda.
- Annual Report – The finalised full Annual Report has been circulated and it has also been uploaded onto the website.

6. TREASURER

- Report – **[Report attached: Item 6a ~KLDC Treasurers Report for June 2019]**

Dr Winstone advised that item 5 on the report says "the % figure for 2018/2018" - this should read "2018/2019". This will be corrected before it is uploaded onto the website. The LDC claim form has been updated.

- Statutory Levy - He advised that the money is starting to come in from the BSA.

7. REPORT OF ANNUAL CONFERENCE OF LDCs – 6th & 7th June, Birmingham Conference and Events Centre

**[Report attached: Item 7 ~LDC Conference 2019 Summary]**

The Conference was attended by Drs Hogan, Nugent, Smith, Winstone and Dr Hartle (GDPC rep). The report was produced by Drs Hogan, Smith and Hartle. The reports have been combined and because of this it was noted that there is a bit of repetition.

Dr Hogan discussed Stephen Tideman's presentation and the concerns that there are a number of bigger corporates which are funded by VCTs (Venture Capital Trusts). There is financial risk to these corporates should the VCTs pull the plug on their funding that could result in big organisations going under. We are required to provide business contingency/continuity plans for practices and the Ortho tenders have to show financial security as part of their tender applications. It would appear that this financial risk of corporates was not taken into consideration with their tenders.

HMRC are looking into the tax status of associates working for corporates as some look as though they are salaried- this will have significant implications for their "employers".

Mention was made at Conference regarding the recently updated BDA draft LDC Constitution. Dr Unter is not entirely happy with this "fits all" document as some elements are inappropriate for our current arrangements. It was **agreed** that Dr Unter will look in depth at the differences and will revisit this at the next meeting in October.

8. MANDATORY DENTAL SERVICES PROCUREMENT DOCUMENTS

Dr Hogan asked members their views on this document from Jill Graham (NHSE/I) which had been circulated prior to the meeting. He had been asked to give feedback by the 1st July but had requested an extension so that he could discuss with members at the LDC meeting.

Following a number of dental contract closures and reductions, NHS England and NHS Improvement - South East (Kent, Surrey and Sussex) commissioned a comprehensive Needs

Assessment by the Consultant in Dental Public Health (Jenny Oliver). This was finalised in June 2018 and had formed the basis of the commissioning principles for procurement.

Dr Hogan highlighted the differing UDA rates depending on the location of the practice. A discussion took place which included input from Sarah Davies of how urgent (treatment) slots in the tenders were being considered when urgent care provision is not being commissioned for another 2 years. Sarah was invited to input into the response that had to be in by the end of the evening. Sustainability was also mentioned and whether or not NHS England would be providing the required "poster". It was felt that it was unreasonable to ask for 100% energy supply from renewables. Also the requirement that all energy consumption must be closed down at the end of day needs to be revisited as servers for example must remain on 24/7. **Action:** Dr Hogan to send in the LDC response to these guidelines by the end of the day.

9. NHS ENGLAND*

- NHS England (South East) – Dr Unter did not have anything to report. *[Whilst preparing these minutes Dr Unter felt it appropriate to advise members that NHS England has changed their name to NHS England SE & NHS Improvement (NHSE/I).]

(i)(a) Kent Local Dental Network –

**[Report attached: Item 9 (a)(i)(a) ~KSS LDN Report]**

Dr Hogan's report of a meeting held on 26th June was attached (with thanks to West Sx LDC). Instead of full minutes being recorded action points and updates only are recorded. A new way of working with video conferencing for alternate LDNs was proposed to reduce the carbon footprint of meetings**.**

Urgent Care MCN reported at the main LDN meeting – Dr Hogan had asked for a copy of the draft prescribing guidelines that have been sent to all the LDC Chairs for input but not the LDCs membership. There were a couple of anomalies at present including antimicrobial prescribing. It was agreed to share these draft guidelines with the whole committee for any further comments. **Action:** The Clerk to send Draft to members for their comments before the next meeting

Routine Dentistry MCN (Dr Smith)

**[Report attached: Item 9 (a)(i) (a)$_{v2}$ ~Routine Dentistry MCN]** – this report was labelled incorrectly as item 13 (this was amended by the clerk following the meeting). Dr Hogan thanked Dr Smith for her report but asked who the chair and members of the committee were. Dr Smith advised that the chair was Agi Tarnowski. **Action**: Dr Smith to amend the report to reflect the committee chair and members. (This was resubmitted by Dr Smith following the meeting for future KLDC website publication).

Items discussed in the report included improving access, prevention and patient experience, getting the public involved, asking their opinion and a 5 year plan to improve prevention and help patients to stay healthy; contract issues outside of the remit of MCN; pathway for

flagging cases which are not urgent but require swift action and ensuing GDPs are aware of referral criteria.

(i)(b) Dental Electronic Referral Services (DERS) – There is a lot of work to do with the algorithms for the oral surgery guidelines. Bisphosphonates are being amended. Some of the referrals are going the wrong way. **Action:** The new Bisphosphonates guidelines to be uploaded onto the KLDC website with a link. Dr Davies advised that the DERS Focus Group is happening later in the year and said that it was a really important group and that members should take an opportunity to feed back into this group. She asked if anyone had anything important with special care or paediatric referrals to let her know.

(ii) KSS Performance Advice Group (PAG) – Dr Hogan advised that there was nothing specific to report. Since the last meeting PASS has been set up. The Kent PASS is liked by PAG. It is completely voluntary for dentists to enter PASS and to date there has been one case.

(iii) KSS Performers List Decision Panel (PLDP) – Dr Hogan had nothing specific to report.

(iv) DCQAP

**[Report attached: Item 9 (b)(iv) ~ DCQAP Report April2019 JMU]**

Dr Unter's report was attached. IG Breaches – several practices have again inadvertently made governance breaches transmitting PID communication using non-secure email in communication with NHSE/I. Where IG breaches have occurred, as long as practices can demonstrate full compliance with the IG tool kit and staff training NHSE/I will not necessarily issue a breach notice against the contract.

**[Report attached: Item 9 (b)(iv) ~DCQAP Report 22/5/2019 TPH]**

Dr Hogan's report was attached. In the event of a serious incident occurring in general practice an appropriate form should be completed and sent to NHSE/I. It is strongly believed by NHSE/I that serious incidents (SI's) in general practice are not being reported despite the fact that all providers have been told about this and sent the form. Dr Hogan advised that he had requested this information from NHSE for posting on the website. **Action**: Dr Davies has the documents and will send to Dr Hogan. [Dr Unter subsequently asked NHSE/I to prepare a suitable approved explanatory brief guidance to be attached to this lengthy document which had already apparently been circulated to providers].

(v) SE Coast LDC's (Channel Group)

**[Report attached: Item 9 (a)(v) ~ Channel Meeting S E Coast Group of LDCs – April 2019]**

Dr Unter's report was attached. Dr Hogan advised that the next meeting was next Monday if anyone had any questions. Annie Godden has withdrawn from this group and despite several requests from various people she did not change her mind as she felt that she already had enough interaction with LDCs via the LDN and DCQAP committees.

- DentaLine – **[Report attached: Item 9 (b) ~ DentaLine Kent LDC Report June 2019] -** Dr Davies' report was attached. Dr Davies added that they are still pursuing bariatric chairs.
- Dental Practices Advisors – Dr Hamill advised that she had been involved in record card reviews. She had not been involved in PAG since February and had been helping out in other parts of the country, particularly Birmingham in the processing of bids for Ortho.

Dr Shivji said that he had been involved in a couple of inspections and had been helping out in the procurement work for other areas in Ortho and restorative.

10. HOSPITAL REPRESENTATIVE REPORT

Dr Elder was not present as he had a restorative MCN meeting earlier in the afternoon in Tonbridge. No report was available.

11. ORTHODONTIC MATTERS **[Report attached: Item 11 ~ Kent Surrey Sussex Orthodontic Managed Clinical network (MCN)]**

Dr Sheridan advised that the meeting on the 21st June was postponed until later in the year. This is because it is hoped that the new primary care contracts will be better established. In order for an opportunity for engagement with the core MCN some individual meetings have been set up across the area in June/July. Unfortunately, Dr Sheridan is unable to attend a meeting next week but has requested that if anyone had any questions to please let her know so that she can feed back. (Please send any emails via the Clerk (clerk@kldc.org.uk). Dr Banvir had some concerns over a patient who was put on the waiting list before he was 18 but because of the length of time he had been on the waiting list he is now over 18 and was rejected. **Action**: Dr Banvir to email Dr Hogan the patient details and concerns so that this can be raised.

12. SALARIED DENTAL SERVICES

- East Kent **[Report attached: Item 12 (a) ~ E Kent LDC Report - July 2019]**

Dr Willis-Lake added that the GA waiting times will increase due to one of the consultants being on sick leave. The William Harvey List is closed but patients are being offered the next available list at the QEQM; however, some patients would rather wait. With regards to sustainability, all letters replying to periodontal referrals will be sent via NHS.net mail only. This will include all radiographs and pocket charts as attachments. Only hard copies will be sent to practices or patients that are unable to use encrypted NHS mail or use the two stage process secure email system.

- West Kent **[Report attached: Item 12 (b) ~ MCH CDS Kent LDC Report June 2019]**

Dr Davies advised that they continue to work with REGO around improvement to the algorithm for both provider and referral. They currently have 2 bariatric chairs in which they can provide dental care for patients over 21 stones (during the day).

13. ORAL HEALTH IMPROVEMENT (OHI) MCN –

**[Report attached: Item 13 ~ (OHI) MCN Report on Meeting held 13/6/19]**

The oral health assessment form was discussed. This report had been put together by two foundation therapists and the idea is to standardise the assessment of new "residents" in Care Homes. It is unknown how easy it will be for carers to complete the form so a trial of 10 carers in differing homes in the East Kent is being conducted. According to a recent BBC survey 40% of Care Homes do not carry out an oral health assessment. East Sussex have developed a dementia care package with a link on their website. **Action:** Dr Hogan to ask for this link for the KLDC website.

14. GENERAL DENTAL PRACTICE COMMITTEE: REPORT OF KENT REPRESENTATIVE (S)

**[Report attached: Item 14 ~ GDPC 3 May 2019 report]**

Sustainability was a huge topic which had both advantages and disadvantages for the profession. The biggest issue for dentistry in terms of carbon footprint was staff and patient travel. When the BDA is fighting practice closures and arguing that patients should not have to travel 50-80 miles to see an NHS dentist the sustainability argument is important.

**[Report attached: Item 14 ~ GDPC 19 June 2019 report ]**

The NHS has done a lot of work on digitalisation and developed a roadmap which included introducing dealing with regional variation in dental electronic referral systems. There was also work to give dentists smartcard free access to the N3 network. Dentists need to have access to the Summary Care Record and the Child Protection Information Service. Tashfeen Kholasi, Clinical Lead for Digital Dentistry, had spoken about the work being done to better integrate dentistry into the wider NHS digital systems. This would make NHS dentistry more streamlined and efficient, more patient centred and addressing some patient safety issues. She acknowledged that much of the digitisation of NHS dentistry had been funded by dentists and the creation of digital dental programmes would help to make the case for funding for dental practices. She also felt that private practices be included in the scope.

There was significant concern over orthodontic procurement across England. NHS England had agreed that the issue with patients would be accepted for NHS treatment if they were under 18 at the point of referral rather than at the start of treatment.

The other GDPC rep had not attended GDPC and Dr Hogan said that there were other members of the KLDC who would be interested in taking up this post. **Action**: Dr Hartle to look into this.

15. LMC REPORT

**[Report attached: Item 15 ~ LMC/LDC report 20.5.2019]**

Dr Hogan advised in his report that there is no LPC representative as Michael Keen has now retired. Dr Hogan pushed for an action by the LMC to contact all GPs to see if a list can be

drawn up of GPS across Kent willing to carry out the Hep B vaccinations. John Allingham the Kent LMC Secretary was keen to progress the opportunity for Hep B vaccinations but the GP surgery must be fitted out with a vaccine fridge, a supplier and an appropriately trained nurse in dealing with anaphylaxis. Six GPs have come back saying that they would be interested in offering a service. **Action:** Dr Hogan to advise on the service the LDC members wanted to try and get quotes from the 6 GPs.

**[Report attached: Item 15 ~ Report on Kent LMC meeting April 2019 HW]**

Dr Winstone had attended a full meeting as observer of the Kent LMC meeting.

16. KLDC Website kldc.org.uk

Dr Unter advised that updates to the KLDC website since the last meeting have included; publication of the completed Annual Report for 2018/19; full update of the KLDC membership since the elections earlier in the year; update to the courses being run under the stewardship of Ken Eaton and EK BDA; Market Briefing Event for Mandatory Dental Services for NHSE South East (KSS); KSS Orthodontic Managed Clinical Network Newsletter; PCSE April 2019 Bulletin and updated Antimicrobial Prescribing & Resistance in Dental Practice advice sheet.

The publication on the website of the KLDC meeting minutes are more complicated now as we have to insert links for all the written reports that are being submitted.

17. EDUCATION AND TRAINING – DENTAL FOUNDATION TRAINING

**[Report attached: Item 17~ HEE LaKSS]**

Dr Shivji advised that all current Foundation dentists will undergo the FRCP process on the 16th July and the GDC will be attending as part of their quality assurance programme.

18. DATE OF NEXT MEETING

The date of the next meeting is **Wednesday, 9th October 2019** at the Holiday Inn Rochester.

19. ANY OTHER BUSINESS

New Mental Health Campaign – “Every mind Matters”, Dr Barham briefly mentioned this campaign which has been launched by Public Health England to empower people to take control of their mental health called, “Every Mind Matters”. The campaign focuses on the things we can all do to protect and improve our own mental health and how we can look out for others. She was unsuccessful in her application for applying for a place on the course. The information for this can be found on the Public Health website.

**FUTURE DATES:**

- **Wednesday, 8th January 2020**
- **Wednesday, 1st April 2020**

- **Wednesday, 1st July 2020**
- **and Wednesday, 7th October 2020**
- Members might wish to note these dates in their diaries now to try to avoid
- meeting clashes that prevent their attendance at KLDC meetings