KLDC Minutes October 2020

MINUTES OF THE SEVENTIETH-FIRST MEETING OF THE KENT LOCAL DENTAL COMMITTEE HELD ON WEDNESDAY, 5th OCTOBER 2020 AT 6.00 PM HELD AS A VIRTUAL MEETING ON "ZOOM" DUE TO THE COVID-19 OUTBREAK

Present: Drs Adesanya (from 6.30pm), Ahmad, Banvir, Barham, Bhatti, Carstens, P Chopra, R Chopra, Davies, Elder, Hartle, Hamill, Hogan, Myint, Nugent, A Patel, M Patel, N Patel, U Patel, Raghava, Ramamoorthy, Sheridan, Shivji, Smith, Unter, Varghese, Willis-Lake, Winstone and Wood.

Apologies: Drs Carstens and Momin.

Observers: Dr Peter Mauthe attended as an observer.

1. **WELCOME AND APOLOGIES FOR ABSENCE**

Dr Hogan welcomed members to the meeting (71st). He extended a special welcome to Dr Peter Mauthe, owner of a practice in Gravesend and also a programme director for dental foundation training for HEE LKSS. He had attended a previous KLDC meeting. Dr Hogan felt that he would be a very useful member to the KLDC. Dr Hogan advised that Dr Mauthe will introduce himself (4c) and explain in more detail why he wanted to become a member of the KLDC. Dr Hogan thanked those members who had submitted reports before the meeting and advised that he found this very useful and would prefer to have all reports prior to rather than delivered at the meeting. It enabled members to read the reports and pick up any relevant points in them. Dr Hogan apologised to members for any scam emails that they may have received from him requesting funds and said that he would never request money from anyone. He said that unfortunately there was nothing he could do about them but said that they were from an incorrect email address.

2. **LAST MEETING, 1ST JULY 2020 – *held "virtually"***

(a)Confirmation of Minutes ~ [Report Attached item 2(a) Minutes July 2020]. The minutes were agreed and will be uploaded onto the website as usual.

(b) Matters Arising – Action point from July minutes Page 3; UDC sites - Dr Winstone advised that there were 42 UDC sites in KSS but that no sites will be full time. NHS England were not offering support beyond July. Dr Winstone was to post information on this but this may result in patients being incorrectly directed by practices – something that happens automatically using REGO.

3. **NOTICE OF ANY OTHER BUSINESS**

Dr Hogan advised he wanted to share information regarding Martin Kelleher and the recent BDJ opinion piece.

4. **SECRETARY**

(a) Correspondence (not reported elsewhere) – Dr Unter reiterated how he had received an unprecedented amount of electronic mail. A lot of this was around the lack of payments to associates due to the Covid arrangements. He felt that there seemed to be a few unscrupulous providers that have not been paying their associates and possibly staff what they should have paid under the Covid continuing NHS dental contract payments. Drs Hogan and Unter have been helping dentists in Kent and neighbouring LDCs. In one case Drs Hogan and Unter helped a dentist who was very distressed and had texted them during the night. Although this case was not really a GDC matter it was about professional standards matter because of the manner in which actions had been taken by the principal. Dr Hogan emphasised that as dentists have no choice about having levies removed from their pay the LDC had a duty to help them especially when it involved ethics and GDC standards, although the LDC do not have any power and can only support colleagues. However, the more the LDC is involved the more it can justify its existence being a source of independent help for colleagues.

Dr Unter mentioned "seasonal 'flu" and said that dentists do not have an automatic entitlement to free 'flu vaccines as they are not NHS employees but are "contractors. It was **agreed**: Dr Unter would continue looking into this although he doubted NHSE/I SE would make funding available anytime soon.

Dr Unter mentioned three free online study days taking place in November on 17th, 18th and 24th November that have been organised jointly by the four KSS LDCs. The cost is substantially less because it is a joint venture. The original cost for the KLDC's planned study day would have been between £4000 and £5000 but this will now be approximately around £625.

(b) Report of Meetings (not reported elsewhere) – there was nothing additional to report.

(c) Co-option of Eligible Practitioner to WK Constituency Vacancy – KLDC Constitution Para 15.1 (d) – As there is currently a vacancy in West Kent, Dr Unter recommended to the Committee that Dr Mauthe be co-opted onto the committee until the next election in April 2021. Dr Mauthe introduced himself here and advised that he had joined his current practice in 1993 as an associate and then become the owner. He said that he was a performer and provider and helps young dentists. He has been a trainer for FDs for 13 years. He had previously used the KLDC website and found it very useful and said he was very keen to join the KLDC and that if he could help, he would very much like to. It was **agreed** that he could be co-opted onto the committee and Dr Hogan said that he was very much looking forward to working with Dr Mauthe.

5. **TREASUER**

(a) Report – Dr Winstone advised that everything was paid up to date and said that claim forms had been sent out last month and that if anyone wanted one to let him or Dr Unter know. He also asked members to send them within the next two days so that they could all be paid in one go.

(b) Statutory Levy – there was nothing specific to report.

6. **REPORT OF THE LDC ANNUAL CONFERENCE - held "virtually" on Saturday 25th July 2020 - <http://www.ldcuk.org>**

Dr Unter advised that there was a report of the virtual conference via the above link. Drs Ahmad, R Chopra, Hogan, Unter and Winstone attended. Dr R Chopra was asked what he thought of the conference and he said that he had found it very interesting with all the dentists coming together on one platform with all the various challenges of "Covid". He advised that PPE was a big topic of conversation especially fit testing which it was felt should be free to dentists. He said that he was finding it difficult to get PPE via the NHS portal for his own practice. There was a discussion around treatment of associates and some practice owners have apparently been referred to the GDC. There was discussion around contract reform and what funding will look like in the future. There were talks around domiciliary care and housebound patients who are unable to get to the practice and the positioning of practices in primary care and digital prescribing. Dr Winstone added that summary record cards were approved which is vital for patients with significant co-morbidities. This will be particularly crucial to Drs Davies and Willis-Lake.

Dr Hogan advised that the motions were presented as videos with some interesting back drops. The KLDC motion got a 98% vote with just 2% that did not vote (abstention) but this was more likely inattentiveness rather than objection. Dr Hogan thanked Drs Winstone and Davies for putting together the KLDC motion and also thanked Dr R Chopra for his account of the meeting.

7. **NHS ENGLAND MATTERS**

(a) NHS England SE & NHS Improvement (NHSE/I) – there was nothing specific to report.

(i)(a) Kent Local Dental Network (LDN) - Dr Unter advised that he had attended a virtual meeting. Less than 10% of the conversation was around general practice dentistry (whereas historically it probably provides more than 90% of the dentistry performed in KSS). There is another meeting on 21st October so hopefully he will have more to report at the next meeting.

(i)(b) Orthodontic MCN & Orthodontic [Report Attached ~ Ortho report]

Dr Sheridan apologised her reports did not appear to have reached the Clerk for circulation ahead of tonight's meeting. Dr Sheridan advises in her first report that NHS England have agreed a pause on orthodontic clinical monitoring activities, routine and targeted which will be subject to review in the Autumn. They had FIT testing carried out very promptly and all necessary PPE was available even for AGPs. Practices are expected to maintain at least 20% activity which is not the same as UOA activity. Orthodontic treatment is now progressing well and they have been advised to treat all ongoing treatment but not to see any new cases/new starts for now. There have been problems with patients/parents being unwilling to attend now that the schools are back. Currently there is no option to see patients out of school hours. For the first time it has become necessary to operate a stricter policy on

appointment uptake. Similar to GDS they were advised to record all triage, email consultations on compass. Many retainer reviews have been successfully monitored remotely and patients seem to like this option and Dr Sheridan felt that she would likely continue this in the future.

(i)(c) Oral Health Improvement MCN – Dr Hogan advised he was no longer on this committee. This is an MCN appointment for an LDC representative. Dr Smith offered to represent the KLDC and it was **agreed** that Drs Willis-lake (as MCN co-chair) and Smith will have a conversation about attending these meetings in the future. Dr Willis-Lake advised that oral health promotion has temporarily been abandoned. Oral health prevention is being offering for the whole family via video link. The care homes are being contacted to see what they need.

(i)(d) Restorative MCN ~ [Report Attached: Restorative MCN] – Dr Unter urged that members read the attached report because there was some particularly important information within it. He mentioned a few important items as follows: - Hypodontia cases, these cases are best seen by the specialist team at around 12 years old as this gives more opportunity for planning. A lot of the referrals are coming in later perhaps after Ortho for implants etc with unsuitable gaps which leads to compromised treatment. Rest. MCN plans to place a document on REGO and LDC websites with guidance regarding orthodontic/restorative referrals and ideal times/clinical situations. GDP activity - it was noted that most general practices are providing what they can currently. However, some are seeing 20% NHS activity figure as a level of activity to work down to and are limiting their NHS activity. NHSE are checking activity levels and in particular those practices providing limited AGPs. There has been no central feedback from the BSA or NHSE regarding "widget" counting or any intention to raise the expected level of activity. UDC hubs are still operating in Kent and Surrey. NHSE are checking inappropriate referral patterns from individual practices who may be abusing the facility and not proving routine care themselves.

(i)(e) Routine Dental Care MCN ~ [Report Attached: RD MCN 09/09/20] – Dr Smith's report was of a meeting which took place on 09/09/20. Some of the items she mentions in her report are:- actions and priorities which are on pause now due to the Pandemic; Compass is being used for disseminating information to performers; there has been an increase in patient enquiries since back in practice with patients struggling with access and unable to get into an NHS practice; many patients feel that private patients are being seen in preference to NHS patients; Pharmacy have reported a demand in selfcare kits for dentistry; information sheets available for pharmacy staff regarding "self-help". The priority from NHSE is to prioritise emergency patients and have a clear protocol for triaging patients to ensure those that need to be seen are seen; Efforts have been made to keep clinically vulnerable patients apart but many shielded patients are currently still wanting to self-isolate; There has been difficulty with patients understanding that dentists cannot provide AGP care when not planned.

(i)(f) Urgent Care; Oral Surgery & Special Care MCNs – Dr Unter advised that he had no further specific updates.

(i)(g) Kent Infection Prevention & Control Antimicrobial Stewardship (KIPAS) – Dr Hogan advised that this group had not met since February. The strategy is a five-year plan to address antimicrobial prescribing. He did ask whether or not there had been an increase in C.diff cases and it seems there has been but mainly in the hospitals. There is no information on the C.diff cases in dentistry.

(ii) Dental Electronic Referral Service (DERS) – Dr Winstone reported that there had

been some minor tweaking and that the patient's charge now appeared on the template. Dental hubs can now see who charges what and it is clear now where the referral goes. Not all pharmacies have bought in to the pharmacy website NHSE system but the Pharmacy Department team at NHSE are prepared to help if required.

Dr Elder added that Endo seemed busy, that patient expectations needed to be managed and also that some patients have a long way to travel. He advised that if dentists have an Endo AGP give it some real thought as to where to refer to but that Endo referrals will not be refused if they fulfil the protocol.

(iii) KSS Performance Advice Group (PAG) – Dr Unter reported that he had not attended a meeting since last October last year but that there was a meeting the following day which Dr Hamill would also be attending (as Discipline Specific Practitioner). There were 7 cases and lots of reading. All the meetings have been virtual since lockdown. The LDC only attend as observers and the meetings are shared with East and West Sussex and they are once every three months with some being cancelled for various reasons.

(iv) KSS Performers List Decision Panel (PLDP) -– Dr Hogan reported that this panel was now meeting again. He attended one last month. He advised that GDPs need to be aware that any paper that is submitted to the panel will be read so he advised caution on not submitting anything but the essential. There was a case recently when despite the GDC no longer finding the practitioner impaired, PLDP did refer the case back to PAG for continuing monitoring because of concerns with some of the reflections and audits that had been submitted to PLDP.

(v) DCQAP – Dental Contracts & Quality Assurance Panel – Dr Unter advised that this panel was disbanded in February as there had been a re-think due to changes in the area covered by NHSE/I SE. A new LDC Liaison Group is scheduled to meet on the 14th October. This group is a new group involving all the LDCs of KSS, Hampshire, Bucks, Beds and Oxon so unlikely to replace the previous DCQAP local meetings and therefore no equivalent group has been set up. Often the LDC observer input ensures fairness and impartiality concerns that were taken on board by commissioners. The Channel group will ask NHSE commissioners to reinstate this or a similar meeting involving KSS LDC members so we can continue to represent the interests of our electorate. **Agreed:** Dr Unter will report back next time.

(vi) SE Coast LDCs (Channel Group) ~[Attached Report: SE Coast LDCs (Channel Group)] – Dr Unter reported on a meeting with guest Alison Taylor - Medical Director of NHSE/I SE on 30th September 2020. He said that this was the 16th or 17th meeting the Channel group had arranged since "Covid". These meetings have been held virtually with lots of discussion and

support for GDPs and practices in KSS. Professional Standards and behaviour of Principals to their Associates was discussed and Kent in particular has had numerous complaints. The Chair and Secretary have tried to assist colleagues (both providers and performers) as much as possible. The BDA are also providing assistance to colleagues as there has been no specific directive from NHSE/I or the OCDO. Some of these matters involve conduct issues and Alison requested that these be sent to NHSE/I Professional Standards so that they can be independently investigated as necessary through the PLDP and PAG processes. Seasonal 'flu and DCQAP were also discussed in this group.

7(b) DentaLine - [Attached Report: DentaLine Kent LDC Report October 2020] - Dr Davies reported that they advised NHSE that the volume of calls received by DentaLine appears to be higher now than when practices were shut. The average number of calls at a weekend for the last month was 380. There have been capacity issues for all practices that have re-opened and they have been asked to feed back where the patients are having particular issues with practice week days to determine if further support is needed.

7(b) Dental Practice Advisors – Reports - Dr Hogan congratulated Dr Winstone on his new title as Senior Dental Advisor. Dr Hamill advised that she had been involved with a complaint with a mother who was not happy that her child's GA treatment had not progressed due to the shutdown and where UDC's were not up and running. This did finally get resolved, but she felt that there would likely be a lot more Covid related complaints in the future.

Dr Shivji advised that he had been fairly quiet with the contracts department but that hopefully it will pick up soon.

Dr Winstone advised he had been involved with the check-list reconfiguration to include Covid related matters; received complaints about premises, (sometimes via the CQC). Scenarios are being looked into in case there is another lockdown but basically it is quite difficult to plan for the unknown. Recommendations have been made by NHSE/I with regards to the patient's waiting list and guidelines. He reported that he has also been involved in some compliance reviews.

8. **PASS Practitioner Advice & Support Scheme** - There was nothing to report.

9. **HOSPITAL REPRESENTATIVE REPORT**

Dr Elder reported that they were back up to 100% activity from the beginning of the month being managed with a 20-minute fallow time. There have been some medical challenges with maxillofacial surgery as they have not had access to theatre time. It is not possible to predict what will happening in the next few months.

10. **SALARIED DENTAL SERVICES**

(a) East Kent - Dr Willis-Lake apologised that she had not written a report. She advised that they have a core trainee who has started but they are struggling to make sure that she has the appropriate amount of clinical training. They will be resuming 55% of the GA lists as from November. All Kent CDS sites are now open apart from 2 single surgery sites (Herne Bay and New Romney). They had over 9,000 patients cancelled during the pandemic,

approximately 5,000 in Kent and the GA waiting list will take approximately 18 months to clear the backlog. They are trying inhalation and intravenous sedation to help to mitigate the long GA waiting list. Oral Health consultation via video/or phone is being offered to patients as part of the patient care plan. PPE supply is ok.

(b) West Kent ~ [Report Attached: MCH CDS Kent LDC Report] – Dr Davies reported that they are only seeing 30% of their pre-Covid activity in each clinic and that it will be many months before they can clear the backlog. MCH CDS continues to receive many referrals a month from general dental practice colleagues but these will be acknowledged with a message to manage dentist and patient expectation. It will be approximately 12 months wait before they are seen. They currently have no provision available for child or adult patients but are actively liaising with acute hospital providers around this. NHSEI are approaching the STPs locally to ensure dentistry is included in their recovery plan.

11. **GENERAL DENTAL PRACTICE COMMITTEE: REPORT OF KENT REPRESENTATIVE (S)** – [www.kldc.org.uk/gdpc-reports]

The most recent reports are available on the KLDC website. A meeting took place most recently last Friday. Discussions took place comparing the 4 countries and England seems to be in the worst position. The CQC are doing virtual inspections with a duration of an hour. Eddie Crouch is the new chair. **Action:** Dr Hartle will send the report to Dr Unter once it has been approved. [Secs note: This has been received and placed on the KLDC website].

12. **LMC REPORT**

(a) LMC Report – Dr Winstone said that there was real concern over winter capacity. It was pointed out that if people were looking to get 'flu jabs they needed to get them done as soon as possible because supplies are running low and to liaise with your local pharmacy.

(b) LMC/LDC/LPC Officials Meeting – There is a meeting on 30th November with pharmacists, doctors and opticians. There has been a suggestion that dentists are going to be asked to be part of the labour force when it comes to administering vaccines. As far as Annie Godden is concerned this will not be the case. However, if there is funding from another source then maybe dentists will oblige.

13. **KLDC WEBSITE [www.kldc.org.uk]**

Dr Unter advised that the KLDC website has been kept fully updated as new policies and updates have been published from the various institutions (SDCEP, FGDP, NHES/I, OCDO etc). They have tried to publish every document when it comes out in some logical order. Other LDCs have used the KLDC site as a reference site. It is nice to be a leader and hopefully people find it useful.

14. **EDUCATION AND TRAINING** ~ [Report Attached: HEE Report KLDC October 2020]

Dr Shivji expressed his thanks to the community for taking their FDs and giving them opportunities. Many dentists have lost jobs and it is now an employer's market. Dr Smith

advised that on a happy note they had won a procurement tender which would mean more capacity for patients living in Dover, Cliftonville and Minster.

15. **DATE OF NEXT MEETING** – Wednesday, 6th January 2021. Dr Hogan advised that this meeting would take place virtually once again via “zoom”.

16. **ANY OTHER BUSINESS**

Dr Hogan advised that all should read Martin Kelleher's opinion piece ~ The legal fallacies about 'if it was not written down it did not happen', coupled with a warning for 'GDC experts' following his recent hearing with the GDC. This was in the BDJ Vol 229 NO.4 August 28th 2020.

FUTURE DATES:
Wednesday, 31st March 2021
Wednesday, 7th July 2021 and
Wednesday, 6th October 2021

Dr Hogan closed the meeting at 7.45 pm and wished members a very Happy Christmas.

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