KLDC Minutes January 2022

MINUTES OF THE SEVENTY-SIXTH MEETING OF THE KENT LOCAL DENTAL COMMITTEE HELD ON WEDNESDAY 12th JANUARY 2022 AT 6.00 PM AS A VIRTUAL MEETING ON "ZOOM"C

Present:, Drs Barham, Batistoni, P Chopra, R Chopra, Davies, Elder, Hamill, Hartle, Hogan, Kolozvari, Lone, Mauthe, Momin, Myint, Nugent, M Patel, N Patel, U Patel, V Patel, Raghava, Sheridan, Shivji, Unter, Willis-Lake, Winstone and Wood.

Observers: Dr Gavin Power, Consultant Orthodontist, William Harvey Hospital.

1. WELCOME AND APOLOGIES FOR ABSENCE

Dr Hogan wished members a very Happy New Year and welcomed them to the 76th KLDC Meeting. He extended a special warm welcome to new observer Dr Gavin Power, Consultant Orthodontist at the William Harvey Hospital and said that he hoped he would enjoy the meeting.

Apologies: Apologies were received from Drs Banvir, Bhatti and Smith,

2. LAST MEETING, WEDNESDAY, 6TH OCTOBER 2021 – at the Bridgewood Manor Hotel and held "virtually" *via Zoom*

(a) Confirmation of Minutes ~ [Attached Report] - There were a few minor amendments, otherwise the minutes were approved.
(b) Matters Arising – Item 16~AOB: Dr Hogan was to write to Dr A Lesnyak - this letter has been written and delivery confirmed but to date there has not been any response. Dr Unter stated that there was now a vacancy in East Kent (EK) which EK members may wish to circulate this to any interested colleague.

3. NOTICE OF AY OTHER BUSINESS

(i) Possible co-options – Dr Unter.

4. SECRETARY:

(a) Correspondence – (not reported elsewhere) – Dr Unter advised that he had submitted a report yesterday which had been incorrectly labelled - Item 7(a)(ii)(a) - Local Dental Network Report. This should be labelled item 7(a)(vi) – KSS Liaison Group Report from 12th October 2021. He would therefore give a verbal report for the LDN and as the LDC Liaison Group met again yesterday he would give a verbal update for this as well.
There had been a joint LDC letter to NHS England sent in late December by the LDCs in the NHSE SE region (KSS, IoW/Hamps, Beds, Bucks & Oxon). The main points raised included:

- Problems with the functionality of the NHS.UK website to incorrectly reflect that they are accepting all categories of patients (only) and failure to do so may result in contract breach notices.
- Question of individual practice capacity in light of Covid staff illness and recruitment difficulties.
- Practices being expected to accept an unlimited number of patients requiring urgent care which is neither feasible or achievable.
- Welfare concerns - recent NHSE letter places a further unreasonable burden as practices are threatened with breach notices;
- Flexible commissioning – a North East Local Area Team (LAT) is offering a top up of 1.8 UDA for every urgent COT completed on a unique patient not previously associated with the practice. NHSE SE has consistently refused to consider this possibility.

A fairly unhelpful response was received from NHSE SE that does not accept and chooses to ignore the concerns raised quoting the inflexibility of NHSE SE to vary national rules and regulations (despite other areas reportedly managing to do so). Dr Unter said that he would be happy to share a copy of the correspondence with members upon request.

(b) Report of Meetings – (not reported elsewhere) - Dr Unter reported that there was a very successful free LDC supported Peer Review webinar on the 14th of October discussing the Kent Dental Referral Pathways. It was chaired by Agi Tarnowski with very helpful input from several Kent based colleagues who co-presented. Dr Barham said that she had attended but did not receive her CPD certificate. Dr Unter recommended that Dr Barham email Dr Tarnowski.

(c) Notice of Annual General Meeting (AGM) & Draft Annual Report - Dr Unter advised that the next meeting would be the AGM. He also advised that at the next meeting he would present the draft annual report which he wanted to shorten from previous issues to ensure it was more easily read! Due to practitioner "churn" it was inevitable that some things have to be repeated every year which does add to the length of the report. He asked members that if there was anything they felt should be included, to let him know.

5. TREASURER

(a) Report – Dr Winstone advised that there had been no issues getting levy monies credited from the BSA / NHSE. He said that he hoped that everyone had been paid from the last meeting but if they had not to let him know. He asked members please to make sure that they wrote their names on their claim forms. He advised that you only need to put the number in the box and that the form would calculate sums due automatically.
(b) Statutory Level – It was **agreed** that we make the same payment of £15,000 to the British Dental Guild that we made in the previous year, £12,000 to the Dental Health Support and £2,000 to the BDA Benevolent Fund.

6. BDA - LDC OFFICIALS DAY – FRIDAY 26TH NOVEMBER 2021 ~ [Attached Report]

Dr Unter's report was attached. This virtual meeting was attended by Drs Hogan, Unter and Wood. Dr Wood felt that there were some interesting topics including carbon footprint, how to view cross infection and making patients comfortable. Dr Unter felt that some of the presentations, such as Jason Wong Deputy CDO (of England), was a little out of touch with the pressing matters affecting GDPs currently. Dr Hogan felt that the day was more useful than the annual conference. Dr Hogan commented that urgent care is more costly to provide than routine care. He asked John Milne about antibiotic audits which he will discuss later in the meeting. Dr Unter advised that slides for all the presentations are available for Officials Day on https://www.bda.org/officalsday.

7. NHS ENGLAND MATTERS

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

Unscheduled Care Recommissioning Steering Group ~ [Attached Report] – Dr Hogan mentioned that currently the allocation commissioners allow for patients to be seen is 4 an hour. This means that only 15 mins is allocated per patient. Ideally 20 or 30 minutes was required for a procedure to be carried out. Dr Hogan suggested involving the stakeholders to see what their expectations were. Dr Davies advised that they were not allowed to give their input, however; she did say that they had completed a piece of work on this. She said that currently they allow 25 minutes per patient with some catchup time to add an AAA, a Covid +ve patient or child if there is time. There is a triage algorithm used by the call operators. Dentists can then see patients face to face or via a telephone call. At DentaLine lines open at 6pm (with 25 lines) and the dentists start work at 7pm. Dr Hogan reiterated that urgent care costs more to provide (as noted in his report).

(ii) (a) Kent Local Dental Network (LDN) – Dr Unter gave a verbal report. He advised that the last LDN meeting was 12th October 2021 and the next meeting was the 23rd February 2022. A lot of the items discussed will be presented by colleagues who attend the various MCN meetings. He mentioned the following specific points:

- They were advised that the new ICS (Integrated Care Systems) are developing and that Sussex ICS will lead for dental in Sussex and Kent & Medway. Originally due to take over in April 2022 this has now been pushed back to June 2022
- Healthwatch continues to report lots of contact from patients seeking help finding an NHS dentist, particularly pregnant and nursing mums seeking care whilst exempt from charges. Dr Hogan advised that he had volunteered to help Healthwatch and was recently interviewed by them. The subject was access and urgent care for those patients who do not have a dentist. He said he felt ok regarding what he said and truthful about the facts behind the difficulty in providing dental care and patients with urgent needs. The BDA are keen for the right message to get out to the public. Dr Hogan said that he would keep members informed.
- All LDCs raised concerns over dentist and staff recruitment and retention and how this affected practices' ability to see patients and their NHS contract performance demands.

- There were concerns over needlestick provision/occupational health provision in KSS. Apparently, Heales now have no physical contact appointments and do everything by phone or video. Dr Unter advised that as he had still not received any specific complaints despite offering to do this on behalf of all the KSS LDCs - so he could not progress this further with NHSE/I SE.
- Flexible commissioning to increase funding for urgent access would increase take up – however this was not agreed by the NHSE SE commissioner present. It was stated by the LDC members that regretfully no practices really want to see high needs or urgent care patients because of the significant extra cost and real lack of funding for this.

Dr Hogan advised that he had put something together on AMR which would be presented at the next LDN applying for a funding application for audits. [See item 7(a)(ii)(e) report which also refers].

(ii) (b) Orthodontic MCN & Orthodontics ~ [Attached Report] – Dr Sheridan added that some referrers are asking for her to send out letters as well as using Rego and said that she would not be doing this. Dr Davies said that referrals sent to her required a letter but that a screenshot or a PDF of the original referral would suffice. Dr Winstone pointed out that a lot of referrals are triaged back due to the lack of information provided and that dentists were not checking the various boxes. **Action**: Dr Sheridan will draft something to put on the KLDC website under the ortho section. Dr Sheridan said that the OUA target for Q4 is 90%.

(c) Oral Health Improvement – Dr Wood reported that there had been a meeting earlier today. Dr Winstone will be writing to the commissioners with regard to Duraphat 5000ppm toothpaste, to allow GP's to be able to prescribe it to vulnerable groups such as head and neck cancer patients. There has been difficulty in accessing dental check-ups and there has been low uptake of training of carers in nursing homes owing to Covid. There has been a significant issue with patients with Covid symptoms cancelling at short notice. The priority has been keeping the essential services going. There has been extra funding made available for the dental provision for “looked after children” but there was little uptake of these extra sessions by GDP's (only one practice in Kent). Sessional payments were made for time allocated out of normal contractual working hours which may be part of the problem.

(d) Restorative – Dr Wood advised that there had not been a meeting since the last KLDC meeting and therefore there was nothing new to report.

(e) Routine Dental Care MCN ~ [Attached Report] – Dr Smith (who gave apologies for tonight’s KLDC meeting) reported on the HealthWatch video which Dr Hogan was involved in and the AMR funding application which was shared with Agi Tarnowski (RDC MCN Chair).

(f) Urgent Care; Oral Surgery & Special Care MCNs – Dr Unter reported that the last meeting was back in October and had nothing else to add which had not already been mentioned.

(g) KSS Antimicrobial Prescribing Network (KSSAPN) ~ [Attached Report] – Dr Hogan advised that he had not submitted a report this quarter**.** Last week there was an important meeting. **Action:-** Dr Hogan to share the contents with members via email upon request. Dr Winstone

had been in attendance. Before Christmas there was a CPD event at the Kent County Council Showground and the last speaker whose presentation was on infection control was Sandra Smith. She advised that appropriate use of antibiotics is written into 2008 Health & Social Care along with providers ensuring adequate training of their workforce in antimicrobial prescribing. Dr Hogan advised that antibiotic audits inclusion in the practice inspection checklist is under discussion. Dr Winstone added that there had been a recent complaint whereby a patient was given 50% of the recommended dose of Erythromycin which did nothing to alleviate the symptoms for the patient. He felt it was extremely important that dentists read the guidance. He said that there were a number of new items in the checklist to be aware of and it was important to exercise good practice. He also felt it would be good for Rego to have electronic prescribing The temporary arrangements for remote dental prescribing during Covid had worked well at some of the bigger pharmacies and corporates but not so well in others. As the spine was now on Rego, he felt that practices should be able to link to it. Dr Hogan reiterated that it was important to look after our antibiotics because they do save lives.

(iii) Dental Electronic Referral Service (DERS) – Dr Winstone reported that he has been involved with tightening up guidance for dentists and with situations where the patient does not fit the protocol making sure that everything is really clear for practitioners.

(iv) KSS Performance Advisory Group (PAG) – Dr Unter advised that there was a meeting tomorrow and that he had a lot of reading to do for it. There seemed to be some colleagues with performance issues who needed a little help and guidance – and possibly a firm push.

(v) KSS Performers List Decision Panel (PLDP) – Dr Hogan advised that for PLVE dentists applying to join the performers list there needs to be a supervision plan that properly caters for their level of experience.

(vi) KSS LDC Liaison Group ~ [Attached Report] – Dr Unter advised that there was a meeting yesterday and that he had submitted a lengthy report from the previous meeting on 12th October 2021. There seemed to be concern over the new Q4 requirements including year end and breach notices. There are concerns that young practitioners are not interested in working within NHS dentistry. Patients were not turning up for their appointments which resulted in a loss of UDAs. There also appeared to be a problem with availability of lateral flow tests and it was suggested that dentists should contact NHS England. Dr Hogan said that for contracts that had been handed back the UDAs were being re-allocated. It did seem however that UDA reallocations were not necessarily geographically well spread or where really needed – just practices with capacity to offer more NHS activity. Details were in the minutes (available on request). There was significant risk of dentists not reaching targets due to Omicron and 85% was a tough target. LDC members had reminded the NHSE/I SE commissioners that NHS dental contract withdrawal is the final outcome when practices feel they have no other choice.

(viii) SE Coast (Channel Group) – Dr Unter advised that the last meeting was the 16th November. There was nothing specific to report tonight. A further meeting is planned for 2nd Feb 2022.

1. b) DentaLine ~ [Attached Report] – Dr Davies reported that she needed more dentists especially in Canterbury and added that if anyone enquired about working at DentaLine to get in contact with her. Dr Power advised that there was an East Kent "WhatsApp" group in the Canterbury area which was a very good forum (several members are part of this group). Drs Unter/Hogan had attended the East Kent BDA Christmas meal and had been made very welcome. Dr Hogan felt that it was great to see dentists supporting each other so well.

1. c) Dental Practice advisors – Reports –

- Dr Hamill said that she had been busy with lots of complaints;
- Dr Shivji said that he had dealt with lots of complaints especially with relocation and Rego are now triaging Endo in the IoW / Hampshire.
- Dr Winstone said that he had also been dealing with lots of complaints and Rego referrals across the patch. He has also been dealing with the new entrance dentists and meeting and assisting them along the way.

8. PASS – (Kent) Practitioner Advice & Support Scheme

Dr Hogan advised that there was one case ongoing in Kent. He said that basically Kent's Pass scheme was light touch and as such there was no cost to the dentist only the LDC. However, if more than 3 sessions were needed the practitioner would be required to fund it themselves. Many day-to-day concerns are managed conservatively by the Secretary and Chair otherwise.

9. HOSPITAL REPRESENTATIVE REPORT

Dr Elder said that there was a delay with the number of patients being seen under GA. Maxillofacial patients have been affected by staff shortages and bed pressures. The William Harvey Hospital has been chosen for a Nightingale Hospital the size of a football pitch located in the patient car park. 200 car parking spaces have been lost to staff and some staff have been asked to work from home. The patients are using the staff car parking at no cost to themselves.

10. SALARIED DENTAL SERVICES

(a) East Kent ~ [Attached Report] – Dr Willis Lake explained that her staff were exhausted as a result of all the extra sessions they were doing for the vaccination programme. They have one GA session at the William Harvey Hospital at the moment which allows them to see 2 adult patients. She said that she had concerns over some of the dentists coming through who do not know how to take a tooth out which is crucial in GA teaching. They have a number of staff who have refused to have the Covid vaccine and there is concern over re-deployment in April which will have an impact on the service.

She mentioned that Paul Bentley was leaving them as the Chief Executive on Friday and that he had been appointed as the Chief Executive of the Kent Integrated Care Board(ICB). She felt that this would be a positive step because he had worked very closely with them and had a very good understanding of dentistry.

(b) West Kent ~ {Attached Report} - Dr Davies reported that currently there were no adult GA lists due to Covid but that Dr Willis-Lake had thankfully come to her rescue with regards to paediatric care and that hopefully this would be for a much shorter period than previously.

11. GENERAL DENTAL PRACTICE COMMITTEE : Report of Kent Representative (s)

https://kldc.org.uk/gdpc-reports (see website)

Dr Hartle reported that all of her reports were on the website. She said that there was a meeting at the end of the month and that they now have Dr Wood on board as the East Kent GDPC representative. She was going to have a meeting with MPs Greg Clark and Rosie Duffield on Friday. She would report back. Dr Hogan thanked Dr Hartle for all that she does to support colleagues.

12. LMC REPORT

(a) LMC Report - Dr Winstone reported that he had a meeting on the 11th November and that there was a lot of conversation around winter payments. There was a lot of unhappiness over the NHS ballot and very little on Covid. There was also discussion over the immunisation, equality, diversity and inclusion.

(b) LMC/LDC/LPC - Officials Meeting ~ [Attached Report] – Dr Unter advised that they had asked the LPC to update them on the current prescribing regulations for Diazepam and Temazepam both on the NHS and private scripts as there seems to be some lack of clarity regarding the latter in particular.

13. KLDC WEBSITE [https://kldc.org.uk]

Dr Unter asked that if anyone spotted anything out of date to let him know. He advised that they are awaiting the Endodontic and Perio guidelines being drafted by NHSE/I SE. He noted that via the website they often receive queries with patients seeking treatment. He even had one patient who wanted to register with him recently.

14. EDUCATION AND TRAINING ~ [Attached Report]

Dr Shivji reported that there was a reduction in experience, due to COVID, in the undergraduate schools. This means greater emphasis on the role of Foundation Education Supervisors but HEE had anticipated this and put support and education mechanisms in place to help mitigate this.

15. DATE OF NEXT MEETING

The next meeting is Wednesday, 6th April 2022 at the Bridgewood Manor Hotel, Walderslade Woods Road, ME5 9AX and virtually via “zoom”. Dr Hogan asked members to think about whether or not they wanted to stand for any KLDC positions and if so to have an election address ready in case there needed to be a vote.

16. ANY OTHR BUSINESS

Possible Co-options – Dr Hogan asked Dr Power how he found the meeting. Dr Power said that he found it very interesting with lots of discussion around Primary Care beyond what he was aware of and thanked Dr Hogan for letting him attend. Dr Hogan asked whether or not he would like to be co-opted onto the committee and be willing at KLDC meetings to give input into hospital / specialist orthodontic provision across Kent (in addition to the information kindly given by Drs Elder and Sheridan). Dr Power was happy to be co-opted.

FUTURE MEETING DATES:

- Wednesday, 6th July 2022 and
- Wednesday, 5th October 2022

The meeting closed at 8.30 pm.

Minutes Jan 2022 Final JMU ~ JPN