MINUTES OF THE EIGHTY-THIRD MEETING OF THE KENT LOCAL DENTAL COMMITTEE HELD ON WEDNESDAY 4th OCTOBER AT 6.00 PM AT THE BRIDGEWOOD MANOR HOTEL, WALDERSLADE WOODS ROAD, ME5 9AX AND VIRTUALLY ON "ZOOM"

Present: Banvir (v), Batistoni (Secretary), Bhatti, Davies, Elder (v), Hamill (v), Hogan, Kolozvari, Lone (v, Moryazvi, Myint (v), Nugent, N Patel, U Patel, V Patel (v), Ramamoorthy(v) Shivji, Smith (v) Unter, Winstone (Treasurer) Willis-Lake and Wood (Chair)

1. WELCOME AND APOLOGIES
   Dr Wood welcomed members to the October meeting. Apologies were received from Drs Hartle, O'Sullivan, Mauthe, Power and M Patel.

2. LAST MEETING, WEDNESDAY, 5TH JULY – AT THE BRIDGEWOOD HOTEL AND VIA "ZOOM"
   (a) Confirmation of Minutes {Attached}– **Action:** The minutes were approved and uploaded onto the KLDC website as usual.
   (b) Matters Arising –
   - Pg 1 (4) – West Sussex LDC had been in touch looking for interest in a joint core CPD event and Kent members had expressed interest in this being held virtually. West Sussex have now arranged this event for Monday, 13th November at the Princess Royal Hospital in Haywards Heath. It will be bookable on Accent and open to all, but will have a slight Sussex focus due to presence Sussex ICB lead for dentistry.
   - Pg 3 (8) - Patient Safety Information – this will be posted in the next few days.
   - Pg 4 (11) Ongoing discussion about issues with General Anaesthesia discussed under item 6.

3. ANY OTHER BUSINESS
   (a) NHS Pensions and Workforce Monitoring Forms – Dr Hartle had requested in advance that a discussion on this be added to the agenda
   (b) BDA Dinner with Mike Watts on 30th November with John Milne as guest speaker if anyone is interested.

4. SECRETARY :
   (a) Correspondence – (not reported elsewhere) - Dr Batistoni advised that she was approached by a journalist from the Times and Tunbridge Wells writing an article about local NHS dental access issues and she agreed to speak with them. The article has not yet been published and the journalist has been in touch to advise they are now considering a series of articles due to the amount of information they have collated from various sources. **Action:** Dr Batistoni to circulate the articles when printed.
   (b) Report of Meetings (not reported elsewhere) – these will be discussed as they appear on the agenda.

5. Treasurer :
   (a) Report – Dr Winstone added that the payments from the LDC has been circulated to members. Dr Batistoni now has the debit card for the KLDC account and Dr Unter has now cancelled his mandate to access the account. He advised that the LDC insurance policy is due for renewal at the end of October. Dr Hogan asked a question about who was covered by the insurance and Dr Winstone said that he would look at the documents and this would be discussed further at the end of the meeting. At the end of the meeting Dr Winstone updated on the policy wording. There was still some confusion about who is defined as an "officer" and therefore covered by the policy and whether the current policy is adequate for our needs. **Action:** Dr Winstone said that he would forward the insurance document to all the officers and Dr Hogan for their perusal and further discussion before he pays the premium.
   (b) Statutory Levy – Dr Winstone advised that payments from the statutory levy are being received every month from NHS BSA as requested. The income for the Kent LDC comes from the

statutory levy. Dr Winstone reiterated that it was important for members to make sure that they completed their expense forms correctly with their names and number of meetings.

6. KENT & MEDWAY INTEGRATED CARE BOARD ICB ~ {Attached Report}
Drs Wood and Batistoni have continued to correspond regularly with the dental lead at the ICB and Dr Batistoni recently attended a face-to-face meeting which covered various issues. In particular, the results of the workforce survey (previously shared on the KLDC website and by email to members and contract holders) were discussed. The dental workforce survey received more responses (79) than similar surveys for doctors, pharmacists and optometrists and the ICB were grateful for our help in promoting it and felt the response rate showed the strength of feeling of NHS dentists about our services.
Unfortunately, there is currently no timeline for flexible commissioning to be rolled out in Kent and Medway. His is partly down to funding but also due to erroneous activity (UDA) projections that have not yet been corrected resulting in the county appearing to be well off the pace in terms of post-Covid recovery. Until this is corrected, it is unlikely new projects will be approved. Dr Shivji mentioned that no additional funding is required if providers are able to flex 10% of their existing contract – this will be raised again at the next ICB meeting in October.
GA issues were also discussed again, and Dr Batistoni has previously updated both Drs Willis-Lake and Davies. The plan was for the ICB to arrange a face-to-face meeting with major stakeholders to move the issue forwards, but Drs Willis-Lake/Davies have yet to hear about this being convened.
Dr Willis-Lake updated the committee on the issues with incorrect coding of dental procedures due to the lack of a Consultant Paediatric dentist in the county. This means that paediatric patients on the waiting list are effectively hidden and there is no incentive for the NHS locally to prioritise resolving the issue. Recruitment remains an issue and if posts are advertised and not filled within 6 months then those posts are taken down and lost. There is also a shortage of paediatric nurses which will need to be resolved even if theatre space is identified. Dr Willis-Lake feels a collaborative Kent and Medway approach is necessary to prioritise cases by genuine need and prevent an East/West divide in access. The waiting list for paediatric GA currently stands at over 800 patients with no movement. Drs Willis-Lake/Davies were very keen to set up a meeting with the Public Health Consultant. Dr Shivji suggested they get in touch with the Health and Equality Team as there is a 200 million fund which might be appropriate.
Action: Dr Batistoni said that she would follow this up. There is also a meeting on the 15th November so if nothing has transpired before this can be discussed face to face.

Mike Gilbert (Executive Director of corporate Governance K&M ICB) arranged a meeting with Dr Wood with a view to discussing the involvement of Kent LDC at various levels within the local NHS structure. Her report gives a summary of the meeting and how the ICB forms within the framework of ICB. He advised that there may be opportunities for the Kent LDC to get involved in meeting at a Kent & Medway Integrated Care Partnership level and also on a local level. At this stage she felt that the LDC should take every opportunity to have input into this new commission process and accepted on behalf of the LDC.

7. NHS ENGLAND MATTERS
(a) NHS England SE & (NHSE) ~{Attached Report} – Dr Wood reported that she attended a meeting with Drs Shivji/Winstone. The meeting was to progress the format of the Tier 2 Restorative Services within the South East. The plan is to extend the current contracts in principle to 2025 in Kent. There was a lot of discussion with regard to the UDA rate with the range varying from £68-£180 per UDA. Dr Wood had pointed out that due to the high cost of materials etc they needed to be looking at a rate closer to the higher rate in order to make any provider consider tendering for a contract. Dr Shivji agreed that the general conscious was that the higher figure was more appropriate. It seems that there is still a lot of work to do.
(i) Unscheduled Care Recommissioning Steering Group ~ {Attached Report} – Dr Hogan reported that the current out of hours urgent care services are due to expire in March 2024. He

said that this is likely to affect Dr Davies (Dentaline). There have been a number of single tender waivers for the provision of services including Paeds and special care as well as UDC and it is very likely that this will be approved. It is thought that this will commence in March 2026.
Dr Hogan's report has been shared with all 7 LDCs in the South of Engand and he received a response from Sarah Buckingham who is involved in a similar role in Oxford and who would like a robust provision of services. She requested a meeting with him to see what she likes and dislikes. Further meetings are to be monthly and several of those in attendance valued his presence as the only clinician representing general practitioners and hoped that this would continue.

(ii) (a) Kent Local Dental Network (LDN) ~ {Attached Report} – Dr Unter attended a meeting in July on Dr Batistoni's behalf. The next meeting is in a couple of weeks.

(ii) (b) Orthodontic MCN and Orthodontics – There is still no representative and Dr Wood asked if anyone was interested in this position to please let her know.

(ii) (c) Oral Health Improvement MCN ~ {Attached Report} – Dr Batistoni mentioned that there has been reports in Medway of parents not being able to access appointments for young children and being told that they cannot be seen until the age of 3. There is no specific data supporting this and the KLDC were asked if they could provide any assistance on this issue. Dr Batistoni has contacted Mark Ridgeway to see if he can provide data to show if this is really the case but has not received a response yet.
A discussion took place regarding Dentaid, which is currently providing services primarily for refugees across the county. In the Brighton and Hove area there has been reports of an excellent multi-agency approach achieved with Dentaid. Drs Wood/Batistoni asked members if they thought we should try a similar approach in Kent. After a lot of discussion, it was **agreed** that the financial levy was poor value for money and that if work was carried out in dental practices they would get much better value for money. It was therefore, decided that Dentaid would be better left to their own devices.

(ii) (d) Restorative MCN – there was no meeting since the last KLDC meeting and therefore there was nothing to report.

(ii) (e) Routine Dental Care MCN ~ {Attached Report} – Dr Smith attended a meeting on the 6/9/2023 via "zoom". She discussed a Pulpotomy study. **Action**: Dr Smith to send out pulpotomy study details for Dr Batistoni to circulate to members after the meeting. [following the meeting this report was circulated to members].

(ii) (f) Urgent Care; Oral Surgery & Special Care MCNs – Urgent Care was covered in the LDN report and unfortunately Dr M Patel was unable to attend and therefore there was nothing to report on Oral Surgery.

(ii) (g) KSS Antimicrobial Prescribing Network (KSSAPN) ~ {Attached Report} – Dr Hogan advised that there was an increasing amount of C Diff infections in Kent, most of which are from secondary care and doctors but there are some from dentists. He was concerned that there is no facility to investigate further in dentistry whereas in medicine cases can be investigated and forms completed. There were 84 cases this year, 4 of which were by dentists. Some of these cases were as a direct result of the use of antibiotics not supported by the guidelines. There is a new forum meeting today. Dr Hogan said that some of these cases were patient safety issues, and it would require funding to investigate and look at the presenting characteristics. There are robust processes in place in medicine but nothing in dentistry and that C Diff is extremely serious and can result in mortality. It is possible that in future there will be significant incident reporting requirements for C diff infections that arise from dental prescriptions and dentists must be mindful of consent issues when writing prescriptions.

Action: Dr Winstone will email Dr Hogan the name of a contact in the Quality Department who will be able to help him to look into this. **Action:** It was suggested and Dr Bhatti **agreed** that this be a topic for discussion at the Kent Dental Study Group. Dr Shivji reiterated how this was exactly why it was important to use electronic prescribing.

(iii) Dental Electronic Referral Service (DERS) – Dr Winstone advised that he did not know of any recent changes to DERS which would affect dentistry and asked that people remember to complete the fields for medication. It was pointed out that some medications were not on the form and Dr Winstone suggested writing it at the bottom but getting in touch with Alison Cross and copying him into any emails. Dr Shivji added that Rego was up for procurement and that this was the opportunity to make any changes.

(iv) KSS Performance Advisory Group (PAG) – Dr Batistoni reported that there had been one meeting since the last KLDC meeting. All cases discussed were confidential. She said that there seemed to be some problem around poor record keeping and patient consent and that people seemed to struggle with what reflection meant. There have been a few dentists contacting the LDC for advice regarding reflective practice. Dr Unter advised that the number of cases for PAG was reducing.

(v) KSS Performers List Decision Panel (PLDP) - Dr Winstone spoke to Clare the Head of NHS England. PLDP is still in existence but is waiting on new framework guidance There has been a decrease in the number of cases. It is undecided whether there will still be a role for the LDC but for the time being this item will remain on the agenda.

(vi) LDC Liaison Group ~ {Attached Report} – Dr Batistoni advised that this report had been re-circulated due to the fact that some of the data had been cut off.

(vii) SE Coast LDCs (Channel Group) – Dr Batistoni reported that there had been a meeting last week. There were plans in Sussex for some Schwarz's rounds. This is a safe space for volunteers to reflect on things and facilitators conduct the sessions. They have been previously used in hospitals/secondary care to good effect, however it is not clear how it would translate to primary care. It would involve bringing groups of unrelated practices together in a central location with associated time and resource costs. Lots of discussion took place with the main concerns being practicality and also ensuring confidentiality/willingness to be open and share with other practices. Dr Shivji suggested speaking to Dr Mauthe who has previously participated in these. Dr Davies said that she had also been to some of these sessions. She felt it was more useful in your own practice for reflection. The general consensus was that these sessions were likely to be expensive and there was some doubt as to how practical they would be in Kent.

(b) DentaLine - ~ {Attached Report} – There was nothing to add to the report. Dr Davies asked if anyone wanted to work in the Canterbury area to let her know.

(c) Dental Practice Advisors – Reports:
Dr Hamill said that she had been involved in the usual complaints and was sitting on a PAG the following week. She had also been involved in record card reviews and one practice visit.
Dr Shivji advised that he had been involved in endodontic triaging, practice plans and international graduates on the performers list. He said that he had to do a visit after 3 months.
Dr Winstone had been involved in the following: - Complaints lead - liaising with the complaints departments and overseeing training for new DCAs; Dentists entering the performer list – increased numbers due to dealing with what was PLDP. Meetings prior to their entry, support if in supported practice, review of portfolios (CPD, audit etc) to evidence completion; Meetings - DCOG LDN and MCNs; Recently meetings re amendments to the performers list e.g. Annual declaration by performers via PCSE; Endodontic referrals for Kent, Surrey and East Sussex; Queries by dentists re referral routing etc; Patient group directives

for therapists to give LA; weekly case assessments – review of complaints with adverse outcomes; Review of practice plans for relocations, new practices (as a result of procurement); Orthodontic appeals – where straightforward e.g. approval of second courses where clinical diagnosis is challenged, an orthodontic specialist is consulted.

8. PASS – PRACTITIONER ADVICE & SUPPORT SCHEME
   It was reported that there had not been any cases.

9. HOSPITAL REPRESENTATIVE REPORT
   Dr Elder advised that there was nothing particular to report but said that if anyone had any questions, please let him know.

10. SALARIED DENTAL SERVICES
    (a) East Kent ~ {Attached Report} – Dr Davies did not have anything to add to her report.
    (b) West Kent ~ {Attached Report} – Dr Willis-lake added that they are looking at an Assistant Clinical Director Paediatric post which will be 3 days clinical and 2 days admin and asked that if anyone was interested to let her know. She said that all HEE trainees were in place, but she had no expectations. She is involved in helping therapists to develop into the full scope of the practice which will include home visits and has a pharmacist working with her.

11. GENERAL DENTAL PRACTICE COMMITTEE: REPORT OF KENT REPRESENTATIVE(S)
    https://kldc.org.uk/gdpc-reports {see website}
    Dr Hartle was not present, but Dr Wood advised that there had not been a meeting since the last KLDC meeting but that there was a meeting on Friday.

12. LMC REPORT
    (a) LMC REPORT ~ {Attached Report1} {Attached Report2}– Dr Hogan mentioned that a survey was carried out on GP practices by the LMC secretariat with over 300 replies. The overall majority of practices would prefer to stay working as part of the NHS.
    (b) LMC/LDC/LPC Officials Meeting – There was nothing to report as there had not been a meeting since July. The next meeting was in November.

13. KLDC WEBSITE
    It was mentioned -as a result of earlier discussion around antibiotic prescribing - that some of the prescribing guidance on the website was out of date. **Action:** Dr Batistoni asked Dr Hogan if he could kindly look at this. "Learning Line" Information related to medicines management will be uploaded this week. **Action:** Drs Hogan/Batistoni/Unter to update prescribing information in line with new guidance.

14. EDUCATION & TRAINING
    (a) Dental Foundation Training ~ {Attached Report} – there was nothing to add as Dr Mauthe was not present.
    (b) Kent Dental Mentorship & Study Group – Dr Bhatti advised that they had manged to secure funding for the study group for a further year. He said that approximately 45 dentists turn up routinely, but they need younger dentists who will benefit from a network of experienced dentists. There are some good lectures coming up in November and special care training in January. It is going well, and he asked members to please share. Free sandwiches are included, and dentists can take away a lot from the meetings.

    Dr Shivji mentioned that they have a lot of graduates leaving and this has been discussed at the AGM. **Action:** It was suggested that this be an action point for the January Meeting.

15. ANY OTHER BUSINESS
    Dr Hartle was unable to join the meeting but Dr Winstone discussed the following on her behalf.

(a) NHS Pensions and Workforce Monitoring Forms – Dr Winstone advised that the NHS Superannuation is going to be late because there has been a role back exercise. There is an online form. Providers will be asked to complete this form which is very complicated, and it was felt that some of the information was inappropriate as it was very personal. It was unclear what the LDC could do to support members with this at present, however, but Dr Batistoni will discuss again with Dr Hartle

(b) BDA Dinner with Mike Watts on 30th November with John Milne as guest speaker if anyone is interested in attending.

16. DATE OF NEXT MEETING: Wednesday, 10th January 2024
Bridgewood Manor Hotel, Walderslade Woods Road, ME5 9AX

FUTURE DATES: Wednesday, 17th April 2024
Wednesday, 10th July 2024
Wednesday, 9th October 2024

The meeting closed at 8.00 pm.

- See reports attached to email containing this agenda