MINUTES OF THE EIGHTY-SIXTH MEETING OF THE KENT LOCAL DENTAL COMMITTEE HELD ON WEDNESDAY, 10TH JULY 2024 AT 6.00 PM AT THE BRIDGEWOOD MANOR HOTEL, WALDERSLADE WOODS ROAD, ME5 9AX AND VIRTUALLY ON "ZOOM"

Present: Banvir, Batistoni (Secretary), P Chopra (v), Hamill, Hartle, Hogan, Kolozvari (v), Myint (v), Mauthe, Nugent, M Patel (v), N Patel, U Patel, V Patel, Power (v), Shivji, Smith, Unter (v), Willis-Lake (v), and Wood (Chair).

1. WELCOME AND APOLOGIES FOR ABSENCE
Dr Wood welcomed members to the 86th KLDC meeting. Apologies were received from Drs Bhatti, R Chopra, Davies, Lone, Mortazvi (late) O'Sullivan and Winstone.

2. LAST MEETING, WEDNESDAY, 17TH APRIL 2024 (AGM) – At the Bridgewood Hotel and via "zoom".
(a) Confirmation of Minutes – The following amendments were made to the appointments from the April Minutes. (The minutes were approved and will be uploaded onto the KLDC website as usual).
Item 3 : Dr Nugent was **proposed** by Dr Shivji and **seconded** by Dr Hogan
Item 4: Dr Hartle was **proposed** by Dr Shivji and **seconded** by Dr Hogan.
Dr Batistoni was **proposed** by Dr Unter and **seconded** by Dr Wood.

(b) Matters Arising
- Pg 3(9) Audit – Dr Ken Hymas has scrutinised the books and the results have been circulated to the committee. Following the last meeting Dr Batistoni has sent out the new claim forms.
- Pg 3(11) Dr Hogan did produce the information on C-Diff and this has been uploaded onto the KLDC website.

3. NOTICE OF ANY OTHER BUSINESS
There was no other business raised.

4. SECRETARY
(a) Correspondence (not reported elsewhere) – Dr Batistoni advised that the main correspondence she had received was around membership from observers wishing to become involved in the KLDC. When she contacted them they did not reply except for Prem Kumar who had wanted to attend the meeting tonight but unfortunately he had to take his son to Accident and Emergency.
(b) Francisca Arinze was a former member of the KLDC but she had not attended three consecutive meetings and therefore in line with the Constitution Dr Batistoni contacted her. She advised that she no longer wished to be a member so subsequently there is now a vacancy in West Kent.
(c) Dr Davies had been approached about involvement updating the careers information on the Kent and Medway Health and Care Academy website, which may help with recruitment in the longer term. She had suggested that the LDC might want to be involved in this work as Dr Davies is best placed to advise on community roles rather than general practice. Dr Shivji said that he could offer some information for this **Action**: Dr Batistoni to follow up with the contact provided by Dr Davies.
(d) Report of Meetings- (not reported elsewhere) – Dr Hamill advised that she had hosted Roger Gale at her practice. He had retained his seat following the General Election. Although it was not hugely productive since the conservatives are no longer in power, he was a lovely gentleman who was very engaged and interested in local dentistry. She has reported back to Eddie Crouch and will keep members posted.

5. TREASURER {Attached Report}
Dr Winstone was unable to attend the meeting but met with Drs Wood/Batistoni yesterday. Dr Batistoni reported that the scrutiny of the accounts was now complete. The money was being received and everything was up to date. He had requested that members please send their claims forms into him in a timely manner so that he can pay them.

6. REPORT OF THE LDC CONFERENCE {Attached Report 1} – {Attached Report 2} - Dr Batistoni reported that due to the election the new government effectively brought potential change and it would be interesting to see what happens next in dentistry. Kent did submit a motion at the last minute to call on negotiators to raise the issue of a lack of digital integration with NHS Dentistry and the ongoing need for GDPs to have some form of access to patient's summary care records, links with the NHS electronic systems and access to electronic prescribing. Such measures will not only make life easier for dentists in practice but also improve patient safety since it will ensure accurate patient medical histories are recorded and has the potential to provide red flags when prescribing. The motion was passed almost unanimously. There was also a motion presented by another LDC regarding GA access which highlighted that Kent and Medway are not the only areas struggling with this issue. Dr Shivji offered full credit to Agi and her team for the high organisation.

7. KENT AND MEDWAY INTEGRATED CARE BOARD (ICB)
Dr Batistoni reported that they had built a good relationship with the ICB and that they had recently chosen to send her to a Dental Leadership Conference in London because they do not have a clinical leader. This conference was interesting as it highlighted how different areas are approaching challenges in different ways. Kent and Medway are doing well in recognising the positive input the LDC can have and the importance of listening to feedback from clinical dentists. A plan for a clinical leadership position within the ICB has been included in the new Primary Care Strategy and we are waiting for updates on this.
Dr Batistoni also reported that Kent and Medway were successful in their bid for the Cardiovascular Case Finding pilot funding. The ICB are currently receiving applications and are open to expanding the pilot further buy topping up the funding.
They are also continuing to work on improving communications with dentists and dental care professionals across Kent and looking at setting up a newsletter similar to that sent to GPs.
THE ICB have also been seeking the KLDC input in their workforce programme. Drs Batistoni and Mauthe (in his capacity as Associate Dean) have been asked to provide a presentation on dentistry at the next Workforce Implementation Group, to help them better understand the issues facing the dental workforce, including recruitment and retention, across the county and highlight potential solutions. Dr Batistoni invited suggestion for anything important members felt should be included. Dr Shivji said that it was important to focus on the short term with people still at secondary school. It is evident that that they are not recruiting the right people. People feel they are either not the right people or they are not suitable and we need to bring these groups in for the long term. He added that integrated care is where they are heading and more events will take place and that we need to obtain a seat at the NHS table.

8. NHS ENGLAND MATTERS
(a) NHS England SE & (NHSE) – there was nothing to report.
(i) Unscheduled Care Recommissioning Steering Group – Dr Hogan reported that remote prescribing is no longer done at Dentaline.
(ii)(a) Kent Local Dental Network (LDN) {Attached Report} - Dr Batistoni added that a Regional Chief Dental Officer has now been appointed but it is still going through the recruitment process. This role will bring a lot of operational support with a salaried position. Until this is rolled out it will not be clear how it will fit with the LDN. The issue of prescribing, antimicrobial resistance and C Difficile was raised but there did not seem to be a lot of answers, despite it being a priority. Dr Hogan said that if dentists agreed to be on a mailing list with the ICB this could open a lot of doors and allow dentists to receive appropriate support.
(ii)(b) Orthodontic MCN and Orthodontics – Currently there is no representative and therefore there was nothing to report.
(ii)(c) Oral Health Improvement – there was nothing to report.
(ii)(d) Restorative MCN – Dr Wood advised that one was scheduled for October.
(ii)(e) Routine Dental care MCN [Attached report} – Dr Smith did not have anything to add to her report.
(ii)(f) Urgent Care; ORAL Surgery & Special Care MCNs – Dr M Patel advised that the last meeting had been rescheduled for next week.

(ii)(g) KSS Antimicrobial Prescribing Network (KSSAPN) Attached reports – {Report1} – {Report2} – {Report3} – {Report4} – Dr Hogan reported that Dr Hartle had kindly sent him papers from the May BDJ regarding re-evaluation of antibiotic use. The patient has the right to say yes or no to having antibiotics but in order for them to make the decision they need to have all the necessary knowledge. He advised that the papers are really good and that there was a death case following dental work. He suggested that members look at the information. Dr Hogan suggested that if the committee would like he would distil the information into a friendly document to help patients decide if they would like antibiotics before the NICE guidelines change. This document would need to show the risks and benefits of having antibiotics and therefore help them to make a decision. It was suggested that this document be more like a flow chart. As many members had not had a chance to read the paper, it was not clear to everyone what was being proposed. It was agreed therefore that the papers should be circulated and brought back to the next meeting for discussion. **Action**:Dr Batistoni to circulate to relevant BDJ paper and add back to the agenda for the next meeting. **Action**: Dr Hogan would be happy to produce a document and to bring it back to the committee for approval. **Action:** Dr Hogan also said that as AMR is very important the committee might want to consider making sure that there is an official post for this position in the future as he will not always be around.

(iii) Dental Electronic Referral Service (DERS) – Drs Wood/Batistoni met with Dr Winstone yesterday and he advised that there was very little to report.

(iv) KSS Performance Advisory group (PAG) – Dr Batistoni advised that there continues to be some confusion about who is attending meetings as an observer and that there have been no dental cases for consideration at several meetings, so she has not attended since last year. As a new framework is now coming in to place, things may change again.

(v) LDC Liaison Group– Dr Batistoni attended a special meeting last week where the ICBs sought feedback on a plan to offer financial support to primary care practitioners who are struggling. This is a joint scheme across the whole region, but can be implemented differently by each ICB. Dr Batistoni had since collaborated on a joint response with Surrey and Sussex ICBs about their concerns that the offer will be too little too late, and too difficult for those already struggling to actually access and include divulging large amounts of personal financial information. This feedback has just been submitted to the ICBs. It is still unclear if it is allowed to share the details of the proposed plan outside of the meetings, but this will be shared when we get confirmation.

(vi) – SE Coast LDCs (Channel Group) - Drs Wood/Batistoni attended the last meeting. The discussion at the last meeting centred around ways to ensure clawback money remains in dentistry and sharing views on how different ICBs handle this. A big issue is that clawback totals are not known until the end of the calendar year and then need to be spent by April, so other areas are pushing to have plans in place so the money can be used in this tight window.

(b) DentalLine {Attached Report} - Dr Davies' report was attached. She was unable to attend the meeting and therefore there was nothing further to add.

(c) Dental Practice Advisors – Dr Shivji advised that Dr Winstone and himself had been handling lots of complaints and that they have had to employ staff to reduce the backlog. He has also been involved in triaging endodontics and some big fraud cases. The majority of his time has been taken up with dental graduates as there has been a huge number coming through, some of which are of very high quality. He added that he had met with the new secretary of state and this proved to be very promising and optimistic with lots of intent.

9. PASS
   There were no PASS cases and therefore nothing to report.

10. HOSPITAL REPRESENTATIVE REPORT
    Prior to the meeting Dr Power had messaged Dr Elder who had said that there was not much to report. There have been some issues with trainees and they are working through this. There has also been some issues with recruitment and NHS England are aware of this.

11. SALARIED DENTAL SERVICES
    (a) East Kent – Dr Willis-Lake reported that there was a new Paediatric SPR in Kent and they would be based two days with herself, two days with Dr Davies and one day as organisational. They

would be based in Kent in the community not in London. She has 3 adhoc sessions for GA and now in East Kent there are 224 children on the list with the longest wait time as 105 weeks and there are no other lists. She has managed to secure 4 days in London which allows 7 children a day to go through. Where harm is deemed to be being caused to patients on the list for over 40 weeks they try to send them to Accident and Emergency and some are seen this way but they are not making much of a dent. She said that she would be happy to do Saturdays but they cannot get the anaesthetists or the nurses to cover extra sessions and it is not because of the money.

(b) West Kent – {Attached Report} – Dr Davies was not present and there was nothing further to add to her report.

12. GENERAL DENTAL PRACTICE COMMITTEE: REPORT OF KENT REPRESENTATIVE(S)
https://kldc.org.uk/gdpc-reports *(see website)*
Dr Hartle has kindly uploaded her report onto the KLDC website. The GDPC have decided to reduce The number of people on the committee going forward. This will affect Kent who will now only be allowed 1 representative. Drs Hartle and Wood have expressed their concerns about this reduction.

13. LMC REPORT

(a) LMC Report {Attached Report 1} - { Attached Report 2} – Dr Hogan submitted two reports on two meetings. He advised that newly qualified doctors were having difficulty finding a job but patients still cannot get to see a GP. The reasoning behind this is because a lot of newly qualified doctors only want to do locum work and/or part time. Practices do not have the money for this because they are in financial crisis.

(b) LMC/LDC/LPC Officials Meeting - Dr Batistoni had a meeting but unfortunately the pharmacists were unable to attend. Better communication is required between GPS and other health care professionals including dentists and optometrists. **Action:** There is a way of looking up GP addresses via NHS email and Dr Batistoni is going to clarify whether this would be appropriate to share widely with dentists and if so it would be useful to share on the KLDC website.

14. KLDC WEBSITE [https://kldc.org.uk]
Dr Batistoni reported that Dr Unter had kindly sent an update about website usage. She said that she had received a lot of requests for patients notes and been sent sensitive information which should have been sent to Dentaline and which she has returned. They need to look at the website to see why they are receiving these requests and also speak with Dentaline to see what can be done to make sure that these requests go to them in the future. C-diff is not getting much attention. **Action**: Dr Batistoni will block out some time to look at the comms.

15. EDUCATION AND TRAINING

(a) WT&E HEE LKSS Report – Foundation dentists were invited to tonight's LDC meeting but none accepted the invitation. FRCP for current FDs this month and it is hoped all Kent FDs will be successful. 20 new FDs will be starting in Kent this September. 2 will work between the practice and William Harvey hospital. WT&E have been running careers sessions aimed at widening participation in dentistry. The latest one was in Canterbury on 8th July. These hands-on session are not just for prospective dentists but are aimed at recruitment for the entire dental team (nurse, technicians and therapists). Attendees have been from schools other than grammar schools. Separation of WT&E Kent, Surrey and Sussex from WT&E London is still an ongoing project. Education activities can be accessed via Accent https://accent.hicom.co.uk/CourseManager/Live/London/Web.

(b) Kent Dental Mentorship & Study Group – Dr Bhatti was not present but it was reported that the last meeting was in May with 56 attendees. The trauma lecture was very good. They are looking at organising next year's meetings but have not confirmed exactly what they are doing yet. They are going to look at doing a prescribing topic. Once the agenda has been finalised they will send it out. Overall it was decided that this group was very good and well attended.

16. ANY OTHER BUSINESS

There was no other business.

17. DATE OF NEXT MEETING

The next meeting will be held on Wednesday, 9th October 2024 at the Bridgewood manor Hotel, Walderslade Woods Road, ME5 9AX.

FUTURE MEETINGS: Wednesday, 8th January 2025
Wednesday, 2nd April 2025

The meeting closed at 7.40 pm