MINUTES OF THE EIGHTY-NINTH MEETING OF THE KENT LOCAL DENTAL COMMITTEE HELD ON WEDNESDAY, 2ND APRIL 2025 AT 6.00 PM AT THE BRIDGEWOOD MANOR HOTEL, WALDERSLADE WOODS ROAD, ME5 9AX AND VIRTUALLY ON "ZOOM"

Present: Drs Batistoni (Secretary), P Chopra(v), Davies (v), Dudila, (v) Hartle, Hewitt, Gouk, Moonis, Myint (v), Nugent, O'Sullivan, J Patel, M Patel, U Patel (v), V Patel, (v), Power (v), Ramamoorthy, Smith (v), Willis-Lake (v), Winstone (Treasurer) and Wood (Chair).
Observers: Neda Hussain Nasab

The current secretary (Dr Batistoni) took Items 1-4 of the agenda

1. INTRODUCTION FOR THE AGM AND WELCOME TO NEW MEMBERS AND OBSERVERS
   Dr Batistoni the current secretary, opened the 89th meeting (AGM). She explained that there had been an election and as a result welcomed some new members to the committee for NHS Eastern Coastal Kent: Drs Eleanor Hewitt, Janki Patel, Iqbal Moonis and from NHS Medway, Andrei Dudila who were all present at the meeting and also Anthony Lam (NHS Eastern & Coastal Kent), who had been unable to attend this evening. She also welcomed a new representative, Tara Gouk who has been co-opted as a "young dentist" as per the committee constitution.

2. APOLOGIES FOR ABSENCE
   Apologies were received from Drs Bhatti, R Chopra, Hamill, Lam, Mauthe and N Patel

3. KLDC BIENNIAL ELECTION RESULTS & INTRODUCTIONS {Attached}
   An updated table was attached to the minutes to reflect the election results. The next election will take place in 2027.

4. APPOINTMENT
   (a) Chair - Dr Wood was **proposed** by Dr Batistoni and **seconded** by Dr Winstone.
   No other nominations were sought and therefore Dr Wood was **elected** unopposed.
   Honoraria was **agreed** at 12 sessions per year (no change).
   Dr Batistoni congratulated Dr Wood on being re-elected.

The secretary handed over the new Chair to take over the remaining agenda items.

5. APPOINTMENTS AND HONARARIA
   (a) Vice Chair (s) – Dr Wood said that she would be looking for the maximum number (two) of vice chairs to take the meetings if she was unable to attend.
   Nominations were sought by Dr Wood
   Dr Hartle was **proposed** by Dr Batistoni and **seconded** by Dr Wood.
   Dr Nugent was **proposed** by Dr Batistoni and **seconded** by Dr Wood.
   No other nominations were sought and therefore Drs Hartle and Nugent were **elected** unopposed. Drs Hartle and Nugent were congratulated.
   (b) Secretary – Dr Batistoni informed members that unfortunately, she was going to have to stand down as secretary. She said that she had thoroughly enjoyed her time in this role but she had been appointed to the role of Clinical Dental Strategy Lead at the ICB and would be unable to combine both roles. She said that she would be remaining as a member on the committee. She thanked everyone for their support and said that it was a good time for someone else to take over.
   Nominations were sought and Dr Smith was **proposed** by Dr Batistoni and **seconded** by Dr Wood. No other nominations were sought and therefore Dr Smith was **elected** unopposed.
   Honoraria was **agreed** at 70 sessions per year (no change).
   Dr Smith was congratulated on her new role as secretary.

Dr Wood thanked Dr Batistoni for the amazing job that she had done as secretary and said that she would not have been able to do her job without her. She also added that it would be really beneficial having her work for the ICB and congratulated her on her new position. She presented her with a gift and the committee applauded her.
Dr Batistoni said that, with the agreement of Dr Smith, she would be deputising as secretary tonight because Dr Smith had been unable to attend the meeting in person. Dr Batistoni said that she would stay on the committee and hoped to be able to feed information from the ICB into future meetings, as well as take back valuable insights from the committee.

(c) Treasurer – Nominations were sought for Treasurer and Dr Winstone was **proposed** by Dr Moonis and **seconded** by Dr Wood.
No other nominations were sought and therefore Dr Winstone was **elected** unopposed.
Honoraria was **agreed** at 12 sessions per year (no change)
Dr Winstone was congratulated on being elected as Treasurer.

(d) Co-opted Members
Drs Davies, Elder, Willis-Lake and Power were happy to remain as co-opted members and the committee were pleased to welcome Dr Tara Gouk as a new young dentist representative.

6. REPRESENTATIVES ON COMMITTEES {Attached}
A listing of the various committees and representatives was provided to members prior to the meeting and a quick synopsis was given on the various committees.
PSG Meetings, the SE Liaison Group and the LDN (if this reconvenes) will be attended by Dr Smith in her capacity as secretary.
Oral Health Improvement MCN, Dr Nugent **agreed** to continue on this committee and Dr Ramamoorthy **agreed** to deputise.
Routine Dentistry MCN – Dr Ramamoorthy **agreed** to take this role over from Dr Smith with immediate effect and Dr O'Sullivan **agreed** to be deputy.
LMC – Dr Nugent **agreed** to continue on this committee which meets four times a year and Dr Iqbal **agreed** to deputise.
There has been no representative to the Orthodontic MCN for some time, but it was felt that once Dr Lam is in attendance this may be something that he would be interested in and we could explore whether they would be happy for him to attend.
All other committees remained the same.

7. LAST MEETING, Wednesday, 8TH JANUARY – AT THE BRIDGEWOOD HOTEL AND VIA "ZOOM"

(a) Confirmation of Minutes – amendments were made to the minutes. **Action**: the minutes will be uploaded onto the KLDC website.

(b) Matters Arising (Previous Actions)

- Pg 2 (8a (i) - There has been no clarity with regards to a representative to sit on the committee. It was **agreed** therefore to remove this action from the agenda.
- Pg 3 (D) - Dr Batistoni - circulated the restorative MCN report after the last KLDC meeting.
- Pg 3 (g) – KSS Antimicrobial Prescribing - Dr Batistoni was copied into several emails that Dr Hogan had previously circulated letting the various committees he attended know that he would be standing down. Dr Batistoni has since followed up to ask whether these committees would like a replacement dental representative and to clarify what skills they would be seeking, but has to date not received any replies. She had also made it clear that the LDC welcomed any approaches on specific dental matters as they arose. **Action**: As there were no members with the relevant expertise and no responses from any of the committees it was felt that this item be removed from the agenda.
- Pg 3 (iii) – DERS - Dr Winstone said that he would look into the plan for login and how it would work for those working in multiple practices and come back to the committee later in the meeting.

8. SECRETARY
   (a) Correspondence (not reported elsewhere) – Dr Batistoni advised that she had received a letter of thanks from the benevolent fund thanking the KLDC for their kind donation. She said that she had been contacted by the BDA services regarding how the funding for the LDC is going forward and she has responded. With falling numbers of NHS GDPs, some areas are struggling with funding their LDC by the levy alone and so alternative options are being explored. She had also received correspondence from the new GDPC chair (which she circulated by email at the time) seeking views on how they should move forward. This was also sent to the BDA members as well.
   A discussion took place here on Talking Therapies and Dr Davies mentioned that she had spoken with a local service in Kent and Medway that are accepting patients who were suffering with anxiety, including dental patients. She said that this was open to patients and dentists. There is an 0300 number to register an interest. She also said that there may be a wait time of up to three months to be seen but she said that she would thoroughly recommend this service. **Action:** Dr Davies to send the leaflet to Dr Smith and discuss this further with her. It was also felt that this information could warrant being posted on the website. Dr O'Sullivan mentioned emotional support dogs but Dr Davies advised that these dogs would have to be insured and have risk assessments and that you would need to seek further advice if it was something you were interested in doing.
   (b) Report of meetings (not reported elsewhere) – there were no meetings to report.
   (c) Draft Annual report – Dr Batistoni had circulated the draft annual report ahead of the meeting and asked that if anyone had any thoughts to please let her know as the final version will not go out yet. There were no comments.

9. TREASURER
   (a) Annual report – {Attached} – Dr Winstone went through the annual report discussing the figures and said that if anyone had any questions that he would be happy to discuss with them. He mentioned that the Guild Rate would be set around the 15th to 20th April. It was **agreed** that reimbursement for the meeting be delayed until the new Guild Rate had been approved as it is typically backdated to the 1st of April **Action**: Dr Smith will circulate the new expense claim form once the Guild Rate has been set so that members can be paid at the new rate. Dr Winstone asked that all members please remember to put their name, address, telephone number and bank details on the form so that they can be paid.
   (b) Statutory Levy – Dr Winstone advised that next year's budget will be based on this year's and that he did not anticipate there to be any changes.

10. LDC ANNUAL CONFERENCE 2025 – to be held on Thursday 6th and Friday 6th June 2025 at the Hilton, Newcastle, Gateshead.
   (a) Members attending – Drs Wood, Smith, Nugent and Winstone would be attending. There was also one Special Observer place for a new member or someone that had not attended previously. As there was more than one member who expressed an interest in attending, names were drawn from a hat and Dr Hewitt was chosen. Members would be able to claim a sessional rate for travel, dinner and hotel costs.
   (b) Motions to be submitted – Motions were discussed and a motion around the following was discussed "This conference calls upon the government to provide financial support to dental practices in obtaining tier 2 visas for overseas qualified dentists in order to help ease the recruitment crisis".
   A discussion took place and it was felt that it was costly to practices to obtain the tier 2 visa sponsorship clearance necessary to recruit dentists from overseas. Sometimes practices lose potential job candidates as the process takes some time. Supporting practices to obtain this clearance will allow them to be ready to recruit suitable candidates. It was also pointed out that both practices and overseas dentists and dentists in general do not always know where to go to get help before completing forms and training around this would be useful.

Action: It was agreed that Dr Batistoni would submit the motion to conference (deadline was 2 days after the meeting) and Dr Hartle agreed to be the presenter. It was also agreed that they would look at signposting on the KLDC website for advice.

11. KENT & MEDWAY INTEGRATED CARE BOARD (ICB)

Dr Batistoni said that she had not included a written report but gave a verbal one. She reported that she would be starting her new position next month and better able to update after this, but one of the aims of the new role is to continue the work that the LDC has started in building good relationships between commissioners and dentists. There was to be a market engagement event in the first two weeks of the role which would aim to gather opinions from various stakeholders to shape the future for re-procurement of various services including oral surgery and sedation services.

She said that this year there were less UDAs handed back than the previous year and most have already been reallocated. If dentists do not hit their targets they can reduce their UDAs but this can be mutually agreed. Rapid commissioning has been focused on priority areas identified in the Primary Care Strategy including, Thanet, Swale and Dartford. These areas have had additional services offered to them (including Golden Hellos and over performance) because they have the least provision and greater need for support. A therapist led model has been rolled out in Thanet and feedback on the future of this is awaited. There has not been any progress on GA, but efforts to arrange a meeting and secure theatre space are ongoing. Orthodontic contracts are likely to be extended. Kent has been allocated its share of the government's election promise of urgent appointments and these have been offered out to practices in priority areas. Practices where they are already doing additional hours have been included with the hope that this service can offer stabilisation of patients following their urgent appointment. The urgent appointments have been allocated a separate contract number so that it is known that they are additional without burdening practices with additional paperwork, and they will be paid at a fixed rate. There remains some concern over lack of provision for stabilisation following urgent appointments and for on-going care, but it is hoped a pathway utilising additional hours sessions can be developed to address this.

Dr Batistoni advised that they had put in and succeeded in winning a bid for a hypertension case finding pilot which is going really well. 16 confirmed cases of hypertension have been identified so far, and the scheme has had some positive feedback from patients and practices alike. Dr Wood said that she had one of the pilots running in her practice and it was going extremely well. Patients were writing good reviews. The practice nurses are doing the blood pressure checks and they feel that this is another skill set for them. Any patients who have high blood pressure are sign posted to the pharmacy and then to their GPs for follow up. This is successful in building a good relationship with the pharmacies and GPs.

12. NHS ENGLAND MATTERS

(a) NHS England SE & (NHSE) – there was nothing to report.

(i)(a) KENT Local Dental Network (LDN) –Dr Batistoni advised that Dr Wood and herself had not been invited to the last meeting and suggested that it could have been an admin error. This was however the last meeting in its current format and both Brett Duane and Mark Johnstone had stood down as joint chairs. The future of the LDN remains unclear, but Dr Batistoni will ensure that Dr Smith's details are passed to the current administrative support.

(i)(b) – Orthodontic MCN & Orthodontics {Attached} – Dr Power had shared a report about new tier 3 referral guidelines. Dr Wood thanked Dr Power for his report. Dr Power pointed out that in line with primary care, patients over 18 at the time of referral will not routinely be accepted for treatment except in certain circumstances which he proceeded to list.

Dr Davies said that she had received a letter from a practice in Rainham and she will forward this onto Dr Power and to Dr Lam as suggested by Dr Power.

(i)(c) Oral Health Improvement MCN – Dr Nugent advised that he attended a zoom meeting on 22nd February. It was his second meeting and he was quite impressed. Sussex Community (Brighton) were holding supervised brushing sessions in schools for £6.00 per child/year even after the money had ceased with a high success rate. They were running a survey on reasons

for extraction under GA (safeguarding issue survey). They had QR codes to scan to access health letters with information for teeth. In West Sussex the pilots were ceasing but they were using learning outcomes going forward. Health checks were being run for age 4,6,8 and 10 year olds. This has been piloted to 60 schools. In Surrey, Oral Health Strategy are targeting young children and the elderly and toothbrushing is to be piloted in deprived areas.
In Medway, supervised tooth brushing packs (20,000) are to be released next month and the tooth fairy promotion is to be re-instated this year. Dr Nugent said that one of the expressions he liked was, "cannot out brush a poor diet".
Christchurch and Canterbury are about to do some research between toothbrushing and development of motor skills. Oral health promotion needs to be followed up via GDPs. The Government are to pay for early breakfast club with 30 mins free care to 10 schools in Kent. The next meeting is in May 2025.
(i)(d) Restorative MCN – Dr Wood advised that the meeting on the 26th March was cancelled. This meeting is twice a year and she said that she would give members an update after the next meeting.
(i)(e) Routine Dental Care MCN {Attached} – Dr Smith added to her report that the cardiovascular study had commenced and already highlighted patients for onward referral and that therapists are being used in domiciliary care to bridge the gap in care homes in particular.
(i)(f) Urgent Care, Oral Surgery & Special Care MCNs - There had not been a meeting and the last two had been rescheduled. Dr M Patel will update as and when.
(i)(g) KSS Antimicrobial Prescribing Network (KSSAPN) - **Action**: it was decided that since there was not a suitable candidate to take this role over from Dr Hogan that this item be removed.
(ii) Dental Electronic Referral Service (DERS) – [previous action Pg 3 (iii)] – DERS : Dr Winstone advised that he had received an email from Joe Barton, head of support on the help desk at Rego regarding single sign on. The advantages of this are:- No shared logins at a practice; Users can control their own credentials and reset passwords easily; Users that work across multiple sites or have multiple roles can access the system using their email address, removing the need to manage multiple logins and Users will be able to access the new live chat system that is due to be deployed in the coming weeks (Dr Winstone will share once confirmed).
(iii) PSG (formerly KSS Performance Advisory Group (PAG) – Dr Batistoni explained for the benefit of new members the role of the PSG and that we share the role of observing these meetings with the Sussex LDCs. Dr Batistoni said that she had not been to a meeting recently because when it was her turn to go there had not been any dental cases tabled and therefore she was not required. Dr Batistoni will arrange handover of this role to Dr Smith.
(iv) LDC Liaison Group – Dr Batistoni said that there had not been any meetings since the KLDC had last met.
(v) SE Coast LDCs (Channel Group) {Attached} – Dr Batistoni said that this was a meeting where they met with the neighbouring Surrey/Sussex LDCs. A report was attached which was a set of minutes taken and written by Emmanuel Lazanakis. Dr Hartle pointed out that there were some inaccuracies in the report as she had also been present at the meeting and much of it related to the work of the GDPC. **Action**: It was agreed that in the future Dr Hartle would check the reports for any inaccuracies as GDPC representative.

A discussion took place as Drs Wood and Batistoni had been approached about supporting a CPD event for a digital dentistry day to be organised jointly by KSS LDCs. As it happened they declined funding this because the proposed location was in Gatwick and was not easily accessible for many dentists in Kent so would not have benefited the dentists in Kent.
As a direct result of this, a discussion took place as to confirm whether the committee as a whole are happy for the executive group (the Chair, Secretary, Vice Chairs and Treasurer) to make decisions about matters such as these between meetings. There had been some pressure to come up with a response to a deadline in this case. The alternative would be to consult by email on every decision. It was agreed that generally agreement to financial commitment should be put to the whole committee and the decisions should be discussed with the whole committee at the next meeting.

There was also a discussion around a general position on organising CPD or other events. Some LDCs put on a lot of such events for dentists in their areas, but this is not something KLDC has traditionally done. It was generally felt that CPD events, and even social events, take a lot of time to organise. The geography of Kent also makes it challenging, as it is a large county that can make finding a central location difficult. On-line this would be acceptable. Dr Wood felt that the committee had to be mindful of their remit and resources which she said were quite limited. We do also already have the active study club in the county. **Action**: After some debate it was suggested that this be added to the next agenda to discuss further once members have had some time to reflect.

(b) DentaLine {Attached} – Dr Davies did not have much to add to her report but said that they continue to be open to recruitment and if anyone knows of anyone who would be interested to please let her know. They are recruiting for all sites.

(c) Dental Practice Advisors – Reports – Dr Winstone said that he is adding new dentists to the list and there are practice owners who have dentists that do not turn up. PLVE has gone and the admin for the terms of agreement is much easier to deliver. He said that he could do with some extra advisors but that is not possible currently due to the hiring freeze.

13. PASS – PRACTITIONER ADVICE & SUPPORT SCHEME

Dr Wood advised that there have been no cases but if dentists are struggling they can self-refer. Two sessions are paid for by the LDC.

14. HOSPITAL REPRESENTATIVE REPORT

Dr Elder was not present at the meeting and Dr Power said that he had not heard anything.

15. SALARIED DENTAL SERVICES

(a) East Kent – Dr Willis-Lake reported that their waiting list is now 2.5 years and that patients are being sent to Bart's. Patients are being transported to London by taxi and they have to make sure that the taxis arrive on time. They are planning two days for specialist patients during August/September. Dr Davies has kindly taken some of her patients. She said that the future is very uncertain. As of 1st April, Mark Johnson is semi-retiring and is no longer the chair of the LDN.

(b) West Kent {Attached} - Dr Davies added that her situation was better than East Kent's because they have access to Medway and DVH, although they cannot do the more complex cases at DVH except on a Saturday and it is quite hard to staff one day alone. Their list is now down to one year. They are having to make sure that parents understand that patients have to attend regular reviews to keep the paperwork and imaging up to date, this is an important commitment by parents. It appears that there is a problem with getting OPGs because many of the machines have been down. This is a problem because they are having to rely mostly on bite wings which is limiting and risky. They are struggling to recruit dentists also.

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

https://www.kldc.org.uk/gdpc-reports (see website) – there was nothing further to add.

17. LMC REPORT

(a) Report – Dr Nugent attended a meeting on the 23rd January at the Tudor Park. There was a voice recording of the minutes. AI consultations are being used for patient consultations. The ICB are piloting AI for practice. There is a lack of service for ulcers for lower legs in parts of Kent and no podiatry service in areas of Kent. There are concerns with GP roles in relation to the responsibility of training new GPs. They are worried about the new contracts which may lead to GP's being salaried in 2/3 years. There was an ICB update (Sukh/Ash Peshen) and a discussion around core GMP to which 50 practices responded out of 150. There are a lot of personal issues at the top due to staff and no money for GMP practices because the money is being spent elsewhere. Practices have been given 3 months' notice (52 practices) in relation to providing services, similar to NHS dentistry, and they are concerned about where the money is being spent. There was an underspend of 7 million last year for delivery of services in primary care. Dr Nugent

was asked to give his personal view and he said that if contracts terminated across Kent then they will commission services at a higher rate.
(b) LMC/LDC/LPC Officials Meeting – It was reported that there had not been a meeting since the KLDC last met.

18. KLDC WEBSITE
Dr Batistoni said that a few things had been updated and she had discussed the site with Dr Smith because it was ready for a complete overhaul. They were seeking volunteers to help with ideas and to write things. She asked if anyone could help with this to let her or Dr Smith know.

19. EDUCATION AND TRAINING
(a) WT&E HEE LKSS Report {Attached} – Dr Mauthe was not present at the meeting but his report was attached.
(b) Kent Mentorship & Study Group – Dr Bhatti was not present but the group was going well. There is a new antimicrobial discussion coming up on the 20th May, details of which will be emailed out.

20. ANY OTHER BUSINESS
There was no other business to discuss.

At the end of the meeting a few members commented that they were struggling to hear members who were in the room whilst they were on Zoom. A debate took place on whether or not members preferred to have future meetings virtual or in person. It was felt that the January meeting would be better to be all on line due to the unpredictable weather, seasonal illnesses and that the preference would be for the April (AGM) meeting to be in person as there was usually a lot of discussion. After a vote it was decided to hold the next meeting (July meeting) on line on Zoom only. Further discussion would take place at the next meeting to decide on the October meeting.

21. DATE OF NEXT MEETING
Wednesday, 9th July 2025, online on Zoom

FUTURE DATES: Wednesday, 8th October 2025

The Meeting closed at 8.47 pm.