MINUTES OF THE SIXTY-FIRST MEETING OF THE KENT LOCAL DENTAL COMMITTEE HELD ON WEDNESDAY, 11 APRIL 2018 AT 6.00 PM AT THE HOLIDAY INN, MAIDSTONE ROAD, ROCHESTER, KENT ME5 9SF

Present: Drs Adesanya, Ahmad, Barham, Banvir, Carstens, Chopra, Davies, Elder, Hartle, Hamill, Hogan, Hymas, Kulkarni, Myint, Nugent, N Patel, Sheridan, Smith, Shivji, Wood, Unter, Watts, Watts, Winstone and Willis-Lake.

Observer: Shrine Ramamoorthy.

The Secretary (Dr J M Unter) took items 1-2 of the agenda.

1. INTRODUCTION TO ANNUAL GENERAL MEETING & WELCOME TO OBSERVERS
   Dr Unter welcomed everyone to the sixty-first meeting and also the AGM. He thanked Steve Newell on behalf of the committee for all his hard work over many years and who retired in December. He also thanked both Dr Hogan (Chair) and Dr Winstone (Treasurer) for all their hard work over the last year.

2. APPOINTMENTS
   (a) Chairman – nominations were sought by Dr Unter.
   Dr Hogan was **proposed** by Dr Hymas and **seconded** by Dr U Patel.
   Dr Hogan advised members that he was involved in limited clinical practice and his four year term for West Kent comes to an end at the next biennial elections in April 2019, he felt that colleagues may wish to consider this before he accepted his nomination.
   There were no other nominations therefore, Dr Hogan was **re-elected unopposed.**
   (b) Vice Chairman – nominations were sought by Dr Unter.
   Dr Unter advised that this post had been vacant since Dr Newell retired in December. He discussed that in view of the situation regarding the position of Chair that may develop in April 2019, any colleague elected to the position of vice-chair should consider this position with a view to taking over as Chair in April 2019. However, nobody volunteered to stand so it was **agreed** that this post would remain vacant at present.

The Secretary handed over to the Chairman (Dr T P Hogan) to take the remaining agenda items.

3. CONFIRMATION OF APPOINTMENTS AND HONORARIA
   (a) Secretary – nominations were sought by Dr Hogan.
   Dr Unter was **proposed** by Dr Watts and **seconded** by Dr Hymas.
   Similar to Dr Hogan's comment, Dr Unter advised members that he too was involved in very limited clinical practice and his four year term for Medway comes to an end at the next biennial elections in April 2019. He felt that colleagues may wish to consider this before he accepted his nomination. He also advised that constitutionally unlike the positions of Chair, vice-Chair and Treasurer, the Secretary of an LDC does not have to be on the performers list or indeed be dentally qualified.
   There were no other nominations therefore, Dr Unter was **re-elected unopposed.**
   The Honoraria for secretary was **agreed** at 70 sessions (no change)
   (b) Treasurer – nominations were sought by Dr Hogan.
   Dr Winstone was **proposed** by Dr Shivji and **seconded** by Dr Ahmad. There were no other nominations therefore Dr Winstone was **re-elected unopposed.**
   The Honoraria' for Treasurer was **agreed** at 12 sessions (no change).
   (c) Chairman (Honoraria)
   The Honoraria for Chairman was **agreed** at sessions were at 12 sessions (no change).

4. APOLOGIES FOR ABSENCE
   Apologies were received from Drs Johnstone, Vikas Patel, Varghese and Wood.

5. CONFIRMATION OF:
   (a) Co-opted members – The following co-opted members, Drs Davies, Elder, Hamill, Johnstone and Willis-Lake confirmed that they would like to continue in their positions.
   (b) Appointment to Vacant seats. Dr Unter advised that he was concerned with the number of vacancies for West Kent of which there are four. Constitutionally we are required to write to all performers in West Kent seeking self-nominations and hold a by-election if the number of applicants exceeded the number of places available. Members felt this was a complicated approach and initially they would seek interest for membership from colleagues they know in

West Kent. Dr Shivji suggested they send out invitations via Learning Line as this was apparently going via email to individual performers. They would require permission by NHSE to use GDPs email addresses. **Action**: Dr Hogan will ask Karen Crossland tomorrow. [Secs Note: Dr Unter followed up the possibility of access to performers email addresses in order to seek interest in membership of the West Kent LDC. He has been advised by NHSE that the individual addresses are not available and Learning Line had already been distributed to providers via their nhs.net addresses. Dr Unter will now consider using the email addresses previously supplied by the NHSE Local Office that reaches the nhs.net addresses of providers only as a first attempt to generate interest.]

(c) Representatives on Committees – A list of the representatives for the various committees were circulated with the agenda. Dr Hogan gave a brief synopsis of each of the positions and the person representing the position. Most positions require continuity from year to year so no changes took place from the circulated list.

6. LAST MEETING – WEDNESDAY, 17TH JANUARY 2018

(a) Confirmation of Minutes - a few minor amendments were made to the minutes, otherwise they were approved. **Action**: Clerk to email the amended minutes to John Noakes to upload onto the KLDC website.

(b) Matters Arising – Previous minutes were uploaded onto the website; Dr Unter and Dr Hartle both tried to get in touch with the newly appointed East Kent GDPC member Dr Lesnyak to invite him to the meeting but have not heard back; Closure of practices in Ramsgate and Sandwich – Dr Unter advised he had received a response from Mark Johnstone. One practice will close now and the other will close in a year's time. It was reported that Ramsgate has already closed and there is concern to see what impact this is having on the patients. The NHSE Local Office had attempted to provide additional UDA to other East Kent practices to try to provide a service – although many patients would now have to travel to receive their care. Dr Smith advised that she had seen some of the patients. Sandwich has a contract for another year but beyond that it is unknown. It was suggested by Dr Watts that a procurement directorate is a way that contracts can be awarded and could potentially be used in this case if the provider is willing to do this but it would come down to whether NHS England think this appropriate. **Action:** Dr Hogan will raise with Annie at the next DCQAP meeting next week.

7. NOTICE OF ANY OTHER BUSINESS

There was no other business to report.

8. SECRETARY

(a) Correspondence (not reported elsewhere) – Dr Unter advised that he will report as usual as he goes along.

(b) Report of Meetings (not reported elsewhere) – Dr Unter advised once again that he would report as he goes along.

(c) Annual Report – (draft for approval) – A copy of this was circulated with the minutes. Dr Unter apologised that this was late due to his trip abroad. He reported that he had received some useful feedback from both Drs Hogan and Winstone and was very grateful. Last year the report was placed on the KLDC website (rather than printed and mailed) and this saved approximately £1000. He suggested that in addition to the website this year it was to be sent to the NHS.net addresses of the providers who in turn could cascade to their performers. It was felt that the Annual Report consisted of a lot of very useful information which would help dentists enormously. Dr Hogan thanked Dr Unter on behalf of the committee for all his hard work once again in producing the report.

(d) The Annual Conference of LDC's – 7th and 8th June 2018 – Europa Hotel Belfast.

(i) Confirmation of representatives attending: It was confirmed that only four members could attend this year. Members attending were: Drs Hogan, Winstone, U Patel and Nugent. This had been proposed at the January meeting. Dr Winstone confirmed that he had booked the hotel and dinner. Dr Hartle as GDPC Rep will also attend.

(ii) Motions Conference – Members had been requested to bring any proposed motion (s) in written form to the meeting. They were no motions proposed.

9. TREASURER

(a) Report – Dr Winstone tabled the Annual Report. He advised that there was not a great deal of difference this year to the accounts from previously. The travel costs went up slightly as well as meetings attended, otherwise it remained much the same.

(b) Statutory Levy – Dr Winstone advised that the Guild payment and Ben payment had already been agreed and he has paid these. The conference fee is about to appear and after tonight's meeting he will get a budget off of the levy. Dr Unter **requested** permission for payment for Channel as last year (£700) and this was **agreed** by the committee. Dr Hogan thanked Dr Winstone as usual for all his hard work as Treasurer on behalf of the committee.

10. NHS ENGLAND MATTERS

(a) NHS England – Dr Unter advised that he had nothing of significance to report.

(b) NHS England South (South East) LO

(i) (a) Kent Local Dental Network (LDN) – Dr Hogan advised that he had attended the Strategy Day on behalf of Dr Unter. He advised that the day was well run with good LDC representation across the 4 LDCs of KSS. Alex Taskin (Passe-Partout) facilitated and he clearly had a great deal of experience in running workshops of this type. There were 4 presentations: Jackie Sowerbutts, Consultant Public Health England on patient and public Involvement; Jenny Oliver, Consultant in Dental Public Health on "Applying the 5YFV", Eric Rooney, Deputy Chief Dental Officer England on the role of LDNs and MCNs and Deborah Tomalin on Sustainability and Transformation Programs and Integrated Care Systems. The speakers were very good but were a bit short of time to present their PowerPoints. The rest of the day was spent in workshops as they were separated into smaller groups. Dr Hogan commented that he was not in a position to say whether or not it was a useful day as an LDC representative. He felt that this was down to the joint chairs of the KSS LDN Core Group Brett Duane and Mark Johnstone. The purpose of the day was to decide on what strategy the LDN needs to adopt. Th LDN feeds in overall guidance to the various MCNs beneath it, Oral Surgery, Orthodontics, Oral Health Promotion, Special Needs and Paedodontics (there was no representative from Restorative). It is interesting to note that whilst the minority groups are all represented by the various MCNs, the largest group of all the GDPs do not have a MCN. This observation Dr Hogan put forward in the workshop and Annie Godden, the Contracts Manager for the NHS England South, South East agreed. Peter Briggs, Health Education England, and Huw Winstone were also present. HEE has had a 3% cut in funding across the board with a directive from above that they need to "upskill" the dental workforce. Peter Briggs has interpreted this to mean that he needs to focus on the "hands on skills" of dentists who need some form of retraining. At the end of March 2018 there will no longer be any further funding for section 63 courses that deal with soft subjects. Performers would have to seek suitable courses offered by suitable organisations – some of whom would be approved by the Deanery in time.

(i) (b) Dental Electronic Referral Service (DERS) – Dr Unter reported that there was a meeting in May. He had asked Brett Duane if he could send two people but has not heard back so both Drs Watts and Barham will be attending on behalf or KLDC. Both have experience as referral senders and receivers in Kent.

(ii) KSS Performance Advice Group (PAG) – Dr Unter reported that he had not attended a meeting since the last KLDC meeting. They were meeting tomorrow. He could not report on specifics but reported that they were well triaged by the professional performance programme manager and her team of case managers.

(iii) KSS performers List Decision Panel (PLDP) – Dr Hogan advised that this was about applying conditions to the Performance List and more recently retraining of some dentists who had not carried out any dentistry for up to 12 years before going back into practice. The Deanery and Dr Winstone are involved. There have been some problems and issues getting clinical supervisors because it requires a lot of time but there is now a much better programme. There are now two courses running a month in two London locations with a much better hands on approach.

(iv) DCQAP – Dental Contracts & Quality Assurance Panel – Dr Hogan advised that this is about issues relating to contracts and he has sat on two recently. He discussed breach notices and advised dentists to make sure that their labs were registered; that practices adhere to their agreed contract hours and only changed them after discussion with the NHSE Local Office, and; making sure that when sending off claims they have the correct dates. He also advised to be aware of "benefits in kind" (if an employee does not pay for significant treatment provision), as this may draw the attention of the HMRC.

(v) SE LDCs(CHANNEL Group) - There had not been a meeting since the KLDC last met therefore there was nothing to report.

(c) DentaLine – Dr Davies reported. that they are continuing to provide their services. The antibiotic audit is continuing and they are doing another audit in call handling. Their out of hours service has been deemed as the best service in Kent Surrey and Sussex.

(d) Dental practice Advisors – Reports: Dr Hymas reported that he is working out of the Tonbridge office at the medical directorate. He has been dealing with a massive complaint over the last quarter with three practitioners involved. He has dealt with more record card checks. Dr Shivji advised that the local practice inspections are continuing as usual and that he is catching up all over Kent.

Dr Winstone reported that he is mainly triaging Endo and that practitioners do not realise that the protocol is on the website. Please see:
http://www.kldc.org.uk/files/endodontic_referrals/Referral_for_Endodontic_Treatment_in_Kent_Surrey_E_Sussex.pdf

11. HOSPITAL REPRESENTATIVE REPORT

Dr Elder advised that he does not have anything specific to report

12. ORHODONTIC MATTERS

Dr Sheridan advised she is assuming that procurement is moving on although she has not been asked for any input. She had not received any news regarding dates for the next Orthodontic Managed Clinical Network Meetings. **Action**: Dr Unter said he would look into this as she should be there as LDC rep - and he thought there were meetings being arranged. She is therefore waiting to hear back from either Dr Unter or Richard Jones, (who is co-chairman of the group)

13. SALARIED DENTAL SERVICES

(a) East Kent – A report from Dr Willis-Lake was circulated. She advised that Dental Services had been invited to participate in a new Portfolio Study: Rapid HIV testing in the dental setting: an acceptability and feasibility study. This is a 3-year study and the dental service will be involved from year 2. Dental nurses involved in the study will be trained to carry out Rapid HIV Testing for patients consented to research study. They are rolling audit programmes including IR(ME)R and WHO surgical checklist. Other audits on Paediatric General Anaesthesia, quality of consent and sedations will be carried out in the year 18-19. The latest audit report on IR(ME)R gives significant assurance.

Training – KCHFT continues to train dentists and nurses in IVs and Inhalation sedation.

KCHFT Dental Services continue to support HEE London and South East Region on training programmes. They currently support 5 DCTs and 3 StRs (one Special Care and 2 Paediatrics) across Kent and London. Two DCTs have started with Dental Services at Kent in September. One will be spending 6 months full time in CDS before moving onto the second 6 months rotation with Maxillofacial Surgery at EKHFT. The second DCT will spend one year splitting her time between CDS and DPH. Both will have sedation training and GA experience as part of their DCT programme. The service has recently released a video on Local Safety Standards for Invasive procedures for dental treatment. This is to accompany a local policy and all clinical staff are required to undertake this training yearly.

Current GA waiting time is 8 weeks and 6 weeks for paediatric patients. For urgent cases, waiting time is maximum 2 weeks. Overall patient experience remains high at 98.80%. They are currently awaiting a CQC visit.

Dr Hogan advised that he would like to put something on the KLDC website regarding Serious Incidents together with a Documentation Policy and examples of SI's.

(b) West Kent – Drs Davies advised that that MCH had been awarded the children's tender so hopefully this would have a positive effect on children.

14. ORAL HEALTH PROMOTION (OHP) MCN

Dr Davies confirmed that they now have their new Rep Dr Smith on board (as proposed at the January KLDC meeting) with a cycle of Kent local and KSS core meetings. They are finding their way forward and it is working well with a new and involved group with valuable input however they have no funding.

15. REPORT FROM CONSULTANT IN DENTAL PUBLIC HEALTH (ENGLAND)

This position is still vacant

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

Dr Hartle's reports were circulated. The GDPC met on 25th and 26th January for its inaugural meeting. The BDA staff provided the GDPC with a summary of the policy issues which the GDPC dealt with over the last three years and which were likely to dominate the agenda of the Committee during its current term. Regulation was one of the issues and a DH consultation on possible changes to professional health regulators which might lead to a change in the number of regulators. The BDA's response supported maintaining a dental-specific regulator but stressed the need for reform of the GDC. There was also a question as to whether dental nurses need to be registered. There was a number of workshop challenges and in 2016 nearly half of practices had difficulties recruiting associates. In 2017 this had increased to two-thirds. It remains uncertain how Brexit will impact on the supply of dentists. There are issues with the UK leaving the European Union about regulation, the supply of goods and services and the mutual recognition of qualifications.

Action: Dr Hartle advised that she will try again to get in touch with the new representative Dr Lesnyak to invite him to our next meeting. Apparently he had not attended the recent GDPC meeting either.

17. LMC REPORT

Dr Nugent reported that he attended a meeting on the 25th January. Some of the topics discussed were: the issue of unfunded work raised at the West Kent Liaison Meeting. Ian Ayres, Accountable Officer, West Kent CCG agreed to work up a proposal to enable practices to receive funding to continue to undertake work that falls outside of the GMS contract that they are currently carrying it out without remuneration. It was noted that practices that were planning to serve notice on this work were advised by the LMC to wait while the CCG present their plans. With only two months until the end of the financial year concerns were expressed around the expectation by practices that something will be in place by April 2018. Members agreed that if practices wished to proceed they should compose their own letter to the CCG giving an appropriate notice period (a period of 2-3 months was suggested as sufficient for the CCG to seek alternative care); It was noted that Kent and Medway have the worst uptake figures in the national screening programme and it has been proved that endorsement by a patient's GP practice can improve their likelihood of taking up the screening offer; an overview of Kent Integrated Dataset (Kid) was given. This started as a pilot 4 years ago and is one of the largest integrated health and care databases in the UK, covering the health records of 1.5 million people. It links up to 250 health and social care organisations including GP practices, Community Health, Mental Health, Out of Hours, Acute Hospitals Public Health and Adult Social care. Non-NHS data is also collected from organisations such as Kent Fire & Rescue. Datasets are linked on a common patient (NHS number) and de-personalised. It was felt that overall it was very useful for patient care when linking together factors from Mental Health and Chronic disease. Approval was received at the meeting for endorsing the continued engagement in KID; The Electronic Referral System (e-RS) was discussed and as from 1st October providers will only be paid for activity resulting from referrals made through eRS. This is known as "paper switch off".

18. KLDC WEBSITE {www.kldc.org.uk}

Dr Unter advised that lots of updates have been made on the website including the uploading of the LDC conference and breach notices. He advised that he had access to some hidden windows which showed the number of hits (unique and repeat) the site was receiving which have steadily increased over the last four years. Dr Shivji advised that it was used by NHS England and Dr Hogan added that other LDCs were sharing information.

19. EDUCATION AND TRAINING

Dr Winstone reported:-

PLVE – The modular course for new entrants to the performers list has now started. The process helps to ensure that the validation supervisor is aware of their responsibilities.

Dr Shivji is now the interim support for the PLVE and other dentists in Kent with conditions on their inclusion on the performers list as he is doing more in his associate dean role. The move towards a new clinical structure for Health Education London and South East continues.

Dental Foundation Training - currently existing educational supervisors are reapplying for the next year.

20. DATE OF NEXT MEETING

The next meeting is Wednesday, 4th July 2018 at the Holiday Inn, Rochester.

21. ANY OTHER BUSINESS

CPD Process – A discussion took place regarding a cut in funding for section 63 courses which deal with soft subjects for education. At the end of March this will cease and Ken Eaton approached Dr Hogan because he would like this service to continue. He asked if there would be any place for the KLDC to help facilitate any shortfall to this service. It was decided by members that whilst they were happy to support the cause it would be inappropriate to fund any shortfall. **Action**: Dr Hogan will take this back to Channel.

FUTURE DATES: Wednesday, 3rd October 2018
2019 tba