MINUTES OF THE THIRTY-FIFTH MEETING OF THE KENT LOCAL DENTAL COMMITTEE HELD ON WEDNESDAY, 5 OCTOBER 2011 AT 6.00 PM AT THE HOLIDAY INN, MAIDSTONE ROAD, ROCHESTER, KENT ME5 9SF.

Present: Drs Allen, Adesanya, Ahmad, Coakley, Chopra, Clarke, Hardeep, Hartle, Hogan, Hammond, Hymas, Lynch, Newell, Nugent, Ogunlesi, M Patel, N Patel, U Patel, Pitchforth, Sheridan, Shivji, Trivedi, Unter, Watts and Winstone.
Observer: Mary Henderson

1. APOLOGIES FOR ABSENCE AND WELCOME
   Apologies were received from Drs Allen, Courtney, De Sarker, Johnstone and Morenas.
   Dr Hogan welcomed everyone to the thirty-fifth KLDC Meeting.

2. LAST MEETING – WEDNESDAY 6TH JULY 2011
   (a) Confirmation of Minutes – A few minor amendments were made to the minutes, otherwise they were **agreed**.
   Action: Clerk to email the minutes to the Chair-person to publish on the KLDC Website.

   (b) Matters Arising – There were no matters arising.

3. NOTICE OF ANY OTHER BUSINESS
   An addition was to be made under item 15 (b) Channel Meeting, as this had been omitted from the agenda. Also items to be discussed under AOB were: CT Scans; loupes; and the Dental Buying Group.

4. SECRETARY:
   (a) Correspondence Received and Written:
   Dr Unter requested as usual that items he had dealt with be discussed as they appear on the agenda.
   He reported that he had received correspondence from the BDA asking for a written request to be sent to four members of the Kent County Council, suggesting that they attend a fringe event being hosted by them at the upcoming national party conferences. This is to encourage local councillors participating on Health and Well Being Boards to take keep active communication with the local Representative Committees. (i.e. LDCs & LMCs). Dr Unter wrote letters to four members and received replies from Graham Gibbons and Roger Gough.

   Dr Unter also reported on the seasonal flu immunisation programme. He requested that members encourage staff and colleagues to have their 'flu injections this winter. Uptake last year was only 34.7% nationally for frontline healthcare workers. The DoH would like to see an increased take-up amongst this group of workers and others who are most at risk of serious illness or death should they develop flu. Increased protection of staff should also lead to a reduction in the risk to patients.

5. TREASURER:
(a) Report, (b) Statutory and (c) Voluntary Levy - Dr Winstone advised that he was receiving the levies and that there was nothing else to report.

6. GDS ARRANGEMENTS UPDATES, INC IMOS, CQC AND IG9
   Dr Unter reported that there were a significant number of issues with IMOS. These included the following:-
   - Issues over the lack of monitoring of requests for OPT's and the frequency of alternative views being used for triage.

- Practices providing the IMOS service have experienced lower than expected patient referrals.

Dr Unter made enquiries into a query raised by a member who had expressed concern that a clinical opinion regarding emergency treatment had been given in an email by one of the trainee commissioning managers responsible for running IMOS. He had been advised that Christopher Allen was acting as clinical lead for the service across the cluster. On his recommendation, the DPA's will also be playing greater role in the service's forthcoming development. The SIG (Service Improvement Group) continue to meet and direct development. This group includes LDC and Oral Surgeon representation. Dr Unter noted that this enquiry had confirmed to the Commissioners the importance of clinical input to all future decisions.

Dr Allen had written to the committee to ask if the KLDC could propose a member and a deputy to serve on the SIG**.** It was **agreed** by the committee that Dr Unter would attend the SIG on behalf of the KLDC with Dr Watts as his deputy.

DwSI in OS Accreditation – Christopher Allen has set up an accreditation panel to develop the DwSI in the oral surgery process. The panel will consist of the following members:-

- Chair in Dental Public Health - Christopher Allen
- OMFS / OS Consultant
- Dental practice advisor as representative of FGDP (UK) representing primary care dentists
- An LDC representative
- A PCT dental manager.

Dr Allen had written to the committee to ask if the LDC could propose a member and a deputy to serve on this panel**.** It was **agreed** that Dr Hogan would be happy to serve on the panel and Dr Trivedi volunteered to be a deputy.

CQC: Dr Unter reported that most practices have now registered successfully and are due to pay their £800.00 fee. The CQC is launching a new website which will include all the details of practices' registration and the latest information on whether the registrant is meeting all the CQC standards. The website is due to be completed shortly.

Local (Future) Structure of NHS – A diagram was circulated with the minutes. The idea of the new NHS decision-making is to shift this closer to the patient. Dentistry will be commissioned by the NHS Commissioning Board (NHSCB) – this will include all dental services, prison health and services better provided at national or regional level. The local authority is responsible for developing a Health and Wellbeing board. This board will inform the Clinical Commissioning Groups (GPS) and the NHS Commissioning Board of the local population needs.

7. PCT ISSUES

(a) South East Coast Strategic Health Authority
Dr Unter advised that there was nothing to report.

(b) Primary Care Trusts

(i) Cluster updates – PCT staff are still maintaining local arrangements as they were previously with Richard Woolterton, Liz Mears and James Thallon taking responsibility across the region with the new cluster arrangements.

(ii) Dental Network Group – The last meeting was 7/9/11 and the topics discussed included Salaried Service reports; Consultant in DPH reports; occupational health -

(iii) Area reports –

Dr Unter reported commented on the intention to amalgamate all three steering committees into one and hold a central steering committee under the direction of Richard Woolterton.

(a) East Kent (LDC/PCT Liaison group) – Nothing to report. This group is to be merged into a cluster wide Liaison Group with a first trial meeting in early November. Because the meting had been timed in the middle of the day, Dr Unter proposed that he attended the meeting on behalf of the KLDC to discuss future meeting arrangements and closer involvement of members who attended other steering/liaison meetings. This was **agreed**.

(b) Medway – Nothing to report. Proposed cluster meeting as above

(c) West Kent – Last meeting under the chairmanship of Paula Smith on 14/9/11. Paula held the role of Dental Commissioner until recently for East Kent PCT. She has since been appointed Head of Dental and Optometry Commission for West Kent. Topics discussed were new cluster arrangements; HTM-01-05 and audit; IMOS; Incorporation policy; Endodontic referral appeals; Domiciliary services and issues at Valance School. A discussion took place here regarding a meeting was scheduled for the following day to review the cost of providing this service since it was very expensive to operate. It was noted that any decision to cancel the service would be difficult. Proposed cluster meeting as above.

(c) Kent and Medway PCTs Performance Advisory (KAMDPAG)- It was noted that there had not been a meeting for a year and therefore there was nothing to report.

(d) DentaLine – Dr Hogan reported that there had been an open meeting advertised on 19th October but that he had not seen the agenda. It was noted that many of the other Dentists had also yet to see the agenda. It was further mentioned that dentists were finding it difficult to get access to the intranet and Dr Clarke advised that she was now Clinical Lead for DentaLine and would be able to pass this information on. She would be able to give feedback to future meetings and advised members to bring any issues to her attention.

(e) Dental Advisors Reports

(i) East Kent – Dr Hymas reported that he had attended six practice inspections and that the quality of the Endo referrals remained very poor. Frequently, they were not informed which tooth was in question and the details box contained no comments. It was highlighted that additional training was required. Dr Winstone regularly contacts practices with advice. Dr Hymas noted that he has a GDC witness case hearing which has been postponed to March 2012.

(ii) Medway & West Kent – Dr Winstone advised that the check list had been re-organised with more documents, which would add approximately an extra half an hour to the inspection. He noted that inspections could be accelerated where all documents are to hand.

8. REPORT FROM CONSULTANT IN DENTAL PUBLIC HEALTH

Dr Allen had sent his apologies. No report was available despite it being requested.

9. KLDC WEBSITE

Dr Hogan noted that the current software provided by the website was proving challenging to upload alterations.

Action: Dr Unter agreed to approach a contact to discuss possible enhancements to the website to address the reported issues on behalf of the committee and will provide the members with an update at the next meeting.

10. SALARIED DENTAL SERVICES

(a) East Kent - Dr Johnstone was unable to attend the meeting but submitted a report to the Committee. It reported that waiting times for GA remain relatively short at 4-6 weeks and the prioritisation of referrals can lead to further reductions in the waiting times. There are no patients waiting from domiciliary care.

(b) West Kent – Dr Clarke's report was attached. It was reported that Dental headquarters has re-located to Ambley Green, Gillingham and noted that the move had caused considerable communication challenges for the Service. It was also noted that pilot fluoride varnish schemes at Luton Infants and Junior schools had been a success and it is hoped that the scheme will be extended to other schools in the Luton and Wayfield catchment areas as part of a community based programme.

11. LMC REPORT

Dr Nugent reported that the next meeting was scheduled to be held in Maidstone during October and that he would be attending. A report would be prepared for the next meeting.

12. HOSPITAL REPRESENTATIVE REPORT

Dr Newell commented on the ongoing nature of the merger discussions between Medway and Dartford Trusts. It was noted that this would have short term implications on the orthodontic service. The following problems were highlighted:-

- Orthodontic forms being sent to IMOS in error
- Orthodontic referrals being erroneously made on Max Fax forms.

The Committee acknowledged that the hospital was experiencing a variety of problems and seemed to be in a general state of disarray.

Action: Dr Unter / Watts to bring up at the next SIG meeting.

13. ORTHODONTIC REPORT

Dr Sheridan reported that there were 750 cases under review and there was no indication when then they were going out to tender. Dr Sheridan's practice had taken over care for a significant number of patients after abrupt closure of a local orthodontic practice. The previous Orthodontist had left after been paid for treatment that had not been completed and there was now some question how these patients would have their treatment finished in the near future and who would pay for it. The PCT did not appear to be making any decisions and this was causing problems with on-going treatment to patients. Numerous referrals were being received daily and the waiting list was growing.

14. GENERAL DENTAL PRACTICE COMMITTEE: REPORT OF KENT REPRESENTATIVE

Dr Ahmad reported that the next meeting was scheduled for this Friday. He remarked that Dr Bishop had decided not to stand for re-election (West Kent) but that he would be prepared to stand again (East Kent). It was further reported that there were three scheduled meetings a year, in January, May and October and that they would take place in London. He observed that it was a very informative Committee which was well regarded across the country. Dr Unter advised the committee he had spoken to a couple of colleagues who may be interested to stand for election (in West Kent)

15. (a) KENT DENTAL ADVISORY COMMITTEE

The KDAC report was attached. Dr Unter referred the members to item 5 - outline of a letter written by Dr Allen to Dr James Thallon suggesting that this committee become a Clinical Network.

(b) SOUTH EAST COAST LDC MEETING (*formerly* CHANNEL)

Dr Unter reported that the last meeting was 19/9/2011 and that it was a very useful meeting, held twice annually to discuss problems faced by each LDC in the south East. Some of the topics discussed were Cluster arrangements, Kent Health Overview and Scrutiny Committee; Clawback; problems in the Surrey IMOS service; Kent IMOS service; CQC; and, Validation of Ultrasonic baths.

16. EDUCATION AND TRAINING

(a) Dental Foundation Training - Dr Winstone advised that the first recruitment was taking place by the London Deanery using the national website and that there would be an interview panel. Considerable interest had been shown in the training roles for the following year and that trainers should be able to deal with *any* trainee. It was felt that it was really important for trainees to be happy in their social environment.

(b) Postgraduate Dental Advisory Reports

(i) Canterbury – Nothing to report.

(ii) Tunbridge Wells – Pembury - Nothing to report

17. DATE OF NEXT MEETING – Wednesday, 11th January 2012 – Holiday Inn, Rochester.

18. ANY OTHER BUSINESS

Cone beam CT scans – It was reported that CT scans within the NHS were only available in hospitals. It was observed that The William Harvey Hospital has a scanner but that Andrew Elder is the only qualified operator for this equipment; Guys hospital has two and East Grinstead one. There is a practice in Devonshire place who are charging £90 per jaw for the use of their machine.

Loupes – Anyone who is interested in the purchase of loupes agreed to contact Dr Shivji as he has a colleague who is marketing loupes at a discounted rate.

Dental Buying Group – Dr Hogan reported an issue he had regarding the purchase of Radiation Protection Adviser (RPA) services from the Dental Buying Group (DBG). The RPA services offered at an initial discounted rate required continued membership of the DBG whose continuing membership fee effectively nullified the discount offered. He wanted to emphasise to members that if they took out a three year discounted contract scheme, that they should be aware that if you do not sign up to the scheme for three years, you may be required to repay the discount. This is not presently made clear by the sales team. More information from Dr Hogan

FUTURE DATES: Wednesday, 18th April 2012 **(moved from 4th April 2012)**
Wednesday, 4th July 2012
Wednesday, 10th October 2012