**MINUTES OF THE FIFTY NINTH-MEETING OF THE KENT LOCAL DENTAL COMMITTEE HELD ON WEDNESDAY, 4TH OCTOBER 2017 AT 6.00 PM AT THE HOLIDAY INN, MAIDSTONE ROAD, ROCHESTER, KENT ME5 9SF**

**Present:** Drs Ahmad, Barham, Banvir, Bhatti, Carstens, Davies, Elder, Hartle, Hamill, Hogan, Hymas, Myint, Newell, U Patel, Sheridan, Smith, Unter, Varghese, Watts, Wood and Willis-Lake.

**Observers**: Guest (speaker) Jackie Sowerbutts, (Consultant PH) and Shrine Ramamoorthy.

Part I

1. WELCOME AND APOLOGIES FOR ABSENCE

Dr Hogan welcome members to the 59th KLDC meeting and thanked Jackie our guest speaker from DPH for attending this evening. He advised that Drs Myint and Sheridan would be attending but would be late and welcomed observer Shrine Ramamoorthy for attending once again this evening.

Apologies were received from Drs Adesanya, Chopra, Johnstone, Nugent, N Patel, V Patel, Shivji and Varghese.

Guest Speaker Jackie Sowerbutts, Consultant DPH – thanked members for inviting her to attend this evening and urged members to please start preparing any questions they might have. She said that she was not only a consultant in Public Health she was also a dentist. She was frequently a dental counsellor and was working on clinical standards. Amongst other matters she was currently working on Antimicrobial resistance activity and had been running courses and developing a structural approach. They are running an audit in Kent, Surrey and Sussex using baseline data and are working on a national toolkit. The toolkit captures data for 10 patients before and then again after the initial audit so users can assess their knowledge and practising profile. NHS England will be supporting the purchasing of the toolkit.

Dr Watts raised concerns that overseas dentists would need to be given guidance as they were more likely to prescribe inappropriate antibiotics such as Clindamycin as a first port of call. It put into question whether contract holders should be doing more to disseminate to all performers.
Dr Watts felt that patients also needed to be educated on the use of antibiotics. There has been a lot of controversy over the use of antibiotics but more recent advice given with antibiotics is that if a patient is feeling better after 3 days they should stop taking the prescribed antibiotic. Equally so if they are not working the antibiotic in use should be reviewed.
The issue of private practices was raised but it was advised that unfortunately there was no way of monitoring them.

Sarah Hurley (CDO) has been working on dental care for young children and feels that every child should be seen by a dentist by the age of one (DCby1 campaign). The response by NHS England is very encouraging and 1 UDA equivalent will be awarded. At the moment there is only a 14% registration for children under one with 58% up to five. More work needs to be done to spread early awareness. This is going to be discussed at the LDN in October. The UK wide **Dental** Check by **One campaign** has been launched by BSPD in partnership with the Office of the Chief **Dental** Officer England (OCDO)– there is a very good toolkit and Jackie is encouraging practices to have a look. There is lots of literature and brochures. **Action**: the link will be added to our website – http://bspd.co.uk/Resources/Dental-Check-by-One. Additionally more awareness is also needed of oral cancer.

An adult dental health survey is being launched this year (surveys take place every five years and this year it is based on adults). It will be looking at the patients attending and they will each complete a questionnaire. Not all local authorities nationally will take part.
Orthodontics – it was advised that the procurement process has currently taken one further year and contracts have been extended until 2019. This will mean going through the whole process again which will involve a lot of expense.

Jackie advised if anyone had any further questions to please email her on Jackie.sowerbutts@nhsnet.

Dr Hogan thanked Jackie for attending this evening.

2. LAST MEETING, WEDNESDAY, 5TH JULY 2017
(a) Confirmation of Minutes – a few minor amendments were made to the minutes, otherwise they were approved. **Action:** The clerk as usual will email the corrected minutes to John Noakes who will upload onto the KLDC website.
(b) Matters Arising – Dr Sheridan resent her email to David Ezra but this has still not reached a satisfactory outcome. **Action**: Dr Unter will pick this up at the Channel Meeting on Monday.

3. ANY OTHER BUSINESS
There was no "Other Business" however Dr Winstone asked at this point to discuss membership vacancies. There were two vacancies in West Kent which needed to be filled and currently there did not seem to be anyone willing to be voted into these positions. Co-options were discussed and Clair Hamill expressed an interest; Clair was **proposed** by Dr Winstone and **seconded** by Dr Unter. Clare was successfully co-opted onto the KLDC committee. Clair is a relatively recently appointed DPA for NHS England.

4. SECRETARY:
(a) Correspondence (not reported elsewhere) - Dr Unter as usual advised that he would report relevant correspondence where it appears on the agenda. He advised that he is receiving more misdirected mail from dentists regarding referral problems that he has responded to and more recently complaints regarding treatment from patients that he had had to redirect also. He has received a complaint from an LDC member (Nash Patel) regarding the poor service offered by Heales – the Occupational Health successor to OH Works. The Heales contract only provides service to dentists – no longer hygienists, nurses etc. – except in the case of needle stick injury. It seems in this regards they are poor, as well as the inconvenience of colleagues/staff being expected to go to Heales' clinics rather than the much more peripatetic service previously offered by OH Works who came to the practice for routine Occupational Health Services.

The KLDC views were sought on accreditation of level 2 performers by Liz Hartle (papers emailed to members prior to the meeting). Mark Johnstone has responded to this and has copied this into the LDN co-chair Brett Duane for discussion at the next LDN meeting on 18th October.

There has been some clarification from NHS England regarding IR(ME)R CPD requirements. There has been some confusion regarding the requirements for IR(ME)R by practitioners and operators and what satisfies the "Core of Knowledge" rather than individual unrelated short courses that can accumulate the number of hours radiation training required for each 5 year cycle – but do not cover the essential "Core of Knowledge" requirements.

The KLDC received an important letter from Public Health England regarding the shortage of Hep B vaccines and recommendations for general practice. (A copy can be sent on request). Dr Hartle hopes to raise this and the concerns around the shortage at GDPC.

(b) Meetings – Dr Unter advised he would report on these where they appear on the agenda. Dr Unter advised that he cannot attend the LDC Officials Day on 1st December due to his son's wedding being on the same day. Dr Hogan will attend as usual.

He awaits a suitable date for the next liaison meeting with the LMC.

He advised that on behalf of the KLDC he had sent a letter KLDC regarding Breach Notices for failing to use NHS.net using the previously supplied NHS.net practice email address (from the Local Office of NHS England) to all practices in Kent. He had not received a response to this email but Dr Hogan has. The guidelines are that the use of any email account other than NHS.net for the transmission of information that contains at least two patient identifying details will result in the relevant provider being punished with a breach notice. The provider will be given a breach notice even if the transgressor is a performer on the provider's contract who may not have an NHS.net account.

A letter of thanks was written by Dr Hogan on behalf of all the Channel LDCs to Professor

Stephen Lambert-Humble as he has now retired from his position as Dean.

5. TREASURER

(a) Report - Dr Winstone advised that we are now adopting the new Guild rates and if any members would like an electronic copy of the meeting claim form to let him know.

(b) Statutory levy - He advised that all accounts were up to date.

6. NHS ENGLAND MATTERS

(a) NHS England – Dr Unter advised that he had received correspondence regarding an apparent increase risk of COPD with regular use of house-hold disinfectants. Barry Westwood (Surrey LDC Chairman) forwarded a newspaper article to Annie Godden for her perusal. Her reply was that NHS England and other commissioners do not specify particular products that providers must use and for which purpose. She is not aware that NHS England or other commissioners have produced protocols for the use of hazardous products; It remains a provider's responsibility to undertake a COSHH assessment for all hazardous products used and implement protocols for their safe use. She said with this in mind she was not sure what more she could do as a commissioner.

Dr Unter has written to NHS England enquiring what they intend to do to update the Dental Referee. This document (available on the KLDC website) despite the presence of DERS is still a useful tool, particularly for new dentists in Kent.

(b) NHS England South (South East) LO

(i) (a) Kent Local Dental Network (LDN) – Dr Unter reported that the last meeting on 17th August was cancelled due to a large number of apologies received. The next meeting is on 18th October. A number of documents and audits have floated about but there was nothing specific to report until after the next meeting.

(b) DERS – Dr Unter reported that he was not sure of any progress Connie has made regarding her Ortho concerns sent to David Ezra and subsequently copied to Brett Duane. Dr Watts attended a meeting on 11th September at Wharf House regarding DERS – along with Annie Godden, Brett Duane and Alison Cross. There was a consultant present via phone but his connection died. They were looking at streamlining the referral process. X-rays were discussed and Annie is making a list for accredited OPG providers together with appropriate fees. The subject of an urgent pathway for non-malignant cases was raised by members who felt that there was a gap in the current system. **Action:** Dr Hogan will raise this at the Channel Meeting [Secretary's Note: There was general agreement in this situation practitioners should simply "pick up the 'phone" and speak directly to relevant specialist department.]

(ii) KSS Performance Advice Group (PAG) – Dr Unter advised that he had not attended any meetings of PAG since their last meeting although he is due to attend one next week. His understanding is that the group are still effectively sieving cases and making recommendations as appropriate. Kent attends 1:3 PAG meetings – with East Sussex and West Sussex sending representatives to the other meetings.

iii) KSS Performers List Decision Panel (PLDP) – Dr Hogan advised that PLDP was busy with general performer list applications and the imposition of conditions on others. He added that a lot of practices were struggling to recruit. He advised that if you needed an associate, an overseas dentist who needs a Performer List Validation by Experience (PLVE) previously known as DFTQ (Dental Foundation Training by Equivalence) may be the answer as long as you are happy to be their clinical supervisor.

iv) DCQAP – Dental Contracts & Quality & Assurance Panel - The most recent meeting was attended by Dr Hogan. There was a lot of previous discussion regarding the issue of breach notices, in particular insecure email. Also discussed was the fact that Midazolam and Salbutamol are drugs that come under the Patient's Group Directive legislation (PGD) which states that only dentists may administer them. For any other member of staff to be able to administer them there needs to be a Patients Specific Directive in place which involves the completion of a form that is attached to the patient's notes that specifies that individual patient.

(v) SE Coast LDCs (Channel Group) – Dr Unter advised they are due to meet on Monday 9th October. Their last meeting was on 24th July. This is always a useful meeting with the LDCs across KSS. The first part of the meeting is attended by Annie Godden. The meeting picks up matters of concern in each area, inevitably some affect more than one area and frequently all areas.

(c) DentaLine – Dr Davies advised that they are continuing their new way of working being piloted in conjunction with NHSE. The Christmas period is coming soon and she wants to remind dentists that they are not acting as their daytime emergency cover. Practices should be declaring their opening over the Christmas period to NHSE.

(d) Dental practice Advisers –

(i) Dr Hymas advised that he had had over a month off but still has one investigation on-going.

(ii) Dr Winstone advised that he did not have much to add but said that Clair and Ken had helped. Record card reviews are still on-going and there have been inspections on DAFS.

7. HOSPITAL REPRESENTATIVE REPORT

Dr Elder had not prepared a report as he had little to report. National recruitment for trainees' interviews will be in March with applicants being able to upgrade at the end of July. Max fax will not upgrade until July.

DERS – Dr Elder advised he had been involved in the referral form but this has not officially been launched yet. Annie Godden is looking at pathways in order to direct to his service. At triage there seems to be reluctance to involve consultants locally.

8. ORTHODONTIC MATTERS

Dr Sheridan reported that the Clinical Network meeting had been cancelled as there was nothing to discuss. Everything has been pushed back 12 months. A lot of the smaller contracts, (the smallest 1500), will be lost and this will result in children having to travel and take a whole day off of school just for a 15-minute appointment.

9. SALARIED DENTAL SERVICES

(a) East Kent – Dr Willis-Lake's report was circulated to members with the minutes. DentaLine Services has been invited to participate in a new Portfolio Study: Rapid HIV testing in the dental setting. This is a 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 continuing with their audit programmes. The latest is the IRMER, the results shown significant assurance.

KCHFT Dental Services have now gained accreditations as accredited trainer for conscious sedation (for dentists and therapists). KCHFT is already accredited trainer for sedation nurses training with NEBDN.

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.

GA waiting times is currently at 6 weeks. Urgent cases are at a maximum of 2 weeks. All referrals are now triaged by a senior dental office at Capital House. The domiciliary referral form is being reviewed and updated. Their patient experience remains high at 98.11%.

(b) West Kent – Dr Davies had not prepared a report but advised that she is continuing to do audits at various centres. She advised her waiting times were the same as East Kent's. They are still operating without DERS, rejecting more referrals than accepting but are giving guidance on why. They are having difficulty recruiting and they are supporting dental check attendance and GA clearances on the under threes.

10. ORAL HEALTH PROMOTION NETWORK (OHPN)

Dr Davies reported that OHPN is now called the Oral Health Promotion Managed Clinical Network (OHP MCN) subsequent to the recent recruitment process for MCN Chairs The OHP MCN will be a KSS wide MCN. This will be a very large and diverse group to get together and as a consequence it is likely there will be different arrangements for future meetings.

11. REPORT FROM CONSULTANT IN DENTAL PUBLIC HEALTH

Dr Unter read out a report from the last meeting. Jenny Oliver updated Dr Unter on actions which she had taken away from our last LDC Meeting.

Request for update to orthodontics on progress of procurement – Jenny has fed this back to Annie Godden; MCN chair role and concern about remunerations – she has fed this back to

Annie Godden and the LDN chairs who are planning to modify the job description and re-advertise; Feedback on DERS – she has raised points of action (i) suggestion there be a comments box (ii) query about who is on the working group representing views of GDPs (iii) What has happened with the suggestion that Connie Sheridan made to David Ezra. All these points were raised with Brett Duane who is leading the DERS work. A DERS user group is being set up in the next few months and Jenny feels confident that Brett has taken advice on board that GDPs should be part of the group. Jenny has also offered to be part of the group. She feels this will be the best route for people to feed in any suggestions and comments. She has asked in the meantime to raise any concerns to Brett by email and he can feed them into the correct route.

12. GENERAL DENTAL PRACTICE COMMITTEE: REPORT OF KENT REPRESENTATIVE
Dr Hartle reported that all general medical practices have received a book "Important oral and maxillofacial presentations for the primary care clinician" but these were not being sent to general dental practices. Funding is being sought from DoH /CDO for this to be extended to general dental practices and failing that commercial sponsorship. They are still looking at antimicrobial resistance. They are participating in audits (not in Medway) and there is a website based tool. They are still looking at Sugar and there is an audit on oral health. The use of amalgam is being phased out as part of the Minamata Convention with still no acceptable replacement. Accreditation of providers of level 2 complexity care document from CDO's office has been heavily criticised by the BDA as have the appointment of the selection committees. Nominations have opened for self-nominations for BDA representatives on various committees. This has been tested in three areas already. The link is available online on BDA website and BDA members and performers on NHS lists should receive a direct email for voting once nominations close. There is a procedure to verify who you are and then you can vote. Dr Hartle requested that if anyone has any information about how they found this procedure she will pass this on to the BDA. GDPC keeps a slot on the agenda for discussing LDC issues, so if there are any issues that need raising please let her know.

13. LMC REPORT
Dr Nugent did not attend therefore there was nothing to report.

14. KLDC WEBSITE (www.kldc.org.uk)
Dr Unter advised that there had been updating of content on the site and there were some recent additions including the link for Oral Health Management of Patients at Risk of Medication-related Osteonecrosis of the Jaw as requested by Judi Barham along with an update to the homepage. He advised that he hoped to refresh the website over the next few weeks particularly as DERS was replacing previous paper based referral documents.

15. EDUCATION AND TRAINING – DENTAL FOUNDATION TRAINING
Dr Winstone advised that Prof Stephen Lambert had retired and that Peter Briggs was the interim postgraduate dental dean for London and the South East. The administration staff were being centralised such that in future there will be separate admin teams for functions such as recruitment, conferences etc. Applications for those wanted to be considered as new educational supervisors are now open. There is an on-line PDF application form.

16. DATE OF NEXT MEETING

Wednesday, 17th January 2018

17. ANY OTHER BUSINESS
Already discussed above.

FUTURE DATES: Wednesday, 11th April 2018
Wednesday, 4th July 2018
Wednesday, 3rd October 2018