South Yorkshire & Bassetlaw 
Dental Local Professional Network 
Steering Group 
Thursday 5 May 2016

MINUTES

Attendees

Ghazala Ahmad-Mear  G A-M  Associate Dean, Health Education England
Richard Allott  RA  LPN Chair
Sally Eapen-Simon  SE-S  Consultant in Dental Public Health
John Heyes  JH  Clinical Advisor (Dental)
Carrie McKenzie  CMc  Healthwatch Sheffield
Carolyn Ogle  CO  Senior Primary Care Manager
Margaret Naylor  MN  Primary Care Clinician
Paul Stones  PS  Commissioning Manager (Secondary Care Dental)
Chris Walker  CW  Primary Care Clinician
Devina Worsley  DW  Specialist Registrar Dental Public Health
George Wright  GW  Primary Care Clinician

Apologies

Kate Jones  KJ  Consultant in Dental Public Health
Raj Patel  RP  Secondary Care Clinician

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<th>Item</th>
<th>Minute</th>
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<td>48/16</td>
<td><strong>Conflict of Interest Register</strong></td>
<td>Carrie McKenzie confirmed that she had no conflicts of interest.</td>
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<td>49/16</td>
<td><strong>Notes of the Previous Meeting</strong></td>
<td>The notes of the previous meeting held on 7 April 2016 were accepted as a correct record of the proceedings subject to amendment of 38.1 Update on Procurement last sentence to read “Pre-assessment for GA exodontia is being considered for inclusion in the specification.”</td>
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<td>50/16</td>
<td><strong>Matters Arising</strong> &lt;br&gt; 50.1 Contract Termination Rotherham – Forward Plan</td>
<td>No comments had been received and therefore members were asked to forward comments in advance of the next meeting in order that there was agreement of the priorities.</td>
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MN expressed concern that Mr Hall had been led to believe that the service would be reprocured from his practice premises. CO advised that although a reprocurement had not been ruled out at the time a clear decision had been made by SMT to disperse the patients and Mr Hall had been made aware of that. The closure of the service had however led to a loss of domiciliary care which the LPN had on its agenda. It was queried whether there had been any complaints from patients about the loss of this service CMc agreed to contact the relevant Healthwatch teams.

Post Meeting Note: No complaints had been raised by patients to either Barnsley or Rotherham Healthwatch about the closure of this practice.

50.2 Compass and Year End
The letter from NHS Dental Services to the General Dental Practice Committee had not yet been put on the LPN website. RA had asked for editorial rights to the website but the advice was that this had to be done by the web team.

50.3 Minor Oral Surgery Doncaster
PS agreed to provide the option appraisal for the Doncaster contract to the next meeting.

50.4 Dental Psychotherapy
RA reported that the dental commissioning group had confirmed that it did not wish to commission this service; it is a facial pain service and is not provided by a dentist. It is a tertiary referral service referred to by consultants. This is separate to the dental phobic service provided through CDS.

51/16 Ghazala Ahmad-Mear
Ghazala Ahmad-Mear introduced herself as the Associate Dean of Health Education England covering the South Yorkshire patch. She is also an oral surgery specialist, she looked forward to working with the LPN from an education perspective.

52/16 Focus on Patient and Public Engagement

52.1 Role of Healthwatch
CMc gave an overview of the role of Healthwatch which was established as a statutory body under the Health and Social Care Act 2012 and was a reincarnation of LINK and its purpose was to gather views of patients and the public.

Healthwatch undertake Enter and View visits to dental practices and a report is written. The practice has to provide a response to the Healthwatch report to check accuracy and respond to the recommendations and a further visit is undertaken 6-12 months later. Healthwatch England and CQC receive the information. 21 days notice is normally given but there can be occasions where no notice is given if needed.
With regard to the website patients can provide views on services. 70% of the responses are positive, the provider has a right of reply. Complaints are sent to the practice. The Steering Group felt that this could be duplicating NHS Choices, however CMc indicated that the Healthwatch site was independent and focussed on public opinion. Sentiment analyses could be undertaken for example on the Wath practice closure to see if this was a theme. Dentists would be given a widget to link to the system. MN agreed to pilot for Sheffield.

52.2 NHS England Resources

The Group received the Framework for Patient and Public Participation in Primary Care Commissioning. CO expressed some concerns about the expectations on NHS England and the fact that the document referred to dentists having registered patients.

The patient friendly information on getting involved in primary care commissioning was felt to be good however.

53/16 Workplan 16/17

53.1 Orthodontics

Details of the Yorkshire and Humber Procurement Group meeting on 21 April 2016 were considered. PS explained that SMT had considered two options for the procurement one being a staged approach over three years and the other a big bang approach. SMT had agreed the former but it was not yet clear which contracts would go in which stage. The health equity audit was being developed which would identify where services need to be provided from. The audit toolkit indicators were being shared with providers. There was a lack of clarity on the wind down and wind up of contracts and this was being worked through.

53.2 Minor Oral Surgery

PS highlighted an issue with the IMOS contract in Sheffield where the service had been commissioned to deliver 550 episodes in 11 months but had only delivered 110. This was despite several communications to GDPs to use the service. PS was due to have a contracting meeting the following week with STH the provider of the service and would discuss a potential breach notice. The new Rotherham service was oversubscribed and the Barnsley service which had changed provider was working well.

G A-M explained that the service did not receive any referrals for a long time, there were issues with poor referrals and these went to undergraduate teaching where they were struggling with numbers. It was felt that it would be useful to identify persistent offenders however STH could not identify referrals by GDP.

The Group felt that there could be a significant training issue if
referrals from GDPs were being treated by students. An oral surgery MCN would lead on discussions of this nature.

### 53.3 Community Dental Services

JH reported that the team had met with Janet Clarke, Deputy CDO to discuss the procurement. Janet is also the head of a large CDS and wrote the commissioning guides. Janet had provided some useful advice about contract size, length and the service specification. A vision paper would be presented to the LPN in due course.

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<th>54/16</th>
<th><strong>Secondary Care Dental Update</strong></th>
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<td><strong>54.1 TMJ</strong></td>
<td>A piece of work had commenced to look at the pathway a meeting had been held to discuss and proposals were being reviewed.</td>
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<th>55/16</th>
<th><strong>Impact of the DAR on Large Practices</strong></th>
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<td>MN expressed concern about the process around this review which was looking at reattendances within 28 days. The advice received indicated that a full examination should be undertaken on a patient reattending even if the next day which would be resource intensive. Further advice to be sought by NHS England on this review.</td>
<td>CO/JH</td>
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<th>56/16</th>
<th><strong>Notes of Yorkshire &amp; Humber LPNs</strong></th>
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<td>The notes of the North Yorkshire and Humber LPN meeting held on 5 January 2016 were received and noted with interest.</td>
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<th>57/16</th>
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<td><strong>57.1 Colgate Fluoride Varnish Initiative</strong></td>
<td>S E-S indicated that Colgate is keen to discuss setting up a community fluoride varnish initiative targeting children in the Tesco supermarkets in Barnsley and Rotherham. Children are offered fluoride varnish and booked appointments at a NHS dental practice. The project would be funded by Colgate. This was supported and a meeting with the Colgate representative would be held to discuss the detail.</td>
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<th>58/16</th>
<th><strong>Date and Time of Next Meeting</strong></th>
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<td>The next meeting will be held on 2 June 2016 at 4.45pm, Oak House.</td>
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