Kent, Surrey and Sussex Local Dental Network (LDN)

Minutes of the 06th Meeting

14:00 – 17:00 Thursday 20th September 2018
Surrey and Sussex Rooms, York House

18-20 Massetts Road, Horley, RH6 7DE

Co-Chairs – Brett Duane and Mark Johnstone

Present	Name	Job title / Organisation
	Brett Duane (BD)	Co-Chair for Kent, Surrey and Sussex LDN
	Gemma Michael (GM)	Business support Officer, NHS England
	Annie Godden (AG)	Senior Contracts Manager, NHS England
	Jenny Oliver (JO)	Consultant Dental Public Health, Public Health England
	Brian Miller (BM)	Chair – Restorative MCN
	Sarah Davies (SD)	Co-Chair - Oral Health Improvement MCN
	Elizabeth Lines (LL)	Kent Healthwatch Patient Representative
	Huw Winstone (HW)	Dental Practice Advisor, NHS England Associate Dean – HEE
	Agi Tarnowski (AT)	West Sussex Local Dental Committee Representative
	William Westwood (WW)	Surrey Local Dental Committee Representative
	Julian Unter (JU)	Secretary, Kent Local Dental Committee
	Jeremy Collyer (JC)	Oral Surgeon, Queen Victoria Hospital
	Jo Clark (JoC)	Co-Chair for KSS Orthodontic MCN
	Jennifer Parry (JP)	Chair - Special Care and Paediatric MCN
	Jackie Sowerbutts (JS)	Public Health Consultant
	Kirstie Lau (KL)	Dental Trainee
	June Willis Lake (JW)	Co-Chair – Oral Health Improvement MCN
	Shelley Oliver (SO)	Chair – Urgent Dental Care MCN
	Natalie Bradley (NB)	Clinical Fellow
	Jackie Elsden (JE)	DCP Lead – HEE
Apologies:	Mark Johnstone	Co-Chair for Kent, Surrey and Sussex LDN
	Nish Suchak	East Sussex Local Dental Committee Representative

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1. Welcome and Apologies The meeting was introduced and apologies given as above.
2. Minutes and actions of the last meeting – 27/06/2018 BD verbally signed off the minutes as a true and accurate record of the meeting. **Action: GM to ratify the minutes and upload them on to the website.** **Action 1:** Anonymised referral data to be sent to Managed Clinical Networks (MCNs) - Brett/Mark to discuss with MCNs data requirements in order to improve appropriateness of referrals. **Update -** BD has met with every MCN Chair and gone through the reporting. A series of emails chains were sent to Alison Cross and AG. AG confirmed that there had been series of focus groups over the past few weeks, Alison Cross will write up the notes taken from these meetings shortly with the proposed or requested changes to DERS. A separate meeting will need to be organised to look at these to see what can be facilitated at low cost and what other changes that will have a cost, Vantage to price all the changes up. Reporting will be looked at as part of this. **Action 2:** JC to speak to Christine Clayton re 2 - week wait. Update – GM to ask JC if this has happened. **Follow on action.** **Action 3:** Everyone to sign attached conflict of interest form and send electronically to Gemma. **Update –** GM to find out who is outstanding and request form. **Follow on action.** **Action 4:** MCNs to come up with list of actions under each 6 priorities in the strategy that are relevant to them. **Update –** Every MCN to feed into priorities and come up with a list of actions, MCNs confirmed this is progress. **Ongoing action.** **Action 5:** All MCNs to send in comments on existing draft of LDN strategy (see below, once BD/JO has finished draft. **Update:** SCP MCN – Complete Oral Surgery – To complete Restorative – Working on it Orthodontics – has asked member to come back with comments – to complete Urgent Dental Care – Complete OHI – To complete **Action 10:** BD will finish draft, once population description section is written, and Gemma will place onto the correct NHS template/format. **Update –** Draft has been sent and is with AG team. AG confirmed that after check that names are up to date this document will be circulated tomorrow. **Action 12:** BM will liaise with Peter Briggs. **Update –** BM attended the London Restorative MCN meeting. There was a lot of debate on Tier 2 particularly with Endodontics; the plan is to roll this out from October 2018 where practitioners can apply for a Tier 2 contract until December 2018. Following on from this, next year will be Periodontics and then Restorative. It was noted at this meeting that there was the desire to have an electronic system but there is not enough funds to purchase this.

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Action 15: AT to share with Dan Coleman work she has carried out relating to Orthopantomograms (OPG). **Update –** AT did share and Dan is waiting on some responses and then will have guidelines for the whole of KSS. **Action 16:** PB to arrange meeting on Mouth Care Matters with AG and other relevant stakeholders. **Update –** PB has not done this yet but Mili Doshi has been in contact and will be taking this forward and arranging a future meeting. NHS England Central will fund for another year and Health Education England (HEE) is happy to host so it will continue as it is for the moment. All other actions have been completed and/are on the agenda for discussion.
3. Conflict of Interest Declarations None declared.
4. Strategy/Recruitment JP has submitted her resignation from her role as Chair of the Special Care and Paediatric MCN, BD officially thanked JP on behalf of LDN for all her hard work and accomplishments achieved whilst in post. JP has taken a post as Consultant/Senior Lecturer at Cork University in Ireland. This will be her last attendance at the LDN meeting. Oral Surgery - to open up recruitment to try and find an oral surgery lead for the MCN (ideally a consultant) A new Chair will now be required for the Special Care and Paediatric MCN. For the Routine Dental Care MCN, the LDN will need to sign off and agree the Terms of Reference. The purpose of the Routine Dental Care MCN is to facilitate patient centred care and will provide assurance to the LDN by advising on transformational change, improving clinical fitness etc. and the aim of the MCN is to offer a way of working with commissioners from all settings across the clinical care pathways that support the delivery of routine dental care. Membership – 12 members plus a Chair. 4 members per County. HEE representation. Open membership up to all dental care professionals including providers and performers. Patient representative, at least one dental care professional representative and co-opt members as required. BD asked for comments. AG stated that the LDN should now move away from the calling areas as specific counties but refer them by Sustainability Transformation Partnerships (STP) footprint, Kent and Medway, East Surrey and Sussex and then Surrey Heartlands. When seeking representation from the STP areas, there might be some confusion so the group agreed that a map will be supplied. There should be 4 representatives from Kent and Medway, 5 from East Surrey and Sussex and then 3 from Surrey Heartlands as this will reflect the size of the geographical population. JU thought that there should be Local Dental Committee (LDC) representation. It was agreed that the MCN should not duplicate the LDC and this would be up to the Chair to ensure this. HW queried on membership is open to Dental Care Professional (DCP) providers and performers. Providers and performers implies NHS, does this mean that the DCP must be working in the NHS, most hygienists will be working in private practice.

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The group agreed that the membership should include: 12 members to include 4 from the LDCs – so for Kent and Medway, 1 LDC member, then 3 seats open to all who would want to apply. East Surrey and Sussex, there would be five seats, 2 from the LDC and 3 open to all. Surrey Heartlands would have one seat for LDC and 2 seats for non-LDC members. All agreed to this membership.
5. LDN Strategy The LDN Strategy has been circulated and all Chairs of the MCNs are working on the actions from the 6 priorities.
6. MCN Minutes and verbal updates **6.1 Oral Surgery Clinical Forum –** Last met on the 11th September 2018 via Zoom which worked very well. The main points discussed were Bisphosphonates, making sure that Dental Electronic Referral system (DERS) aligns with the oral health management for patients at risk; this has been fed back to Alison Cross who is the DERS lead. There was some discussion on the reaccreditation with NHS England and its processes, other discussions were on Indemnity and Tier 2 providers reluctant to take out lower molars because of parenthesis of the nerve. Other MCNs will be spoken with to see if there needs to be a review to understand the pre-operative assessment of lower wisdom teeth. Data from DERS will be audited trying to understand the appropriate method of referrals and whether Tier 1 providers are appropriately referring to Tier 2. Furthermore, are Tier 2 providers appropriately managing these referrals and if further referring to Tier 3 is appropriately managed. Further meetings will be from 16:00 – 18:00 via Zoom. The MCN will be recruiting a new Chair. **6.2 Restorative –** The first meeting was on the 16h August 2018, the Terms of References for the MCN were agreed by members. The LDN Strategy priorities were discussed with an agreement that members would submit comments. There was a lot of discussion regarding accreditation and the pros and cons of this process. DERS was discussed and recognised that overall it is a good system and is getting better. **6.3 Special Care and Paediatrics –** The MCN met this morning, the 20th September 2018. Membership has now included sedation practices with discussion to reopen membership to other IMOS sedation practices. Richard Simmons who attended the meeting is trying to set up a forum for sedation leads. The MCN continues to work on the General Anaesthetic (GA) workstreams, identifying acceptable care for special care adults under GA. There were some issues around root canal treatment but this has been resolved, the documents have nearly been agreed. There was discussion about the Tier 2 documents, Provider Assurance Framework for Commissioning Level 2, Accreditation of Performers of Level 2 Complexity Care and Guidance for Commissioners of Accreditation. JP queried if these papers were final, AG confirmed they had not gone through the formal process and are not for sharing at this time. The MCN is keen to work with the Orthodontic MCN on the First Permanent Molar Pathway and with the Oral Surgery MCN on to enable provision of guidance to come up on the DERS system when General Dental Practitioners (GDP) are referring patients on Bisphosphonates

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and Anti-coagulants. The Patient Reported Outcome Measures (PREMS) & Reported Experience Measures (PROMS) have been completed and agreed regarding adults special care patients that are receiving treatment under a GA. JP queried where will the information sit? where will the information go? Could treatment follow up be part of the referrals? **Action: JP to email Alison Cross to add this to the wish list for future development/ DERS.** The MCN is beginning to identify workforce-training areas. **6.4 Oral Health Improvement –** The MCN met on the 10th September 2018. There is agreement between the Co-Chairs that the current set up of a Core meeting with 2 local meetings are not working as hoped, it has resulted in many meetings with a lot of duplication and it has the danger of becoming a contract reporting group which is not the aim of the MCN. Membership to the changed MCN is being discussed and finalised with future 2019 meeting dates to be organised. An action for the MCN is to ask all Local Authorities to share their Oral Health Needs Assessment to understand their priorities and to try to align these with the MCN priorities. The network hopes to become strategic and to work with commissioners to push forward oral health for local communities. The MCN also hopes to work more around innovation and to share practice around the country and to explore projects that it wants to align with nationally i.e. Dental Check By One (DCby1) and Social Prescribing. JS offered her assistance should it be required. **6.5 Urgent Dental Care –** There has been 2 meeting with the next meeting on the 10th October 2018. The MCN has collected data on what is currently being provided in KSS as each area is providing slightly different services. There is now a comprehensive list of what the providers are doing with timings, methods of access etc. One of the priorities agreed by the MCN was to look at the patients seen and to identify how these patients are being triaged. Based on this, flow charts were completed and agreed by the group and sent to all Clinical Commissioning Groups (CCGs) with the request that they be incorporated into any future procurement. The MCN is currently looking at utilisation of the service to help with inform commissioners of current need. Data from May was collected and is being analysed. This will identify is there are too many services being commissioned or not enough services. Peer review is another workstream for the MCN. An audit of care deliveries will be completed to gain some quality assurance. SO informed the group that the NHS 111 algorithm is not suitable for urgent care dentistry and there should be a dedicated dental helpline for patients. **Action: SO to forward comments on the draft commissioning guidance to be sent to AG.** **6.6 Orthodontics –** The first Core MCN meeting was the 17th July 2018 and involved

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representation from both primary and secondary care from the 3 counties in KSS. The Terms of Reference was discussed along with the work schedule for the year to ensure the MCN aligns with the LDN strategy. There are concerns in relation to the current Orthodontic procurement such as managing waiting lists so it has been agreed that primary care representatives will work with AG and her team. The MCN has looked at the draft Orthodontic referral criteria that will be put on DERS as the over 18's criteria has been an issue. Another issue looked at is the developing guidelines at managing intercepting/extraction of first molars. Engagement of the wider workforce was also discussed and how to manage this. It might be a bigger meeting or smaller meetings dependent on county. A training element will be incorporated onto these days and colleagues may choose which to come to. For other means of engagement, it was agreed to put together a newsletter which is hoped to be circulated by Christmas. **Actions: MCN action plan comments to be submitted to the LDN as soon as possible but no later than 01st November 2018.**
7. Funding of the MCN Despite the importance of the LDN and the MCNs, NHS England has not identified a budget for these. The team has had to be creative to enable funding for the Chair positions. AG has approached other MCNs across the country regarding their funding options and in particular, for members who attend the meetings. It was discovered that some do not even fund the Chair post. AG appreciated that this could mean that the right people might not be in attendance but to fund this would mean diverting money from patient provision and at this time there is substantial procurement activity. For colleagues in secondary care there is already a CQUIN payment to enable contracted colleagues to actively participate with the MCN and it is expected for those colleagues to do so. For colleagues in primary care, it is more difficult. New contracts tendered will specify that there must be active participation with the MCN; bids should have this built into their submissions. For other services further behind it is challenging. There should be other ways to attract, some suggestions: • MCN Away Days • Continuing Professional Development (CPD) • Training Need Events AG confirmed that reimbursement of travel costs to attend a meeting will be permitted.
8. Dental workforce questionnaire The workforce questionnaire has been circulated with 132 replies received. BD thanked the LDCs for putting it on their websites.

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To enable further engagement as there is no closing date, the LDCs agreed to put it again on front page of their websites and to promote it at their Annual General Meeting and CPD events. **Action: GM to send AT and WW 120 questionnaires by post, JU agreed to print own copies.** Summary of the questionnaire: • 75% employed • 80% female • 45% independent services • Average age – 40 • Mostly dental nurses **Action: BD/MJ to think of other ways to promote survey – YouTube video etc.**
9. Needs assessment General Dental Service (GDS)/Special Care & Paediatrics/Orthodontics AG confirmed the General Dental Services (GDS) needs assessment is almost complete as in the final draft is ready to receive comments. Lot sizes, proposed location etc. have been finalised. There is a push to get the needs assessment out to the CCGs, STP leads and the Hoskin Health and Wellbeing Board with proposals and slots. Once comments have been received back, the draft will be sent out to wider stakeholders for further comment i.e. LDN, LDCS and Healthwatch etc. Patient Engagement work will then start. This engagement will not be around what services there will be as these are mandatory but on timings, pre-bookings/open access and emergency appointments etc. Special Care and Paediatrics needs assessment is slowly progressing with a scoping exercise across the South being completed which makes it more difficult. JO confirmed it is a complex piece of work as there are multiple groups to consider with perceived needs to come from a patient and public engagement exercise. The bariatric specification will be built into general dentistry and be part of procurement. There is quite a lot of provision across the whole of KSS.
10. DERS There have been focus groups for referrers and the services that receive them. The comments will be collected and fed back. AG thanked all those who attended and submitted comments. There will be a smaller group to look at what can be routinely built into DERS in the next update and those that require a redevelopment that will require pricing by Vantage. The intention is that any changes that incur a charge to be put forward to the LDN for consideration. AT queried if comments can still be given to which AG confirmed must be by mid-October. **Action: SD to email Alison Cross on concerns over referral sites being assessable to GDS but not Community Dental Services (CDS).**

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JP to feedback comment regarding domiciliary referrals that go via General Medical Practitioner. JC informed the committee that he will carrying out calibration with Tier 2 providers and will carry out calibration at Queen Victoria (QVH) Hospital amongst all consultants. Starting with triage referrals, online vetting and online guidance. JC queried the E-Referral, Electronic Referral System (ERS) and the business of NHS dentists and smartcards. AG confirmed she had no news of further progression. **Action: JC to email NHS Digital.** JC bought it to the LDNs attention of a referral to QVH for a tooth extraction where a dentist put another patient's radiograph attached to the referral. **Action: JC to contact Alison Cross with URN so she is able to locate referral.**
11. Local Dental Committees **Surrey LDC –** Study Day on the 06th October 2018. **Kent LDC –** No update. **West Sussex LDC –** CPD event in November 2018. AT raised a concern by Coastal West Sussex CCG on a national project on self-care and over the counter medicines; it is part of a NHS programme to save money. The concern is that toothpaste is part of this. Dentists are not permitted to do repeat prescriptions without an assessment and patients are not able to get to a dentist for an assessment. This was noted to be a challenging issue and AT was asked to summarise the issue and forward it to the LDN. **Action: AT to email BD/MJ with above concern.**
12. Patient and Public Involvement Planning There are two elements, the GDS work which is less complex compared to Special Care and Paediatrics. Liaising with Public Health England (PHE) national team on this work as they are able to provide expertise on patient and public engaging. For the purposes of the GDS procurement, they have access to the People's Panel that consists of around 400 members to which an online survey could be sent. Local surveys could be run through local bodies, CCGs etc. to create a broad range of people to analyse and to compare national and local data. Public engagement around Special Care and Paediatrics is much more complex as these services treat such a broad range of vulnerable population groups. It is a challenge to work out how to meaningfully engage with them all within available resources. At the moment, PHE is looking at developing a plan which will involve working with the Health and Wellbeing alliance – a partnership between voluntary sectors and the health and care system to provide a voice and improve the health and wellbeing for all communities. Through the alliance we hope to involve as many vulnerable groups as possible through one action plan. It is likely to involve a survey of the voluntary groups involved in the Health and Wellbeing alliance and more in depth focus group work.

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JS confirmed that there is recognition that if gaps are identified there may be a possibility to commission bespoke pieces of work if the gap is deemed important. If a particular group has not been heard then there is commissioning intention to hear this, resources permit. This work will feed into the needs assessment. It will give an overview of the perspective of these groups but will not be locally sensitive. A meeting with Brighton and Hove Healthwatch revealed they are looking at older people in care homes linked in with Care Quality Commission (CQC) questionnaire who are running a consultation. They are hoping to use the same questions in their own residential homes.
13. Health Education England (HEE) DCP – Sana is waiting to put on 2 courses for DCPs to do with the Starting Well initiative. HEE is currently working on proving access to dental nurses for this. The learning objective is to be able to apply fluoride varnish in dental practices. HEE is funding the course and it is free to all. It will consist of a 2-day course with an assessment day. For clinical staff at HEE London, KSS there is restructuring which is now at the job-matching phase. There are 12 dental foundation training schemes across the region with a Programme Director for each one. There will be 3 regional Programme Directors looking after and restoring PLVE, this is 'Performers list validation by experience dentists accessing the performer list who have not qualified in the UK' and restoring efficiency in dental registrants. HEE will assist these dentists to make a development plan to address the issues highlighted and to signpost to relevant CPD events. These dentists can self-refer or are referred by NHS England or by the General Dental Council (GDC). CPD organisation will be done centrally. There will be 4 DCP leads of which 1 will be a therapist across London KSS. PLVE is moving towards working on a project towards expansion. This whole issue was highlighted by KSS about dentists entering the profession with very little or no clinical experience. HEE is looking at ways of working with this. Alison Taylor has been involved working with Malcolm Smith, Lead Dean and Pritta Shah for NHS England in London. The proposal will shortly need approval and then presented as it will need funding. The dentist will need to demonstrate that they have met the standards required. Foundation training continues with 180 having started and it is working well with NHS England and the performers list.
14. Healthwatch No specific update just a case to share with JU.
15. Sustainability in Dentistry This will remain a standard agenda item. Discussion at next meeting on how is sustainability addressed in commissioning decisions.
16. Communications • **Twitter -** BD to look at people pending.

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Action: GM to look at Extranet guidance and share with group.
17. AOB All to consider putting forward project/pilot ideas to the LDN as if there is some funding, the LDN will have a list to consider and prioritise. **Action: Ideas to be sent to LDN Chairs.** **Action: AT to work on project upgrade for DCby1.** JS informed the committee of the principal that each foundation practice will adopt a local residential home and for there to be an ongoing relationship with the trainer, foundation dentist and DCP going into the home. There are 3 training schemes: • Training for the trainers needs to help foundation dentists to gain their skills • Training programme for foundation dentists to educate staff on 'why bother' • DCP training to help support the whole process To raise dementia awareness linking with Alzheimer's UK to provide dental awareness training to all foundation practices so they have more understanding. Cases studies are very powerful and JS would like all foundation dentists to produce a short video on a patient's story, before and after to end up with 60 clips to be able to take to future important meetings. JS told the group of the public leadership project for DCP2 which was launched last week. Mouth Care Matters links in with this project.

Dates of Meetings 2018/19

Date:	Meeting Room:	Time:
28/11/2018	Medway 1&2, Wharf House, Medway Wharf Road, Tonbridge, TN9 1RE	2-5pm
21/02/19	Boardroom, York House, 18-20 Massetts Road, Horley RH6 7DE	2-5pm
24/04/19	Medway 1&2, Wharf House, Medway Wharf Road, Tonbridge, TN9 1RE	2-5pm
11/07/19	Surrey/Sussex Rm, York House, 18-20 Massetts	2-5pm

Date:	Meeting Room:	Time:
	Road, Horley RH6 7DE	