

Kent, Surrey and Sussex Local Dental Network (LDN)

**Minutes of the 05th Meeting**

14:00 – 17:00 Thursday Wednesday 27<sup>th</sup> June 2018

Medway 1 & 2, Wharf House, Medway Wharf Road, Tonbridge, TN9 1RE

Co-Chairs – Brett Duane and Mark Johnstone

Present	Name	Job title / Organisation
	Brett Duane (BD)	Co-Chair for Kent, Surrey and Sussex LDN
	Mark Johnstone (MJ)	Co-Chair for Kent, Surrey and Sussex LDN
	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
	Peter Briggs	Interim Dean, Health Education England
	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	Public Health Consultant
	Geoff Thomas (GT)	Sussex Healthwatch Patient Representative
	June Willis Lake (JW)	Co-Chair – Oral Health Improvement MCN
	Shelley Oliver (SO)	Chair – Urgent Dental Care MCN
<b>Apologies:</b>	Nish Suchak (NS)	East Sussex Local Dental Committee Representative
	Huw Winstone (HW)	Dental Practice Advisor, NHS England

**Agenda Item**

**1. Welcome and Apologies**

The meeting was introduced and apologies given as above.

## Agenda Item

### 2. Minutes and actions of the last meeting – 18/10/2017

#### Page 2:

- DCQAP misspelled (Dental Quality Assurance Panel)
- For this and future meetings need to ensure Jo Clark is JoC, and Jeremy Collyer JC to avoid confusion.
- Nicholas 'Tylor' not Nicolas 'Lodge'.

#### Page 4:

- Ian 'Voosden' not 'Foosden'. Also mentioned in action section number 7
- Evaluation not evaluation (3<sup>rd</sup> line from bottom)

**Action: GM to ratify minutes and upload onto website.**

### 3. Action Log:

**Action 1:** Complete

**Action 2:** Complete

**Action 3:** Outstanding

**Action 4:** Managed Clinical Networks (MCN) role is to ensure referrals are appropriate. The reports will be used by Dental Practice Advisors to discuss this with the individual provider, not the individual performer. BD to send anonymised reports to MCNS of referral patterns.

**Action 5:** Oral Surgery meeting notes now out of date – no further action.

**Action 6:** Complete

**Action 7:** Complete. Annie spoke with Ian Voosden. Kent Alliance and SS Alliance producing different forms. JC suggested with agreement from all to hold work being done by Oral Surgery Clinical Forum. From a governance perspective once the forms have been developed by Kent and Surrey and Sussex, the Oral Surgery Clinical Forum will need to get their form signed off by both Alliances. JC to speak to Christine Clayton. No further action.

**Action 8:** Complete: no further action.

**Action 9:** Complete: no further action.

**Action 10:** Complete: no further action.

**Action 11:** Complete: no further action.

**Action 12:** Complete: no further action.

**Action 13:** Complete: no further action.

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<p><b>Action 14:</b> Complete: no further action.</p>
<p><b>4. Matters Arising</b></p> <p><b>Dental Electronic Referral System (DERS) and General Data Protection Regulation (GDPR)</b></p> <p>Discussion around legality of using referrer information to identify high level of inappropriate referrals. Agreed this is a contractual function rather than a function of the LDN or MCNs.</p> <p>Post-meeting note: Each MCN needs to consider what date they would like.</p> <p><b>Action: Anonymised referral data to be sent to MCNs. Brett/Mark to discuss with MCNs data requirements in order to improve appropriateness of referrals.</b></p> <p><b>2 week wait H+N cancer forms</b></p> <p>The 2 cancer alliances are reviewing all of their 2-week wait forms and are coming up 2 new different forms. AG has advised that a single form would be preferable.</p> <p><b>Action: JC to speak to Christine Clayton.</b></p>
<p><b>5. Conflict of Interest Declarations.</b></p> <p><b>Action: Everyone to sign attached conflict of interest form and send electronically to Gemma.</b></p>
<p><b>6. LDN Strategy</b></p> <p>BD gave introduction to draft strategy and very early draft action plan. Key aim today is to get final agreement on the 6 priorities from the strategy.</p> <p>Suggested changes:</p> <ul style="list-style-type: none"> <li>• Change name of OHP MCN to Oral Health Improvement MCN</li> <li>• Change priority 5 to: improving oral health for vulnerable groups (rather than vulnerable older people only)</li> </ul> <p>Agreed that each MCN to come up with what actions they deliver under each priority. These will then be used to populate the action plan.</p> <p><b>Action: MCNs to come up with list of actions under each 6 priorities that are relevant to them. All MCNs to send in comments on existing draft of LDN strategy (see below, once BD/JO has finished draft.)</b></p> <p>Some priorities will be addressed by LDN as a whole, e.g. priority 6, although this could be supported by work from individual MCNs, e.g. orthodontic leaflet on entitlements under the NHS.</p> <p>Group acknowledged the need to engage more widely: Patient and Public Engagement, and General Stakeholder Engagement are a gap so far. Agreed to circulate draft to Local Authorities, Oral Health leads, Sustainability and Transformational Partnerships, Healthwatch, LDCs, Health Overview Scrutiny Committees, Health and Wellbeing boards for comment, MCNs.</p>

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**Action: JS and BD to send out letters and draft strategy once agreed by LDN (refer to Healthwatch “must do list” and each aims and objectives for each organisation)**

Our vision page 10. Discussed vision – first point – remove ‘embarrassment’ and ‘kiss’.

**Action: BD to remove terms when finalising draft.**

Need to develop covering letters for engagement with stakeholders.

**Action: JS to support with cover letters for engagement.**

**Action: JO to complete population description section first.**

Agreed no need for needs assessment per se, as we will have separate needs assessments for different projects.

**Action: BD will finish draft, once population description section is written, and Gemma will place onto the correct NHS template/format.** This version will then go to MCNs and other stakeholders.

### 7. MCN Minutes and verbal updates

**7.1 Oral Surgery network.** BD gave update.

**Action: All to disregard Oral Surgery minutes as they need to be adjusted. BD to update Oral Surgery minutes.**

Discussion around need for Orthopantomogram (OPG) for extraction lower wisdom teeth. NHS England is working with Acute Trusts to plan for General Dental Practitioners (GDP) to send in patients for OPG where they have no machine in practice. This issue was discussed at clinical forum where majority felt OPG should be sent with referral. Some disagreements amongst LDN since many GDPs do not have access to OPG machine. AG stated that they were trying to get agreement from the hospitals to take OPGs (once requested by GDPs) for dental patients for this purpose.

In addition, many of the OPGs that are sent in are not of sufficient quality, which leads to a second OPG being taken, and therefore double exposure to patient.

DERS should include a radiograph of suitable quality for lower wisdom tooth removal. This can be a periapical or OPG, decision was that OPGs could not be mandated.

**7.2 Restorative.** BM gave update.

First meeting will take place in 6 weeks' time. Level 2 practitioners a big issue. BM will liaise with Peter Briggs on this.

**7.3 Special Care and Paediatrics.** JP gave update.

Last meeting 17<sup>th</sup> May. Much of meeting focused on DERS as has recently included special care/paediatrics and seemed to result in referrals going down. Workforce issue in that DERS is designed around the commissioning pathway that does not necessarily reflect the differences in expertise between different pathways. Discussion relating to sedation pathways. 2 new paediatric specialist trainees coming to the end of their programme, would be good to encourage them to stay in the region. Panna Shah is now deputy chair.

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Conference in paediatric dentistry January 2019.

### **7.4 Oral Health Improvement.** SD gave update.

Name change agreed by LDN. Group has agreed Terms of Reference (ToR) and workplan for the year (will review this following today's discussion on LDN strategy).

Problems with engagement with Surrey Oral Health lead. Vacancy freeze so very short on staff.

OHI MCN is now on Twitter. Twitter handle is @kssohmcn

### **7.5 Urgent Dental Care.** SO gave update.

Group has met twice. First action information gathering – who is open when, what criteria, etc.

Visited 111 and identified some strengths and weaknesses. MCN looking at triage algorithms as a way for 111 to bypass the medical Pathways process and come up with alternative dental process.

Clinical training of telephone operator's crucial if dental advice able to be provided. 3 procurements for 111 in planning. Kent already been procured. Two procurements already need to take place.

JS presented at Dorking to 19 clinical advisors. Top tips. Group was very engaged, and have agreed algorithm. Discussion that pathway is national determined.

Next step: audit of utilisation of services. Sense that may not need the capacity that we have if triage was better designed to fit with dental good practice rather than medical good practice.

### **7.6 Orthodontics – 17/07/2018.** JoC gave update.

Members attended the Orthodontic MCN symposium in March to learn from longer established groups. Very useful.

First meeting of core MCN will be in 2 weeks' time. Will consider how to engage with patients and public.

The two chairs will take lead on separate topic areas:

- Richard will lead on transition phase re: procurement, e.g. waiting lists
- JO will lead on DERS and development of guidelines for interceptive treatment/extractions and how to engage wider orthodontic workforce.

## **9. Dental workforce questionnaire**

BD asked the group to test out a draft dental workforce questionnaire. Group fed back:

- Questionnaire quite long
- Need to understand better the meaning of why people are not engaging in learning on particular topics.
- Need to ensure that people are motivated by potential benefits to them.
- Need hard copy to practices to engage more of team.
- Discussed issues with how we can better engage with performers and the wider dental team in this type of work.

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<ul style="list-style-type: none"> <li>• Need to hand out at events that dental teams are planning to attend anyway.</li> <li>• Need to understand precisely what we want from this. What is the offer to GDPs from the NHS? Do we want to support transition of workforce to level 2 – upskilling of workforce?</li> <li>• PB suggested that we need formal way for level 1 to upskill to level 2. Need to map training to skill requirements. This is HEE priority.</li> <li>• Need to be careful of identifying problems without being able to offer solutions.</li> <li>• Need to send this out, through DN/DH/DT organisations. Out to the practice with NHS Address. Link on Local Dental Committee (LDC) website. Also go to conferences, and LDN study dates etc. (AT)</li> </ul> <p><b>Action: PB to send BD comments on questionnaire in the next 2 weeks. JO/JS/MJ to redraft questionnaire considering PB's comments.</b></p>
<p><b>10. Needs assessment General Dental Service (GDS)/Special Care &amp; Paediatrics/Orthodontics</b></p> <p>AG gave update:</p> <ul style="list-style-type: none"> <li>• GDS needs assessment complete. Now need to work with stakeholders to engage on potential procurement lots. NHSE has identified an extra £12.5m for GDS procurement. Will go to STPs and Health and Wellbeing boards in first instance then will mirror orthodontic engagement, including Healthwatch, councillors etc.</li> <li>• Special care/paediatrics/sedation/urgent care. Have sought permission to extend contract. Waiting on response. Will be done across whole of the South of England as per Orthodontics.</li> </ul>
<p><b>11. DERS</b></p> <p>DERS focus group for referrers next week. Will be separate focus group for receivers. LDCs have written in about concerns: combination of DERS and commissioning issues.</p> <p>JC raised issue of integration of DERS and hospital based ERS. NHSE have commissioned Vantage to do this but barrier is smart cards. Issuing of smart cards to 3000 performers would be unmanageable.</p>
<p><b>12. Local Dental Committees</b></p> <p>AT gave update from West Sussex.</p> <p>Engaging with council re: needs assessment and sugar reduction toolkit pilot.</p> <p><b>Action: AT to share with Dan Coleman work she has carried out relating to OPGs.</b></p> <p>JU gave update on Kent LDC including engagement with councils, provider/performer conflicts, returning to dentistry after long period of absence, identifying quality dental supervisors.</p> <p>WW gave update from Surrey LDC and echoed issues raised by previous LDC speakers including DERS and DCQAP.</p>

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<p><b>13. Health Education England (HEE)</b></p> <p>PB gave update on Advancing Dental Care.</p> <p>Mouth Care Matters needs home in order to become sustainable long term. PB would like a model where it can be commissioned. A provider needs to fund and host core team and website. HEE can provide premises.</p> <p><b>Action: PB to arrange meeting on Mouth Care Matters with AG and other relevant stakeholders.</b></p> <p><b>Action: MJ to add PB to the agenda so that HEE has slot at next LDN meeting.</b></p> <p>JS updated on Foundation Dentist project on care homes.</p>
<p><b>14. Antimicrobial Resistance (AMR)</b></p> <p>JS reported that project constrained by capacity on commissioning team.</p>
<p><b>15. Patient and Public involvement (PPI) planning</b></p> <p>JS and JO meeting with PPI lead tomorrow and Healthwatch Brighton also engaged with LDN via JS</p> <p>LL informed the group that Healthwatch are receiving the usual enquiries on access to dental services and on dental fees.</p>
<p><b>16. Healthwatch</b></p> <p>LL gave update.</p> <p>Care Quality Commission (CQC) working on dental care and care homes.</p> <p>NHS Choices are removing out of date information leading to lots of gaps in dental provision in area. AG reported that practices need to update profile every 3 months or it gets wiped.</p> <p>Otherwise same issues continue to arise.</p>
<p><b>17. Sustainability in Dentistry</b></p> <p>BD gave update on Society for Information Display (SiD) Conference on Friday in London. Academic papers and sustainability tips being developed.</p>
<p><b>18. AOB</b></p> <p>Draft commissioning standard for urgent care.</p>

## Dates of Meetings 2018/19

<b>Date:</b>	<b>Meeting Room:</b>	<b>Time:</b>
<b>20/09/2018</b>	Surrey & Sussex Rooms, York House, 18-20 Massetts Road, Horley RH6 7DE	2-5pm
<b>28/11/2018</b>	Medway 1&2, Wharf House, Medway Wharf Road, Tonbridge, TN9 1RE	2-5pm
<b>21/02/19</b>	Horley – rooms to be confirmed	2-5pm
<b>24/04/19</b>	Tonbridge – rooms to be confirmed	2-5pm
<b>14/07/19</b>	Horley – rooms to be confirmed	2-5pm