

SOUTH WEST LOCAL DENTAL NETWORK NEWSLETTER



January 2017

The first meeting of the newly formed South West Local Dental Network was held at the recently opened Dental Educational facility in Exeter on Friday 9 December.

The SW LDN is a smaller group than previously and aims to be more strategic, working with NHS England to provide clinically led commissioning. The members represent the different branches of the profession and you are encouraged to comment or feedback either through your relevant member or directly to me as Chair.

The core members of the LDN are:

Peter Howard-Williams	Clinical Chair
Chris Bell	Chair: Oral Surgery MCN
Tony Brooke	Chair: Special Care Managed Clinical Network (MCN)
John Cantwell	LDC Avon
Rachel Coke	Assistant Dental Contract Manager NHSE SW
Julia Cory	Head of Primary Care NHSE SW
Andrew Harris	Dental Contract Manager NHSE SW
Paul Harwood	Consultant in Dental Public Health
Tim Hodges	Devon LDC
Matt Jerreat	Chair: Restorative Dentistry MCN
Richard Leworthy	Somerset LDC
Jane Luker	Dental Postgraduate Dean
Joe McGill	Chair: Orthodontic MCN
Andrew Taylor	Cornwall LDC

LDN meeting Friday 9th December.

The minutes of the meeting will be available once agreed at the next SW LDN meeting on Friday 31st March. In the meantime here is a summary of the discussions:

1. All members of the core LDN will need a named deputy who will receive the notes, agendas, minutes, papers etc. (All LDN papers, agendas etc. once approved should be widely available and the LDCs agreed to help with this)
2. All members and deputies will need to complete a declaration of interest .
3. The MCN Chairs all produced satisfactory draft work plans which just needed some more detail on specific actions and time lines.
4. Communication with many GDPs is still a problem and NHS mail, Compass and LDCs were identified as possible solutions.
5. 3 areas of practice development were identified. Anti microbial resistance (AMR), Care of dementia patients and additional capacity. There is a need for "on the shelf" projects that can be started quickly if resources allow. AMR and Dementia working groups should be established.
6. Electronic referral management is a priority fully supported by all the LDN.
7. The draft service specification for the unscheduled dental care service for the SW will be put out for consultation with patient groups and the LDN in the New Year.

8. Health Education England and Jane Luker have a key role in facilitating many of these work streams

9. With regard to my succession planning I proposed recruiting a deputy Chair to share part of my role in the New Year subject to agreement and a formal NHSE recruitment process.

MANAGED CLINICAL NETWORKS:

The MCN Chairs have started to work closely with NHS England to continue to provide high quality, consistent services to patients across the South West with the overall context of improving outcomes. They will be an integral part of the SW Local Dental Network core group.

The first priorities for all the networks is forming a robust clinical network within their speciality, scoping the current provision and agreeing a work plan with the commissioners.

UNSCHEDULED DENTAL CARE:

A working group has met twice to review the provision of unscheduled dental care in the South West. This work is being led by the LDN Chair and Debbie Freeman at NHS England and involves all stakeholders. It is anticipated that new contracts will be tendered and procured in 2018/2019 and the exact nature of the service is still under review. A detailed service specification is being prepared and will be widely distributed for consultation.

GOOD NEWS STORY:

A patient suffered a cardiac arrest at the Wadebridge Dental Care practice and the prompt and skilful intervention by the dental team using a defibrillator saved the patient's life.

For more details use the link: <http://m.cornwalllive.com/dentist-speaks-of-remarkable-moments-he-saved-a-patient-s-life-inside-wadebridge-practice/story-30036541-detail/story.html>

ORAL HEALTH AND DEMENTIA PATIENTS

Learn how to make your practice "dementia friendly". This doesn't mean an influx of patients with dementia, rather you will be able to cope with existing patients who develop dementia.

How can dentists help to make a difference?

- Understand more about dementia by organising a free, one hour Dementia Friends awareness session for yourself and colleagues at www.dementiafriends.org.uk
- Watch "The Appointment" - A Dementia Awareness Video which shows a moving account of a dementia patient's experience of visiting the dentist:
<http://tvscn.nhs.uk/networks/mental-health-dementia-and-neurological-conditions/dementia/the-appointment-hee-dementia-awareness-video/>
- For any help and support with becoming a member please identify your local Alliance at: http://www.dementiaaction.org.uk/south_west or contact your regional Project Manager at Penny.Ford@alzheimers.org.uk.

- NOTE: Dyneley House Dental Surgery in Skipton won the Outstanding Contribution award last year in our Dementia Friendly Communities awards:
<http://www.dyneleyhousesurgery.co.uk/info.aspx?p=5>

What's in it for your practice?

- Learn how to make your practice more dementia-friendly at little or no cost.
- Working towards a Dementia Friendly Community will improve the experience of patients and their carers.
- You will be part of the wider Dementia Action Alliance community giving you access to networks, support and information.
- You will be part of a social movement to bring about change, working with other organisations in partnership and helping to raise community spirit.
- Your organisation can use the DAA logo to promote your involvement.

Supporting guidance / materials

- <https://www.youtube.com/watch?v=EnPUq00UA8c>
- <https://www.youtube.com/watch?v=Fz8ACEu7Lho>
- Document for customer facing staff: [How to help people with dementia: A guide for customer-facing staff](#) (PDF)

ELECTRONIC REFERRAL SYSTEMS

NHS England working with the LDN and MCNs are looking at introducing an electronic referral system for all referrals out of General Dental Practice. It will take some time due to the NHS process of tender, procurement and implementation but it remains a priority for the LDN. In the meantime a trial for oral surgery referrals to the DRSS by e mail for Devon patients is taking place and practices which have an NHS mail account and digital radiography are invited to participate. Please contact peterhowardwilliams@btinternet.com if you are interested.

ORAL SURGERY REFERRALS

Please ensure all referrals for extractions are accompanied by a diagnostic quality radiograph to enable the referral to be triaged to the most appropriate provider. If an extraction has been attempted and failed please submit a radiograph of the retained portion of the tooth. In the case of third molars I appreciate that if you do not have access to an OPT in some patients it can be difficult to obtain a PA radiograph to show all the roots. In that case, a PA radiograph, or a posteriorly placed bite wing to demonstrate the position of the crown of the third molar and the distal surface of the second molar is acceptable. If you are unable to obtain any sort of radiograph please give full details to avoid delay.

RESTORATIVE REFERRALS IN DEVON AND CORNWALL

There is currently a lack of capacity for tier two and tier three work, and recent retirements in Devon and Cornwall have affected capacity. The appointment of a restorative MCN Chair is expected to facilitate improvements in the provision of restorative dentistry and this is a priority for NHS England.

PENINSULA DENTAL SCHOOL

The MSc Programme in restorative dentistry at the Peninsula Dental School will be advertised for January 2017 and will have 8-12 spaces available.

Finally, please contact me with any comment or queries and as I will be looking to retire in 2017, there will be a need to appoint a new clinical chair for the SW LDN, a challenging but very rewarding position. If you are interested please contact me for a chat.

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