

SOUTH WEST LOCAL DENTAL NETWORK NEWSLETTER



May 2017

The second meeting of the newly formed South West Local Dental Network was held using video conferencing from the NHS England offices at Saltash and Bristol.

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
Jane Foggin	Somerset LDC
Jane Luker	Dental Postgraduate Dean
Joe McGill	Chair: Orthodontic MCN
Andrew Taylor	Cornwall LDC

LDN meeting Friday 31st March 2017

The minutes of the meeting will be available (once agreed) at the next SW LDN meeting on Friday 30th June. In the meantime here is a summary of the discussions:

1. Peter thanked Julia Corey , head of primary care , for all her support as she is re locating to Sheffield. Amanda Fisk, Director of Assurance and Delivery NHS England (South West) will taking responsibility for dentistry. He also thanked Richard Leworthy from Somerset LDC who has stepped down from the group.
2. Work is ongoing to provide a web presence for the LDN and MCNs.
3. A revised LDN terms of reference and work plan were adopted
4. We are working with other parts of the South of England to pull together a single process to procure an electronic referral system. It is anticipated that all referrals will be digital by October 2018.
5. With regard to my succession planning I have tendered my resignation as from October 1st 2017 and a formal NHSE recruitment process for the post of LDN Clinical Chair will shortly be widely advertised.

MANAGED CLINICAL NETWORK REPORTS:

1. Oral Surgery **Chair Chris Bell** Chris.Bell@bristol.ac.uk

MCN Committee

Southwest region broadly seen as 4 regions. Two committee representatives per region
Mr Chris Bell Specialty Lead Oral Surgery (MCN Chair) Bristol Dental Hospital
Mr Andrew Birnie Consultant Oral Surgeon (Deputy Chair MCN) Royal Cornwall Hospital
Mr Steve Adcock Consultant Oral & Maxillofacial surgeon Royal Cornwall Hospital
Mr Richard Kerr Associate Specialist / Oral surgeon Royal Devon and Exeter Hospital Wonford
Mr Andrew Fordyce Consultant Oral & Maxillofacial Surgeon Torbay and South Devon NHS Foundation Trust.
Miss Pippa Blacklock Associate Specialist/ Oral Surgeon Plymouth Hospitals NHS Trust
Miss Hilary Mitchell Associate Specialist / Oral Surgeon Musgrove Park Hospital
Mr Alex Grieg. Primary care / dentist with special interests Bristol
Mr Greg Gerard. Primary care / Oral Surgeon Emersons Green Treatment Centre. Care UK

At the LDN meeting Chris Bell expressed his concern that the new sedation guidelines required a separate pre assessment appointment by the provider which could render some services uneconomic in an environment where more sedation services rather than less are needed.

A mapping exercise of oral surgery providers is underway.

2. Special Care **Chair Tony Brooke** tony.brooke@bristol.ac.uk

MCN Committee

Tony Brooke	UHB Bristol
Dan Knibb	North Devon healthcare trust
Christopher Roberts	Smile Together Dental CIC, Cornwall
Richard Garton	Torbay and South Devon Foundation Trust
Andy Sprod	Somerset Partnership
Elaine Knight	Livewell South West, Plymouth
Alison James	Livewell South West, Plymouth
Firoozeh Curran	Torbay and South Devon Foundation Trust
Debbie Freeman	NHS England
Paul Harwood	Public Health England
John Cantwell	Avon LDC

2 meetings have been held and will be held quarterly. At the January meeting the Paediatrics side of the service was also incorporated into special care. Two specialists Paddy Hoonigan and Sarah Dewhurst are now core members. The paediatric specialists would like a paediatric MCN to be formed eventually and are happy to be hosted by the special care MCN for the time being.

Special Care Mapping exercise for NHS England Commissioners is being prepared.

A scoping Exercise regarding provision of Conscious Sedation in the PCDS services in the SW MCN region is underway.

A generic Referral - proforma circulated for alteration/addition/comments. A single simple form will be preferable in anticipation of electronic referral.

3. Orthodontic Chair Joe McGill jtmcgill@me.com

The Orthodontic network is well established and meets on a regular basis with representatives from the local groups, Public Health and NHS England

Sam Braddock, postgraduate tutor, has joined the network as education will be an important part of the process. The new General Dental Practice representative will be Andre Lowe.

A joint MCN road show style meeting has been arranged for 3rd May in Bristol.

Completed some work on a standardised referral form which will be circulated shortly.

More work by Paul on assessment and waiting list data and a letter went out on protocol on adding patients to the waiting lists and when to refer early.

Fantastic app 'Easy IOTN' which needs promoting.

Training for dentists who haven't done CPD and this all depends on conditions, they have to do an introduction to the NHS and this could be put into their development plan.

Secondary care – problem with hospital coding

Electronic data audit – successfully done earlier this year. JL noted coordinator funding could be done as part of the DDS. MJ is using a specialist registrar to do some audit work.

AH asked JM to send him the details and he would see what he could do.

PH-W thanked the group for the good progress they have made.

4. Restorative Dentistry Chair Matt Jerreat matthew.jerreat@plymouth.ac.uk

The audit has been agreed for April on referrals, working on generic referral form and Individual funding requests.

AH noted that he has been in discussion with Peninsula Dental School to commission restorative services but so far nothing has been agreed.

Certain procedures, namely surgical replacement of the TMJ, orthognathic surgery and provision of implants will be subject to a pilot, to test a single process for handling funding requests for these treatments. The pilot will operate across the local offices of NHS London and NHS South. (Wessex, South Central, South East and South West)

UNSCHEDULED DENTAL CARE:

The next stage in the process will be a comprehensive patient and public survey which will guide the development of the service.

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. This is an issue that will become more important to all dental practices as the number of patients with dementia increases.

A free CPD course for the dental team:

Interactive and practical dementia training for dentists, nurses, hygienists, practice managers and receptionists

Course description, aims, objectives

This is a free interactive and practical training session on oral health and dementia, designed for the [full Dental Team](#) (dentists, nurses, hygienists, practice managers and receptionists). International guest Speaker, Ian Sherriff, chair of the Prime Ministers Task and Finish group for Rural Dementia and a multidisciplinary team will be delivering a solution-based programme with aims:

- To provide guidance to dental teams around the management of dental care for people living with dementia.
- To improve the general experience of attending the dental practice for those living with dementia and their carers.
- To award a “dementia friend” status to all participants (certificates and badges provided)

Learning objectives:

1. Identifying the major forms of dementia.
2. Understanding dementia national policy.
3. Understanding the legal framework for dementia and dental legal responsibilities.
4. Understanding the pathological mechanisms giving rise to dementia.
5. Identifying examples of medication that patients with dementia may be taking.
6. Integrating oral health into general health and wellbeing - role of the dental team.
7. Discussing practical experiences, issues and solutions.
8. Becoming a dementia friendly practice – creating a dementia friendly environment.

3 CPD hours

To book please go to:

<https://www.maxcourse.co.uk/swdentalpg/userCourseCalendarCourseDetails.asp?cKey=2284>

CPD course flyer in Dental Bulletin

Sugar Smart

On the 3rd January 2017 Public Health England launched a new Change4Life Be Food Smart app. The app alerts parents to the hidden sugar, saturated fat and salt in everyday food and drink, and highlight the harm this can do to their child’s health, including oral health.

The new app enables families to make healthier choices by highlighting the amount of sugar, saturated fat and salt found in everyday food and drink. The app also has tips and suggestions for adults, activities for the kids and for the whole family.

The resources complement the work of the [Child Oral Health Improvement Programme Board](#) with the ambition that every child grows up free from tooth decay as part of having the best start in life. There is also a guide for dentists which provides dental specific key messaging and information on how dentists can support the Be Food Smart campaign and new app.

<http://campaignresources.phe.gov.uk/resources/campaigns/55/resources/2090>

This year, there are a number of ways for dental teams to get involved:

Share on social media – images and suggested posts for Facebook and Twitter that can be used to share the campaign oral health key messages.

Free consumer packs - consumer packs available for families which include a nutrition guideline leaflet, information about the Be Food Smart app, tips for making healthier diet choices, stickers and quiz cards for parents and children to do together.

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Download digital resources - adverts/TV screensavers and A4 posters available to download and display in waiting rooms, and digital website banners.

All of the above resources can be ordered or downloaded from C4Life [Campaign Resource Centre](#)

If you have any questions please feel free to contact Nao Guy in the Partnerships Marketing Team by email on nao.guy@phe.gov.uk or by phone on 0207 654 8129. If you have any questions about the Child Oral Health Improvement Programme Board please contact the team via the PHE enquiries helpdesk at PHE.Enquiries@PHE.gov.uk

If you have a moment you can watch the 'tooth fall to pieces' in the Change4 life Be Food Smart breakfast cereal commercial!

<https://www.youtube.com/watch?v=gswZ9wIFRCs>

ORAL SURGERY REFERRALS

Please note that a recent audit was carried out by the Oral and Maxillofacial department at Derriford Hospital for patients with Temporomandibular Joint Disorders (TMJD). This examined patient referral letters, and notes from their outpatient appointment with Maxillofacial department. In 87% of cases treated by secondary care, the treatment could have been provided in primary care by their GDP.

Patients with TMJPDS who should be referred for management in secondary care:

1. Those with an atypical presentation (e.g. numbness of the face, marked/persistent facial swelling, severe trismus which is unrelated to surgical intervention or injury).
2. Patients who fail to respond to conservative measures, including the provision of a soft splint.

Referrals should be made to an Oral & Maxillofacial Surgeon **Please indicate the measures you have already undertaken to manage the patient's TMJPDS.**

NB: Patients should not be referred for the provision of an occlusal splint – these can be provided in primary dental care.

For more information <https://www.england.nhs.uk/south/info-professional/dental/dcis/dental-bulletin/> and scroll down to the July 2015 bulletin and select TMJD pathway and jaw exercises.

Bisphosphonate

Please see the latest (March 2017) guidance on the SCDEP website:

<http://www.sdcep.org.uk/published-guidance/medication-related-osteonecrosis-of-the-jaw/>

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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