

Kent, Surrey and Sussex Local Dental Network (LDN)

Minutes of the 02nd Meeting

14:00 – 17:00 Wednesday 21st June 2017

Wharf House, Medway Wharf Road, Tonbridge TN9 1RE

Co-Chairs – Brett Duane and Mark Johnstone

Present	Name	Job title / Organisation
	Mark Johnstone (MJ)	Co-Chair of Kent, Surrey and Sussex LDN
	Brett Duane (BD)	Co-Chair for Kent, Surrey and Sussex LDN
	Annie Godden (AG)	Senior Contracts Manager, NHS England
	Andrew Elder (AE)	Consultant in Restorative Dentistry
	Ken Hymas (KH)	Clinical Advisor, NHS England
	Elizabeth Lines (LL)	Kent Healthwatch Patient Representative
	Jenny Oliver (JO)	Consultant in Dental Public Health, Public Health England
	Jackie Sowerbutts (JS)	Public Health Consultant (Oral Health)
	Nish Suchak (NS)	East Sussex Local Dental Committee Representative
	Agi Tarnowski (AT)	West Sussex Local Dental Committee Representative
	Geoff Thomas (GT)	Sussex Healthwatch Patient Representative
	Julian Unter (JU)	Secretary, Kent Local Dental Committee
	William Westwood (WW)	Surrey Local Dental Committee Representative
Apologies:	Nic Goodger	Kent Oral Surgery MCN Chair
	Steve Innet	Chief Executive Kent Healthwatch
	Huw Winstone	Dental Practice Advisor, NHS England
	Stephen Lambert-Humble	Dental Dean, Health Education England
	Gemma Michael	Business Support Officer, NHS England
	Sarah Davies	Kent Oral Health Promotion Chair
	Barry Hayes	Kent Orthodontic MCN Chair
	Richard Jones	Sussex Orthodontic MCN Chair
	Tim Hogan	Chairman, Kent Local Dental Committee
	Snehal Dattani	Surrey Local Dental Committee Representative

Present	Name	Job title / Organisation
	Paul Mellings	Dental Practice Advisor, South East Commissioning Hub
	Ian Grobber	MCN Chair

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1. Welcome and Apologies

Mark Johnstone introduced the second Kent, Surrey and Sussex (KSS) Local Dental Network meeting.

Introductions were made and apologies given as above.

2. Minutes of the last Meeting 21-04-17

Page 4, Line 4: for 'privatisation', read 'prioritisation'

Page 7, penultimate para: should read 'OHP MCN is reviewing their role with the Local Authority (and not the LDC).'

3. Projects

JO produced a first attempt at a revised strategic direction document for NHS England – South (South East) LDN and explained how work streams fit together.

Orthodontic and Secondary Care should be added to 3rd column "Improve access to NHS dentistry".

There is a need to consider if key themes in the 5-year forward view should be the headings instead. JO to review. Also a need to consider an educational needs assessment.

The procurement is in order of priority due to the timescale for current contracts expiring; it should be noted that this is not the same as order of importance.

JO explained the Project Bid Template. Any comments to JO. It was asked if the Project Bid Template would help tease out priority of no-core projects, and it was agreed by the LDN that it would.

Need to identify how we get patient engagement in the projects. Healthwatch can include links in their newsletters.

Some proposals may be difficult for some individuals to complete all sections, particularly finance. Most projects would come via an MCN that would have the relevant people to support the bid. An example is dental check by age of 1; AT would like LDN to support this and it may not need financial input, just support and backing. It was suggested the form be changed to say what resource is needed – i.e. resource can include financial and human.

There was discussion about whether the project bid could include education for dental teams. There was discussion about HEE, and whether it was developing education resources to support projects. The LDN discussed this but group agreed need to have HEE representation on the LDN to discuss this further.

Anti-Microbial Resistance (AMR)

Small working group developed. Lawrence Mudford from HEE, Tim Hogan from LDC/LDN,

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Kat Kandia (as already completed an antibiotic audit), JO and JS. Ash not a member of the Steering Group. Telecon held to agree changes needed to current tool used in Thames Valley and previously used in Cheshire. Audit requirement is 10 prescriptions per dentist or all prescriptions provided in 2-month period whichever is sooner, then re-audit. Some changes were suggested (e.g. Variables should also include if it is a training practice; if the patient seen as an urgent) and feedback on appropriateness of script to be given. It is now at the stage to request resources from the LDN. The LDN suggested seeing if there was an already developed product/tool on the market. A slot on the Foundation Dentist programme in September was suggested and to request other expressions of interest. There is an awareness of the need to comply with procurement requirements, including NHS England Standing Financial instructions.

NS expressed concern that FD practices may skew the results. JS advised that is why they want other expressions of interest and this could be where performance concerns have been identified. NS felt this might not be a good use of resources if FD practices are audited as he expects the majority will be working to best practice. East Sussex LDC may have some funding to support rolling this out to all practices. The possibility was discussed of having AMR meetings in the evenings to encourage more practitioners. Sarah Davies wants to mandate participation for all Kent EDS dentists. LDN felt funding was not the issue; more of an issue was that it might be time-consuming even limiting to 10 prescriptions. Perhaps more views from LDCs could be sought to test the tool and, if agreed it is not too time-consuming, they can encourage their members. Looking at having an on-line training tool based on FGCP guidelines which some prefer as easy to use and evidence based. A locally developed training tool can build on this. JS asked if there are any tools in Scotland as there is a need to source the market to procure. BD to ask SDCEP for information.

4. Matters for Update

- Bariatric Pathway – awaiting Comms Team input
- Special Care and Paediatric Needs – dental leads and PHE across South met to agree single approach and agreed templates to deliver first draft needs assessment by September and approach for consultation and engagement. Cannot advise yet if funding will change.
- Sugar Reduction – picked up under LA report.

5. LDN Memberships

BD and MJ advertised for applications for the MCN Chairs, OHP, paediatric and special care dentistry and urgent dental care. There have been expressions of interest for OHP, paediatric/special care, but there has been no response so far for Oral Surgery, Urgent Dental Care, or Restorative Dentistry. There was one late application for one of the ortho posts today. BD suggested the development of a survey monkey tool to help better understand from every specialist and consultant why there have been no applications and expressed a need to understand what the barriers were to applications. AT enquired as to what formula existed in those areas in the rest of the country where there was interest in MCN posts; and why we could not replicate that here. BD responded that we have a similar validated structure here but that it had been previously unfunded. It was agreed to review the package that is being advertised, and await feedback from the Survey Monkey tool. The posts would then be re-advertised. BD to notify applicants that the recruitment process would be delayed.

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6. MCN Chair Reports

Restorative: AE tabled a report, Item 4. AG advised it was a Trust decision whether to accept referrals and, if so, which type. BD felt the Chair of the MCN would be able to assist in the development of DERS pathways and local services and expressed regret that Andrew is stepping down. MJ and BD formally thanked AE for all his input to date.

OHP – Meeting on 6th June included providers service leads, LA and LDC.

JS attended 2 ortho MCN's and main themes relate to DERS which she encouraged the Orthodontic members to feedback formally. The second concern is when patients who do not qualify (so referral does not go through) resulting in patients going to another GDP who then re-refers and, based on the answers, the referral does go through. This does not mean the patient will be accepted for actual treatment. The LDN did not have all the details, but it appears there are still differences of clinical opinion that are probably unrelated to DERS. The problem cannot be addressed unless they give detailed feedback. This feedback will help determine whether it is a clinical difference of opinion, or a specific DERS issue. The LDN felt it was more likely to be the former. There is a problem with clinical diagnosis/opinion in the Oral Surgery part of DERS, in particular relating to diagnosis of proximity to the inferior dental nerve. BD advised an audit of oral surgery referrals suggests IMOS could review referrals prior to them going to secondary care; this is to be discussed with IMOS and secondary care providers further. It was acknowledged there could be an educational need resulting in GDP's that are not confident referring inappropriately. This should be built into an educational needs assessment. There should be drawings to demonstrate ID nerve proximity, not all members could recall seeing this so BD will check this with Vantage.

Further concern was expressed about the lack of communication regarding the procurement. AG advised she was also concerned but the region (South/SouthEast) has been advised it is unable to communicate while the legal challenge raised by the BDA and BOS is ongoing.

On a separate matter from orthodontic procurement, NS raised concern about orthodontic waiting lists; he wanted more detail on these lists; he will raise with AG outside the meeting.

7. STP Update

Engagement has been difficult as STPs are just developing. A common theme is unscheduled care; Mark is meeting with one STP area tomorrow about how dental fits in with their 111 procurement.

8. NHS England

Ortho procurement has been covered.

CDS and the services they currently provide are being reviewed in a Needs Assessment developed by PHE. GT asked about the locations for CDS services and was advised that optimising locations to ensure quality of access will be covered in the needs assessment.

9. Health Education England (HEE)

BD wants greater engagement with HEE, particularly educational needs. BD wondered if the LDN should send out a survey to understand education needs ourselves as there may be funding sources that could be made available. BD offered to progress this. AG wondered if the timing was right as HEE are restructuring so it is unclear who this should be raised with.

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<p>AG suggested writing to SLH and Peter Briggs advising importance of HEE input to LDN and training needs assessment, which LDN wants to support HEE to progress, asking who within HEE can take it forward with them.</p>
<p>10. Public Health England (PHE)</p> <p>A number of recent documents have been published including</p> <ul style="list-style-type: none"> • PHE Blog on Child Dental Health • Sedation Commissioning Guide • Delivering Better Oral Health V4 published earlier this year. • NICE Quality Standards in Care Homes • Commissioning Oral Health for Vulnerable Older People expected shortly. <p>JO still covering Local Authority in the South West as post not recruited to. South PHE team looking at future dental public health training posts across South.</p>
<p>11. Local Authority update</p> <p>LA has responsibility for delivering epidemiology and oral health improvement programmes. Only 2 out of 6 LA's proposing to go forward (Brighton and Hove and East Sussex) with these programmes due to financial pressures. Kent cannot take place in adult survey, doubtful about 5 year old survey and no OHI programmes. Medway not doing adult survey but will progress 5 year old and OHI programmes. West Sussex interested in Sugar Champions Project, applies to all but particularly children; practices may be able to assist in circulating info/literature to their patients and LA can share links to the literature. Brighton and Hove also involved in the project. JO to attend East Sussex LDC with LA rep to discuss British Society of Paediatric Dentistry working on guidance to dentists. It was questioned whether the CDO's Office is also producing guidance. AT has asked BSPD for their resources and will share with LDC's to go on their website; NHSE to circulate to practices, agreeing whose name it is in at a later date.</p> <p>Surrey LA is considering a project aimed at "homeless" individuals. MJ felt a message should be sent to the LA's not carrying out their epidemiology and OHI responsibilities to raise the profile of dentistry, although with their financial position of dentistry, it is unlikely to change. MJ and BD to write formally on behalf of the LDN, to consider what else they can do to integrate dentistry into other programmes.</p>
<p>12. Local Dental Committee (LDC)</p> <p>Kent – has been looking at implementing the IG toolkit guidance. Oral health provision to DCP's, breach notices.</p> <p>Surrey – Good CPD day, felt there should be one Orthodontic and Oral Surgery MCN for whole of KSS or 3 for all specialities. <u>Post meeting note:</u> The decision was made to fund an MCN Chair for the whole of KSS, one per speciality.</p> <p>West Sussex – attend DCQAP, Lawrence Mudford attended LDC to develop dementia friendly training that would be packaged with other core training.</p> <p>East Sussex – core day held, next core day will be relating to AMR. Mike Wheeler will also</p>

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attend the next meeting to discuss MCM.
<p>13. Healthwatch</p> <p>Nothing in particular to report. Both keen to support how to engage with the wider population.</p>
<p>14. DERS Update</p> <p>AG stated it was hoped to be able to ask Mark Johnstone as the Chair to sign off the special care/paediatrics at the upcoming channel meeting on 24th July, if possible. Restorative; AG stated it was hoped to be able to ask Barry Hayes as the Chair to sign off the special care/paediatrics at the upcoming channel meeting on 24th July, if possible. Restorative is ready to go. BD is working on guidance as to which part of the pathway to use and David is working on a flowchart. Once this is all agreed and a date decided as soon as possible after 1st August, then everything can go live on DERS. (Post meeting comment: The DERS pathways of Restorative and Special care/paediatrics will now be released around September as part of a new merged DERS software development)</p> <p>BD is working on guidance as to which part of the pathway to use and David is working on a flowchart. Once this is all agreed and a date decided as soon as possible after 1st August, then everything can go live on DERS.</p>
<p>15. AOB</p> <p>a) Mouth Care Matters at Redhill 7th July.</p> <p>b) AE wanted to review DERS guidance, agreed will be sent to existing MCN Chairs to review and if we do not have a Chair consider sign-off on a specialty by specialty basis.</p>

Dates of Meetings 2017/18

Date:	Meeting Room:	Time:
18/10/17	Medway 1&2, Wharf House, Medway Wharf Road, Tonbridge, TN9 1RE	14:00 – 17:00
14/12/17	Boardroom, York House, 18-20 Massetts Road, Horley, RH6 7DE	14:00 – 17:00

Ratified 18/10/2017