

**Kent and Medway Local Dental Network**

14th September 2016 at 10:30-12:30

Medway 1 & 2, Wharf House, Medway Wharf Road

Tonbridge, TN9 1RE

**Chair:** Brett Duane

| **Present** | **Name** | **Job title / Organisation** |
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|  | Brett Duane (BD) | Chair, Surrey & Sussex LDN, Co-Chair KSS Core group. |
|  | Gemma Michael (GM) | Business Support Administrator, NHS England |
|  | Alison Cross (AC) | Contracts Manager, NHS England |
|  | Andrew Elder (AE) | Restorative MCN Chair, NHS England |
|  | Barry Hayes (BH) | Orthodontic MCN Chair, NHS England |
|  | Sarah Davies (SD) | Oral Health Promotion MCN Chair, NHS England |
|  | Ken Hymas (KH) | Dental Practice Advisor, NHS England |
|  | Huw Winstone (HW) | Dental Practice Advisor, NHS England |
|  | Libby Lines (LL) | Healthwatch Representative |
|  | Mark Ridgeway (MR) | Contracts Manager, NHS England |
|  | Julian Unter (JU) | Secretary, Kent Local Dental Committee |
|  | Jackie Sowerbutts (JS) | Locum Consultant, Public Health England |
| **Apologies:** |  |  |
|  | Mark Johnstone | Chair, Kent & Medway LDN, Co-Chair KSS Core group. |
|  | Annie Godden  | Senior Contracts Manager, NHS England |
|  | Nic Goodger | Oral Surgery MCN Chair, NHS England |

| **Agenda Item** |
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| **1. Welcome and Apologies**BD introduced the meeting and informed the group that he would chair this meeting as MJ is currently on compassionate leave. The group extended their condolences on to MJ.Introductions were given around the table. |
| **2. Notifications of any other business and matters arising.**None declared. |
| **3. Agree previous minutes from the last meeting – 08th June 2016**Amendments:**5.** Minutes and actions of the Core group – 04/05/17, Page. 3 – SARD should read SAAD.**9.** Dental Electronic Referral System (DERS) **update**, page 5 – include Alison Cross wording with regards to DERS.**9.** DERS update, page 5 – AE voiced that the reference to Guys Hospital being very limited to take on prosthodontics, should be changed to dependant on post graduate prosthodontic need.**16.** Local Dental Committee (LDC) **update**, page 10 – There are some spelling errors with regards to names. Correct spellings are Claire Hamill, Tina Tanner, Shabir Shivji.The minutes with the above amendments have been agreed by the group as a true and accurate record of the meeting.**Action: GM to amend and ratify the 08th June 2016 minutes.** |
| **4. Agree previous actions from the last meeting – 08/06/16****5a** SLH to send the project planning board project to GM once released. Update – This has not been received, JS announced that there has been a lot of re-organisation and of an upcoming project board meeting on the 12th October 2016. JS will feedback to this meeting and to this group.**Action: JS to feedback to SLH of the requirement to send the LDN the project planning board project for circulation.****5b** SLH and SD to correspond on Mouth Care Matters in and out of hospital project going forward. **Update –** There has been no communication between the parties.**Action:** GM to email SLH to ask that he make contact with SD.**16.** MR to ask Trish regarding Dental Services to assist with email distribution. **Update –** MR had made contact and confirmed that they can put a message on compass to assist information distribution on the front screen; however, they are unable to send emails, another issue is that performers only seem to log in to NHS.net once a year.There are many issues in trying to establish in trying to establish a link to communicate information to performers and practices with the LDC. Performers may only sporadically look at their emails or if NHS.net emails are not used, the account expires.BD suggested that DERS could be used providing a link to the LDC. Post- meeting comment; AG only wants DERS to be used to communicate urgent messages.**Action: JU to come up with a few lines to be used for the link.**All other actions have been completed – 08th June 2016. |
| **5. Minutes of the KSS Dental Core Group – 17/08/2016**The minutes of the 01st meeting were presented to the group for information only. JS suggested that any items on the agenda that is for information only be presented as last items on the agenda.BD explained to the group that when the Chairs were successful in being appointed for the Kent, Surrey and Sussex (KSS) LDNs, there were discussions and an agreement that a local network would still remain for Kent and Medway and a network for Surrey and Sussex.To ensure efficiency across KSS, a newly proposed KSS Core group met on the 17th August 2016 and officially closed the Kent and Medway Core group. This KSS Core group will be a more strategic group that provides an overview for both Kent and Medway and Surrey and Sussex LDNs. The Managed Clinical Networks (MCN) will continue to feed into the LDN and then the LDN will directly feed into the KSS Core group.There was much discussion on this topic and the key points/highlights were:The terms of Terms of Reference (ToRs) still need to written for this group.The current membership is Brett Duane, Mark Johnstone as the Co-Chairs, Annie Godden as the senior contracts manager, Anna Ireland as the consultant in dental public health. Jackie Sowerbutts was in attendance only for the first meeting as an observer and will not be attending future meetings, JS will however, attend both LDNs. Agi Tarnowski is a temporary LDC representative, the permanent representative will be elected at the next Channel meeting.It has been decided that another practising clinician will sit on the KSS Core group and will be elected via an interview process as this will be a paid post funded by NHS England. A flyer will be going out shortly advertising the position in the same way as the LDN Chair recruitment. This representative will sit on the group for his/her expertise and not to represent his/her speciality.Stephen Lambert Humble will have a sit on the KSS Core group as Health Education England, Kent, Surrey and Sussex (HEEKSS) representation.A patient representative will also sit on the KSS Core group and this representative has yet to be identified.Gemma Michael will also sit on the KSS Core group to provide business support.AE stated that historically on the Kent and Medway Core group, there has always been a secondary care representative to represent patients and their interest.He thought that the wording on page 9 on the KSS Core group minutes regarding membership had changed. There were members of the group that raised strong objections that secondary care was not represented and suggested that members of the KSS Core group must come from the LDNs. BD acknowledged that this was a potentially difficult conversation and that any suggestions will be taken back to the next KSS Core group meeting. BD explained that in order to keep the KSS Core group strategic, it must remain small; BD further suggested that there is already sufficient representation from differing stakeholders already on the LDN. Others felt that there must be representation from both Surrey and Sussex and Kent and Medway on the KSS Core group and that representation on the KSS Core group must again come from each LDN. BH gave an example of himself, being that at the main LDN meetings, he attends with his specific agenda of orthodontics, if he was to join the KSS Core group then he would sit as a representative of the main LDN meeting only and not with a specific agenda. He felt strongly that to sit on the KSS Core group, the member must come from either of the LDNs.AE queried what guidance the KSS group is following and what is the national guidance, BD responded by stating that the national commissioning guides for the MCNs are delayed and that the LDNs are not given specific guidance to constitute or form LDNs and that is up to local areas to decide. AE thought there must be some transparency and national agreement, BD stated there are not.**Action: BD to seek what national guidance there is and what model other areas are using for circulation.**The LDNs will each meet four times a year every three months and the KSS Core group will meet four times a year, two meetings to take place in Horley and the other two to remain in Tonbridge and will be strategically placed in between the LDNs.**Action: MJ and BD to discuss membership and the objections raised in this meeting and to bring it to the attention of the Channel meeting.****To summarise;**The KSS KM local group broadly supported the new LDN Core membership but agreed there should be;* A secondary care representative (to be nominated from the 8 MCN representatives) on the core group
* All members on the core group (apart from Consultant in DPH) should sit on one of the local groups

JS voiced that there should be a nominated deputy who is able to attend the meetings, BD stated that this discussion had already taken place and it has been agreed that a nominated deputy will not be accepted. Post meeting update; KSS SS agreed with KSS KM that a nominated informed deputy would be allowed. |
| **6. Plan on a page****1 – Care Quality Commission (CQC) information on Dental Inspections – Dental Advisors/Commissioning**KH informed the group that there has been a CQC handbook released in June 2015 and this he presumed was being referred to in this plan of action. The dental practice inspections are constantly being reviewed, KH suggested that now is the time to look at the CQC checklist alongside the current NHS England checklist so that duplication is avoided and to see if there are any changes can be identified to aid future inspections, he also confirmed that the CQC are only carry out around 10% of inspections at the current time.**Action: KH to compare inspection checklists and to put together an updated NHS England checklist if appropriate.**BD informed the group that the Scottish guidelines have just updated their practice inspection documents.**Action: BD to share the Scottish Practice Inspection document with the group.****2 – Support Clinical Network – Chair of Orthodontic/Oral Surgery/ Oral Health Promotion Networks**The group agreed that support is being given but until the national guidance is released, further detailed guidance is delayed.**3 – National Care Pathways – Commissioning lead, Consultant Dental Public Health (DPH), HEKSS Dean**BD confirmed these are currently being held up by Gateway.**4 – Mouth Care Matters – led by HEKSS Dean and Chair of OHP MCN**JS informed the group that following a board meeting, this scheme will roll out to 10 acute trusts. The programme training for this has been delayed until October 2016.**5 – Sedation – Consultant DPH and KSS Commissioning lead**BD confirmed this is on hold nationally until the dental fitness programme has been agreed by the four countries to include the sedation standards. This is expected in the next few months.**6 – Develop plans for the provision of general dental care in a hospital environment**There has not been any development with this workstream at the current time.**Action: BD to speak with MJ about this as he felt it would be a good opportunity to work together on this.****7 – Undertake a needs assessment for bariatric dental care provision**BD informed the group that he has completed a brief literature review around the standards required to treat overweight patients from various documents. This information will be collected to create a standards document. The intent is to commission provisional bariatric care in primary and secondary services.SD stated that there are some dental colleagues who will not sedate a bariatric patient and that there are those who will not purchase a bariatric chair. SD confirmed she had a bariatric chair but felt that there was no complete pathway in this area. BD asked for her expertise in this area and SD agreed.**Action: BD and SD to communicate with regards to the bariatric pathways plans.****8 – General Dental Service needs assessment**Anna Ireland is working on the workstream and it is progressing.**9 – Challenges Conference – HEEKSS Dean and LDN Chairs**The agenda for this event has now been circulated and will be going ahead as scheduled. |
| **7. Dental Electronic Referral System (DERS) – update KSS**Surrey will go live with DERS on the 01st December 2016 completing the roll out for Surrey and Sussex.In Kent, Orthodontics had been delayed due to the receipt of 500 IPod touches in order to take photographs. The procurement of the IPods were not easy for NHS England and are coming in slowly and currently only half of the practices have the IPods.The group aired some issues, BH did not have any passwords, SD was not aware of an email informing her to contact NHS England for the IPods. AC confirmed that an email was sent via the portal and to NHS.net emails.**Action: BH to email BD and copy in Annie Godden, David Ezra and AC regarding DERS.**Restorative pathway has been developed but is not running at the moment as it is still a very basic template. David Cheshire, Annie Godden, Aj Ray Chaudhuri, Dr Ginny Kingsmill and AE are working with David Ezra to further develop the pathway.An initial focus group was chaired by BD and a lot of useful information came from the meeting. Once DERS matures and is fully implemented, there will be a user’s group to support making the system more effective. |
| **8. Managed Clinical Networks (MCNs)****Restorative – Andrew Elder**AE gave the group an update. The commissioning Guide for Restorative has been delayed further to March 2017. AE stated that until the document is published, work cannot commence on configuring services.With regards to the Restorative Clinical Network, AE informed the group that until the guidance is received AE confirmed that he could not take restorative forward and make further development. There have been informal meetings through DERS and this has identified what services will need to be provided in KSS.AE has been meeting with BD and David Ezra to continue discussions on the restorative pathway for DERS.Meetings have also taken place with David Cheshire, Aj Ray Chaudhuri, Brian Miller and David Ezra to advise on how to incorporate future national commissioning guidance into the restorative forms. The aim is to have a form at the beginning of November which can go out to stakeholders for approval. AE confirmed that the Restorative pathway is a big challenge.HW had referred two appealed molar endodontic referrals for triage. AE informed the group that if would be of value if the number of direct referrals being accepted by London hospitals could be identified as this will avoid duplication that continues for the apicectomy referral pathway in the Oral Surgery and Endodontic Referral Pathways.BD thought that the number of dental referrals in hospital could be identified and sought clarification from AC. AC told the group that she was not certain how this data could be identified and that she would have to look at the pathway for DERS and locate the algorithms. She confirmed that the number of accepted and potentially accepted referrals going in is identifiable but it may be necessary to create an additional report.**Action: AC to have a look at the pathways and locate the algorithms to identify if this data is available.**HW told the group that apicectomies that go through the Endodontic pathway, the only option is to send them on to St Guys Hospital at the moment. He explained the referral cannot go to a practice that can carry out an apicectomy should there be an orthodontic grade. AE explained there is concern that the tariff is higher should the referral go through the Endodontic route but this is preferable to the patient being pushed back to the Intermediate Minor Oral Surgery (IMOS) provider to do the treatment as it offers some consistency.AC queried if there was any feedback to how many IMOS providers that are doing apicectomies, BD confirmed that a questionnaire was sent out to Special Care Dental Services, Bariatric and all IMOS providers a list of the 5 treatments they can carry out under the national guidance. They were asked how many of these treatments have been carried out in the last year. Out of the hundred questionnaires that were sent out, only seven have come back. BD stated this will become a contractual issue so they will need to reply. This information will identify the number of IMOS who are able to carry out what procedures.AC informed the group, DERS have been pushing apicectomies into secondary care, this was only identified a couple of months ago. This however, has not been challenged until there is the understanding on competency. The Commissioning Guides at the moment both have apicectomies in them. Moving forward, it will need to be identified if it will be IMOS or Endodontics and once this is known, the structure can then be fulfilled.**Special Care & Paediatrics (SCP) – Chair, Jennifer Parry (interim)****Feedback from the LDN**Annie Godden advised that as the newly appointed Chair for Kent and Medway LDN, MJ felt it was not appropriate to continue as Chair of the SCP MCN. National guidance is due regarding MCNs. There will be a review of the current MCNs in order to understand if they fit within the guidance. MJ will continue in post until the new guidance is in place.**Patient and Public Involvement**The SCP MCN is keen to work with dental colleagues and other partners across the region to explore and support active public involvement in decision making and patient care pathways. LL the patient representative from Healthwatch was welcomed to the group. Panna Shah and Mili Doshi are currently working on Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) for this group. JP is working on Patient and Public Involvement with the KSS National Institute for Health Research (NIHR) Clinical Research Network and Agi Tarnowski is leading involvement with General Dental Practitioners (GDPs). **KSS directory of SCP services**BD updated regarding progress on data collection listing every Paediatric service and Special Care Dental Service within KSS. The outcome anticipated is a comprehensive picture as to the services KSS provides. The data will help ensure patients are directed into the appropriate pathway via DERS. It is hoped the data will provide accurate indication of where services are currently provided, and perhaps also where services should be provided.**Bariatric Dental Care Pathway**AG stated that there should be two arms to the pathway - one pathway for accessing care within the General Dental Services (GDS) for patients with a high Body Mass Index (BMI) who do not have special needs but cannot access care because of the weight limit of the dental chair and another pathway for overweight patients with special needs who require a bariatric pathway to the special care dental service. BD has been asked to work on pathway design with some urgency as GDS procurement will commence across KSS which is an ideal opportunity to build in bariatric specification.**Draft sedation needs assessment report**The draft report was circulated with a comment sheet. This document is on hold pending national sedation guidance. Thayalan Kandiah requested that information should be available at the point of referral regarding who is doing the sedation. AG stated that Cherie Young already held this information some time ago, but there are difficulties due to terms of contract and the updating of information.**General Anaesthetic (GA) best practice guide**National guidance for paediatric GA best practice is available. Robert Emanuel is developing a guide for Special Care Dentistry (SCD). AG stated that DERS does not have a direct GA referral option. Clinicians should consider other treatment options first. AG advised that some patients are not being offered any alternatives to sedation or GA for their treatment. CBT provision for appropriate groups was discussed.**Facilities update for delivering special care**RE updated on present SCP consensus regarding facility for a special care dental clinic. AG advised that to include the facilities into contract specification, the data would need to be more detailed regarding specific disabilities including patient views.**Paediatric Dentistry Commissioning Guide**Publication of the national commissioning for Paediatric Dentistry has been delayed; therefore pathways guidance regarding Tier 1, 2, 3, is currently not available for commissioners. AG explained that a business case has been put forward to extend all contracts till 2019 across the entire south region.**Oral Health Promotion – Chair, Sarah Davies** The meeting on the 09th September 2016 was very well attended and both Local Authorities were in attendance. Also in attendance was Libby Lines from Healthwatch, the first patient representative to sit on the committee and Jackie Sowerbutts, representation from Dental Public Health.JS informed the group that she will be attempting to set up an Oral Health Promotion Managed Clinical Network to work in parallel with Kent and Medway for Surrey And Sussex and an overall strategic group that overviews both MCNs.**Orthodontics – Chair, Barry Hayes**The next meeting will be on the 17th December 2016.It has been agreed that transfer cases for European Union, Northern Ireland and Scotland will be accepted without notification to NHS England. Clinicians will be expected to take on a certain number of cases free of charge. The issues with this, is that those patients treated freely will not be treated under any form of contract and will be technically treated privately. BH expressed that there must be some form of contract and recognition that these patients have been taken on from NHS England. HW also stated that a treatment plan, FP17 DCO form should be completed; BH agreed but confirmed that this cannot be issued if patients are not under the NHS.**Action: AG/AC, BH and Cherie Young to discuss an extension to the contracts to address this problem.**It is agreed that referrals through DERS for Orthodontics will be triaged within seven days of receipt by the specialist. If accepted, an assessment of the patient will be with achieved within twelve weeks. If they are considered a priority treatment, the patient will be treated within six months, if not a priority then they will go onto a waiting list. Should the referral not reach the criteria set, then the referral will go back to triage.BD queried secondary care and the need to ensure that there is enough case mix, BH responded by stating that Annie Godden agreed to provide additional cases. AC confirmed that it was down to the teaching hospitals to request this and that these referrals would be looked at. Annie Godden has been in discussion with Alison Newlyn and Andrew Diabase regarding this.**Action: BD to make sure Annie Godden is aware of this query.**A core Orthodontic MCN was held in June and another meeting is planned for October, the KSS orthodontists have yet to get together at the present time. BH confirmed that the current Orthodontic contracts will expire in 2018 and the new ones have not been communicated yet.**Oral Surgery –** There is no representation from this MCN so no update. |
| **9. NHS England update including the Commissioning Guides**The Commissioning Guides have been sent back for a re-write as they were deemed to be too detailed. Oral Surgery is still waiting at Gateway and might still go through, as might the MCN guidance.An email has been sent to all providers with regards to procurement. NHS England has got together as a region for South and procured a number of elements, i.e. Salaried Services, Orthodontics, some general dentistry practices and out of hour’s services. The email asked for expressions of interest to be sent in no later than 19th September 2016. AC confirmed that as of today’s date, there are no further talks permitted to any provider in order to not create an advantage to any individual.Of the emails sent, 16 bounced back for Kent, 100 bounced back for Sussex and a further 17 bounced back for Surrey. Those who would be interested in the procurement, the majority have been made aware.MR informed the group that the year-end reconciliation has nearly been completed. The usual mixes of over performers and on targets have been recorded. A quarter of providers have under-performed across KSS resulting in just over six million pounds to come back, this is lost to NHS dentistry.MR explained that consistent under performers will be approached and steps will be taken to reduce their contracts.**Action: GM to ask Annie Godden to contact JS about projects to ensure the money is not lost and the rules of how this underspend can be utilised for oral health related projects.**  |
| **10. Public Health England update**JS informed the group that a large piece of work is being undertaken to strengthen the role of Oral Health within other clinical responsibilities. Resources have been provided to target the oral health in children. There will be lots of workstreams coming out in the next few months and all of these will sit well with the Healthy Start for children initiative.An advert will shortly go out to employ a Dental Public Health Consultant for KSS as JS is covering for six months to one year. |
| **11. Health Education England update**Stephen Lambert Humble is not in attendance so an update is not available.The Challenges event is scheduled for the 05th October 2016 at East Surrey Hospital.HW confirmed there are lots of problems with regards to Capita and their performers list.A letter was sent out from Capital acknowledging the introduction difficulties. This is hoped to be resolved soon. |
| **12. Dental Practice Advisors**KH informed the group that practice inspections were on course to finish the three yearly rolling programme. He is currently working with the medical directorate on case reviews, record card reviews and complaint reviews.HW also confirmed that he is working with the medical directorate and carrying out practice inspections including community dental service inspections.In Maidstone and Tunbridge Wells, there are no practice inspections taking place at the moment. |
| **13. Salaried Services update**Practice inspection is being undertaken by HW.It has been difficult to engage with NHS facilities as there is little interest and no contact. Anything wrong with the building and any noncompliance issues are not able to be resolved due to the situation with NHS facilities.There are still inadequate and inappropriate referrals being sent through. There is the hope that DERS will assist with this as dentists will not be able to send in paper referrals stating that they cannot access online referrals because they are sending a DERS referral.**Action: SD to share with JS her referral/acceptance criteria.** |
| **14. Dentaline for Kent and Medway**SD confirmed that they continue to function and provide dentistry to the people of Kent when it is requested. |
| **15. Secondary Care**No update for secondary care as there isn’t any representation present at the meeting. |
| **16. LDC update**Since the last meeting there have been discussions amongst officials about the KSS Core representation.JU announced that the LDC Channel meeting has increasing importance in KSS for cross patch discussions and this is working very well. At the next Kent and Medway LDC meeting, Matthew Hill, GDC Director of Strategy has agreed to speak.The Kent and Medway LDC were approached by a company in Hive who provide pension and retirement planning for GPs in Kent. They requested to attend a future LDC meeting but it was felt that it would be more useful if they attended a bigger meeting. This has been arranged in the post-graduate centre in Canterbury on the 05th October 2016. |
| **17. Healthwatch update**LL provided a table of issues to the group and this listed the reported issues raised with Healthwatch from the public in Kent. BD confirmed that this format was much better than the one that is presented in Surrey and Sussex.LL confirmed that Healthwatch directs people where appropriate and does not always receive feedback from any investigations.This document is for information only and all providers i.e. the hospitals and GPs get this information.LL confirmed that Steve Innett will give a presentation on Healthwatch at the Challenges Conference on the 05th October 2016. |
| **18. Bariatric patients**BD confirmed that this topic had already been discussed in the meeting. |
| **19. Special Care dental survey**BD confirmed that this topic had already been discussed in the meeting. |
| **20. Making the LDN work for you**BD stated that this topic was to answer any questions regarding what the LDN does and in particular to address the negative remarks that Surrey and Sussex LDN does not achieve anything and that when will it be like Kent and Medway’s LDN.AE queried if the Kent LDC has a link to where the minutes could be found, JU responded by stating that West Sussex upload the LDN minutes on to its website and he was not aware of this.It was asked if the KLDC should publish the minutes from the Kent and Medway LDN. BD was not aware of the meeting minutes being published anywhere as they are subject to approval and ratification and then must go into an NHS assessable format before they can be uploaded for public viewing. Then they will be uploaded only onto the NHS website. **Action: GM to identify what minutes have been published on the West Sussex website.** Further discussion is required to agree on where the LDN minutes should be able to be published. BD preferred a link on the KLDC website to the NHS website so that the minutes can be viewed by this means.Only the minutes will be published and not any of the attachments.**Action: JU to create a link on the KLDC website to provide a link to the NHS Website to view the minutes.** |
| **21. Any other business**JS informed the group that there has been discussion on the Anti-Microbial Stewardship in Kent. It is a very important Public Health issue and KLDC is very interested in the initiative.JS asked HW is they could have a discussion outside of the meeting in order to discuss the national tool kit roll out to target the training practices and any other practices that would like to join in.This topic will be discussed at the Challenges Conference on the 05th October 2016. |

Dates of Meetings 2016:

| Date:  | Meeting Room: | Time: |
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| 07th December 2016 | Weir Room, Wharf House, Medway Wharf Road, Tonbridge, TN9 1RE | 10:30 -12:30 |

 Ratified on the 07th December 2016