

**Kent and Medway Local Dental Network**

07th December 2016 at 10:30-12:30

Medway 1 & 2, Wharf House, Medway Wharf Road

Tonbridge, TN9 1RE

**Chair:** Mark Johnstone

| **Present** | **Name** | **Job title / Organisation** |
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|  | Mark Johnstone (MJ) | Chair of Kent and Medway LDN, Co-Chair KSS Core group. |
|  | Gemma Michael (GM) | Business Support Administrator, 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 |
|  | Mark Ridgeway (MR) | Contracts Manager, NHS England |
|  | Julian Unter (JU) | Secretary, Kent Local Dental Committee |
|  | Jackie Sowerbutts (JS) | Locum Consultant, Public Health England |
|  | Nic Goodger (NG) | Oral Surgery MCN Chair, NHS England |
|  | Annie Kim (AK) | DCT |
|  | Libby Lines (LL) | Patient Representative, Healthwatch |
| **Apologies:** |  |  |
|  | Steve Innett | Healthwatch |
|  | Stephen Lambert Humble | Dental Dean, Health Education England |

| **Agenda Item** |
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| **1. Welcome and Apologies**  MJ introduced the meeting and introductions were given around the table. Apologies were given as above. |
| **2. Notifications of any other business and matters arising.**  None declared. |
| **3. Agree previous minutes from the last meeting –14/09/2016**  The minutes have been agreed by the group as a true and accurate record of the meeting.  **Action: GM to ratify the 14th September 2016 minutes.** |
| **4. Agree previous actions from the last meeting – 14/09/16**  **2.** JS to feedback to SLH of the requirement to send the Local Dental Network (LDN) the project planning board project for circulation.  **Action: Roll on action.**  **6.** KH to compare inspection checklists and to put together an updated NHS England checklist if appropriate. **Update –** KH informed the group that he did a quick comparison of the Care Quality Commission (CQC) and NHS England inspections. The CQC are only inspecting around 5% of practices per year. There is not a huge amount of overlap when it comes to structures, processes and outcomes and it is felt it is appropriate to continue with NHS England’s checklist system.  The practice checklist has just been revised which enables a smoother process, it is also now possible on an IPad so will be quicker as well.  **11.** AC to have a look at the pathways and locate the algorithms to identify if direct referrals to London Hospital data are available. **Update –** MR informed the group that there is no update as of yet.  **Action: MR to take this back to AC to check the minutes to update on this action.**  MR told the group that the dental referee will be re-produced; AE questioned whether this is necessary now that Dental Electronic Referral System (DERS) is live. MR confirmed that the referee is necessary so everyone is clear on what goes where and information on charges for patient fees as this is still an area where improvement can be made.  JS expressed some concerns with referrals from non-General Dental Practitioners (GDPs) and DERS. DERS is only used by dental professionals and a lot of dental referrals are received paper based by other professionals i.e. health visitors, social workers, GPs and nurses etc. she asked if this has been fully considered with the construction of DERS.  The group agreed that the dental referee should be with the LDN, with NG feeling such a document should have clinical input. JS agreed adding that it is essential it is with the LDN as it needs professional engagement.  **Action: MR to feedback to Annie Godden that the LDN feels it should be involved with the dental referee in some way.**  MJ expressed that the LDN requires assurance on how referrals will be received from non-dentists from the DERS project board.  NJ voiced that the LDN should give a statement to the DERS project board on what the LDN would like to happen as the LDN represents clinicians across Kent and Medway.  **Action: MJ to write to BD as the Chair of the DERS project board with regard to the LDNs expectation.**  **12.** AG/AC, BH and Cherie Young to discuss an extension to the contracts to address this problem of the transfer cases which will be treated without cost. **Update –** BH informed the group that patients were being treated free of charge and that the issues are around the protection of the patient and recognition of the work undertaken. There are concerns over whether the patient is a private or NHS patient and the implications of this. BH confirmed that there were no FP17 to get points; there were no contracts and no complaints procedure. NG further voiced that once the patient is received a whole new assessment is required and this results in extra time for the clinician and this needs some recognition.  The current situation is that a small blue form is being signed which is the equivalent to patients being in the NHS, BH could not confirm its efficiency or validity and agreed there should be a more formal arrangement. MR announced that this will be addressed in the 2018 contracts.  **Action: BH to write to the Area Team to formally to write his concerns.**  **13.** BD to make sure Annie Godden is aware of the secondary care case mix with DERS to ensure that DERS allows sufficient case complexity for orthodontic secondary care teaching purposes. **Update –** BH confirmed that he has spoken to David Ezra and Annie Godden. David Ezra from Vantage will put a box in the referred system to transfer patients across from primary care into secondary care.  NG felt that there should be Index Of Treatment Need (IOTN) level 3a cases for training so skills can be kept up to scratch, BH expressed that DERS is designed to prevent 3a cases going to hospital but that a process to accommodate this is being explored.  It was agreed that a certain number of cases is crucial to train up the future generation of clinicians. However, it will be up to the hospital consultants to request this from the specialist practices as the practice will not know how many particular cases they require.  **14.** GM to ask Annie Godden to contact JS about projects to ensure clawback money is not lost and is utilised for dentistry. To help the LDN understand the rules of the conditions so it can be managed better. **Update –** JS told the group that she assumed that Annie Godden and the team had a process in place for this. MJ agreed that the LDN needs to understand the process for a project in KSS and how claw back is used. How much funding is available for which projects etc.?  **Action: MJ to take this back to the KSS Strategic Core group to get clarification.**  All other actions from the action log of the 14/09/16 have been completed. |
| **5. Minutes of the KSS Dental Core Group – 19/10/2016**  The group were presented with the KSS Dental Core minutes for information only. MJ asked the group if there were any other comments. JS announced she would like to speak about Local Authorities but would speak with MJ outside of the meeting. |
| **6. Terms of Reference**  MJ told the group that the terms of reference was a topic on the agenda in order for the group to make comments.  On developing these terms of reference, the national terms of reference were consulted.  A strongly felt discussion was held on this topic and the key points were:   * NG felt this was a self-appointed group and he asked what the Kent, Surrey and Sussex (KSS) Core Strategic exact purpose was. * NG asked where the KSS Strategic group came from. Was there a place for it in the system? Where is the mandate? Where is there a document stating that a Core group is required to do the work of the LDN. MJ responded by stating that there is no mandate to state there has to be a Core group and a main LDN. The KSS Strategic Core was to set the strategy for the whole of KSS but still keeping the main LDNs to remain ‘local’. * NG queried and asked why the LDNs need oversight and how does this fit in with the Sustainability and Transformation Plans (STPs). He also went on to ask how the Core group reflects proper representation for the LDNs as the Core group does not have secondary care reflected. He felt there is limited clinical leadership in the core group. AE voiced that it was proposed that one clinical representative from either primary or secondary care would sit on the core and that he had challenged this ideal. * JU informed the group that the 4 Local Dental Committees (LDC) confirmed that they could not agree who should sit on the Core. As there are two separate LDNs and as the selected representative will come from either primary or secondary care, they will need to be able to communicate with all other groups. * NG also expressed some concern that both of the LDNs and the Core group both report to the medical directorate in NHS England. For one group to give oversight to another he felt did not seem to fit in a logical fashion.      * A further issue felt was that the Core group could result in some duplication being created which is always the aim to avoid. * JS mentioned there was also debate on professional and managerial accountability. She however explained that the Core group can give a pragmatic solution of the geography of KSS due to the original set up of the LPNs; they were separate entities and now joined covering a huge area. * NG expressed that the LDNs should be taking on the strategic decisions and not the KSS Core. He felt that the Core is effectively managerial led and not clinically led. * JS further added that the LDN also has the statutory responsibility by statue. * BH had concerns about individuals sitting on the Core group but do not sit on the LDN.   MJ responded to this discussion by acknowledging that there were very strong feelings about the structure of the committees and confirmed that there will be national guidance in the future.  Once the guidance is released any terms can be changed.  **Action: MJ to take these comments on board and think about how to take this forward.** |
| **7. Work plan/Plan on a Page**  MJ told the group that the work plan/plan on a page is a structured work document that captures the work of the LDN. He acknowledged that the document needs further work and that some of the items are nationally mandated or indicated and some are local ideas.  JS felt that the document lacked a specific lead named to each project. She also stated there were no milestones for the delivery of each project and no time schedules. She felt it needed a lot more structure so roles and responsibilities are understood.  The group agreed that the document should not have any abbreviations and should have start and finish dates. |
| **8. Kent and Medway Sustainability and Transformation Plans**  MJ confirmed this had been put on the agenda for a discussion on who the STPs are and what they do.  There are 44 across the country and the headline is the linking of health and social care.  Dentistry is not specifically mentioned in the STP plans but prevention is managed.  JS told the group of Mouth Care Matters and that Michael Wilson from East Sussex STP wants to include it as there is emerging evidence that oral health care affects the lengths of stay in a hospital and this is interesting the commissioners.  JS felt that the LDN might find it difficult to approach the STP as there is no direct approach.  NG expressed that the LDN is perfectly placed to offer advice on how dentistry links in with STPs and feels that the LDN Chairs should write to Ken Douglas from Kent and Medway STP. |
| **9. Kent and Medway LDN Website**  GM confirmed that the Kent and Medway LDN website has been updated and that the agreed minutes from the 09/03/2016 had been uploaded.  [Kent and Medway NHS and Social Care Partnership Trust Webpage](https://www.england.nhs.uk/south/info-professional/dental/kent-medway/) |
| **10. Managed Clinical Networks (MCN)**  **Restorative update -**  **Commissioning Guide for Restorative Dentistry –** The publication of this document has been delayed further to March 2017.  AE believed that this is for NHS England to make final revisions to the document created by the appointed committee of Restorative Dentistry experts and commissioners. Also to allow related guidance on dental implant provision to be completed. Until this document is published work cannot commence on reconfiguring services.  **Restorative Clinical Network –** Terms of reference of this committee and work plan 2016 were presented at the September 2015 LDN meeting. AE has continued to have informal contact with David Cheshire and AJ Consultants in Restorative Dentistry, in Chichester and Brighton respectively including meetings to advise on the Restorative DERS. AE had been awaiting the publication of the Commissioning Guide before having the proposed inaugural meeting of a Restorative Dentistry Managed Clinical Network to start advising on the development of additional local endodontic, periodontics and prosthodontics services.  Agreement on any remuneration and expenses for the MCN chair role is outstanding.  **Dental Electronic Referral System (DERS) –** A Restorative Dentistry referral form for Kent Surrey and Sussex has been developed in conjunction with David Erza of Vantage referral management. This uses the wording included in National complexity of Restorative Dentistry documents that are likely to be published in the national commissioning guide for Restorative Dentistry. The form includes the monospecialties of periodontics, endodontics and prosthodontics as well as Restorative Dentistry. The algorithms developed will triage referrals into their complexity and the level of provider advised by the national commissioning document. David Ezra need to re-order as it currently starts with periodontics and not endodontics.  The form is very user friendly and quick to fill out, with good links such as to medical conditions and a medication encyclopaedia.  The system will be a great improvement in information sharing and quality of referrals that will be important in allowing the development of managed clinical networks with different tiers of clinicians managing patients.  Unfortunately the final meeting of stakeholders in November had to be cancelled due to illness. This meeting is to be rescheduled but there is general agreement on the form.  In Kent the concern will be meeting the increased demand that AE thinks will happen when it is introduced, especially with no enhanced practitioner network.    **Endodontic referrals –** There have been no appeals of molar endodontic referrals forwarded for triage. It still would be of value if the number of direct referrals are being accepted by London Hospitals could be identified.  AE presented to the group a DERS referral example, HW confirmed that 9 out of 10 referrals have been easier.  The information capture will be greater and consultants at the end of the referral will get as much information about the patient as possible.  **Special Care and Paediatric update -**  MJ informed the group that the MCN is up and running and is well attended.  The main thing to report is that the Special Care pathway has been published, the paediatric pathways has not yet been released.  The MCN is looking at in anticipation for the tenders in 2018 a reviewing of where services are and facilities for General Anaesthesia and sedation.  JS thanked the group for being responsive and pro- active and felt members of the MCN worked well.  **Oral Health Promotion update -**  SD informed the group that the MCN met last week and it was a successful meeting.  There were two external presentations and these were by Kent County Council (KCC) presenting Kent Integrated Data (KID) and Kent Smoking Cessation Programme.  The KID presentation wanted to include dentistry in their dataset and asked to attend this meeting to gain support. They wanted to receive the data that is provided to the Business Services Authority (BSA). JS confirmed that Kent County Council is not able to access this data. JS has spoken with Maura Flynn from KCC as Maura asked what data do dentist collect and JS gave a quick outline on this. JS has offered to speak with the presenters.  Sarah Martin who gave a presentation on smoking cessation informed the group that Kent County Council will provide smoking cessation training to every dentist in Kent free of charge. Sarah has been in contact with Annie Godden as she required every dental practices email address  Coming toward the end of the official contracting periods for community services, Maura Flynn expressed concerns with regards to the continuation of the survey work but has stated that she has this in hand.  JS informed the group that the first Surrey and Sussex Oral Health Promotion meeting will take place on the 14th December 2016.  **Orthodontic update -**  BH told the group that the main focus at the moment with all dentists is procurement.  JS attended a meeting and gave the committee a presentation on the current state of affairs.  Cherie Young has requested as part of the procurement process, that all completed treatment forms are up to date. She has also requested reasons why if any treatments have not been completed.  BH informed the group that DERS is up and running from December 2016. Paper referrals will no longer be permitted; however, BH confirmed there was still a vast amount of paper referrals still in the system. This will take up to two years for these referrals to go through.  He added that DERS is working very well but there are some issues.  The first issue, is regarding the under 10’s referrals. Consultants want to have a pathway to see these cases directly without going through DERS. This can be facilitated through the advice pathway, allowing the referral to bypass primary care, for under 10’s only.  Another issue was referring cases for under treatment. BH explained that on the DERS systems, using the orthodontic referral to hospital option and to refer in as GP. This was not previously known as there has been minimal training.  Lastly, BH told the group another issue was when patients are accepted; there was is no means to say what the treatment to carry on is. BH announced this is hopefully being rectified.  Lastly BH informed the group that the committee discussed all sort of options and alterations in the contracts but this have not yet been disseminated to every orthodontic provider in the county. It has been agreed that there will be a code of practice written and this has been agreed with Annie Godden.  The next meeting is the 09th March 2017.  **Oral Surgery update -**  NG gave the group an update on the Oral Surgery MCN. The last meeting was on the 26th October 2016. He gave apologies to JS and AE as there was some confusion over invites.  The bulk of the meeting was around DERS. There had been teething problems, however these have been rectified.  There was discussion regarding pensions for the providers of primary care.  There is no formal process in place for the accreditation of Intermediate Minor Oral Surgery (IMOS) providers. The view is that the MCN networks need to become the accrediting group. There has been a comment that there may be invested interests; NG responded by that every provider of the group might have an invested interest. Appraisal for IMOS providers is still an issue for primary care individuals that are commissioned by NHS England, the implication being secondary care should be providing the appraisal but they are not indemnified to provide this. It is recognised there is the need for some form of appraisal and some level of measuring how people are performing.  The committee discussed performance figures. There is some suggestion that there are more cases going through to secondary care than commissioners would like, whether these are inappropriate or not is debatable as always. There is need to have a certain number of training cases.  NG confirmed the DERS is working very well for Oral Surgery.  Next meeting is on the 01st February 2017.  **Action: Alison Cross to invite JS to the meeting.** |
| **11. Orthodontic Health Needs Assessment (HNA)**  JS acknowledged that Annie Godden had supported JS with the HNA mainly with the dental referral guide.  A big change is the patient questionnaire sent for recent referrals to the carers of the patient asking questions on what has been said and views on patient provision.  The actual revised HNA has been finished. MR confirmed that there are a few typo errors and once amended it will be circulated through the MCNs across KSS.  JS told the group that a difficulty is the procurement line is long for orthodontics. This is an opportunity for orthodontists to make some comments on these documents as once the procurement is agreed this opportunity will be lost as will the patient’s view contributions.  BH expressed that there seemed to be a void in certain areas. The areas of Sittingbourne, Faversham, coastal areas of Whitstable and Herne Bay do not have provision at all, either by satellite or main centre. JS asked that BH give these comments to her via email.  **Action: BH to relay these comments to JS.**  With regards to the orthodontic tendering process the notification on the pre-qualifying questionnaire is being published in the next few days. Those who had originally expressed and interest will be directly emailed about the PQQ.  NG asked to formally minute that the timetable is completely inadequate and left no time for proper discussion. NG felt it was such short notice and had no clinical engagement  NG expressed that he had a number of comments from two orthodontists, Andrew Diabase and Gavin Power. On table 10, they wanted to highlight the massive difference in attendances in secondary care between Kent and Medway and Surrey and Sussex, this is reflected in table 12. JS stated that the data might not be accurate, there is need to understand the data and know more.  NG stated that there is huge disparity on where money is spent between Kent and Medway and Surrey and Sussex yet the populations are only slightly different.  **Action: NG to formally forward these comments on the JS.**  AE added that in table 14, there is the division of primary care between Kent and Medway and Surrey and Sussex but there is no such division between the counties regarding secondary care.  Eighteen months ago, NG told the group that a case load audit for secondary care detailing what was actually being treated producing figures was carried out and this is not reflected in the document. JS informed NG she had not been made aware of this.  AE felt there should be recommendations on training cases.  On page 49, some trusts allow orthodontic providers to see patients up to seven follow up appointments. NG felt this figure was too low because any complex cases that last two years plus, might need twenty four visits so the number quoted was not sensible.  NG stated that he felt that is would be beneficial if Andrew Diabase and Gavin Power to send comments to JS.  **Action: NG to email Andrew Diabase and Gavin Power to send in all comments to JS.**  Comments to be sent to JS one month after the Dental Area Team send out the revised HNA.  **Action: JS to ask Annie Godden to send out a cover letter with the HNA.** |
| **12. NHS England update including Commissioning Guides**  MR had given relevant updates during the meeting in appropriate discussions. There is nothing to add regarding the commissioning guides. |
| **13. Public Health England update**  No update at this meeting. |
| **14. Health Education England update**  HW informed the group that Liz Jones is retiring at the end of the year. There will be an interim Dean for London appointed for January, February and March by way of an internal candidate. This will be made public very shortly.  On the foundation front, HW was pleased to announce that Capita have released all the foundation dental files to NHS England at York House, 18-20 Massetts Road, Horley, RH6 7DE to process them. The deadline had been extended to the end of January 2017. |
| **15. Dental Practice Advisors**  HW will be carrying out the sedation inspection with Chi Davies later today.  The quarterly meeting was held at York House last week and the appraisals have been completed by Andrew Foulkes. HW has been asked if he would do the appraisals next year.  Dental inspections are progressing. HW also confirmed he is also triaging some orthodontic referrals.  AE sought clarification with regards to an email received relating to Dental Care Trainees (DCT). AE queried DCT level one’s, HW confirmed they were still referred to as foundation dentists. NG added that email was circulated regarding the uplift of DCT level three and stated that if the deanery appointed a DCT level three then the trust had to bear the cost of this. NG has forwarded this on the finance department for its view.  AE pointed out the disparity in other regions that might benefit from a higher calibre candidate in the first round and in other areas there is an established pathway. HW confirmed that next year there will be a national requirement.  KH told the group that dental practice inspections were being fitted in as normal and that Surrey is being prioritised. His work for the Performance Advisory Group (PAG) had increased.  The National Association of Dental Advisor conference has been expanded to welcome as members all dentists who give professional advice to organisations.  There is funding for the first time in three years to support attendance. With the evolution of the NHS, NADA has developed to welcome as members all dentists |
| **16. Salaried Services**  SD informed the group there were no issues and work is carrying on a normal. |
| **17. DentaLine for Kent and Medway**  SD informed the group that there were no issues and that work is as normal. |
| **18. Local Dental Committee (LDC)**  JU informed the group previously that a list of current performers/providers in Kent was needed in order to run the Kent LDC biennial elections. No access to this data was possible as Kent Primary Care Agency has been closed. A list has now been provided by Chris Dawson, Client Engagement Manager, NHS Dental Services and Will Newport, Sec to The Federation of London Local Dental Committees.  If possible this will be shared with Ken Eaton as post graduate dean in order that he can communicate with dentists for post graduate courses etc. in Kent as he also cannot obtain this data.  The Anti-microbial advice sheet has been updated [Kent Local Dental Committee Website](http://www.kldc.org.uk/information/antimicrobial-prescribing-resistance/) and reference to the breach notices updated advice regarding breach notices [Kent Local Dental Committee Website - Breach Notices](http://www.kldc.org.uk/information/breach-notices/) and can be located using these links. |
| **19. Anti-Microbial Toolkit circulation**  The documentation on the agenda is for information only. |
| **20. Healthwatch update**  LL told the group that Healthwatch there was nothing to report so a further update was not necessary. |
| **21. Any other business**  The group discussed if it was beneficial to bring the meeting forward to 9:00am so that absence from clinic is minimised. The group agreed to this and the extension of the meeting to two and half hours.  **Action: GM to change the times already booked for 2017 meetings.** **Update –** an options letter has been circulated regarding the future structure of the KSS LDNs and the KSS Core Strategic Group, until the structure is agreed, the meetings times will remain unchanged. |

Ratified 20/04/2017