

**Surrey and Sussex Local Dental Network**

15th September 2015 at 14:00-17:00

The Medway Room, 18-20 Massetts Road

Horley, Surrey, RH6 7DE

**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 |
|  | Jackie Sowerbutts (JS) | Locum Consultant, Public Health England |
|  | Jeremy Collyer (JC) | Consultant, Queen Victoria Hospital |
|  | Stephen Lambert Humble (SLH) | Dental Dean, Health Education England |
|  | Lawrence Mudford (LM) | Associate Dental Dean, Health Education England |
|  | Agi Tarnowski (AT) | Dental Clinician, West Sussex LDC |
| **Apologies:** |  |  |
|  | Annie Godden  | Senior Contracts Manager, NHS England |
|  | Faye Eves | Dental Care Professional, |

| **Agenda Item** |
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| **1. Welcome and Apologies**This is the first official meeting by BD as the new Chair. BD introduced the meeting and apologies were given.  |
| **2. Notifications of any other business and matters arising.****To be discussed:**Surrey and Sussex Terms of Reference (ToRs)Surrey and Sussex Membership - discussion on how to manage the lack of attendance and better representation from the group. The ToRs will be edited to define that those who have retired members who attend the meeting should still have an ongoing role within the field in order to continue their involvement.BD wanted a more focused and output driven group, with better defined actions, due to the recurring criticism that the Local Dental Network (LDN) in Surrey and Sussex was under achieving. This lack of achievement needs to be considered alongside;* That the LDN has been heavily involved implementing the Dental Electronic Referral System (DERS) system across Kent, Surrey and Sussex (KSS)
* That the Chair has been an interim role for many months
* There is currently little capacity as a LDN to make any significant changes. There are no trainees, limited capacity from Consultants in Dental Public Health etc.

Involvement from the trainees from Health Education Kent, Surrey and Sussex (HEKSS) will be placed on the agenda.The PRECISE study to be placed on the agenda. |
| **3. Minutes of the previous Surrey and Sussex LDN – 09th June 2016**Amendments:1. Chanel meetings in incorrectly spelt, it should be ‘Channel’.2. Jackie Sowerbutts in bracket on page 1, state (JC) should be (JS).3. John Jonty should read Jeyanthi John.4. Samit Shah in response to the urgent unscheduled care should read Sam Stagnell.**Action: GM to make the amendments to the 09/06/16 minutes.**Subject to the above amendments, the group agreed that the minutes were a true and accurate record of the meeting and BD signed them off.A stakeholder description paper was distributed to the group and an email sent to those on the committee. It is a description regarding different organisational stakeholders (e.g. NHS England, PHE etc; BD explained that he would like any comments to be sent to GM so that any amendments could be made as these descriptions will be uploaded on the NHS website.AT to look at the description regarding the Local Dental Committee (LDC).JC to look at the description regarding the Managed Clinical Networks (MCN).BD to look at the description regarding NHS England.JS to look at the description regarding Public Health England.Libby Lines to look at the description of Healthwatch (Patient Representative)Huw Winstone to look at the description of the Dental Practice Advisors (DPA)SLH to look at the description of description of HEKSSClinical Dental Technician – A clinical dental technician provides complete dentures directly to patients and partial dentures under prescription.**Action: GM to send email with the stakeholder description and ask for any comments.**There is an agreement from Surrey Local Dental Committee (LDC) to place a link to our minutes on their websites; BD explained that Kent already does this. AT confirmed that West Sussex also share the minutes, BD ask if a link could be provided instead and AT thought this would be better. **Action: AT to send Toby Hancock – West Sussex, Barry Westwood for Surrey and Nish Suchek for East Sussex email details to BD to formally ask them to include the link for the LDN minutes.** |
| **4. Actions form the previous Surrey and Sussex LDN – 09/6/2016**JS thought that the actions from the meetings should be circulated soon after the meeting; LM stated that those tasked with an action should take ownership of that action. The group agreed that the action log will be circulated by 1 week and the minutes will be circulated by 4 weeks.BD to email SLH regarding the trainee opportunities. **Update –** SLH raised the possibility and sought approval from BD whether a trainee could be given a seat on the LDN as an observer and as a training opportunity. BD agreed this would be useful. The trainees are not to be given any projects directly but can be asked to take the project back to HEKSS for allocation.**Actions: BD to email SLH any potential projects that may be suitable for the dental trainees.****SLH to email BD what trainees there are and what time they are able to allocate to the LDN.** BD to formally invite Nicolas Lewis to sit on the MCN. **Action: BD to email Nicolas Lewis to sit on the MCN.**AG to email Richard Jones and relay the news that the LDN felt that the merging of the Orthodontic MCNS was a positive step. **Update –** AG was not present at this meeting to give an update, so GM will enquire upon her return from annual leave, the status of this action.AG will send a response to NHS 111 stating that a review will be completed in order to free up capacity before a needs assessment is to be completed. **Update -** AG was not present at this meeting to give an update, so GM will enquire upon her return from annual leave, the status of this action. AG to identify a trainee and discuss with Sam Stagnell the current work regarding dental emergency, urgent unscheduled care. **Update –** This is in progress.JS to clarify on the dental services website to what exactly is expected to be collected in relation to the Precise Study. **Update -** Software companies have changed and data will now be automatically collected as long as the charting has been filled and completed. There are some software glitches so the data may not be accurate at the present time.BD informed the group that the study was no longer called the Precise Study but is now an audit. The area of Kent in particular Thanet (due to its relative deprivation and location of CDS clinics) is being targeted. An email has been sent requesting that dentists allow NHS England to look at a small group of children to identify how accurate the system is in recording decayed missing filled teeth and how accurate they are in recording this data. There have only been two responses so far which is disappointing as the group all agreed that the dentist will already examine the child’s teeth and it is not a time consuming exercise. Both the child and the dentist are given a £10.00 voucher but it was voiced that dentists may be nervous to engage as they may feel that their examining skills might be scrutinised.JS queried if the dentists had been given a fixed number of children, BD responded by stating that there was a minimum of ten children expected from each dentist.The group agreed that the project must be supported and explained to dental teams. AT will approach Kent with this at the next Channel meeting on the 12th October 2016.**Action: BD to send AT the documentation for The Precise Study/Audit.****Action: At to speak with Julian Unter and Tim Hogan regarding this study at the Channel meeting and discuss the best way forward.****Action: BD to send AT The Precise Study/Audit protocols.**All other actions have been completed from the 09/06/16 log. |
| **5. Minutes from the KSS Dental Core meeting – 17/08/16**BD informed the group that the previous Kent and Medway Dental Core group has now been terminated and held its last meeting on the 04th May 2016.BD and Mark Johnstone as the Co-Chairs of Kent, Surrey and Sussex decided to create a KSS Dental Core group which will be more strategic, which both separate LDNs will feed into. The meetings will take place every three months alternating between Tonbridge office and Horley office; the frequency of the meetings to be held at time periods in between the main LDN meetings.Key points taken from the discussion regarding membership were:* A local clinician will be required to sit on the committee. As this will be a paid post, recruitment will go through the same process as the LPN Chairs. (update; it was decided to invite three temporary (12 month) posts for the LDC to fulfil this role)
* Andrew Elder who was in attendance at the Kent and Medway LPN meeting expressed some concern that secondary care was not represented. BD informed the group that the KSS Core group did not need secondary care representation as there are secondary care specialists already sitting on the main LDN for Kent and Medway. The group agreed that if secondary care is to be represented then they must represent all of the MCNs and be a member of an MCN.
* JC also agreed and voiced that other colleagues would be in agreement that it is not advisable to have a strategic group without secondary care representation. JC went on to state that it should be a consultant in secondary care; BD thought it should be an individual in a leadership role.

**Action: BD to take this secondary care issue back to the KSS Core group and voice that both LDNs feel strongly that secondary care should be on the KSS Core.**With regards to the membership of this LDN, BD felt it was necessary to invite representation from the MCNs, this to include Oral Surgery, Restorative, Special Care and Paediatrics, Oral Health Promotion and Oral and MaxilloFacial Surgery and stated that the new ToRs should mirror the Kent and Medway LDN group. Included on the membership should be a dental clinic advisor (formerly known as a dental practice advisor) and a member of the LDC. It would be up to the MCN to nominate a person to sit on this LDN.**Action: BD to raise membership with the Channel group and nominations to sit on the Surrey and Sussex LDN. BD to change the membership of this LDN and report back to the group.**In the local group it was suggested that there could be more dentists as the strategic group will be kept to a minimum to ensure efficiency but that the local group could expand to create networking opportunities.There was concern that the strategic group should not have a majority of Kent colleagues.BD queried JC position on the LDN, should his position “morph” into the secondary care representative or should he sit as an MCN representation. JC had no objections either way and thought that no other colleague would raise an objection to him sitting on the committee as the secondary care representative, but equally he raised no objection to Nic Goodjer sitting on the committee. Another 3 members would need to be sought from the other MCNs to complete the membership goals. |
| **6. Healthwatch update**There was no representation from Healthwatch or patient representation.The group discussed what should be done where there is no representation and if there is non-attendance for more than 2 consecutive occasions.**Action: BD to draw up a letter to send to non-attendees.**SLH expressed that he could not attend both LDN meeting and the strategic KSS Core, he would nominate a deputy to attend the LDN and would attend the Core group. LM will be the chosen deputy to attend Surrey and Sussex, Kent and Medway LDNs. BD wanted there to be rules regarding deputies and that a deputy must have knowledge to be able to attend and feedback. JS voiced that there should be only one deputy that is able to attend. The group agreed with these statements. **Action: BD to edit the ToRs to allow a nominated deputy for attendance.****Action: GM to send out the Surrey and Sussex ToRs to the group.****Action: BD to edit KSS Core group, then JS to edit the Surrey and Sussex ToRs.****Action: BD to email AG so that she is aware of the proposed changes.**The group agreed that Healthwatch is still the preferred patient’s voice. |
| **7. Website Users guide**This has been discussed during the first part of the meeting. |
| **8. Anti-Microbial Resistance**JS informed the group that anti-microbial resistance is a very important Public Health issue and that there has been discussion on the Anti-Microbial Stewardship in the South Consultants meeting this morning.In a couple of months the national tool kit will target the training practices and any other practices that would like to join in across KSS. Targets to include foundation dentists and all the emergency dental services. AT announced this is already happening in West Sussex and thought that if these practices were approached they would be happy to share their audits.JS wanted the antimicrobial resistance work to be an initiative of the LDN and to be put on this LDNs work plan and to be a LDN sponsored project which will create outputs that can be used to improve the quality of prescribing across KSS.The support and leadership of the LDN will be required to ensure the quality of the project and to be able to provide statistical analysis, BD was happy to provide this.JS expressed that Wendy Thompson has created an A4 information page on what should be prescribed and is on the Kent LDC website, and thought it should be on the opening page of Dental Electronic Referral System (DERS) when referrals are being made. BD stated that he could put a link to this page once he receives it from JS.BD informed the group of a document detailing the audit and feedback derived from routinely collected data which led to a significant reduction in the prescribing of antibiotics. (Elouafkaoui- with Jan Clarkson).**Action:**  **JS to send BD the link to Wendy Thompson’s document.****Action: BD to send JS the link to this document by Elouafkaoui. P.****Action: BD to put this anti-microbial project on the Plan on a Page.**This topic will be discussed at the Challenges Conference on the 05th October 2016. |
| **9. Bariatric patients**BD has been requested to create a standard of bariatric care for KSS for both LDNs as there is currently no standard of care in dental care for bariatric patients.BD managed to source 10 reference documents from the UK, US and Australia on what a dental surgery for bariatric patients should look like, he will draw these together to create a set of standards.There are a small proportion of people who will be too heavy to sit on the dental chair due to the weight limit but are not classified as obese. JC stated that the dental chair is based on kilograms and the medical relevance of being overweight is based on BMI, BD told the group that according to SIGN there is a 3rd factor relating to the complexity of dealing with people who are obese and that is waist circumference.Provision figures suggest that in KSS based on a population of six and half million, 880 females are deemed too heavy to sit in the dental chair compared to 30,000 males.BD will draw a table for a needs assessment perspective to identify who is too heavy to sit in a dental chair. This document can go to primary care if these primary care clinics are set up in KSS. Patients that are calculated to have a larger waist circumference over 37 inches, high Body Maxx Index (BMI) and considered at risk will be referred to secondary care.The list of standards will need to be agreed by the Special Care MCN and the LDNs and will then be used to assist and make sure that there is sufficient provision for bariatric services.This workstream will go on to the Plan on a Page.  |
| **10. MCN update****Restorative –** DERS and Restorative is still progressing and there have been many discussions to get the algorithms correctly established. It is acknowledged that Restorative is a difficult pathway and is continuing to develop.**Special Care & Paediatric -** The projects being undertaken are* Bariatric care
* Service requirements for surgery equipment to provide special care.
* Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) which is being led by Mili Doshi. From an LDC perspective, AT has been tasked to come up with some questions from refers so that they are part of the process.
* Survey of current special care services is in progress and is still awaiting a response from Virgin. BD asked for assistance from JS to see if she was able to prompt a response. This data will be fed back to the LDNs and the Special Care and Paediatric MCN.

**Action: JS to email Shelley Oliver to request that she complete the survey of needs.** A further topic of discussion at the MCN was in relation to sedation services. BD presented a PowerPoint document outlining current Inhalation Sedation (RA) and Intravenous Sedation (IV) services.Jennifer Parry is engaged in a project regarding patients being referred in for a General Anaesthetic (GA) and repeat Gas amongst other assessment, there is no feedback as yet.Special Care is still not on DERS and is an ongoing project. In West Sussex, the platform remains an issue.**Oral Health Promotion –** JS gave the group an update on the recent Oral Health Promotion MCN meeting last was held on the 09th September 2016.It was very well attended and both Local Authorities were present along with Professor Ken Eaton from HEKSS and LDC members, which is very encouraging.JS suggested at this meeting that there is a need to use other colleagues to deliver the Oral Health message and that the most important place to start with is with children.A Surrey and Sussex Oral Health Promotion MCN is to be set up and the progress on this is that a email has now be sent to the clinical director leads employed by Salary Services to highlight the need to have a similar group in Surrey and Sussex. Furthermore, a smaller strategic Oral Health group will also be set up so that both KSS networks will feed into. A meeting has been agreed in principal to explore the interaction of both groups and the strategic group.  One of the aims is to create a framework strategy to improve the oral health in children.**Orthodontic –** JS asked for clarification on the Orthodontic MCNs. BD explained that there are 2 MCNs in Orthodontics in Surrey and Sussex. AT informed there were 3 originally as Sussex had 2, one East and one West; they have come together to form one for Sussex and one for Surrey, both sitting under a strategic umbrella. Richard Jones is the new Chair of Sussex MCN and Ian Grobler for Surrey MCN.A representative from these MCNs would be requested to sit on the LDN. **Action: JC to obtain information from the appropriate clinicians of the setup of the 3 orthodontic MCNs (Surrey and Sussex) A nominated representative from this strategic umbrella will be asked to sit on the LDN.**BD queried at this point if the change of membership on the ToRs could be agreed via email, all at the meeting agreed.**Oral Surgery –** BD explained that a Directory of Services is being developed for Oral Surgery. There is interest in gathering this information from a DERS and educational perspective, both to understand which of the secondary care IMOS performers are competent and experienced in the services as outlined in the tier 2 commissioning guide. A questionnaire has been sent out to 100 performers; only 7 replies have been received back. As this questionnaire is more than just for information only as the requirement to complete it will become a contractual issue so therefore they must all respond.AT announced that this information should already be known and can be identified by the invoicing for the services performed. Update; The information is not captured by the BSA The information required is for the last 12 months of how many procedures have been performed; again AT stated that this data should already be available from DERS.**Action: BD to check if this information is already available.** |
| **11.Unscheduled Care**There is no update for unscheduled care. Sammy Stagnell is taking the lead on this project. |
| **12. Health Education England update**SLH informed the group the HEKSS is now merging with HEE London and there will be one Dean by January 2017. Unfortunately it is not clear who that Dean will be or at the very least what may happen in regards to SLH position but he is assuming he will continue.HEKSS continue to engage with care Homes providing training for carers in oral health. The Care Quality commission (CQC) has now been persuaded to add oral health to their inspection themes, which will significantly improve both take-up of training and compliance. Mouth Care Matters has now engaged with 12 trusts across KSS including one Mental Healthcare Trust, and is commencing the training of Oral Health Champions in each trust. HEE gave a presentation to the Patient Safety Commission and the programme was included in their report, with a suggestion that it needed to become a national HEE wide programme.A booklet on Oral health for Pharmacists has been produced and HEE are now constructing e-learning material for webinars for pharmacists and pharmacy assistants.HEKSS is close to completing an oral health training programme, working with Skills for Health. The programme cuts across all health and social care groups from consultant to healthcare assistant.HEKSS has succeeded in getting the topic of oral health into the care certificate. HEKSS is beginning engagement with London and Thames Valley and Wessex, to roll programme out there.HEKSS has just commenced a programme to deliver “Dementia Friendly Dentistry” programmes for all dental teams.There has been the initial work on cradle to grave oral health learning programme.SLH voiced that Dentists can engage in obesity in children if there is engagement from the parents and that HEE is trying to establish a way forward to support this workstream. The medical world is very interested in the process of Oral Health Practitioner programmes and there have been some motivating interviews. |
| **13. LDN Training Projects**BD asked if those in attendance and those not present at the meeting, to think about the possible training programmes that could engage the dental trainees. |
| **14. LPN Membership**This has already been discussed in the meeting. |
| **15. Plan on a Page**Anti-microbial stewardship, bariatric care and mapping of dental services should be on the LDN Plan on a Page.JS expressed that the Plan on a Page workstreams should include a lead, the group agreed and the leads are.**1. Clinical Networks** – BD**2. National Commissioning Guides** – BDSome of the Commissioning Guides have been returned from Gateway and some are still awaiting approval.**3. Oral Health Promotion and Epidemiology Network** – BD**4. LDN Website** – GMThe minutes will shortly be uploaded on the NHS Website.**5. Challenges** Conference – SLH**6. Unscheduled Care** – AG**7. GDS Procurement** – AG**8. Communication** – GM/BDGM and BD wrote an approval to set up a LinkedIn page with a link provided to the minutes on the NHS webpage. This LinkedIn page will allow information to be sent out and feedback to be received.**Action: AT to copy in GM email sent to the LDC regarding this LinkedIn page set up.****9. Anti-Microbial Stewardship** – JS**10. Bariatric Pathway** – BD**11. Mapping of Dental Services** – BDThese workstreams will be undertaken by the LDN and the leads will take ownership in pushing them forward. |
| **16. National Care Pathways**The Managed Clinical Network pathways are sitting with Gateway and there does not seem to be a problem at the moment. Restorative and Paediatrics have been sent back.Oral Surgery and Special have been approved. |
| **17. Sedation**The needs assessment cannot be looked at until the joint four country guidance is released and this should be in the next couple of months.  |
| **18. Challenges Conference – 05/10/16**This year the Challenges Conference will be held at East Surrey Hospital on the 05th October 2016. The charges over parking have now been sorted out and those attending will not have to pay.The programme has been set and agreed by SLH, BD and Mark Johnstone.SLH asked the group what should be on the agenda for the next Challenges Conference which will be held in March 2017. The group discussed this and it was mutual that Paediatrics would be a good theme as this would tie in with prevention, sedation and engaging with the population. SLH felt that the next conference should be driven by the LDNs and that SLH is happy to facilitate. He would still set up the event, still include some teaching elements and run the whole programme.**Action: SLH to put a theme together and then send out to the LDNs for discussion. To discuss this at the annual conference in November for the next Challenges event.** |
| **19. DERS update**Surrey will go live with DERS on the 01st December 2016 completing the roll out for Surrey and Sussex. Version 3 has just been released as this incorporates a lot of the comments that were made from a number of major stakeholders in order to make improvements.BD has got access to see how the DERS system looks to an IMOS and OMFS provider. DERS is now starting to engage is a wider range of users. JC queried if the free text box had been put on the first page, BD was uncertain but thought it had been. Stephen Walsh had a number of useful points to make and one was the free text box, BD explained that the introduction of this within DERS caused the collapse of the system as it moved everything out of alignment. BD agreed to find out if this free text box is on the front page, a text was sent to David Ezra during this conversation.JC queried the discharge summaries and stated in hospitals, most have an electronic discharge notification summary. Communications with dentists have been difficult as they haven’t had NHS email address. He stated that as a result of DERS, this has now changed and there is now a potential list of practice addresses, practice identification numbers and NHS. Net email addresses. He felt it would be extremely helpful if DERS could release this information to the trust in order to inform GDP what surgery has been done.It is not practical for the hospitals to discharge on two systems so there must be only one system. There are security issue around information governance issues and data protection, BD voiced could the discharge summary PDF be uploaded to DERS.As of next year, all emails must conform to NHS. Net 2 standards.The group agreed that it would be beneficial if you are able to see where the patients are on the pathways and that there should be a list of discharged patients. **Action: BD to follow up. JC will speak to an Information Governance (IG) lead regarding using the discussion on using the GP interface when making referrals.**  |
| **20. NHS England update**There was no NHS England representation at the meeting, so no update was given. |
| **21. Public Health update**Oral Health Promotion study day is in Tunbridge Wells on the 07th October 2016.PHE has just launched the National Children’s Programme, better start in life; a lot of resources will be coming out to support and improve children’s teeth. |
| **22. Special Care Survey**BD confirmed this had already been discussed in the meeting. |
| **23. Making the LDN work for you**This was simply to get more involvement and engagement into the LDN and during the meeting there has been lots of discussion on how the LDN will progress. |
| **12. Any other business**LM voiced that it would be useful if there could be a flow chart or diagram describing how the local networks feed into the strategic group and MCN.  |

Dates of Meetings 2016

| Date:  | Meeting Room: | Time: |
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| 08th December 2016 | The Kent Room | 14:00 – 17:00 |
| Tbc |  |  |

Ratified 08/12/16