H&IOW LDC Secretary's Report

12th September 2018

General Update: Dentists providing NHS dental services have experienced a 35% pay squeeze over the last decade. Real incomes have dropped by around £47k for practice owners and associates in the region of £23k. Regulatory compliance and registration costs have increased by 1000% in the same period. Morale and motivation is at an all-time low throughout the UK and the morale of dentists is lower where their commitment to the NHS is higher. The dental NHS workforce numbers continue to fall with the lowest levels since 2010 which must surely put the future of NHS dentistry in the Governmental spotlight. Clearly much more investment is required and any Contract Reform progress must be balanced against this background of disinvestment concerns that are workforce and financially based throughout the UK. Very recently BDA have updated the associate agreement template to reflect current developments and changes in law. Social media and secure digital developments are at the leading edge of changes to the way dental practices work to provide excellent outcomes for their patients. Dental attendance levels of patients on low incomes are falling with around two million fewer treatments (NHS Digital) delivered to exempt patients since 2013/14(23% over 4 years). It is thought that the Government's aggressive approach to patient charge fines may be partly responsible for this worrying trend. The number of fines has increased ten-fold and yet 90% of appeals are successful. Clearly, this hostile approach targets the vulnerable and those on low incomes. NHS England has circulated a 'Don't Assume That You're Entitled' campaign to practices performing NHS dental services and some patients have and others will make complaints against local dental practices within Wessex and by default performers will be accused of poor communication skills. Also 4.9 million children (41.4%) failed to see a dentist providing NHS dental services in primary care.

NHS England-South (Wessex): PHE has published Commissioning Better Oral Health for Vulnerable Older People to advise commissioners on how services might be developed for this group and to improve their oral health. This resource identification publication identifies training programmes for staff and carers.
The LDC website has a post concerning the rollout of NHSmail accounts in England to the dental profession that includes NHS and providers of private dental care. Every practice will have an email address against which individual practitioners can be registered. The service is free and a new national portal and dedicated support will be available to help dentists to join and use the service. Each practice is invited to register for both shared and individual user mailboxes **before 14th September 2018.** ***All communications from NHS England after 1st October 20178 will be sent by NHSmail***
Links:
dentistadmin@nhs.net
https://portal.nhs.net/Help
OPG funding was discussed at the recent Dental Commissioning Group and funding for OPGs was approved but subject to certain restrictions and criteria. A draft Hospital dental-ray request form for general dental practitioners is being considered. The LDC Secretary is concerned that the recent letter from David Geddes to Dental Leads was not explicit on this issue and further detailed explanation is being sought through the GDPC/LDC Regional Liaison Group which meets in October. The MOS MCN has stated in its recent summary paper that there is no indication to send a patient to a different provider to have panoral imaging prior to an MOS referral.
The next NHS England/LDCs Liaison Group will meet on the 19th September and the H&IOW LDC has submitted its agenda items but would welcome any other specific issues that might be aired at the meeting.

CPD Activity: Unfortunately, the planned GDPR event that was to be held on the 5th September was cancelled due the inability to secure a suitable speaker. However, the LDC will hold an evening training event in early November. Topics such as current developments in LA techniques and diabetes management are being considered.

Antibiotic Prophylaxis Against Infective Endocarditis: Updated advice has very recently been published by the Scottish Dental Clinical Effectiveness Programme (SDCEP) and is titled 'Antibiotic Prophylaxis Against Infective Endocarditis –Implementation Advice'. This advice is intended to facilitate the implementation of NICE Clinical Guideline 64 (CG64) ***It does not replace NICE CG64.*** The advice supports the implementation of the NICE Clinical Guideline 64 which states that antibiotic prophylaxis should not be provided ***routinely*** prior to invasive dental procedures to patients who might be at increased risk of infective endocarditis. The advice offers guidance about which individual patients might be at increased risk and therefore should be considered for non-routine management. SCCEP has also included supporting tools such as a patient information leaflet. This issue continues to cause great concern within the GDP community, defence organisations and the LDN with varying interpretation of the guidance.

Safeguarding: New guidance for healthcare workers on safeguarding for adults has been released. The publication *Adult Safeguarding: Roles and Competencies for Health Care Staff* was published by the Royal College of Nursing. This outlines the professional standards that all staff need to meet if they are involved with adult safeguarding. In dentistry, this guidance covers the whole of the dental team from receptionists/practice managers up to consultant level. This guidance more closely mirrors the requirements that already exist for children and young adults. The LDC is in discussion with the Hampshire Safeguarding Adults Board which is established as a statutory board under the Care Act 2015 Section 42 in every Local Authority. The purpose of the Board is to provide strategic direction to ensure that all organisations have a well trained and equipped workforce. There is an opportunity to develop a small adult safeguarding programme based on the current multi-agency strategy and especially for NHS providers of care within Hampshire. The Section 42 enquiry and safeguarding awareness training will be free but the LDC would help to signpost the training and provide some administrative and other relatively low-cost support eg website, catering and venue.

Wessex Local Dental Network: The LDN next meets on the 20th of September and the LDC is pleased to recognize that NHS England-South(Wessex) has agreed to an hourly rate of £80 to cover the expenses of GDP representatives (2) who are selected to sit as members of the LDN Core Group. Traveling expenses will not be met and the hourly rate is confined to the time spent at the meeting of the Core Group.

PASS: The LDC's PASS development working group met on Wednesday the 22nd August to consider the recently circulated draft of the H&IOW's PASS. The group felt that the new PASS document was too complicated and likely to impede a rapid response to the dentist in difficulty or to the referrer. On the evening, a power point presentation covered and compared the new proposed PASS with the current WISDOM scheme and a more simplified version of PASS has been worked up that includes input from both schemes and with several valuable suggestions from the group membership it has been further developed.
A PASS meeting was held in BDA HQ London to explore the development of a national PASS template that might help LDCs to develop their own PASS and to further achieve a consistent approach.
The local group will meet again on Tuesday the 2nd October to evaluate the LDC membership's comments on the new PASS document presented to the LDC on the 12th

September. Hopefully the new PASS will be ratified at the next LDC meeting on the 7th November.

DERS: Very recently the H&IOW LDC contacted all the representatives of the GDPC/LDC RLG to learn from other LDC regions where DERS has been implemented. A number of replies indicated that:

- DERS is not used in the Northwest (Lancashire and Greater Manchester Commissioning Hub)
- No change in commissioning but just the way that commissioners use it that may make a difference. (Essex)
- There is no electronic referral system in London, although a couple of unknown systems are being tried in parts of London. Generally, orthodontic referrals are sent direct to the providers and this is likely to continue post procurement (London LDC Federation).
- The system is difficult with initially a few problems that caused much time-wasting for GDPs. Liaison with the Area Team was ineffective but since engaging directly with Vantage they have ironed out many of the problems. The system works by pathways being prescribed and the GDP following options to arrive at an end-point for a relevant referral. It is unknown whether or not the pathways are governed locally or Vantage assist the Area Team to learn from their experiences. For the vast majority (80 to 90%) of the cases immediacy and traceability is transparent and advantageous. Where the system falls down very badly is for cases where the GDP is unsure of the diagnosis and wishes to seek an opinion via a detailed and comprehensive referral involving a lot of information as those cases do not fit within a box. (Kent)
- It has been difficult and the system is rigid in what it will allow but for the majority of time (80-20) it has helped to bring referrals into the modern world. It allows patients to track matters and hence reduces reception time. Generally, the company wants to make it work but are subject to controls placed upon them by the commissioning NHS local office. The drawbacks are that NHSE has far more rigid control over who, what and where and effectively has a sieve triage system. The system impacts on the independence of GDPs. (South East)
- We have not used DERS but it sounds like the future. We feel that clinical triage is essential. (area unknown)

Benevolent Fund: The BDA and the BDA Benevolent Fund (BDABF) very recently met to discuss differing opinions about the recent proposals from the BDABF at their recent AGM. However, a joint statement has pledged a shared commitment to work together with common ground reached regarding changes to the charity's membership, board size and administrative processes. Practical proposals will be put forward to the BDABF's AGM next year. The BDABF pays a unique role supporting all dentists, dental students and their families in need.

Keith Percival
Hon Sec
12.09.18