**Hampshire & Isle of Wight Local Dental Committee**

**Committee Meeting – Wednesday 22 March 2023 at 7pm**

**Venue: Lord Selbourne Room, Chilworth Manor Hotel, Southampton SO16 7PT**

**Part One**

1. **Welcome** – The Chair welcomed all to the meeting, especially observer Sharleen Dhindsa. Martyn Rogers, Deputy Director Primary Care (ICB Strategy) and Stephanie Carter RDHT, RDN, MDTFEd
2. **Presentation: Hampshire and Isle of Wight Integrated Care Board,** Martyn Rogers, Deputy Director Primary Care (ICB Strategy)

The ICB became the Clinical Commissioning Group with effect from 1 July 2022 with delegated responsibility for dental services (all sectors). There are 42 ICBs across England with Hampshire and the IOW being the 10th largest. The role / purpose of the ICB is to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS support broader social and economic development. Hampshire and the Isle of Wight population is 1.9 million with a budget of £3.5billion. ICB is the statutory body of NHS England and the ICS (Integrated Care System) brings together all sectors of care. It has been recognised that Health and social care need to work together in collaboration. ICB leads the improvement and integration of high quality healthcare and takes over from NHS England. It has been delegated Dental, Pharmacy, Optometry and GP commissioning. The ICB and NHS board are working towards a balanced approach. Decisions will be made with local knowledge and applicable for each area. The strategy and transformation needs to be sustainable for the future, considering the needs of the population and the reset / recovery from the pandemic. Recognised the need for support packages for the workforce to feel valued and supported. Not currently administrating, this continues with NHS England. There has been a considerable erosion of NHS commissioning staff so need to maintain the current manpower resource and expertise. Taking local decisions but will try to work at and understand the important issues.

KP – From a GDP point of view we have heard some soothing words such as, do not worry nothing is going to change? Clearly, there is a need to interact with the LDC. Over the past few years since transformation from the LAT the LDCs relationship with the NHS England Regional Team has become more and more problematic due to active marginalisation of the LDC. For example it has been difficult to provide commissioning advice and to discuss the many contractual issues or the hand-back/variation contract position. Dentists are worried about the sustainability of their practices, their patients wellbeing and realistic viable funding. It is recognised by the LDC that, going forward, there is a need to keep NHSE local knowledge and expertise.

WC – Is there a possibility of influencing the UDA rates in areas where there is a lack of service provision? It is harder to get staff in certain areas due to the cost of living in that area. There should be no unrealistic minimum UDA rate eg £23 as per the latest marginal changes to the contract. What are the drivers to overcome the dental desserts that are appearing in our area? Services procured but unable to employ dentists to service the contract so discussions are now taking place regarding UDA rates with an emergent methodology for new contracts taking into account the indices of deprivation. Within the procurement timeline of 12 months, there is not the ability to restore dental access across Hampshire and the Isle of Wight, with areas of focus being the Isle of Wight, Southampton, Portsmouth and Gosport.

CSF – Without going into the finer details of dental commissioning without a restructure of the contract what other conversations are taking place to interrogate dental information that is available, how might we move away from the current rigidity? Even after 12 months of ICB involvement there are not many people in the ICB who fully understand the issues affecting the provision of NHS dentistry within a primary care setting. There is little flexibility within the current national dental contract.

VES – Identified a slide that identified support for nurses and appraisals for dentists. It is already known that there are significant benefits from regular appraisal to identify issues for some dentists. Workforce is an important area of focus and although appropriate pay uplifts are currently a fundamental concern it is not necessarily the most important area, there is a need for wellbeing support too.

JD – ICB formed in July identified the need for a GP representative. However, there is also a need for representation from pharmacy, optometry and dentistry.

The committee thanked Martyn for his presentation and for giving of his time to speak to the committee.

1. **Presentation: Extended Duties using DCPs in Hampshire and Isle of Wight** – Stephanie Carter RDHT, RDN, MDTFEd

Stephanie started in Dental Nursing, trained in Dental Therapy and has always been keen to ensure that all DCPs are utilised to their fullest. In July 2022 over 3000 Dental Nurses were lost from the nursing register. Set up a virtual meeting platform and formed a network. 150 attended the meeting. Social media emphasises a high level of negativity with many nurses feeling demoralised, needing more support and more communication between professional roles. Areas discussed Tensions in the Surgery; Scope of Practice; Using extended duties; Motivation to use skills; ensuring that Nurses do not feel that they are alone; Role of the Nurse is important and it’s not just about pay which is important but feeling valued too. In summary it is about: Training; Competency; Confidence and appropriate Indemnity.

KP – The current restrictive 2006 contract makes things very difficult where changes in workforce are nigh on impossible to facilitate within a tight business model. GDC scope of practice – new draft very fluffy whereas previously it had more detailed direction. The future NHS dental contract performance will become more dependent on skill mix but currently there is a shortage of DCPs working in NHS dental practices where the activity is mainly NHS due to reducing levels of profitability and a lack of meaningful flexible commissioning or system contract reform.

PM – DNs are not very cohesive. BADN not very proactive with not much developmental interest shown. BDA works well for Dentists but nothing much for Dental Nurses. Nurses need some recognised national forum to move forward.

SC – Many Dental Nurses do not know what is going on eg GDC Scope of Practice consultation. Deanery identified that DNs are not paid enough for any additional registrable qualifications.

WC – Affected by restricted budgets. Social media is quite vociferous, bringing dentistry to its knees. Aware DNs need to understand that businesses need to be sustainable. Aware of some DNs working additional hours in other jobs to financially survive.

1. **Present*:***Phil Gowers (Chair); Keith Percival (Secretary); Claudia Peace (Treasurer) Bill Creedon (Vice Chair); Caroline Frolander; Konstanty Kostiw; Jessica Patel-Barnes; Lloyd Payne; Janita Dhariwal; Artur Grabowski; Prawash Sunuwar; Hardev Seehra; Sham Seehra;Parimal Manek; Verna Easterby-Smith; Katy Kerr; Kim Jones; Shilpa Chitnis; Patrick Stewart; Nerina Hendrickse; Lauren Holmes; Ross McDowall; Emily Vidovic; Caroline Short - minutes

**Apologies:** Nick Forster; Ailsa Graham; Eva Lewin; Julie Shields; Helen Spencer; Rickard Strom; Simon Chaplin-Rogers; Doel Mitra

1. **Conflicts of Interest – Not already declared** None
2. **Minutes of the Meeting** 18 January 2023 (Part One) signed off as a true and accurate account of the meeting.
3. **Matters Arising from the minutes and not on the agenda -** None
4. **HEE Report** – Katy Kerr
5. Continuing to work with LDNs, MCNs and NHSE to develop appropriate training opportunities for the whole dental team. Workforce continues to be a key issue to address if we are to deliver services.

Potential changes/ developments

* Future of GDP appraisals. We are undertaking a robust review of their overall impact with the aim of discussing the future with NHSE. The early findings have shown that it has led to career development, offers of support to colleagues not just professionally but importantly also helped with wellbeing. It would be good to see these continue as it can play a part in career development and retention.
* Career events in collaboration with Healthreach from Reading University. The careers events have taken place, showcasing all oral health careers, with one run to highlight existing dental nurse vacancies to aid recruitment, which has led to one post successfully filled.
* Continuing to work with schools and will promote new T levels – Health based T levels at top grade can lead to eligibility to apply to medical school. The dental T level results in a qualified dental nurse. T Levels prepare students for work, further training or further study.
* The Dental Nurse Forum continues to support retention and career progression – please signpost staff to this.
* We are continuing our ‘return to therapy’ schemes.
* A number of the Oral Health Practitioner Apprentices have now completed. Making pack for other HEIs and FE Colleges and trying to get take up in SE.
* Dental Education Reform Programme (DERP) projects are in place to help with implementing reform. One is looking at PLVE and barriers to efficient completion. Rapidly moving landscape – Government see this as a solution and expected changes to the process will be announced shortly.
* Other projects to support DERP longitudinal DFT/DCT1, use of simulation and Haptics ready to get off the ground running with the new haptics and Digital Dentistry equipment at Portsmouth Academy due to be in place by summer 2023.

1. HEE will be folded in to NHSE by April 2023. No update on what the structures will look like. Expectation that everyone will transfer over to the new organisation and then there will be work, leading up to a final structure being in place by September 2023. For now, email and contact details remain the same.
2. Still running free courses to continue to support the care pathways. To apply or to explore other options visit our booking system Maxcourse at: <http://www.maxcourse.co.uk/heetvw/guestHome.asp>. Mr Shihab Romeed is running some peer review sessions at Queen Alexandra Hospital.
3. Dental ESPAUR (English Surveillance Programme for Antimicrobial Utilisation and Resistance). Updating Antimicrobial Stewardship Toolkit – hoping to get items ready by end of March 2023 to go through approval by Office for Health Improvement and Disparities. Soft launch in May and more communication/ last items added in time for Antimicrobial Awareness week in November. Will include new audit tool for peer review in addition to main audit tool. CQC want to see not just audit but reflection and change in practice where appropriate and willingness to learn.
4. Faculty RCS – all dental curricula have been approved except one for Paeds which is delayed. New dental curriculum oversight group has been formed to bring together the relevant stakeholders to help this process in future.
5. RCS Guidance for Older people living with Frailty hope to have published by May 2023.
6. **NHS England and NHS Improvement -Update**

Report received after previous meeting

* Procurement – MDS3.  We have been working on mobilising the awarded contracts across Southampton, Portsmouth, Havant, and Gosport.  We have been experiencing some hold ups but are working with the Providers to push forwards with mobilisation by 1 April 2023 (CQC registration and recruitment of staff).  A couple of contracts were not mobilised by the bidder who won the award, and we are in negotiations with the 2nd highest bidder to see if they will be in a position to mobilise the contracts.
* Procurement – MDS4.  We are currently working on the CARR to send to CIC for approval and sign off.  After that we will be able to work with the bidders in MDS4 to come online.  MDS4 has a practice in Southampton although it is largely focused on Sussex.
* Attached to this email is a dental therapy trainer flyer which came in today and I would appreciate it if you would put it on the LDC website; it will be sent out to all Providers via email as well.
* NHS England are working with the HIOW ICB to review services across HIOW. We need to understand how the Providers/Performers see services moving forwards in the future in regard to retention and recruitment etc.   We are looking at how we can work differently on the IOW as it has a number of areas of concern.
* ICBs are keen to work with LDC’s.
* ICBs are being invited to the LDN meetings going forwards.
* We have written to all the Providers regarding the changes required to ensure the [Find a dentist - NHS (www.nhs.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhs.uk%2Fservice-search%2Ffind-a-dentist&data=05%7C01%7Ckeithpercival%40nhs.net%7Cdd35a9300a6f4d1797f208db2ae578da%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638150937567732198%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=yWjomjY%2F0TaKA3tHo7L7Ap4oRL9bmYkz%2Bc0Mp1qi6dg%3D&reserved=0) is up to date as this is now a contractual requirement.

1. **Other NHS England - South Region (Wessex) Reports**

**Local Dental Network** – Nick Forster Chair (KP)

Oral health strategy finalised. Meeting in two weeks to discuss with health and social care board. Please forward ideas for discussion to KP.

**Oral Surgery MCN (KP)**

Details in Secretary’s report. Meetings with NHS no minutes no notes, therefore no accountability. Massive wait in secondary care. Referrers are trying to get referrals into the system quicker by putting them through the 2 week wait pathway, not enough information in the referral to safely reduce the priority of the referral. DERs changes to be made to address this issue. Procurement of Oral Surgery interested to know how this is done. Restorative pathway no contract in H&IOW. DERs performance review group LDC not yet included. Changes in DERs is being driven by KSS not involving H&IOW. Ownership of REGO has changed, due to be recommissioned in the near future. Using Medical History none as default, referrers education necessary. Dentists never quite certain when the referral is signed off. Aware of issues with the algorithms in DERs.

**Orthodontics MCN -** Ross McDowall

Last meeting 30 November 2022. • Primary care waiting lists: o New patient assessment 3-12 months o Treatment start 0-18 months • Secondary care waiting lists: o New patient assessment 3-9 months o Treatment start 0-18 months • Reduced access to NHS GDP services having an impact on orthodontic provision: pre-orthodontic restorations, orthodontic extractions, postorthodontic restorations. • Regional wait times for dentoalveolar surgery, 6-12 months, having an impact on timely management of impacted canines, with increased risk of unwanted sequela. • Bournemouth Hospital Orthodontic Service, Consultant workforce challenges has had an impact on neighbouring hospitals, as well as local service delivery. Locum Consultant now in post and situation improved. • Identified that there is a need to develop adult, nonorthognathic, NHS referral acceptance guidelines. • Awaiting DERS Pathway Review Group meeting, to refine orthodontic DERS process. • High demand for opinions on sixes of poor prognosis. There is a need to identify a workable patient pathway with the Special Care Dental Service, to allow these patients to be assessed and then receive timely treatment. Consideration across the region is being given to the possibility of joint clinics and/or electronic triaging of cases. • Next meeting 31st May 2023

**Salaried Service & MCN -** Caroline Frolander

**Referrals**

Waiting times vary across sites and a placed based review is to be undertaken to explore

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| --- | --- | --- | --- | --- | --- |
|  | December | January | February | | Total for 2022/23 |
| Patients waiting for first assessment appointment  (Total number at the end of each month) | 4,533 | 4,833 | 4,718 |  | |
| Referrals received by month | 386 | 749 | 639 | 5,605 | |
| Patients seen as urgent | 66 | 81 | 58 | 527 | |
| Patients see as priority | 13 | 27 | 21 | 234 | |
| Patients seen as routine | 11 | 113 | 109 | 1,239 | |
|  |  |  |  |  |  |

Encouraged Dentists to make a call to the referral team to highlight patients in pain, priotise LAC, safeguarding, referrals that are more needy than routine.

**GA Waiting times**

Total Adult Waiters                                                                         69

Total Child Waiters                                                                          247

Longest waiting Adult                                                                     55 weeks

Number waiting > 52 weeks                                                        2

Number waiting > 18 weeks < 52 weeks                                 18

Total Child Waiters                                                                          247

Longest waiting Child                                                                      58 weeks

Number waiting > 52 weeks                                                        2

Number waiting > 18 weeks < 52 weeks                                 40

2 lists lost this month due to strike action and lack of anaesthetic cover

**Estates**

Public Consultation regarding relocating out of single surgery sites in Romsey and New Milton completed. Proposal submitted to NHSE.

**Workforce**

Vacancies remain a challenge

**Tender**

Contract extension has been indicated verbally but await decision in writing

Working with a group of vulnerable women in Southampton who are included in a project of 18 months. These women have undergone a traumatic experience and the project works on overcoming the issues associated part of this is poor oral health – SCD has agreed to priortise an assessment so that the women will get support within the project to attend appoitnmetns etc.

Bid to Commissioners to provide care to the homeless who have not access to oral health care

Part of this years Business plan is to develop Dental Therapist to direct access work. Working to get them confident and competent.

1. **University of Portsmouth Dental Academy Report** – Kim Jones

New CD starts in June, Ash Patel will work M,T,W. Improve integrated care – DCPs working

CPD programme live and back to face to face. Vacancy for a Dental Tutor for 2 days per week. Dental students doing finals.

1. **BDA Wessex** – Nerina Hendrickse

Nothing to highlight at this time.

1. **Any Other Business**

SS – Suggested CPD event Defensive Dentistry as opposed to best interest of patient; DERs; Ortho 6’s

1. **Dates of next Meetings** 10th May (AGM 6.30pm start), 14th June or 12th July, 6th September (face to face vtbc), 1st November 2023, tbc