

Hampshire & Isle of Wight Local Dental Committee

Committee Meeting – Wednesday 10 May 2023 at 7pm

Venue: Virtual via Zoom

Part One

1. **Welcome** – The Chair welcomed all to the meeting and observer Mariya Stoyanova to the meeting
2. **Present:** Phil Gowers (Chair); Keith Percival (Secretary); Claudia Peace (Treasurer) Bill Creedon (Vice Chair); Caroline Frolander; Jessica Patel-Barnes; Lloyd Payne; Janita Dhariwal; Prawash Sunuwar; Hardev Seehra; Parimal Manek; Verna Easterby-Smith; Katy Kerr; Kim Jones; Rickard Strom; Nerina Hendrickse; Nick Forster; Eva Lewin; Emily Vidovic; Caroline Short - minutes
Apologies: Ross McDowall, Patrick Stewart, Sham Seehra, Ailsa Graham, Shilpa Chitnis
3. **Conflicts of Interest – Not already declared** None
4. **Elections 2023** Nick Forster applied for re-election through the usual process for nomination but unfortunately the persons who signed it off were not able to do this. To complete due process PM nominated seconded by JPB NF's re-election. Nominations must be made by eligible practitioners.
5. **Minutes of the Meeting** 22 March 2023 (Part One) signed off as a true and accurate account of the meeting.
6. **Matters Arising from the minutes and not on the agenda** - None
7. **NHSE Workforce Training and Education Reprt** – Katy Kerr
 - i. 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. Working with ICBs and supporting flexible commissioning pilot in BOB.
 - ii. HEE folded in to NHSE in April 2023. Now Workforce Training and Education arm of NHSE. No further update on what the structures will look like. Everyone transferred over to the new organisation and then work will lead up to a final structure being in place by September 2023. For now, email and contact details remain the same. Expectation of further 25% cuts even after many colleagues across former HEE have taken voluntary redundancy. Unclear at this time how this will affect the dental directorate.
 - iii. 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>. Planning Two Week Wait training session as discussed at last LDC meeting.
 - iv. Educator Workforce Strategy just announced:



Educator Workforce
Strategy.pdf

- v. **Route for international (non-UK) graduates to gain Performer List number.** As HEE and NHS England came together on 1 April 2023, agreement has been reached that all dental applications to join the NHS (England) (Dental) Performers List will be managed in accordance with the existing NHS England Policy for Managing Applications to Join the England Performers Lists (published 11 February 2022). From this date all applicants who are not exempt from foundation training under Regulation 34 (4) (c) and who would previously have been assessed by the HEE Performers List Validation by Experience (PLVE) scheme will instead be invited to engage in a structured conversation process to assess their knowledge, skills, and experience. There will not be a separate 'PLVE' application form and no fee will be payable by any applicant to NHS England.

The structured conversation will be conducted jointly by an NHS England Dental Advisor and a representative of the Post-graduate Dental Deans. If learning or support needs are identified, an educational/clinical support plan (ECSP) will be drawn up jointly by the Dental Advisor and representative of the Dental Deans and offered to the applicant using Agreement Terms to enable the applicant to practice under the terms set out in the Agreement. The Agreement will set out how success against the terms will be monitored and the process to be followed if for whatever reason the agreement terms are not satisfactorily completed. Until any amendment to the Regulations is enacted, the assessment of equivalence under Regulation 34 (4) (c) will be linked to the requirement of the ECSP and will be used to bring forward evidence of equivalence at the end of the Agreement Term period.

- a. This process mirrors that already in place for EEA-qualified dentists and returners, and in addition to ensuring equitable treatment of all applicants, seeks to address perceived barriers to overseas dentists joining the NHS primary care dental workforce. The first quarter of 2023/24 will provide a transitional phase to ensure that this streamlined process is managed effectively and safely. The following principles will apply during the transition period:

No fees will be payable to NHSE on or after 1st April 2023 regardless of where an applicant is in the process.

There will be no reimbursement of fees paid prior to 1st April 2023.

Applicants who have been included on the Performers List under the HEE PLVE route prior to 1st April 2023 will continue on that route and their portfolio will be assessed by former HEE colleagues.

Applicants who have not been included by 1st April will be considered under the new route described above.

KP – Mentioned to Manda Copage that he had heard that there was an ultimatum that either the performer list had to go or PLVE.

KK - Working hard to get the changes made.

KP – Bastion of support for practitioners and protection for patients from the performance (NPL) panels.

KK – Fantastic NHS professional standards team. Putting in the correct things to protect the safety of patients.

8. NHS England and NHS Improvement -Update

Report received post meeting by e-mail from Alison Cross

- Procurement – MDS3. Working on mobilising the awarded contracts across Southampton, Portsmouth, Havant, and Gosport . The two in Portsmouth have commenced, as have the

two in Southampton. Gosport has been set back and will not commence until June 2023. We are currently at Due Diligence stage with the Havant new provider.

- Procurement – MDS4. Currently waiting for purdah to finish so that work can commence with the CSU and new Providers to commence mobilisation. Currently not able to say who the winning bids are at present but will advise as soon as able.
- NHSE dental staff are transferring to NHS Frimley ICB on 1 July 2023. Providers will see over time email addresses for the team updated to show NHS Frimley; this is because they are hosting the dental team services, but still working across the whole South East region. The team will continue to work as one and all dental Providers should continue to contact their named point of contact which for most Providers in HIOW is Chris Neill who will then liaise with the Contract Managers as to how to answer any queries.
- Ongoing discussions with ICB relating to issues on the IOW.

9. Other NHS England - South Region (Wessex) Reports

Local Dental Network – Nick Forster Chair (KP)

NHSE huge exercise TUPE 53% of NHSE are going to be made redundant. Funding mechanism will be undertaken by ICB. ICB confirmed future dental funding will be ring-fenced. Sylvia Macey is keen to keep the funding in dentistry, but this year 50,000 UDA NHS contracts handed back, January - April. No interest in Isle of Wight. Procurement for 75,000 UDAs not taken up.

2 week wait – 25 % of referrals with 98% of them being inappropriate.

Recruitment is an issue across all GDS. Record clawback this year. NHSE and ICB keen to flex the contract by going into Care Homes, going into schools, urgent care slots etc but it is difficult to see how this might be done. Referral process is uncertain. Lots of uncertainty.

KP – Number of these issues are covered in Secretary's report. Would favour further discussion in part 2. Many areas of the NHS contract being looked at to see how it might be made more favourable. ICBs have delegated responsibility – NHSE still in overall control and will be monitoring commissioning compliance/performance. Simon Cooper and Sylvia Macey are the only ones focusing on NHS Dentistry for the ICB. Seems to be a desperate situation. Private practitioners need representation as more NHS contracts are handed back and they move into private dental care provision.

NF - Need to carefully consider the LDC funding. UDA values are increasing.

PM – Domiciliary visits, GDPs could do these with adequate and realistic remuneration. Is there anyway going forward this could be reintroduced?

NF – Within the flexible commissioning model this and other areas are possible. 10% of contract can be flexed. Care Homes need to demonstrate to CQC that there is dental provision. As you get GDPs to undertake care home visits access for clinic patients will be reduced. Need to consider what is possible, desirable with hard to reach groups, LAC, Elderly, the homeless etc.

CP – Advised that in fact it is 88% of referrals into secondary care 2 week wait referrals that are inappropriate. Possible area for CPD training?

NF – Data of who is referring inappropriately can be obtained via REGO but there is reticence to use it.

WC – Are the Commissioners aware that small increments of increased UDA value is not enough to draw providers into the hard to reach areas eg Portsmouth, Southampton and Isle of Wight?

NF – Contracts with additional payments are available with sessional fees. No data available to measure how many patients need to be seen.

KP – Domiciliary visits are included in the current contract as it is based on activity in 2005. In the past NHS patients expected to be recalled every 6 months, but with the recently introduced marginal changes NICE recall guidance practice performance data will be used to monitor this aspect as NHSE enforces their policy to spend every penny on access. More activity for same amount of money. Feels that the NHSE hierarchy does not understand that NHS dentistry is in a

terminal crisis position. The PM says the contract has been reviewed and £3 billion invested but this does include patient remuneration. The CDO's current themes centre on direct access, skill mix, advancing dental care, remote prescribing.

NF – Correct that the dental budget in 2006 was £3 billion so has not moved forward. Dental practices are small businesses and as such need to return a profit. Many feel a duty to their NHS patient base but many have come to the conclusion that they can no longer provide NHS dental treatment and survive.

LP – In Wales, referrals into secondary care were reviewed and any deemed inappropriate were given the opportunity to receive training. Useful to have CPD event.

NF – Confirmed that, NHSE are very cautious about implementing this approach as they are concerned that there might be some missed.

VES – NHSE definitely can do something about it. Applies to all types of referral, there has always been an issue with inappropriate referrals. Cannot mandate that performers must attend a course. Domiciliaries – work can be done by DCPs very few dentures made on a domiciliaries, usually clean teeth, patching up which can be done by DCPs. Flexible commissioning should be used to resolve this.

NF – How do we get NHSE to say to referrers that they are referring inappropriate?

VES – Higher number of referrals come from corporates, acknowledge that corporates do provide a greater amount of dentistry. This could be addressed by the dental advisors. Financial drivers need to be considered.

JPB – Supporting dentists across Hampshire and Isle of Wight will only work if we all work together.

KP – LDC has offered on several occasions to collaborate with the MCNs to provide CPD events to support DERs training and Oral Medicine/Surgery referrals. Would require some input from NHSE. Often CPD events are only attended by the converted and not those that need to engage in appropriate professional development.

EV – Would like some more updated information regarding referrals for the LDC website.

CP – Oral surgery MCN discussed a while ago that audits need to take place with DERs this can more easily take place. Need to embrace the digital age. Thought that it was mandatory that a photo was included with all oral medicine referrals.

VES – Inappropriate referrals are the most ridiculous things, things that most should be able to diagnose.

NF – 'Idiot' referrals plus those using it to circumvent the years wait.

PM – Is there concrete evidence / data to support and give the necessary information about these referrals. Asked Chris Neill whether he was able to interrogate the system to retrieve the data apart from the minimum

EL – Would like to see photographs becoming more mandatory for the majority of referrals. Will help and ensure that the patient is seen at the correct time. Penalised for seeing under 10 year olds orthodontic referrals and need to justify seeing them.

NF – DERs introduced 3 years ago so should be able to make photographs mandatory for certain areas of referrals. Changes to referral pathways should be considered.

NH – Inappropriate referrals has been ongoing for a long time, lots of work done in the past. All agree but what can be done to make it better. Need to be proactive not reactive.

KK – Have made headway in running some training events regarding the 2 week waits. HS has an innovative idea to invite referrers into clinic. BOB looking at referrals at patient journeys. Identifying things that will improve the patient pathways.

Oral Surgery MCN (KP)

Next meeting 6 July 2023.

Orthodontics MCN - Ross McDowall

Nothing new to report at this moment in time next meeting 31 May 2023.

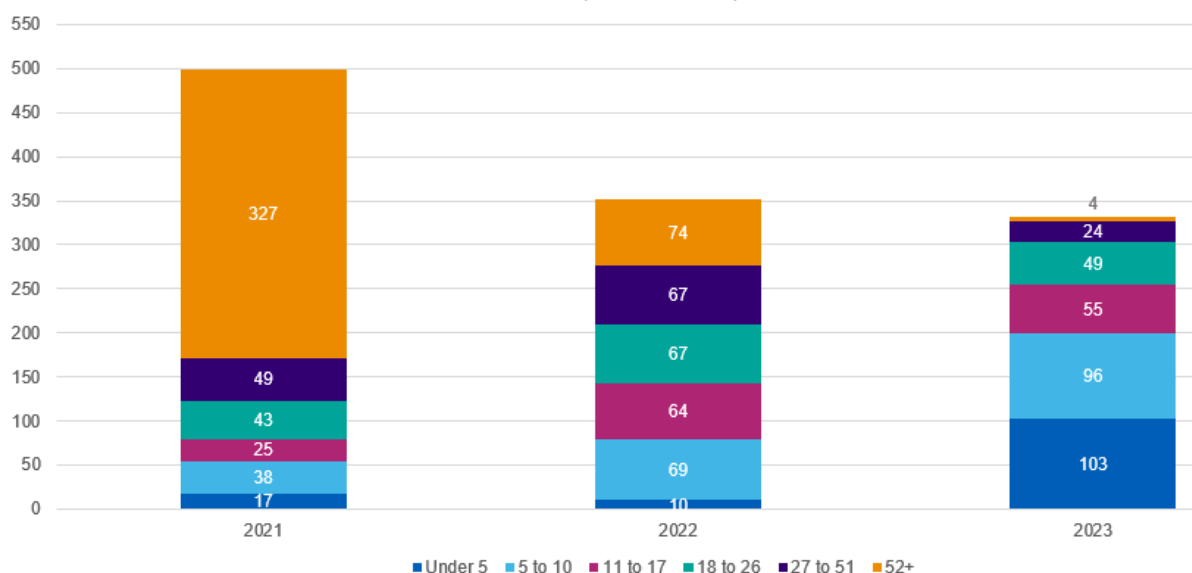
Salaried Service & MCN - Caroline Frolander

Referrals

	February	March	April	Total for 2022/23
Patients waiting for first assessment appointment (Total number at the end of each month)	4,718	4,884	4,986	
Referrals received by month	639	858	639	6,463
Patients seen as urgent	58	53	27	580
Patients seen as priority	21	15	53	249
Patients seen as routine	109	152	140	1,391

	April	Total for 2023/24
Patients waiting for first assessment appointment (Total number at the end of each month)	4,986	4986
Referrals received by month	639	639
Patients seen as urgent	27	27
Patients seen as priority	53	53
Patients seen as routine	140	140

GA Waiters
(as of end of March)



PgCert

5 delegates have completed their clinical placement - good feedback. Course will run again with interview dates in June, next time will run with all external

Workforce

Challenges continue with vacancies, sickness and other absence

Place based review, transformation manager, looking at everything, how we reshape our pathway to introduce direct access.

Gradually getting though the referrals, manage our existing caseload along with new patients. High number of patients who do not turn up for their appointments. GA long waiters is greatly reduced. Reviewing top waiters and prioritising those in pain.

To highlight BDA / CDS Wessex training day prosthodontics.

KP – Flyer can be put on LDC website. What is place based review?

CF – Great variation of patients waiting for their first assessment in clinics. Change boundaries, employed additional Dental Therapists, pathways, criteria.

PM – Each month patients waiting for first assessment is growing faster than those being passed through to the clinics.

CF - Are we being provided with the correct information via the referral process. Wait until Symptomatic is it the right level of care, not what we are used to.

10. University of Portsmouth Dental Academy Report – Kim Jones

Entering assessment period. Fourteenth cohort of dental students. Refurbishments continue.

KK – Haptics funded by HEE Chris Louca and Margaret Cox have been challenged in reviewing how best to use them.

NF – In the recent Oral strategy paper Dental academy as a dental school

CP – What is a Haptic suite?

KJ – Virtual reality training before moving onto patients.

KK – Looking at a whole range of people can use the suites, very sophisticated with lots of feedback. Digitally scan a mouth and make a 3D model to practice before move onto patients.

11. BDA Wessex – Nerina Hendrickse

Nothing to highlight at this time. Interest is very small, trying to link up with others to increase the update. Difficult to get the younger dentists interested in face to face training events.

12. Any Other Business

PM – LDN minutes are in the form of a spreadsheet. How are people getting on with them in that format? Brief notes are not useful.

KP – Does not feel that there is accountability. Minutes are a good way to remember conversations that generated the actions.

NF – Would KP prefer further information added in? To review / to include additional information

HS – Anyone here providing the additional hours scheme? Has some reservations and would appreciate some feedback?

KP – The sessional funding is based on the British Dental Guild Rate plus 40%, specified number of patients you are expected to see. Need to discuss with Cathy Thurgood or Alison Cross. Experiences of those already doing it in H&IOW very limited.

NF – Would be better to go for the increased access scheme.

EL – Patients struggling to find dentists who will take teeth out prior to starting orthodontic treatment. Many practices locally have stopped NHS treatment.

NF – Is this Patients who are referred by a private practice for NHS orthodontic treatment?

EL – For example, an NHS Dentist referred in about 9 months ago but has since handed back the NHS contract, so not available to take teeth out.

LP – Could use foundation practices – one off extractions. Is that a network that could be set up?

PM – Trend recently seeing more and more children for orthodontic extractions and some with retained root(s). More and more dentists are not performing premolar extractions due to a loss in confidence.

CF – See a lot of Orthodontic extraction referrals for children who require sedation. There are Child Friendly practices.

NF – Will try, limited resources. Oral health assessment / dentally fit prior to orthodontic referral.

WC – Represents a fear of people doing extractions which grows. Management issues and they are not a money spinner,

KK - Clearly an education issue for extractions. Fully supports the Child Friendly practices. Need to capture these stories. BOB already looking at issues and stopages in the systems and pathways. Very prepared to do things differently. Meeting notes represented as only actions does not capture the narrative.

CP – Looking at ways to recruit into the LDC, need younger dentists. How to reach those practitioners in practice? JD and JPB could follow up in Corporates – to be discussed at Executive meeting.

JPB – Misconceptions about the LDC and its makeup set in the midst of a very low morale, disillusioned profession.

KP – Can be advertised on social media.... discuss at next meeting.

JD – More feedback from dentists, to gain engagement.

13. Dates of next Meetings: 12 July, 13 September (face to face), 1 November 2023, 17 January 2024

tbc