

# MINUTES OF LDC MEETING via ZOOM on Tuesday 16<sup>th</sup> June 2020

## 1. APOLOGIES

Debbie Lewis, Hannah Wilmott, Jeremy Moore, Maria Browning, Simon Ellis

## 2. WELCOME

Jonathan Mynors Wallis *Chair*, Sarah Jackson *Secretary*, Nick Copp *Treasurer*, Bill Field *Clerk*, John Cobley, Jan Mamak, William Field, Tony Walshe, Kevin Browne, Amy Roberts, Reg Yeow, Saranya Sathyamurthy, Michelle Carroll

## 3. MINUTES OF LAST MEETING AND MATTERS ARISING

The committee agreed that the minutes would be posted on the WhatsApp group.

## 4. EXECUTIVE COMMITTEE DECISION MAKING

Kevin Browne (KB) questioned what the rights of the group were regarding decisions, especially regarding the decision taking on fit testing. He stated that, though executive power leads to quick decisions, it may not be best regarding defending the committee's decisions. The fit testing course costs £100 if a practice has fewer than 7000 UDAs and is free if a practice had more than 7000 UDAs, which KB stated was not discussed. JMW confirmed that this was not passed with the committee. KB questioned why former courses had been free of charge for NHS dentists. Sarah Jackson (SJ) stated that previous courses had been less regular, and that Health Education England had put money towards the fit-testing course. She stated that fit test courses are more regular and that the LDC could not afford to put them on a weekly basis for free. KB stated that the issue was that the decision was not passed through the committee and that the WhatsApp group should be used to agree. KB stated that it had previously been agreed to put the courses on for free. JMW disagreed with KB's claim that the courses could be put on for free. JMW stated that many dentists were applying with a majority of private patients, thus the decision to charge £100 was made. SJ clarified that the decision was made by JMW and herself.

William Field (WF) acknowledged that the SJ and JMW did a lot of work, but that the committee should be informed. John Cobley (JC) stated that the executive committee had the function of protecting JMW and SJ from criticism following shared decisions. Kevin Browne (KB) added that there was a difference between fully private practitioners and those with small NHS contracts, the latter of which were told to close and are obliged to follow NHS regulations. JMW clarified that the cost of the course was covered for those who contributed most heavily to the LDC. KB highlighted that practices with small NHS contracts have suffered financially. SJ stated that funding comes entirely from NHS practices, meaning that support should be provided to these dentists. JMW called for a vote: does the committee feel that all those who have an NHS contract (however small) should have free fit testing? SJ stated that she and JMW have sat on PPE meetings, which would cost money. Nick Copp (NC) said that £139,000 was left but that this was without guild donation. KB stated that the vote should have taken place previously and that the LDC needed to support all NHS dentists. JMW called the insinuation that the LDC had not supported dentists disingenuous. KB stated that the issue at hand was fit testing and that it should have been provided for free to anybody with an NHS contract. JMW stated that re-imburement following a vote was plausible, but that private practitioners were currently more eager to set up. As a result, there had been a large initial demand from those with large private contracts.

### *Vote*

JC: Initially agreed with JMW. Practices with small NHS contracts are under the same regulations following orders of Chief Dental Officer. He highlighted to opportunity for a low-cost win-win profile raise for the LDC.

SJ: Private practitioners have not previously contributed to the LDC. Levy comes from the NHS and £100 tax-deductible is not a large amount.

Jan Mamak (JM): NHS contracts should be exempt.

Tony Walshe (TW): This is an issue of proportion. Free courses are a gesture of good will.

KB: These are unprecedented times, and this will depict LDC in a positive light. Fully private dentists should not have free course.

Amy Roberts (AB): In favour of free courses if the LDC can comfortably accommodate them.

Reg Yeow (RY): Understands SJ and JMW's idea of proportional benefit, but a gesture of good will would be good. Questioned what the lowest UDA contract in the area was. SJ clarified 600 and several child-only contracts.

KB stated that the cost of the course for all those with an NHS contract would not have a large impact on the budget, with a subsidised cost of £100 to the LDC. He also reiterated the idea that some practices had previously contributed in the past. KB highlighted the shared PR opportunity.

JMW said that the committee had voted in favour of no cost.

## **5. NEW COMMITTEE MEMBERS**

Frederick Potgieter and William Breen have asked to join. Both work in Bournemouth. MC says that Frederick has worked in London and Somerset previously. He works for the Bournemouth branch of My Dentist. William Breen has been practicing in Dorset for 4 years. Both work for the NHS. No reasons were given for the proposed members not to join the committee.

## **6. FIT TESTING COURSES**

SJ is a trained fit tester and ran her first course successfully on Saturday with three participants. SJ got in contact with Kate Crowther, the lead cross infection nurse at Poole Hospital, who was helpful. SJ visited Poole and Salisbury hospital and saw fit testing. Do not buy the KN95 masks, which were issued by the NHS to Urgent Dental Hubs. They are manufactured in China and there is no CE mark. They are often black marked by the police and less rigorously tested. N95 and N99 (95% and 99% effective) are American and acceptable and FFP2 can be used. FFP2 have been lab tested but not tested in dental practices, hence the concern compared to FFP3 masks. However, the virus is larger than the filtering capacity. SJ states that, on her courses, there will be time to check all the masks. However, following this, when 10 people attend the course, there will not be time to check all of the masks.

SJ stated that half of all practices fail the initial fit test. Thin-faced people are difficult: JSP Force 8 masks are most effective here. A consultant at Salisbury Hospital purchased these, and the NHS did not buy them, so LDCs have purchased them. JMW received ten small and medium JSP Force 8 masks. They fit everyone in the practice apart from him.

JC uses Force 8 masks but lacks small masks, which limits oral surgery capacity due to the lack of nurse support. JC saw three AGP patients on his first day.

TW has returned but non-AGP and has signalled an interest in the course. To access to course, you should ask Sarah. There is a maximum of six people on each course. SJ says that the way forward is a

fit tester in every practice. TW says that it is important to open to generate good will, despite not making money. Those on practice plans have stayed loyal.

KB's practice has not received fit testing and therefore is non-AGP. All dentists are working half-time each. Cleaning is prohibitive but it is important to generate good will. No patients have to attend Urgent Dental Care Hubs because there is a lot that can be done non-AGP. He hopes that the two-metre rule is reduced.

AR has found that not many people want to come in for a check-up.

RW stated that taking the patients in, taking their temperature and washing their hands, takes time. In a fit-tested practice, several nurses have failed the test, which sets the practice back. He talked of the possibility of ordering hoods.

JMW is a dental hub and takes 10 patients per day for AGPs. Surgeries must be cleaned (walls, floors) and left for 1 hour following procedures. Draws cannot be opened. Alistair Morden has had airflow in surgeries analysed. Air exchange machines have not been proven.

RW raised the issue of different fallow times for different procedures, rather than the one-hour rule. SJ has stated that we should wait for advice from the Chief Dental Officer.

## **7. ZOOM MEETINGS FOR DENTISTS IN DORSET RUN BY LDC**

JMW suggested Zoom meetings and 'talking heads', perhaps with Debbie Lewis or Dr Ramchandani. This has taken place in Devon and Somerset, so that people could ask questions of experts and those who have previously had experience.

## **8. ANY OTHER BUSINESS**

JC questioned what would happen following July 1<sup>st</sup>. It is unknown when dentists will return to UDA delivery. JMW said that there would be some form of capitation on this.

NC has put together a control sheet for COVID-19 to gather all of the costs that have gone into the management of the pandemic. He stated that dentists had been largely ignored by the government, therefore that changes to dentistry have not been paid for in the same way as in hospitals. JMW stated that anybody who has spent time should submit it.

KB raised the issue of fallow time. Will Bupa patients be charged for PPE? SJ stated that it would be £7 for Denplan and Bupa patients for non-AGP and £40 for AGP procedures. This is additional to cost. RW stated that this was in-line with other corporates. SJ stated that other practices would spend longer on patients to reduce PPE costs. KB is not charging for PPE because the cost of non-AGP PPE is not a lot. However, fallow time must be included in cost calculations.

SJ says that Parkash Ramchandani had been helpful regarding courses and access to the Post-Graduate centre. Sarah also wanted Kate to be recognised.

## **9. DATE OF NEXT MEETING**

Provisional date of 14<sup>th</sup> July as long as new information does not become available sooner.