Morgannwg
Local Dental Committee

Chair's Report. November 2013

Following the long, sunny , dog days of summer and several cancelled meetings autumn began with a great flurry of activity and rush to catch up with all the tasks that had been left unconsidered and undone!

SEPTEMBER MEETINGS

Operative Dentistry Working Group

There is backing for Endo DWSI's from the Strategy Group and funding sought from the primary care budget. When finalised there will then be contracts to be awarded to those suitably qualified.
A referral pathway is being developed for patients who are to commence head and neck radiotherapy to obtain pre therapy check ups and treatment and close post therapy check ups.These check ups to be carried out in primary care where possible and where there are difficulties, for the Community Service to provide the service. Also a protocol for assessment prior to bisphosphonate infusion has been developed which is to be used as part of Oncology treatment.
Restorative GA services have now been moved to the Princess of Wales Hospital in Bridgend.This has resulted in dedicated beds being available and therefore far more efficient than relying on the Max Fax beds which invariably were fully allocated due to day lists and emergencies. It has also meant that SCD patients requiring extensive cons can be dealt with in a far more organized and less stressful environment. The hope is to reduce the waiting times in the next12- 24 months.
The clinical dental technologist appointment is soon to be advertised. This technologist will work to the prescription of the Consultant.Therefore any referrals will be seen initially by the consultant and any dentures etc. prescribed will be designed by the consultant and the treatment plan carried out by the Technologist. The intention is to reduce treatment time waiting lists.
Restorative dental services in Neath Port Talbot hospital are being relocated to the Baglan resource centre to consolidate the technologist appointment and Dwsi training.(as we found out in the last LDC meeting the Dwsi element has been unsuccessful)

Oral surgery Development and Planning Group.

Referral protocols and pathways being finalised and now that the decision has been made that the development of a Central Access Centre for dental referrals is going to concentrate on Oral Surgery and Referrals for Paediatric anaesthesia.

Designed to Smile Steering Group

The budget for the scheme was discussed and the ordering of toothbrushes, toothpastes and other consumables by the D2S scheme was discussed at length.
Your chair felt that there was a certain lack of commercialism in relation to accessing the products at the 'best' price. I also enquired whether Duraphat was still the best toothpaste for the scheme and were they checking on the evidence base for continuing with its use year on year.
Some schools opting out of the scheme and again there seems to be a lack of support from the WAG to help the scheme by encouraging teachers to take part and for the schools to sign up to it as it was in the deprived areas some schools were not taking part.

There is evidence that ABMU HB is one of 2 Health Boards where there has been a significant reduction in DMF values.
A discussion regarding the return of CDS children being repatriated to the GDS took place and your chair enquired whether health visitors who visit new mums inform them that 'registering' with a local GDP would be advisable rather than relying on the CDS or worse, nothing done at all.
It was felt that maybe this is where the scheme needed to refocus its efforts on utilising GDS services. As we now know this has borne fruit as the Strategy group have accepted that the GDS somehow had been forgotten in the plan for encouraging young mothers and babies to go to their local dentist. Consequently we have now in the GDS been informed that the health board will ring up surgeries to find out who will accept these new patients.

Dental Strategy and Planning Group

This meeting was cancelled in the summer and for such an important meeting where the direction of funding is decided it was well overdue.
The meeting was dominated by the Oral Health Action Plan which was to set out priorities for the next 5 years. The LDC comments were accepted and the plan to be finalised in a fairly tight time frame, as usual.
Our LDC comments regarding the potential disruption to services by a new contract,the need for remuneration for prevention, the general lack of GDP's role and workforce planning etc, etc. were noted.Also that this is a service administered by the LHB but where GDP's take all the risks. GDP's are monitored by the LHB but we do not have any way of knowing how efficient the LHB is performing it's role.

OCTOBER MEETINGS

LDC/LHB Liaison Committee

A presentation given by Margaret Lake was felt to be so important that an invitation was extended to her to present at the next LDC meeting.
There was a directive from the Chief Dental Officer to all health Boards that where there is underperformance then there should be an adjustment in contract value. ABMU has 96.2% performance levels on contracts which is to be applauded.
Lisa Weaver of shared services reported that the OOH rota was set until January 2014. She was informed of the dissatisfaction by some LDC committee members regarding the rota and its administration. Lisa was prepared to investigate the problems.
Exception reports are provided every quarter for the LHB together with multiple FP17 reports. Any concerns then result in card checks by a DRO. If there are fraud concerns the counterfraud team can investigate as far back as 2006 and have a right to demand clawbacks back to that time if necessary.
We made the point that the exception reporting mechanism may be a useful tool for LHB's but not so for many GDP's who may not appreciate the weight of the report and not act accordingly to alleviate concerns.
We requested a breakdown of complaints.
Apart from the LDC response there was only one response from a GDP regarding the Oral Health Action Plan.
On the financial side, GDP service fund is ring fenced . The hospital dental service has a 6% reduction. We asked what happens then with contract restructuring and were informed that it was a constant struggle.
Patient charge revenue up by £120,000 and the LHB is allowed to invest in more access and other small investments with this money.

Ortho MCN

Stephen Gould has already provided a report.

Special Care Dentistry MCN

There was a presentation by Parkway Clinic regarding their facilities. This presentation was the same as the one provided for the tendering for GA paediatric services.The outcome of the tender had not been released.
A questionnaire is to be sent by the LHB and formulated by David Davies to investigate the provision of SCD in General practice, the interest to train in SCD and this to include DCP's interest for additional training.
Bariatric chair needs not being met.No ambulance support for SCD patients to attend clinics.
On a positive note, the POW in Bridgend patient pathway for GA cons working well but still a significant waiting list to get through.
There may well be an opportunity for inhalation sedation contracts for trained GDP's in the future as it can be see that centralization of all services is expensive and creates significant waiting times.
Reference was made to COIN. Clinical Online information network.Has all the latest info on new drugs.This is not known by GDP's and the point was made.

Welsh Dental Committee

Discussion re DWSI's centered on funding and how ministerial approval needed to move forward and carry more weight.
Regarding Restorative services the WDC encouraged all LDC's to continue to put pressure on LHB's to write letters of complaint in the hope that there will be a change of tack.
An interesting comment from one of the committee members, was that shouldn't the meeting consider that it is no longer feasible to have a 'one contract fits all' given the different categories of need i.e. Kids/prevention,middle heavy metal patients,elderly where there is no need for prevention and all that a regular contract requires of the GDP.BUT how can we devise such a chameleon contract!
The CDO pointed out that there would be more therapists in the CDS.
The Welsh Dental Pilot would be extended to 2015.
He was going to write to all the schools who have pulled out of supporting D2S.
HIW now has new staff. There will be national minimum standards by next year.They are developing a replacement for the DRO role.
The GDC currently sanctions therapists and hygienists to prescribe and take xrays. Wales says NO .This is an issue still to be resolved.
DCP's will have to register with HIW ,eventually.
Dental profession the only ones who have to prove their TB status.
The CDO reiterated the initiative to engage the GDS with new young patients and returned from CDS.

Rhiain Paul