

1. NHS Dental Services have put Vital Signs into the public domain via their website. This is the Publishing Notice, "We have chosen to publish this information after consultation with the Information Commissioners Office, as the information relates to the delivery of public services which is in the public interest and is, therefore, disclosable." This information therefore about every individual contract is out there and not anonymised.
2. More detailed information was requested for present UDA values in ABMU for more clarity on the actual levels.
3. Ortho referrals for patients under 11 years will be returned to GDP's (unless in urgent criteria).
4. An evaluation of the tendering process is to take place in the near future to learn from the recent tendering of additional UDA's in ABMU.
5. OOH Rota to be extended to May 2013 and there are hopes that the new service at the resource centre in Port Talbot will commence after that.
6. A draft 24 hour retirement policy document was discussed and suggestions made for adjustments. The policy when ready will return to the LDC for further consideration.
7. The Study Day that was to occur this spring/summer is to be delayed until later in the year. Postponement due to workload pressures at the LHB.
8. In Hours access arrangements by the LHB being organized at present. This person will be the coordinator for booking appointments etc. Eventually this will be used for arranging Domicillary care sessions as well. The single point of access is for discussion at the next LDC meeting.
9. Occupational health data currently being collected by the LHB. Concern raised that Measles has affected the first health care worker and a request was made for any relevant information regarding incubation times etc. to be provided by the LHB to GDP's. Losing nurses or dentists for the recommended 22 days could have significant effects on day to day running of surgeries. The LHB agreed to this and stressed the need for younger members of staff to have the MMR if they have not previously been affected.
10. David Davies of SCD proposes to set up a working group to explore the possibility of an enhanced service for SCD in the GDS. Will present this idea at the next LDC meeting.
11. SCD now returning those "child" cases which do not need to remain on their lists for routine care. This will free their staff to see the cases requiring special care.
12. The LHB are concerned that the exception reports for the larger practices are hiding some hidden performance issues and have requested that the DPB separate them up so that specific concerns can be picked up more easily.
13. The DRS visits have ceased at present. The chain of action where the need arises now is a referral initially to the DPA who reports to the LHB and then if further action needed referred to Public Health who will carry out a VISIT, not an inspection.

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