

Morgannwg Local Dental Committee

Meeting 26 March 2013

Reports of meetings attended on behalf of Morgannwg LDC.

6/02/13 D2S Steering Group.

The main concern was a potential disinvestment by WAG of monies to support D2S. The present referral patterns to GA clinics did not show the expected or required reduction in numbers and the Group prepared a strong defence of the D2S project and stated that it was early days to criticise any outcomes. The Scottish model took 5 years to show improvements and D2S has been going for 3 years.

New Special Care Dentistry MCN being set up to coordinate CDS, Special care dentistry and provision for vulnerable groups.

Not all schools participate in the D2S project as some headteachers are reluctant to distract staff especially if they are under 'special measures'. Some of these non participants are situated in high need locations and are probably the ones who most need to be involved.

12/02/13 Welsh Dental Committee.

Occupational Health already have the monies to provide for inoculations and needle stick injuries and the LHB has provided a claim form for GDP's to use to be reimbursed. As well as DWSI's there are now DES' -Dentists with enhanced skills, and they are going to be encouraged.

The CDO gave his report and a National Oral Health Plan has been launched after consultation.

Access to GDS variable through Wales (but in ABMU we are ahead in providing access.)

Dental reference officers being made redundant and looking to replace them with another way of checking GDP's and surgeries. (Latest news is that DRO's have been retained for the present as there is no alternative arranged.)

Amalgam to be phased out. No details of how this will be done or the costs of doing so but on the agenda.

NHS portal active from WAG and the CDO would like to have the LDC's feedback on it.

Quality of Delivery Plan is a WAG initiative which is a commitment to increase training in improvement methodology, i.e. audit. It's a system for training trainers in Wales and linked to 1,000+ lives project.

13/02/13 LHB/LDC Liaison meeting.

No mystery patients now from CHC for GDP's, they are concentrating on GMP's for the moment.

Concern at the high level of non responders to the QAS in Swansea but LHB working to find out why this is so.

Out of Hours proposals set out in a paper but still not fully costed.

21/02/13 Special Care Dentistry MCN.

Needs assessment required to find out the extent of need for this service across ABMU and Hywel Dda.

A paper has been prepared setting out the plans for the delivery of Domicillary care. Recommendations have been made to be circulated by the Group to GDP's. However resources are an outstanding problem.

Dom's taken out of contracts for those GDP's only contracted to do a few as due to Health and Safety requirements not feasible in cost terms.

Group were informed that GDP's already provide a great deal of special care dentistry in dealing with disabled patients and challenging young patients.

The costs of this is not wholly appreciated and the time taken not reflected in 'enhanced' UDA's to GDP's. The point made that we are the unsung heroes of special care dentistry!

Referral forms for CDS in use but poor IT systems hampering progress with data collection etc.

Lack of training courses in Special care issues and geographical reasons and lack of courses offered by Post Grad in Cardiff.

14/03/13 Clinical Governance Meeting.

A list required of all policies and procedures that the LDC would like 'KITE-marked' by Hugh Bennett's team at DPH.

These can then be put on the ABMU website as the guidelines to be adhered to by GDP's and can be downloaded as required.

However there is no one at present to manage the website and ABMU will have to sort this out.

A new group has been formed to look at outliers in terms of performance, i.e. exception reports and QAS so that the LHB will have a close eye on all GDP's performance in the future!

19/03/13 DSSPG meeting.

The group wanted all members to set out their thoughts on a 3 year plan and how they thought they could improve on the present and what they would like to see in such a plan. Suggestions for Ortho, O/S, CDS, Restorative etc delivery were requested and given to the LHB for further analysis. I believe its called horizon scanning together with a little bit of blue sky thinking! We will look forward to the results next meeting.

Each discipline gave a report and the message emanating from every consultant was the GDP's and their inappropriate referrals clogging up the system and generally offloading onto secondary care.

Like a voice in the wilderness I protested at this blanket criticism and pointed out that

1. the contract does not make difficult oral surgery, endodontics, and restorative procedures, etc. cost effective and is a disincentive.

2. Those of us who may have had some post grad training are not encouraged by the LHB and not offered a kind of 'enhanced payment' for carrying out these procedures.

In the past you could be paid for SR of 8's and also for suturing.

The good news is that access is so good in ABMU at present that they are going to consider the option of maybe offering enhanced payments to GDP's prepared to carry out this kind of work and save them money in secondary care. Watch this space!

Rhiain Paul

Chair, Morgannwg LDC