# Chair's Report . January 2014

25/11/13 Parkway Child GA Services Implementation Group.

This a new group which has been set up to see through the new SLA Agreement awarded to Parkway following the tender. There are continuing issues which need to be resolved before this moves forward.

3/12/13 LDC/ Occupational Health Meeting. Llandarcy

Four LDC Committee members met with Margaret Lake to discuss the proposals for implementing a policy for use by GDP's regarding employment issues, short and long term sickness, return to work together with professional support for all dental employees. Margaret was informed by the group of the specific needs of GDP's for comprehensive guidance for ease of use.
(There has since been a development in that the funds that were thought to be available are now unlikely to be sufficient to provide a comprehensive service for all GDP's in ABMU.) To be discussed at the meeting.

10/12/13 Clinical Governance Meeting, Morriston.

HIW will in time take over NHS as well as PVT inspections. There will be a PVT QAS and the development and training going on.
Flowcharts for patients taking anti -fungals, anti -coagulants and bisphosphonates to be made available for GDP's and to be put on the LDC website. There has been concern that the LHB does not ensure that these guidelines are shared between localities and sent to all GDP's.
There will be a re-promotion of the NHS 1000 lives anti microbial audit which is funded but not taken up as well as expected.
Primary care complaints are still mainly related to access.
The GDC is working towards revalidation and a consultation out on CPD hours.

11/12/13 LDC/LHB Liaison Meeting. Attended also by Mike Spencer-Harty

Referral management for Oral Surgery forms will separate O/S from Max/Fax. Waiting list being looked at and Rhian J carrying out O/S where possible to reduce waiting times.
An internal audit has been carried out for Primary Care Dental Services and shown that robust systems in place by LHB.
QAS returns are expected to be 100% this time! In January there will be a report to the LHB. There was HIW input and this was the reason for some of the more bizarre questions.
The mystery surrounding the £100,000 Patient Charge revenue continues. It is now in the hands of the Finance director of ABMU. This is an issue that we must keep an eye on as it could be lost to our Primary care budget.

Community Health Council visits have been threatened before and now that they have finished with the GMP's we are next and will be concentrating on access.
CDS is increasing sedation training and will be rolled out to all localities.
Health visitors now are directing young mothers and babies to GDP's rather than the community who are now concentrating on the vulnerable and complex domicillary etc. They will still see any child who a GDP finds difficult but they will not now be seeing regular kids in their clinics.
POL, Payment on Line now called Compass! Paul Whiteside will be presenting at a training day soon.
There will be a Dental Education Day sometime in Feb/March hosted by the LHB for which there may be CPD.

19/12/13 D2S Steering Group.

The tender was awarded to Parkway but some details yet to be finalized.
The next survey will look at 3-5 year olds which will be in 2014-15.
At present they look at 5 year olds and it will be interesting to see what the result will be.
A suggestion was made that D2S could engage more with dental practices. A meeting is going to be set up to see what can be done to raise the profile in the GDS of the D2S project. Belgrave surgery will have an important input and help to direct the publicity as well as possible with no cost to the GDP in promoting it.

20/12/13 DSSPG (Dental Strategy Meeting)

The mysterious £100,000 Patients Charge revenue was mentioned at the start and now it is going to the Board to decide what is to be done with it!
CDS made a case for bariatric services to be implemented. Sedation training is going to be increased and to be provided as a service in each clinic.
Ortho waiting list problems mentioned and there was a suggestion of changing the threshold for treatment and thereby reducing the W/L as there would be fewer eligible for treatment. Prioritizing of some cases required as they have been on W/L so long that there is a risk of compromising other healthy teeth.
The business case for a clinical dental technician was made to reduce the W/L. and hopefully eliminate it in 2 years time.

Rhiain Paul, Chair