

Chair's Report, Morgannwg LDC, 20 March 2014.

The most important news following the last LDC meeting in January was the sudden departure of Catherine Roberts as Dental Lead for ABMU and Paul Stauber, the Strategic Director for ABMU to new posts in the Princess of Wales Hospital, Bridgend. In Bridgend, Catherine is in charge of Governance and Paul Stauber in general charge of improving services which had become woefully below standard and required urgent action.

The LDC have had a very good working relationship with both Catherine and Paul Stauber over the years and there was some concern that dentistry was being abandoned. We now have Lindsay Davies in NPT locality as acting dental lead and Darren Griffiths as Strategic Director. The next Strategy meeting is in April and it will be interesting to see where the new Director will choose to take dental service provision in ABMU.

Important meetings were cancelled again and the Operative Dentistry Group and Clinical Governance failed to meet. New dates have been arranged for April and it is hoped that the disruption 'at the top' will not have had a destabilizing effect on decisions and plans already moving ahead.

LDC/LHB Liaison Group Meeting.

The LDC were concerned that in cases where GDP's were being investigated re their performance, that the 'DRO's providing reports could not be challenged on their findings. The point was also made that nowhere in the regulations does it specify that to claim for a Band 2 treatment, an examination has to have taken place. The LHB reports that we are currently in a 'hotspot' for performance investigations. The LHB appreciates the distress that these investigations cause and the LDC will be asking for better time tabling of the process as there is an inevitable adverse effect on GDP's who have to continue to perform UDA's in spite of any ongoing process.

NPHS/ Public Health Wales are carrying out practice inspections in the interim until June as HIW is not ready. NHS and Private provision in Primary care will be examined. WAG is also looking at Private only practices and 100 practices are going to be inspected initially.

Guidelines for dealing with GDP's rights to refusal to treatment of specific categories of patients will be included on the LDC website. An audit on WHTM 01-05 is also available from February 2014 with the accent now on 'continuous improvement' rather than 'essential requirement' and 'best practice'.

New Standards for dealing with patients with Sensory Loss was presented and the LHB would like comments from the LDC on this paper to take back to the next meeting.

The LHB will not expect to receive patients charges for oral surgery referral for patients referred back to primary care from an initial referral to secondary care as they expect that with the new referral forms this will not be an issue from now on.

4 Breach of Contract notices have been issued in NPT and 1 in Bridgend.

These relate to issues with 'out of hours' messages on ansaphones.

Welsh Dental Committee Meeting.

Comments on the National Advisory Structure were requested as streamlining is required to see if costs can be reduced and to make the system more efficient.

The statutory responsibility of the LDC's need to be clarified and whether the LHB need to agree to the terms of reference.

The CDO's report stated that Ortho reviews would take place this year.

Patients charges going up in April.

Salaried dentists pay to be in line with that of salaried doctors.

Some ambiguity re storage times in WHTM-01-05 but version 2 will soon be on the website. The decontamination audit as mentioned earlier had raised some concerns over the confidentiality of the data on individual practices becoming known. The audit is done as an 'in house' audit which was reassuring.

There will not be a new contract until 2015 or maybe even 2016.

There was mention that CPD may become self funding in the future for doctors and dentists. There would then be questions re quality assurance.

There is to be a 10% reduction in dental students but an increase in therapist numbers.

The CDO discussed the issues surrounding the present dental contract.

There are 3 main constraints.

1)The costs of the admin involved in managing the contracts are significant and other providers have been considered.

2) Financial constraints. There is an overall dental budget of £140 million with patient charge revenue of £28 million. The pilots have shown a shortfall in patient charge revenue which will have an obvious effect.

3)Politics. This is a general issue for the whole of UK and the new buzz word is Prudent Healthcare, whatever that means.

Dental monies are ring fenced until 2015. Wales spend less per head of population than in the whole of UK.

So our new contract could be an amalgam of capitation, fee per item, a core/essential service and based on the pilot's structure.

The CDO wants to know what we think.

There will be no change to contract values but the number of UDA's performed for that contract may be altered.

In Hours Urgent Dental Access Sessions.

Over the past 3 months the LHB have reviewed present arrangements and have aligned this service so that remuneration and delivery is equal throughout ABMU. There was a need to revisit the present arrangements and to see if they could be improved at the same time.

There will now be a dedicated 'dental' operator who will arrange appointments following the initial NHS Direct screening.

The LDC have worked closely with the LHB regarding the amount of time needed to see and treat these patients and to try and ensure that the GDP's involved are supported by requesting that the patient sign a declaration that they understand that this is urgent treatment only and any further care will only be provided as a regular patient.

We will be involved in the review of this new system and the LHB are keen for this service to be used as efficiently as possible. We will wait and see.

Rhiain Paul.