



Update on meetings attended from 15/5/14 to 22/7/14 on behalf of Morgannwg LDC.

Welsh Dental Committee.

There was a presentation by HIW on the new system of inspection of dental practices, NHS and Private. HIW hope to roll out the first wave of inspections in August and in the process of appointing dentists to accompany their inspectors.

This is an evolving process and HIW stressed that they will be monitoring the new system closely.

A paper was presented by Anup Karki DPH consultant regarding Referral Systems and was well received by the committee and set out the shortfalls of present systems from the GDP's point of view as well as secondary care.

Karl Bishop was recommended to remain as Chair for the next 4 years.

Operative Dentistry Working Group.

Funding has now been found for an Endo DES to help alleviate the waiting list. NOT from primary care monies. Interviews were held last week (11 July) and an appointment made. This is a pilot only but it is hoped that if successful will continue to be funded and continue.

Chair meeting with Darren Griffiths. New Strategic Director.

This meeting was facilitated by Karl Bishop for me to meet with the new director to air the rising concerns of the LDC.

The new director was informed of the lack of primary care focus in strategic meetings such as the DSSPG. The table at these meetings was being dominated by secondary care concerns and funding whereas primary care concerns positioned at the bottom of the 'food chain' rather than the top. DG assured me that he was going to look at the make up of the committee. It was decided that the Liaison committee was also a wingeing committee where we as an LDC aired our concerns but no action would result. As this committee feeds into the strategy group it could then be seen as a weak link in our chain of influence. Similarly DG decided that the liaison committee needed more weight and make the LHB more accountable and responsive to our concerns. As a result the liaison meetings have now been scrambled and we will discuss new terms of reference to more accurately reflect what we mean to achieve. Karl Bishop is to attend as Director for dentistry to ensure that this meeting is beefed up and the hope is then for primary care to be properly represented at the strategic meetings and be actively involved rather than be reactive bystanders.

Other issues such as Occ Health and the failure of the LHB to deliver a safe workplace for all GDP's and DCP's was highlighted and positive action from DG was agreed. The referral systems and myriad of forms were also discussed and agreed it all needed sorting out to provide a more efficient system.

I also explained that the relationship between the LHB and GDP's has changed since the new contract and that it is very much a 'master/ servant' relationship where fears over contract monies being maintained are creating an unhealthy working relationship for GDP's as a whole.

I am therefore very encouraged to have had this meeting and to have the opportunity to explain our position working at the point of delivery.

LHB/LDC Liaison meeting.

As a result of the above , this meeting is in the process of being sorted with a new TOR etc. However it was interesting to receive an update by the LHB on the delivery to date on their Oral Health Action Plan. This was a distinct change for us and already we were engaging on the LHB working plan and not reacting to progress made as before. Occ Health had been flagged up as a priority for funding and reviews of the OOH and In Hours access soon. There was definitely a change in attitude.

D2S

There continues to be challenges with non compliant Head teachers in deprived areas. Mandy Silva has already contacted our LDC 'Pilot' with F varnishing.

They will hope to include more GDP's in the future.

The referral forms for child patients returning to GDP's from the CDS are now ready for use.

This is a positive step for the CDS to be able to concentrate on the vulnerable patients and their care.

Rhiain Paul. July 2014