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## BGM CHAIR'S REPORT 2015

As I come to the end of two and a half years as Chair of Morgannwg LDC, I will reflect on a term of office which has been a term of two very distinct parts.

The first year was, as I expected, a flurry of new faces and meetings. At these meetings I was reassured that there was a stable LHB structure in place under the guidance of Catherine Roberts who was dental lead in ABMU HB. There was a direction and a striving to improve not only dental services for patients but also to engage fully with the dental profession. Annual practice visits became the norm for all practices which encouraged all GDP's to engage on a personal level with their paymasters. This personal engagement is vital in administering a contractual arrangement.

The presence of Paul Stauber as strategic director, added to this stability and was strident in his determination for the direction of investment in dental services. Following the departure of both these key personnel at the same time was, in my opinion, a very backward step for the LHB. In their place a new structure was developed where dentistry was put under the same umbrella as all the other primary care professions. This put an altogether heavier burden of responsibility on the system and the focus on dental services suffered.

My concerns were such that at the beginning of 2014 I requested a meeting with the 'acting' strategic director, Darren Griffiths. I explained the present status of the LHB and the dental profession as being one akin to a 'master/ servant' relationship and that there were several important issues that were not being taken on board as a priority. The clear duty that the LHB had to protect its workforce was not being dealt with in terms of Occupational Health. Referral forms needed revisiting for the safety of the patient journey into secondary care. There was no real consultation on many issues and the liaison meetings were there for LDC endorsement for plans and systems that the LHB had already decided were to be implemented.

As a result an LDC working group was assembled to liaise with Occupational Health. I can now report that only in the last few months has the SLA been agreed by the LHB and we have at last achieved what has been over 4 years of lobbying.

Referral forms to secondary care will hopefully be replaced in the near future by a more efficient, tried and tested electronic system which will be better for patients and dentists. In the meantime, some of the referral forms need revisiting and I would hope that now that the Clinical Governance meetings are going to be reinstated at regular intervals and not subject to so many postponements, this will be a priority.

Secondary care referrals are a recurrent issue at LDC meetings and the reduction in Restorative services has had a negative effect for those patients requiring specialist opinion and care.

The setting up of an Orthodontic MCN has taken on board the huge waiting list for Orthodontic treatment and we look forward to seeing an improvement in waiting times in the future.

The SCD MCN has been successful in reducing it's waiting times for referrals for GA treatment for Special Care patients . This is no mean feat and the LDC has encouraged the repatriation of existing 'non special care' patients back into the GDS as well as encouraging 'new' young child patients to dental surgeries rather than into community dentistry.

In my last report I looked forward to discussing the challenges of a new contract. This 'new' contract will not materialize for some time and it appears that piloting will take place over the next few years.

Nevertheless, the present contract is providing both the LDC and LHB with continuing problems with it's interpretation. This imposed 2006 contract is unlikely ever be embraced by the profession. Problems arise for GDP's of all ages. Therefore, I believe that for those GDP's working in the NHS, the Rules and Regulations should be a 'Core' subject for clarification and study. Where there has been the need the LDC has provided confidential support to GDP's where there are contract and performance issues.

The LHB is statutorily obliged to consult with the LDC in the commissioning and planning of dental services. Sadly this has not been the case of late resulting in an LDC decision to write a letter to the Chairman of ABMU HB to inform the Board of this breach of their Statutory duty. The LDC is aware that our complaint is the subject of a comprehensive, ongoing investigation by the LHB. At the time of writing, we still await the outcome of this complaint.

Finally, I would like to take this opportunity to thank the committee for all their support in my time as Chair and especially to Roger Pratley, LDC secretary ,who has worked with me to maintain and hopefully improve the service the LDC provides to it's members.

It's been a privilege and great getting to know you all.

I offer all best wishes to the new Chair, when elected at the first meeting of the new LDC on 19<sup>th</sup> May ,and I will now return to my place on the committee.

With kind regards,

Rhiain Paul