

Report from WGDPC Meeting 22nd October 2015

Lisa Howells was present and gave an update from Welsh Government.

- 1) Safeguarding is being updated and will be distributed – no further training will be needed.
- 2) NHS email – 80% through connecting practices to the system. WGDPC member reported back to her that it was very difficult to use – numbers of passwords and can't copy in people not in secure network eg practice managers.
- 3) Health Service Green Paper is being produced at the moment and she asked if there were any suggestions that we wanted included. We have asked for an all Wales performers list and an all Wales Performance Panel. Both of these things would require primary legislation to implement.
- 4) Clusters – Dentists should be remunerated for being on them. Dentists involved should focus on similarities eg smoking cessation, sugar, antibiotic prescribing, bisphosphonates etc. Clusters role are to advise LHB's and not the other way around. LHB still in charge of funds.
- 5) All Wales questionnaire for CDS patients about to go out to every contact over a set period of time, given out on a clipboard. If it works will adapt questionnaire and give out to GDS.
- 6) Patient poster coming out to practices against antibiotic prescribing for dental infections. Will also be available in digital format if requested. 13% drop in AB prescribing in Wales cf 2% drop in England.
- 7) WELSH PROTOTYPE – Minister wants prototype for Wales. CDO working on starting Welsh prototype by April 2016 for 4-6 practices in Wales. The proposal is for total capitation for band 1,2 and 3. Discussions are being held with NHSDS and software on costs. The capitation would have a deprivation index and there would be safeguards against supervised neglect. There is not going to be a core contract.
- 8) CDO to retire March 2016.
- 9) Private Regs – final draft ready to consult on – there will be a 3 month consultation starting late November. New regs will be practice based, remove 3yr DRB requirement, and quality and safety will be in line with NHS requirements.
- 10) GREY AREAS – New document – 'Delivering NHS services more effectively' has been produced and is being proof read by CDO at the moment, it should be coming out next month. The focus is to advise on what you can claim for rather than what you can't claim for and examples based on the questions that we provided will be included. It is split into 3 sections – one for dentists and two for the LHB's.

HIW – 152 inspections to date. There is now a section on HIW website if you want to complain about HIW. LHB's are now being told if an inspection is due and can provide 'soft' info. New emphasis on whether pt understands charging system.

DDRB – England DH has offered 1% pay rise if don't submit DDRB report. If DDRB report is submitted then 1% pay rise can be used where needed – and may well end up going to GP's to help recruitment rather than dentists. This was felt to be unfair as DDRB independent body to

set pay requirements and are being ignored yet MP's independent pay review body forced a massive pay rise on them! The other question is where does Wales stand? Average GDP pay has fallen from £90k in 2007 to £76k in 2014. Katrina to have quiet word with CDO to test the waters.

Post Payment Verification Checks. – Audit committee and counter fraud want to start PPV checks on dental practices to check that all claims are correct. BSA think they can provide enough data already. WGDPC felt that we are scrutinized more than any other sector already. – Watch this space this is additional stuff that we don't need or want. Cwm Taff LHB did bring up that they have a £2m contract with IDH and their policy is to never tick the continuation box – so pt always pays for new course of treatment. – this skews the data in their area.

The advice given on tackling the contracting issues in our area was to take it to the Auditor Commissioner for Wales as our next step and use the ombudsman as the final and last resort. They all felt that we had to press things further given the letter stating that 280k was not a significant amount and the only need to consult with LDC on significant issues.

Anwen Hopkins