

Notes of LDC/LHB Liaison Group 15th April 2016

Cluster Groups

There are three Cluster Groups related to ABMUHB based on the old localities. There were concerns that to date Dentistry had not been involved, but will need to be in the future. Karl Bishop suggested that he and the LDC Chair should meet with the leads of the Cluster Groups and offer services to ensure that any decisions on the future direction of Dentistry should be clearly communicated. It was appreciated that Dentistry needs to be proactive to this end. Lindsay Davies agreed to provide contact for Karl Bishop to follow up.

Local Implementation Group

LDC will be asked for a representative to sit on this group which initially will meet quarterly and subsequently half yearly.

OoH

Group updated on further progress. See OoH report

Dental Information on HA Website

Content agreed by group.

111 Update

It was reported that the 111 service will be taking over from NHS Direct and GP OoH Service. The pathway for the dental patient will be the same as the previous OoH Service. From June 2016 patients will ring 111 free of charge.

Practice Defibrillators

LDC informed the group of a recent issue which was highlighted to the LDC by a Swansea City Centre Dental Practice. The Practice has been asked on a number of occasions whether the Practice Defibrillator could be taken outside of the premises to assist someone who had been taken ill. The Practice had agreed to lending the defibrillator which then leaves the Practice without a defibrillator for its own patients and also the cost of replacing the pads was an issue

that needs to be addressed. Discussion took place around this and it was suggested that this is a Cluster Plan issue needs to be raised at the next meeting. There needs to be a formal protocol regarding this matter.

High Needs Patients

LDC expressed concern that the previously good support for GDPs' high needs patients utilising the Dental Training Unit and concluded and no replacement had been identified. Discussion took place around this and it was agreed that if GDPs were to treat high need patients then they would probably need to stage treatments. If there were a number of such cases this could be shown as a variable on an exception report and the practice would need to advise/liaise with the Health Board. If a high number of high needs patients were to appear then the GDP should notify the HB in advance of the intention to provide services. It is important in such circumstances that accurate contemporaneous records should be kept and should include detailed treatment plans in order to be used as evidence to demonstrate the need for staging of treatment.

Commissioning Guidelines Update

LDC expressed concern that there should be an underlying regulation for the commissioning guidelines which had been shared with the LDC. The draft needs to be looked over by lawyers. The process will need to be clear since contract holders will need to know the exact process. It was agreed that there will be further discussions at the next meeting of the group.

Orthodontic Services

It had been reported at an LOC meeting that specialist practices and general practices with small orthodontic contracts were spending considerable time and money on submitting detailed statistics to the HB but these statistics were not being properly evaluated. It was agreed that the HB would follow this up and report back. It was also agreed that a formal commissioning process would need be implemented for the orthodontic contract renewals because of the high value of the orthodontic services.

WHC (2016)005 – Role of CDS and Services for Vulnerable people

It was reported that David Davies, Clinical Director of the CDS and Specialist in Special Care Dentistry has accepted a new post in Hywel Dda UHB. It was agreed that it would be helpful to provide a service update paper to the next meeting

NWSSP Update

CoMPASS training was provided to NWSSP by Paul Whiteside on 22/3/16. This allowed staff to discuss specific problems. However, Paul confirmed that there were errors in the database

preventing some changes and these errors need to be rectified before allowing input. Paul will keep staff updated and encouraged them to contact him for specific issues when required. An issue with seniority had been identified. One month was not paid to those dentists who were previously receiving seniority under an adjustment code. Dental Services are looking into this further to establish whether this will automatically correct itself or if manual adjustments need to be applied.

The EDS rota (containing the new interim arrangements) has been sent in draft form to OOH providers covering May to July. A final version will be issued on 19/4/16

Occupational Health Update

The meeting was advised in a tabled email that a suitable occupational health programme has been implemented by the Health Board led Wellbeing Through Work team with early attention given to Hep B/TB screening requirements.

Within ABMU, unlike other Health Boards, the Occupational Health Service Level Agreement includes provision to undertake health surveillance for all clinical staff within Dental Practices contracted to provide validated immunisation history reports, they will attend a clinic where a blood sample will be taken and sent for screening. Following this, they will be notified of their immunity status and offered occupational vaccines. With their consent, the accountable person within the practice will be notified in accordance with clinical governance and risk assessment. New employees are given priority and to date 10 pre placement screening appointments have been undertaken.

To undertake the Health Surveillance for existing employees, 4 Saturday clinics have been arranged for 9/4/16, 30/4/16, 21/5/16 and 11/6/16. 60 Dental Practices expressed an interest in opting in to the provision and to date 155 completed screening questionnaires have been received from 19 practices.

Date of next meeting

Tuesday, 14th June 2016