

BGM CHAIR'S REPORT 2017

I cannot believe that it has been two years since I took over from Rhian Paul as Chair of the LDC. It was a role I approached with some trepidation following my partial retirement from all things Maxillofacial. Unlike many new trainees in oral and maxillofacial surgery nowadays I had quite a firm grounding in general practice dentistry, working full time for three years post qualification. I then did 2-3 sessions a week in practice from 1980 to 1991, specializing in oral surgery but doing general dentistry as well.

Since my appointment as a consultant in Swansea in 1993 I have always had an interest in the concerns and difficulties in primary care dentistry as problems there often have a knock on effect on the secondary care services. I was therefore also excited about taking up the role in the LDC.

Those of you who know me will probably have the impression that I am not completely happy with organizations such as LHBs and what they have come to represent. This is based on firsthand experience at various levels of management within the secondary care services. Some of the decisions made in management were frankly poor, resulting in loss of resources –including money! Much of this was due to ignorance of what departments actually did. I can remember once trying to explain the difference between the departments in the Maxillofacial unit to a young man who the previous week was managing the car parks!

In most aspects much of the problem was (and usually is) down to communication. This leads me on to the areas of the last two years which I would like to comment on.

Commissioning of Services: There was no doubt that as Rhian stated in her report in 2015 departure of key personnel with an understanding of relevant dental issues led to a period of great instability in 2014-2015. The Dental Strategy group folded and this area of the organization appeared rudderless. Just before I took over we had the unfortunate situation of the LHB making a unilateral commissioning decision without appropriate consultation with the LDC and although it apologized, refused to reconsider. This led to much discussion even involving an Assembly member. The upshot was that we did receive a communication from the LHB promising that this would never arise again. I hope not.

Collection and use of Data: I noted as meetings came and went that the collection of data seemed to be quite random, and often its interpretation even more so. Important decisions were made on this basis. I am pleased to say that we do now have a much more stable area of the LDC for dentistry. There appears to be a much better basis for discussion with management, and even though meetings can get heated I do believe that there is beginning to be a more open debate.

Other areas which I am pleased about is the apparent reduction in unnecessary fitness to practice panels. I hope that a rather more informal initial approach can be made with the backing of both local and central organization. I felt that ABMU were being very heavy handed over what frankly is a confusing contract open very often to varying interpretation.

The Out of Hours contract was a regular occurrence at the LDC/LHB-almost every meeting it seemed, especially about the site. I hope now that with the 111 phone line this too will be a better agreed service and will be stable in its provision for a while.

The provision of Occupational Health Service for General Dental Practices has despite the odd hiccough now become well established. There are still a few who have not taken advantage-please do so.

Clusters are the in thing at the moment and although there is a feeling that we are being left out as dentists I think the door is partly open if we have ideas and projects to take forward. To me Dentistry has already left medicine behind in the provision of specialist NHS dental services between primary care and the hospital service. The CDS in a role for Care Home assessment is already well under way, and will be increasingly important as the years go by.

There are so many areas which I could comment on, but I don't want to overstay my welcome. I make no apologies for including the following statement which some of you may have come across:

"We trained hard, but it seems that each time we were beginning to work as a team we would reorganize. Now later in life, I have found that those in authority frequently tend to meet any new situation with which they are unfamiliar by reorganization. It is a wonderful method of creating an illusion of progress while producing confusion, inefficiency and demoralization." Petronius Arbiter 210BC

This has many connections with the NHS in political hands, but as the NHS grapples with the longest funding squeeze in its history, the quest for productivity becomes ever more pressing. It is easy for dentistry to be overlooked and we must constantly remind the powers that be that we are here and the job that we do, and how best to use us.

I have to thank Rhiain Paul and Roger Pratley for their immense help in guiding me through the pitfalls of the contracting system, and the history of some of the issues facing the LHB and the profession. It only remains for me to wish you all the very best in your work and health for the next two years.

Best wishes and see you at the BGM

Keith Silvester
Chair, Morgannwg Local Dental Committee