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Biennial General Meeting of GDPs, 24th April, 2017.

Secretary's Report

The LDC has met on twelve occasions since the last BGM and there have once again been numerous subcommittee meetings and representatives have attended regular meetings with HB representatives and representatives of the Bridgend, Neath Port Talbot and Swansea Localities and the Shared Services Partnership at the bi-monthly LDC/LHB Liaison Group, and much work has been done in relation to In Hours Access and Out of Hours sessions. The Chair has raised a number of points of concern about our relationship with the ABMU HB administration in his report and I will not duplicate these concerns here.

The LDC has once again decided against sending delegates to the Annual Conference of Local Dental Committees in both 2015 and 2016 because in part of the costs involved, overnight stays being required, but also the fact that the agendas at both these meetings were particularly English oriented and through our representation on the GDPC we can be kept up to date with happenings in England. We did not send a representative to the LDC Officials' Day of 2016 for the same reason but sent two representatives to the Officials' Day in the previous year in December 2015 because a new CDO had been appointed for England and her vision for England might well have been relevant in part to Wales. Two practices in our area are involved in the Welsh prototypes and apparently these prototypes are moving forward successfully. The CDO will expand on this further in her presentation at the BGM, and she urges you download and read the newly published *Taking Oral Health Improvement and Dentistry Forward in Wales* prior to the meeting.

Attendance at LDC meetings has been very encouraging and more younger colleagues continue to attend and have put themselves forward for election to the committee. We regularly now get a full meeting room. Remember that any provider or performer can attend LDC meetings. We are limited for space at our current venue and so if any non-members wish to attend please email me so that I can ensure sufficient space and seating are available. If we need to abandon our current venue and look for a larger room to accommodate more and more colleagues then we will happily do this.

I mentioned earlier the work being done on the In Hours Access Service and the Out of Hours service. Work on these proceeded hand in hand since we worked to the theory that the provision of a more effective In Hours service would reduce the pressures on the Out of Hours service. As everyone knows the services were eventually redesigned with increased In Hours Access sessions and reduced Out of Hours sessions. This seems to be working well with very few complaints from patients or colleagues involved in the services. The situation is under constant review and issues from colleagues need to be reported to the LDC through the secretary so that they can be reported to the review meetings. The 111 service is now operational and has replaced the NHS Direct Wales service for OoH.

The COMPASS system was introduced in early 2016 and it encountered many teething problems over many months. It seems to be settling down now - another example of systems being introduced without proper preparation and piloting, and certainly at the wrong time, when colleagues were trying to complete end of year claims.

Over the past two years considerable work has been done by WG in attempting to iron out the grey areas of the contract, areas which needed to be clarified in relation to claiming for NHS dental treatment. A resource pack, Delivering NHS Dental Services more Effectively was developed and consulted on and eventually circulated to practices for information and to advise. We learned that a similar pack was developed in 2011 but ABMU never shared it with the profession. The high number of performance panels that we encountered now seems to be considerably reduced. Knowledge is a wonderful thing.

Occupational Health provision and Cluster development are important developments which have taken a lot of LDC and executive time, but the Chair has covered these in his report and I need not comment further.

WG has consulted on and produced new Private Regulations. We commented on the consultation document.

There have been issues with inconsistencies in requirements of some HIW inspectors at certain practice inspections which have recently been raised at the Liaison Group. Hopefully we will be able to have consistency across the board during HIW inspections.

It has become apparent that with there being diminishing numbers of OPG machines across the area, colleagues who would like to have an OPG for a patient are finding difficulty getting one done. We have discussed this with Morriston Hospital but they are not prepared to open up their service to GDPs. Princess of Wales Hospital in Bridgend takes referrals but we have recently surveyed dental practices to see if they are prepared to take referrals from colleagues and to try to estimate the likely demand for such, which we believe would be small. This is a work in progress which has been overtaken with the considerable work necessary preparing for the BGM. We will continue this work following the BGM.

At HB level, General Dental Services now come under the Primary Care and Community Services Unit within which Karl Bishop sits at the top level as the Unit Dental Director, alongside the Unit Medical Director and the Unit Director. The LDC executive looks forward to working closely with Karl for the benefit of Dental Services across the patch.

Finally my thanks to Sarah Davies, our Minutes Secretary, for her support during and between LDC meetings.

We look forward to seeing colleagues on the evening of 24th April at the BGM at 6.30 for 7.00 at Lecture Theatre 1 at the new Education Department at Morriston Hospital.

Roger Pratley

Secretary, Morgannwg Local Dental Committee