

Morgannwg LDC / Local Health Board Liaison Meeting. 6th July 2018

This was a pared down meeting which had taken place to ensure that the Liaison Meetings continue as a valuable connection between the Health Board and the dental profession in ABMU HB.

Kim Dunn was present for the Health Board and Roger Pratley and Rhiain Paul attended for the LDC.

1. Proposed GDP Fellowship

The LDC informed Kim that we were dismayed that following a thorough consultation with LDC committee members and subsequent significant concerns in many aspects, that the proposal for a fellowship, was nevertheless going ahead.

Kim outlined that the initial proposal had been altered and this would now NOT be a rolling programme for 3 candidates for three years. It would be for ONE candidate for 3 years only! The economics of the proposal could not be borne and so the end result is for only for one candidate for 3 years.

The LDC responded with dismay and especially as it is GDS money that will be used to fund the scheme. The most important issue was retention of dentists in the area as far as the LHB were concerned but the LDC pointed out that there would be no certainty of a candidate staying and there would be no effect on waiting times in secondary care either. We emphasised that a better use of the money would be to fund practices who wished to keep their DFTs, since the DFT would be used to the practice and *vice versa* and therefore more likely to complete their contracts and stay in the area. We also pointed out that we were concerned that all practices were no being invited to participate.

The cost per year for this project will be approx. £100,000 (around 4000 UDAs at £25) and there will be therefore less money for other essential dental services to be developed such as domiciliary care for the 1,000 Lives project supporting nursing care for the elderly and infirm in the area as only one example.

2. E referrals.

A meeting had taken place earlier that day and it seems that the LHB is very keen to move forward with electronic referrals. The presentation at the meeting was same as has been previously circulated. During the presentation and subsequent discussions, the following points were raised and answered:

- a. It is hoped the system will start in late September, early October 2018, although we felt this was ambitious. Training, probably face to face and web based will be given.
- b. The system has been contracted out to FDS, a company already experienced in ereferral management with contracts with a number of health boards in England.

- c. The system will be an all Wales system, with referral forms same across all HBs and specialties each specialty will have identical forms across Wales.
- d. Referrals will be web based through a portal which will require a username and password and referrals will be completed online and will not be sent if the required fields are not completed. Radiographs will be attached where appropriate.
- e. The referral will go to FDS and will then be sent by NHS Email to appropriate provider. This means that referral receivers must have an effective NHS Email, but referrers will not use the NHS Email system.
- f. It is anticipated that a small proportion of practices will continue to use paper referrals on the appropriate forms in the short term. These forms will be sent to FDS who will digitise and pass on electronically to the appropriate provider.

3. Single Point of Access

Kim was pleased to announce that there had been a very favourable outcome at a meeting with Parkway to continue providing GA services, with agreement that Parkway would work to a sessional contract and that there has been agreement to recompense longer patient contacts retrospectively. The HB is also looking at ways that Parkway theatres might be used for other specialties. We await with interest the further outcomes.

Parkway, by virtue of new regulations will now not be able to provide multiple drug sedations.

4. Contract Reform.

Kim informed the meeting of the opportunity for GDP's to apply to an Innovation Fund which will encourage fresh ideas and ways of working to be considered in the delivery of dental care.

Contract reform new practices (4 in number) had not been moved to 30% yet. Negotiations with practices ongoing.

5. Bridgend locality split from ABMU HB to join Rhondda Cynon Taf UHB.

Kim confirmed that Bridgend Locality HB will move to Rhondda Cynon Taf UHB in April of 2019.

ABMU HB will set up organisation to ensure a smooth transition.

This is a short time frame and the LDC raised some concerns over whether GDS contracts and UDA values would be maintained by those practices in Bridgend when they merge with RCT.

The LDC were concerned that this merge is probably not known by all practices affected and hoped that the LHB will ensure that practices are kept in the loop.

This will also affect the LDC as Bridgend practices will then not be part of the present ABMU set up. There should be liaison between the LDC's as well so that RCT LDC will make contact with Bridgend practices. The statutory levy from Bridgend practices will then go to RCT LDC (if it has a statutory levy in place) and Bridgend committee members will leave Morgannwg LDC, unless they have a further contract with ABMU HB. The LDC will amend its constitution accordingly.

6. Uplift

We discussed the problems with the uplift, which has not been properly implemented. We were assured that the full uplift will be awarded and be backdated to January, although would not be added initially to contract value in line with the original agreement.

The problem initially was that the update request was outside of normal protocols. ABMU had to confirm the terms and instruct BSC that the uplift was superannuable. It appears that all the problems have now been resolved and the corrected payments are imminent.

7. Recent guidance sent to GDP's

Confirmed that recent guidance from WG had been distributed to GDPs. We stressed importance of sending to all performers, not just to practices.

Guidance included preventive advice for 0-3-year-old children and updated guidance on contract monitoring.

8. Lending of AEDs.

It was confirmed that discussions were ongoing with WAST on this matter.

Rhiain Paul Roger Pratley