Morgannwg Local Dental Committee

General Meeting of GDPs, 12th April, 2011.

Secretary's Report

The LDC has met on thirteen occasions since the last BGM and there have once again been numerous sub-committee meetings and representatives have attended regular meetings with HB representatives and representatives of the Bridgend, Neath Port Talbot and Swansea Localities and the BSC at the LDC/LHB Liaison Group. In addition to this LDC representatives have taken part in a number of commissioning meetings with officials of the ABMU HB, the Localities, HDS and the CDS. Delegates have represented the Committee at one Annual Conference of Local Dental Committees (June 2009) and LDC Officials have attended one LDC Officials' Symposia (December 2009) in this time. The LDC decided against sending delegates to the corresponding national meetings in 2010 because in part of the costs involved, but also the fact that the agendas at both these meetings were particularly English oriented with the main topics being to do with the Care Quality Commission and the proposed English pilots following on from Steele. The LDC has given advice and support to a number of practices on contract issues.

At the time of the last BGM we were aware that the Abertawe Bro Morgannwg Health Board was to be set up to replace the three LHBs, and the transfer of responsibilities took place in October 2009. This meant that the Hospital Dental Service, the Community Dental Service and the General and Personal Dental Services would be administered by the same body. The three LHBs were retained as Locality Offices in order to deal with issues relating to contracts in the GDS/PDS and, in general, primary care services across their localities. Significantly the LDC is the only body that the HB and its offices must consult on issues relating to general dental and specialist NHS practice and this was confirmed in advice from WAG in early 2010 and later in statute in December 2010 (Welsh Statutory Instrument No 2846).

The LDC saw this reorganisation as an opportunity to achieve many of the things it had been concerned about, and particularly the way that the individual LHBs had interpreted certain contractual issues in different ways. Our main strategy in the last two years has been to encourage consistency in decision making and commissioning across the area. We have lobbied that there should be one dental lead related to general dental practice and this is now about to be achieved – with this in place then all our concerns about consistency across the whole area should be alleviated.

Communication between the LDC and local managers is through the DSSPG and the LDC/LHB Liaison Group. The DSSPG meets quarterly and the Liaison Group every two months. Anything outside this is dealt with by LDC officials contacting the relevant contact at the health board.

Other areas of concern from the LDC's point of view are:

The LDC has lobbied for the end of year carry over of 5% of contracted UDAs to relate to overperformance as well as underperformance. This is acceptable to WAG and some localities in Wales approve of this. Our localities do not. This is very much a work in progress.

If a contract over performs without approval from the Locality Office then the UDAs over performed are not paid. The patient charge revenue is however retained by the Locality. Apparently this is acceptable, but it cannot be correct. This has been raised with the Welsh Dental Committee and it is hoped that the BDA will take this injustice on board.

At present there is no standard toolkit used to provide equitable distribution of UDAs to existing contract holders who wish to expand their practices, therefore perceived and real injustices can occur in allocation decisions and the Health Board Commissioners could be open to allegations of favouritism.

In order to achieve fair and equitable distribution we feel a commissioning template, i.e. a set of standard criteria, should be put in place so when UDAs become available this fact can be universally advertised within the HB area and a simple commissioning pathway can be followed. We recognise that the priority for HB commissioning has to be to address areas of deprivation in terms of dental access, however when choices can be made the following pathway would consider whether an existing provider is suitable for allocation of new UDAs based on a measurable set of criteria, which might include:

- Whole family contract (children, exempt/fee-paying adults)
- Quality of buildings
- Quality of dentistry
- Following NICE recall guidelines
- Taking on new patients
- Convenience of access provision
- UD A value must be the average value for that LHB in order to reflect value for money

We want the LHB to have a commissioning template to provide clear service specifications that include quality indicators and standards for selecting recipients of new UDA allocations to existing contracts, thereby providing the LHB and the LDC with a transparent and fair toolkit with which to provide consistency in the allocation of a scarce resource. Once all practices are at a fixed standard then further allocation could be truly provided on the basis of patient need.

At the time of writing the Welsh version of HTM 01-05 is being printed. As you will be aware the LDC has responded robustly to the two Welsh consultations and have tried to obtain assurances that any move to 'Best Practice' will be funded, bearing in mind the considerable costs to dentists, both capital and revenue. We are led to believe that there has not been a minimum time to achieve 'Best Practice' inserted in the final document. Our advice has not changed therefore – do not spend any money at present over and above that needed to be spent on achieving / maintaining the standards in 'Essential Requirements'.

As we have mentioned on previous occasions we have been concerned about effective communication with our members for some time – things are changing so quickly that written information can often be out of date before it is delivered. We have therefore been developing a website and it is live though still under construction. The address is *www.morgannwgldc.org.uk* . Have a look at the site and email your comments to the secretary. You will note that we have included a section on Classifieds which is self explanatory and there is a Forum page which hopefully will soon become active – it could be used for officials to ask for views or for members to communicate with officials. In future we intend the website to be the main vehicle for disseminating information, and there will be a password protected Members Only area. We have removed this temporarily and the new LDC (post April) will decide on restricting access to the site, or otherwise.

Two practices in our area are taking part in the WAG pilots to assess alternative contract payments – these started on April 1st – ahead of the much heralded English pilots.

The Designed to Smile project is being rolled out across Wales after the initial pilots, and reports suggest that the project is going well.

We would welcome young, new blood to take an interest in LDC affairs. Officials are becoming somewhat 'grey' and some of us desperately need to fall off the perch and be replaced by younger practitioners over the next twelve months or so. Please give serious consideration to representing your colleagues – NHS contracts are valuable commodities these days and the LDC is charged with ensuring they continue to be so, among other things. We have not filled all the LDC places and nominations will be taken from the floor at the BGM – please give this some serious thought.

Roger Pratley
Secretary, Morgannwg Local Dental Committee