



GDPC 2012 011

General Dental Practice Committee

Report from the Welsh sub-committee including a look-back at 2009/12

27 January 2012

WGDPC has maintained its three meetings each year during the last triennium. Dr Gareth Lloyd was elected and has remained in the Chair with Dr Paul Bartley as Vice-chair. Dr Bartley is not returning to the committee so thanks are due to him for his support as well as to the other retiring members.

The committee, which met on 20 January invited new members, of which there are three, giving them an opportunity to acquaint themselves with the members who are returning. Two of the new members are recently qualified.

Officers for 2012/15 will be:

Chair	Dr Gareth Lloyd
Vice – chair	Dr Tom Gregg

Amongst items discussed at the meeting were:

Vocational training

It appears that 21 Wales graduates have failed to obtain places within training practices (two failed to complete the application form). The committee received a presentation from Dr Jon Cowpe, the Postgraduate Director explaining how the process works and why Wales had decided to participate from the outset despite some reservations.

We will raise our concerns with Welsh Government as the Cardiff school continues to increase its intake of students but of the cohort who will graduate this year, only 1/3rd will remain in Wales and increasingly, the number of applications to the dental school from pupils in Wales is declining. This, added to the inability of the health boards to expand NHS dental provision offers the prospect of serious under-employment of graduating dentists in the future.

All the training places in Wales have been offered but as these are in many cases, not the VDPs' first choice and some have been offered to EU graduates who had not listed the Wales schemes, that there may be some dropping out.

Another student outreach centre was opened recently in Mountain Ash (some months behind schedule) to cope with the expanding student intake. There are concerns about the dental hospital / school management being expressed by practitioners who find that their patient referrals are being returned to them as 'unsuitable' or 'out of area' and also by the CDS who are being asked to see more child and patients with special needs for whom they don't have the resources.

What happened in Wales 2009/12?

Assembly policies and Welsh Government legislation

There was an election during 2011 which resulted in the Labour group, once again, becoming the largest group and the party in power, but in this session, without an overall majority and without a coalition partner.

During this period the Local Health Boards were reconfigured resulting in the creation of seven new boards, old NHS Trusts in all but name. We had hoped that this might facilitate adoption of common policies but we are still dealing with a large number of locality units – old LHBs!

At the end of 2010 the Assembly introduced legislation requiring the new health boards to consult with LDCs over matters dental. This seems to be working – even though occasionally we have to remind the LHBs about their responsibilities.

Other legislation introduced has included a 'no fault' compensation scheme in secondary care.

Guidance has also been issued on dealing with concerns about primary care practitioners, managing orthodontic contracts and end of year issues.

Seniority payments are continuing in Wales for the time being.

Consultations with no progress include healthcare standards for privately funded dental practices. Generic NHS standards are being applied to NHS practices but the Assembly legal division is delaying the development of 'private practices' standards.

We have failed to make progress with occupational health issues. This is particularly distressing as there have been a disproportionate number of suicides and self harm cases amongst dentists in Wales recently.

Task and Finish groups

Work continued with the Task and Finish group which was looking at alternative ways of remunerating dentists, the role of the community dental service and the provision of orthodontic care in Wales.

As a direct result, two pilot schemes started in April 2011. One is looking at an extension of the 'Designed to Smile' project – basically an enhanced prevention programme and the other introduced capitation payments and quality indicators into general practice. To date, whilst there have been some issues around workload and the risk of underperformance, both pilots seem to be progressing.

The groups looking at the CDS and at orthodontics have reported and some of the reports' recommendations have been taken up by the Welsh Government.

Orthodontic provision has always been an issue in some parts of Wales and as yet is not resolved.

LDCs in Wales

LDCs in Wales seem to be functioning with the exception of the mid/west Wales grouping. There have been problems with funding right across Wales as, once again there is no 'all Wales' policy and some of the Health Boards are unwilling to facilitate collection of levies.

A very successful meeting – a mini conference of Welsh LDCs was held in 2010. We hope to repeat this in 2012.

Healthcare Inspectorate Wales

HIW have responsibility for registering and inspecting dentists who provide any private treatment. They embarked on practice/dentists inspections early in 2010 year using the Reference Service and first reports were that these have been quite useful in assuring the practitioners involved that they are meeting all the current requirements of running a practice. HIW also has responsibility for ensuring that IRMER requirements are met.

The organisation was restructured during 2011 and lost its dental advisor but gained officers who seem more willing to talk to the profession. New regulations for fees (we grumbled originally but think we're lucky in retrospect) and exempting some groups of dentists came into force in early 2012.

'1000+ Lives' project

Dentists were not involved in the early development of this project which is aimed at reducing morbidity in health care but during 2011 it was suggested that dentists could be involved in a campaign to reduce prescribing of antibiotics. This has been developed and is being rolled out to practices in the form of a funded audit. An interesting second project has shown a link between the incidence of 'respirator pneumonia' which occurs in patients in intensive care units who are being ventilated and poor oral hygiene.

What are we looking forward to?

Small, if any pay awards?

Development of the pilots into substantive contracts?

More Welsh Government legislation - now that it has the powers!