

**NOTES: Local Dental Committee/Local Health Board Liaison Group Meeting**

**HELD ON: Wednesday 18<sup>th</sup> April 2012.**

**AT: Neath Port Talbot Locality Office, Llandarcy.**



**Present:**

*Kim Dunn, NPT Locality  
David Westcott, LDC  
Richard Williams, Swansea Locality  
Joanne Yeates, SSP  
Lisa Weaver, SSP  
Louise Stokes, NPT Locality  
Alan Phillips, CHC  
David Davies, CDS  
Rhian Paul, LDC  
Roger Pratley, LDC  
Catherine Roberts, Bridgend Locality*

**Apologies**

*Karl Bishop  
Huw Bennett, Public Health  
Dorothy Edwards, Bridgend Locality  
Rhian Bond, Swansea Locality*

	<b>DISCUSSION</b>	<b>ACTION</b>	<b>LEAD</b>	<b>DATE</b>
<b>Apologies</b>	As noted above			
<b>Notes of last meeting – 15<sup>th</sup> February</b>	The minutes were agreed to be an accurate account of the meeting.			

<b>3. Matters Arising</b>  <b>4. Dentistry Updates</b>	<p><b>Common UDA Value</b> Catherine reported that there has been commitment from the Health Board to move to a common UDA value. It was noted that there are a few Practices which will be largely affected by this and it was hoped that plans could be put in place to prepare for this.</p> <p><b>Dental Leaflet</b> The Dental Leaflet is currently being translated into Welsh.</p> <p><b>Swansea</b></p> <ul style="list-style-type: none"> <li>• General Dentistry 96%</li> <li>• Orthodontics 97%</li> <li>• Richard discussed the pilots.</li> </ul> <p>Roger informed the group that some Health Boards are trying to reclaim from pilot practices which have not hit their targets. Discussion took place around this.</p> <p><b>NPT</b></p> <ul style="list-style-type: none"> <li>• The March data shows that 22% are looking to under perform. Kim reported that she is not concerned about 2 practices not meeting their target at year end as this appears to be there pattern of activity. One other practice has permanently reduced their target and another practice had been asked to reduce their target at mid year, they chose not to.</li> <li>• 51% are currently on target.</li> </ul>			

	<p><b>Bridgend</b></p> <ul style="list-style-type: none"> <li>• Orthodontics contracts are a 100 % on target.</li> <li>• General Dental Contracts are 96% on target (as at the end of March).</li> <li>• The remaining 21% are likely to under perform but should reach 85% at year end.</li> </ul> <p>Roger asked about a letter that was received by a Bridgend contractor regarding additional contracted UDAs not being paid until November. Catherine explained that a number of Practitioners were nominated to do additional UDAs, any overperformance monies will be paid after year end results are provided by the DPD in June.</p> <p><b>LDC</b></p> <ul style="list-style-type: none"> <li>• David explained that he has recently attended an Out Of Hours meeting with Kim Dunn and Rhian Bond. David informed the group that he had suggested that more detail be added to the paper. It was agreed that the Health Board would discuss the further development of the paper. Kim stated that she is very aware that this piece of work will need developing further however, as it is a large piece of work, the Health Board will need to look at the resources available to pick this work up.</li> <li>• David reported that there is funding from WAG for Hep B. WG advised that they will pay Health Boards the same amount as the previous year. Roger informed the group that practice staff should still submit their claims. Discussion took place around this.</li> <li>• David asked whether the 3 Localities are up to date with the QAS returns. David asked that should the returns not all be received then what sanctions would the Health Board be taking? Catherine informed the</li> </ul>	<p>Advise David of position with OOH paper.</p>	<p>CR</p>	
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	<p>group that there is 1 outstanding in Swansea and 1 outstanding in Bridgend. Catherine reported that the HB would pick up the actions which needed to be addressed with the contractors in order to bring them up to the QAS standard. David stated that he does not want QAS to run on until it becomes a source of sanction. It was noted that if a Practitioner consistently fails to send the relevant information then this would then be fed to the HB Governance Group. Catherine suggested bringing along the management process pathway of the QAS to the next meeting. The group agreed this to be a good idea.</p> <ul style="list-style-type: none"> <li>• David highlighted the LDC reimbursement of 11½ UDAs for Practitioners who are invited along to Sub Groups. David stated that these attendees are invaluable in giving their input to the groups but have to leave their surgeries in order to attend. Kim stated that she would share the old policy with the other 2 Localities to be updated.</li> <li>• Information/Communication Portal. David explained that this idea has been brought up in the Clinical Governance Meeting, David reported that the LDC have not seen much progression on this idea so have set up a sub group within the LDC to look at using the LDC website as a library with the idea of a facebook wall. This would allow access to Dental Practitioners. Catherine explained that she shall email Carl to see what progress has been made regarding the portal. Catherine stated that she could provide up to date pathways and policies for the LDC to use on the site.</li> <li>• David informed the group that proforma's and criteria have been developed for Oral Surgery. David asked when publication of the waiting list would happen and go live for oral surgery and orthodontics? Catherine stated that this will be discussed in the next DSSPG</li> </ul>	<p>CR to bring management process pathway along to next meeting</p> <p>3 Localities to meet to discuss and update policy for LDC members attending sub groups</p>	<p>CR</p>	
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	<p>meeting in regard to Orthodontics.</p> <ul style="list-style-type: none"> <li>• Ministerial letter – Catherine informed the group that a letter has been received by Wynn Griffiths. The letter suggests that the Welsh Government recognises that there are Health Boards who are spending ring fenced dental money inappropriately. Discussion took place around this. David stated that it would be very good to have CDS and GDS under one umbrella. That way there would then be a better understanding of what is going on as a whole.</li> </ul> <p><b>CHC</b></p> <p>Nothing to report</p> <p><b>CDS</b></p> <ul style="list-style-type: none"> <li>• CDS is currently going through a period of consultation.</li> <li>• A lot of work is being done in the Bridgend area.</li> <li>• It was reported that CDS have inherited a mobile Dental Unit from Cardiff and Vale which will be used in schools in Heronsbrook.</li> <li>• Recruiting a number of staff to enhance the service.</li> <li>• Some work needs to be done in regards to IT.</li> <li>• D2S will be active in Bridgend and will be based in Glanrhyd.</li> <li>• CDS are participating in the Domiciliary Care Policy.</li> <li>• David reported that he was very pleased to participate in the Dental Education sessions. He added that he was a little disappointed at the lack of awareness of CDS.</li> <li>• As part of the All Wales Special Care Dentistry recommendations. It is hoped that work shall soon start on developing the Management Collateral group for Special Care Dentistry.</li> </ul> <p>Rhiain asked whether General Practitioners in Bridgend</p>			
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are aware that they can refer to CDS?

David replied that they will need to inform the GDPs that they are able to refer. It was suggested to inform them of this via letter through Bridgend Locality Office.

**Shared Services Partnership**

- All DF1 trainees due to start in August have been placed. There is just 1 placement left in North Wales. Performance applications have been sent and they have started being received back.
- From 1<sup>st</sup> October SSP shall be carrying out face to face CRB checks. This is being piloted in ABMU and Betsi Cadwalader Health Boards at the same time.
- There are 150 CPD Declarations received so far with 140 outstanding. The group agreed that a reminder letter should be sent out.
- Letters have been sent out to all rota participants regarding alternative numbers. Roger outlined that discussion had previously taken place around redirecting calls from the mobile numbers to the Practice.

**Public Health Wales**

Up to date oral Health Profile for the Health Board will be circulated soon.

Regional – HTACDO have been given a higher profile for Dentistry. The Executive Director now has a lead responsibility.

Public Health Wales have supported the 3<sup>rd</sup> drafting of the Oral Health and Dental Services Strategy which will be

<p><b>5. Needlestick Injuries</b></p> <p><b>6. Dental Education Session - Feedback</b></p> <p><b>7. Electronic Data Transfer</b></p>	<p>going to the Board in a few weeks time.</p> <p>National CEO intends to follow up the Ministerial order with visits to all Health Boards.</p> <p>Richard reported that he sometimes receives an influx of calls from Dental Practitioners who have accidentally received a puncture wound from a needle, asking what they need to do. Richard has been informed by one practitioner that should this occur the patient would need to go to the Virology department at the University Hospital, Cardiff. Roger outlined that this would be a function of Public Health Wales. It was noted that there is a policy which is available. The policy was written by Huw Bennett in 2009. Roger stated that it may be worth contacting Huw regarding the policy as it may need to be revisited.</p> <p>It was noted that the next Education Session shall be held in April 2013. The feedback was distributed to the group.</p> <p>It was noted that there is money available for the Electronic Data Transfer. Roger stated that there are Practices who transfer paper and EDT. Roger Explained that the cause for this could be that their software upgrades are English as opposed to Welsh. Paul Whiteside is the contact.</p>	<p>RW to contact HB regarding needlestick injuries.</p>	<p>RW</p>	
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**8. Locality  
Commissioning  
Update**

Catherine stated that they have not communicated as well as they could have over this, particularly around the 1 off funding. Catherine reported that the information was given at this meeting and the LDC took it back to the relevant groups and came back to the meeting with comments. Catherine explained that the comments were responded to, however, it was not made clear to the LDC that the comments had been responded to. The Health Board, instead of commissioning £400,000 worth of extra UOAs we commissioned £366,000 of extra UDAs. This year the forecast position (3 months behind) there is a £4,000 under spend.

From a commissioning perspective Bridgend shall commission activity for Maesteg. Catherine has written to Jan and Hilary to ask if the other 2 Localities would like to come into this commissioning round and if so then please could they confirm how much they would like to commission and it can all be sent through as one. If not then Bridgend shall go ahead.

The oral surgery work commissioned £120,000 more oral surgery activity in the community through an SLA with Parkway. The rationale was that these were people who needed sedation. Catherine explained that they shall also be looking to tender for £120,000 for oral surgery activity in the community. Catherine informed the group that she will ensure that communication on the timelines is sent out very quickly.



<p><b>9. DTU Referrals</b></p> <p>10. AOB</p>	<p>Kim reported that as previously mentioned they were setting up the high need referral process at the Dental Training Unit. Practices had been approached who were taking on high need patients, whilst the practices are using this referral process there is more capacity at the suite than we are currently receiving patients for. Kim outlined that there is still a demand out there for this service as she has received calls from Practices asking to be part of the pilot as they have high need patients. Kim explained that the difficulty which she has is that she needs to roll this out quickly to practices, however, she has concerns over the practices which have asked to join not being asked to join the next round and would like advice on how to roll this out fairly across the patch. Kim asked Roger and David to advise. Discussion took place around this. Roger stated that he shall give this some thought and get back to Kim.</p> <p>Catherine informed the group that the Chief Executive of the Health Board has reported that we will be going through a series of massive change around Services and Service Development. He feels that it is vital that we keep the staff and contractors of the Health Board aware of these changes. A monthly briefing process takes place where he issues a briefing statement. The managers then have 10 days to disseminate this information. The question was raised of how to share this information with contractors. It was agreed by the group that the briefing could be forwarded to the Dental Practitioners.</p>			
<p><b>11. Date and time of next meeting</b></p>	<p><b>The next meeting will be held on: 20<sup>th</sup> June 11.00am-12.30pm in The Board Room NPT Locality</b></p>			