

## CHAIR'S REPORT

Morgannwg LDC, November 2014

The following meetings were attended on behalf of Morgannwg LDC.

13/08/14 LHB/LDC Liaison Meeting.

As this meeting has now been superseded by the October meeting, the later report will be more relevant.

21/10/14 Welsh Dental Committee.

Having secured the funds to develop e-referrals, the CDO is keen to move on with this asap. based on the Manchester system. There are 5, O/S ,e-referral pilots taking place in Cwm Taff. The referral management will also be based on the Manchester model and Health Boards will be encouraged to join a national framework.

There was a written response to the inquiry into Orthodontic Services in Wales and recommendations. Regarding DWSI's there is a funding issue whether funding for training comes from the specialty service fund or from general dental services. It was recognized that there was a need for more flexibility to be able to target training where there is an identified ,local need. Standards are set by the colleges and commissioning decided by LHB's.

There is a progress report from each LHB feeding into the National Oral Health Plan update and on the website. The deputy Minister is now in charge of the delivery of this plan. LDC's are encouraged to be mindful of their local LHB's performance in respect of the local plan.( we do have updates at the liaison group meetings as it is a set agenda item)

Ring fenced dental monies are required to deliver the plan. Patient charge revenue was mentioned as another source. (we were informed at the liaison group that access is ABMU's priority for patient's charge revenue)

As far as the New contract is concerned, the pilots will end March 2015 and a phased approach maybe in 2017, not 2015/16. Regarding costs, there are no additional resources. There may be new pilots. Patient charges in pilot practices were found to be significantly reduced and so this is a major consideration.

24/10/14 LHB/LDC Liaison Meeting.

Occupational Health.

A presentation by Margaret Lake from Occupational health preceded the excellent news that a draft Service Agreement had been presented to commence in November 2014 to March 2015. This has been long awaited and has resulted in a service which will concentrate initially on ensuring that all dental personnel, nurses and DCP's in particular will have all vaccinations required. Needle stick injuries will be dealt with separately in each locality so that there will be easy access to the hospital designated should this happen to a member of the dental team. The plan is to start with vaccinating as required and then introduce other services as part of a rolling programme. As this was a service that we had fought hard to achieve and as the funds had only just been made available I agreed on behalf of the committee not to hold back implementation as it had been on the LDC agenda for 2 years. We expect Margaret and the LHB to provide us with all the details in due course and will be circulated to each practice.

SCD.

A new Special Care Dentistry referral form has been drafted and the secretary will send it to all committee members for comment. Please look at it and send any comments back to him by 18 November.

David Davies asked how GDP's feel about treating patients who have substance misuse /drugs/alcohol problems. This will be discussed at the next LDC meeting as David wants to know what the general feeling is for returning this category of patients back to the GDS.

Orthodontics.

As all DWSI patients are now being seen at the hospital before treatment the LDC were informed that these issues need to go through the LOC from the LDC and thereafter taken up by the Ortho MCN.

In hours access.

A paper was presented and will be sent to committee members for consideration. It will be an agenda item at the next LDC meeting.

Child GA Update.

An interesting paper was tabled at the meeting with statistics re the above. The secretary will circulate this to all members and it will be discussed at the next LDC meeting.

6/11/14 Special Care Dentistry MCN.

There is a questionnaire which was discussed at the liaison meeting and the secretary will circulate to all committee members for discussion.

Bisphosphonate referrals

Referral forms have been approved subject to a medico-legal check on the position of the GDP's and any liability which may arise from examination of a patient by a GDP and who may ultimately develop BRONJ. The specific consent requirements to protect GDP's from a claim will also be clarified.

Psychology therapy.

In SCD there is a move to treat phobic patients and they may want to pilot such an idea. My comment was that the LHB would have to commission such a pilot on an individual basis to ensure that costs in terms of time would have to be agreed!!! and paid for.

GA List in Princess of Wales Hospital.

This is proving to be very successful and the team there have recently won an award for reducing the waiting times for treatment. The effect of course has been an increase in referrals.

SCD Clinical Attachment.

There has been a good response to the advertising of such an attachment. One GDP has applied.

Rhian Paul