



## **Reports on Meetings attended on behalf of Morgannwg LDC . Rhiaian Paul**

LHB/LDC Liaison meeting . 14/06/16

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As Roger was absent from the meeting I took some notes .

### **Tendering Process.**

The LHB set out the UDA's available in Cymmer, the Prison Contract and that Orthodontic contracts were also for retendering.

There was confusion over the nature of the contracts in the GDS and whether they would have to be PDS contracts which would then be converted to GDS. This contract status anomaly has arisen but should have no effect as long as it is changed to a GDS contract which is open ended.

Orthodontic contracts are PDS and remain so. The retendering for Ortho was due to the high value of the contracts and was at the end of a 3 year cycle.

### **DTU Port Talbot**

The LHB keen to use the DTU for In Hours access if more sessions cannot be found in the GDS as a fall back. ( This position is constantly changing as the LHB are still working on Access generally ) CDS dentists had to apply to be included on the Performers list to carry out access sessions as they work under GDS regs in the DTU!! They also needed indemnity which again caused a delay.

### **Occupational Health**

An update was presented with data. Some of the data required explanation which the LHB members present could not explain. Interestingly, 8 members of dental staff DNA'd their appointments at Occ Health.

I asked for Margaret to either attend the next Liaison meeting.

If committee members have any issues please bring them to the meeting and they can be discussed.

### **Waiting Lists**

Keith made it clear that it is a duty that the LHB inform GDP's of waiting list status. We were assured that they are working on it but we will keep it on the Agenda.

Ortho W/L data showed a 28 month waiting list in Q dental in Bridgend, and 24 months in Q dental Swansea.

Neat Teeth in Swansea was 12 months.

DTU

Lesley Taylor has resigned as director. A new Paediatric Dentist has been appointed to the CDS based in PTRC, in Special care Dentistry.  
David Davies has resigned from the CDS in ABMU.

Public Health Update

D2S reports a 12% reduction in caries in 5 year olds.  
A reduction of 6% this year.

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WHC 001 Local Implementation Group.  
Oral Health for Older People Living in Care Homes.

Meeting chaired by Ros Davies.

This is part of the 1,000 lives project and funded by WG and managed by ABMU Community Dental service.

This was the first meeting and attended by Lindsay Davies for ABMU HB, care home managers, Speech therapy, Macmillan nurses, GDP providing Domicillary Care and I was there for the LDC.

A National Advisory group has produced a single risk assessment questionnaire to be used by all care Homes and Hospitals in ABMU.

Staff in Care homes are being trained re basic Oral Hygiene measures.

The project is starting with 8 care homes before rolling it out across ABMU.

The relevance to GDS is that these patients do not have regular check ups and seen only as emergencies by Doms. Working in the GDS.

The implications are obvious re the increase in contractual spending by the HB.

The meeting was successful in that it highlighted the 'neglect' occurring in elderly care. As domicillary care for GDP's now requires mini hospital equipment to carry out routine care and that Dom. Care has been removed from general contracts this increases the burden on the few contracts presently being commissioned.

Feedback was interesting in that Candida is prevalent in most denture wearers with poor OH but staff not aware that this is so.

I asked one manager what happens if a 'client'/patient has a sore mouth and is unable to eat, who do they contact..... of course it's the GP! Who probably prescribes an anti fungal which treats the symptoms and not the cause..... the cost implications not only in prescriptions instead of OH care and added to that the cost of a call out by the GP. Ineffective care and easily rectified.

The managers were very concerned but very keen to improve the care provided. The group will meet quarterly and I think with Ros Davies in charge it will be a very interesting and effective project.

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Welsh Government's Widening Access Conference.

This took place in Cardiff and introduced by the new Health minister , Vaughan Gethin.

There were various group sessions set up with a variety of stakeholders concerned with healthcare in Wales.  
The shortage of frontline staff such as GDP'S ,GP'S , Nurses and all ancillary care workers, office staff and community care was highlighted.  
Workforce planning following graduation and even exposure to primary school children to think of growing up to be a dentist, doctor or nurse was discussed.  
There was a great deal of criticism of the underfunding that has occurred and that the WG is so concerned that there will be a huge shortfall in staffing of hospitals and general care that it has become almost a National emergency.  
There was also the issue of providing care in Welsh to those who would prefer it but the other arguments far outweighed the costs of providing such a service.  
Feedback was collected throughout and it is hoped that they will take note of the suggestions made by participants.

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#### Primary and Community Care across ABMU HB

This meeting was attended by three LDC members, including the Chair.

The first half was concerned with cluster working and in my opinion I could not see where dentistry, optometry or pharmacy could be included.  
It was GP centric and initiatives were suggested for 'majoring' on diabetes, coronary disease etc and MOS for GP's which could be carried out in their surgeries.  
Even a forward looking GP surgery had a gripe about the difficulty in obtaining funding from the LHB and so I could not see how the other professions fitted in. I believe in England commissioning groups are actually allocated money to distribute but in Wales the HB's hold the purse strings.  
Also GP's are paid several Quality points for attending cluster meetings!!  
No incentives for the other professions and we have the added complication of contracts.  
If dental services were to be commissioned to work with GP's it could be that community dental care such as the project mentioned earlier might be possible.  
The other attendees will have a different view I'm sure and I hope to be convinced that this is something for GDP's to be excited about!

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Rhiain Paul