Report for the LDC/GDPC Liaison Group 24th February 2017.

Eastern region

Herts. Jason Wong is the newly appointed LDN chair for Herts and South Midlands region which is now known as the southern localities of Central Midlands. He is organising MCNs for Ortho, Oral Surgery, Special care and Restorative services. The current Anxiety Management group is assisting in the reprocurement of sedation services within the AT. Each LDC is encouraged to send an observer to each MCN.
It was reported that most FDs had been successful in their application to the NPL.
Healthwatch were to undertake a practice visit pilot to assess service delivery from the patient's perspective.
Beds. The relationship between the LDC and AT had become very poor. This was demonstrated over the reluctance of the AT to engage in discussions over how certain providers were awarded an 8-8 contract but had struggled to deliver this contract.
Ongoing discussions were taking place between the LDC and the council over their decision to discontinue fluoridation of the water supply. Informal conversations suggested that there may be merit in pursuing dialogue however when these discussions became more formal it was made clear that any appeal to the SoS would be fruitless. The LDC was suggesting that PHE might mount a campaign to re-engage the council over its decision.
Interestingly the AT had identified outliers who had displayed limited applications of fluoride varnish in line with DBOH and were targeting them!
Cambs. Up to 12,000 patient enquiries for treatment at the county's DAC had to be declined due to lack of capacity. The LDC had highlighted this access problem to the AT. The DACs had been told they couldn't redirect patient enquiries to specific local practices for fear of appearing to favour certain contractors. The AT are in discussions with neighbouring practices to establish additional access capacity. The LDC had suggested that additional capacity might be commissioned using some clawback monies.
Northants. Sedation contracts across the AT region are shortly to finish and a reprocurement exercise is underway. Northants have no sedation services at present but if they are redistributed to give the county some provision then any referral by GDPs into this service would be expected to have included CBT undertaken by the referring clinician prior to the referral. It was questioned as to whether those clinicians had sufficient training in CBT to see this as a beneficial service for those patients.
The salaried services were advertising a course on the management of 'Never events' (LocSSIPs). The main concern from the LDC was about the never event course was that it could introduce another layer of record keeping and audit unnecessarily because existing regulations on consent and record keeping already covers this. Concerns were also raised from the LDC as to whether this course was actually beneficial to GDPs or perhaps an opportunity for revenue raising for the course providers.
Essex. Problems with sedation referrals were reported. The AT is aware of these problems and is working to improve the service for patients and contractors.
A new 'hub and spoke' orthodontic service has been set up in the county (Southend and Chelmsford) to allow continuation of secondary care ortho services following the loss of two ortho consultants and the closure of provision from Colchester Hospital (patients now referred to Ipswich). It was reported that the specialist primary care element of this service is struggling with low value procurement bids from corporate providers that are not then monitored for their provision (often perceived as sub-standard). A new ortho needs assessment (the third) has been undertaken for the county.
The MOS referral management service is being reprocured owing to the current contract finishing in March ‘17. Electronic referrals will be the preferred method of referral from GDPs

although this will require contractors having an NHS.net account. Norfolk is also undertaking the same reprocurement exercise although other counties in the AT patch will not enter a similar exercise until March 2018 (it is accepted that they will be expected to undertake the same arrangements as Norfolk and Essex when their contracts expire).
An enthusiastic Young Dentists Group has been set up in Essex which has attracted many young dentists in the county and has received help and support from the LDC.
Norfolk. Problems with the levy being collected at twice the figure that the LDC had requested of the AT were reported. Concerns had been raised by providers and performers within the county. The AT had been fairly ineffective at trying to establish the cause of this overcollection.
Ongoing concerns had been raised by specialist ortho contractors in light of the reprocurement of ortho services across the region. PDS providers were feeling particularly vulnerable, particularly as the AT were looking to base the reprocurement exercise on the much criticised 5 KPIs in the Orthodontic Assurance document.
Arms length discussions had been held with the county's orthopaedic consultants over their insistence of antibiotic prophylaxis for patients with prosthetic joints undergoing invasive dental treatment. As their request involves dental contractors having to contravene NIHCE guidance it was felt that the consultant should prescribe for their patients. This was conveyed to them but wasn't met with enthusiasm. Without a more constructive dialogue the status quo will continue.
The AT have announced a more aggressive approach to contract management in Norfolk, Suffolk and Cambs. Contractors won't be offered a temporary contract variation but rather, be allowed to underperform below 96% to 'trigger' a breach notice and thus opening up the opportunity to rebate the contract. This however will only occur where the AT feel they are 'safe' from access problems. Whilst much of this could be considered contract management, the stance of the AT does seem on the extreme end of reasonable. There has also been a reluctance of the AT to release figures or QIPP and clawback monies claiming initially these figures were confidential and then when challenged that the time taken for the staff to respond to these questions was unreasonable. Putting in an FOI as responded with a veiled threat. This new 'entente cordial' has broken out since a new lead contract manager has been appointed to the whole of Essex, Suffolk, Norfolk and Cambs.

PAG panels.

Central Midland NHSE has written to all LPC observer on the PAG explaining that LPCs can only attend if the practitioner has given their express permission for their attendance. It was felt that the LPC observers are in attendance to ensure that the correct process is followed by the PAG, not to support the colleague.

Controlled drugs.

Greater involvement was encouraged by the Pharmacy AT East lead of LRC reps on a Controlled drugs local intelligence network. It meets 4 times annually and is intended to highlight inappropriate prescribing of controlled drugs by dentists for personal use or for others.

PASS.

Concerns have been highlighted over possible litigation threat to those mentoring colleagues on PASS. Further discussions are being held by those LDCs and indemnity organizations.

Late news.

Norfolk/Suffolk/Cambs have just received a response from an FOI request which suggests the level of clawback is accelerating significantly in the East. This may be down to bad management on behalf of the commissioners but if it is a trend across the country then there is greater concern. The FOI response was:
Thank you for your Freedom of Information (FOI) request dated 19 January 2017.

Your exact request was:

“1. The monies clawed back from NHS primary care dental contracts due to underperformance for the years 2013/14, 2014/15 and 2015/16 for Norfolk, Suffolk and Cambridgeshire/Peterborough.

2. The patient charges included in the claw back from NHS primary care dental contracts due to underperformance for the years 2013/14, 2014/15 and 2015/16 for Norfolk, Suffolk and Cambridgeshire/Peterborough.

3. The QIPP savings derived from NHS primary care dental contracts for the years 2013/14, 2014/15 and 2015/16 for Norfolk, Suffolk and Cambridgeshire/Peterborough ”

NHS England holds this information.

We have answered each of your questions below.

1.

Year		**2013/2014**	**2014/2015**	**2015/2016**
Norfolk		451,497.00	621,139.00	1,103,380.89
Cambridge & Peterborough		432,791.00	746,980.00	1,115,284.14
Suffolk		576,984.00	966,049.00	990,245.40
Total		1,461,272.00	2,334,168.00	3,208,910.43

2. Patient Charges are not part of the claw back process.

3. Within our QIPP program for the years stated there are no savings derived from Norfolk, Suffolk and Cambridgeshire/Peterborough

Nick Stolls

EAST MIDLANDS REPORT

1. Contract Procurements

UDA. Leicester and Lincolnshire are currently in the process of procuring new UDA contracts. The individual contracts are for 25K UDA. There is no fixed offer and the tenders will be based on what is offered, cheapest wins? The contracts are based on 8-8 opening 365 days. There are 10 contracts in Leicester, 15 in Lincs. The process is expected to result in a start date of December 2017.

PDS+ contracts in Leicester have been allowed to convert to a GDS at a UDA value of £22.81 which is the regional average. PDS + in Nott's and Derby's are being extended until April 2017 awaiting development of a national process.

CDS. Currently run access centers in Leicester and Loughborough. These are also being tendered.

MOS. All MOS contracts across Nott's and Derbyshire are to be tendered. Initial expressions of interest in engaging the process suggest that there is a reasonable spread across the area to meet needs. Currently Nott's contracts are open ended with no restriction of number of cases treated whilst Derby's are limited which inevitably results in limited availability. The criteria is that any qualified provider (AQP) may engage in the process.

Procurement process. The AT are looking at the process of commissioning in that initially contractors can express an interest in tendering, complete an initial application and then move to a central list. When contracts come up for tender the AT will look at the central list and invite applications from this. This is intended to speed up the initial process as applicants will already have completed part of the process. A new applicant can join the list by completing the process before new tenders become available.

OOH. Nott's are also retendering their OOH contracts. Derby's will follow and use the same model for the process.

Ortho. When it happens North Midlands AT will procure all across its patch as a joint procurement. April 2018 is suggested. Currently there are a variety of Ortho contracts to be sorted.

2. iMOS sedation.

Issues arose in Nott's regarding failure to supply sedation as part of an iMOS contract. Currently only 2 practices carry out sedation as part of MOS procedures. The AT had commissioned other services which initially did include sedation provision however the providers later suggested that they were unable to carry out that part of the contract. This places an unfair burden on the contracts who do provide sedation, increased list size, more complex cases. Additionally, the value of sedation is low and does not realistically cover costs. Given that the other practices were supposed to provide

sedation the Regional LDC on behalf of Nott's LDC wrote to the AT to raise the issue. We did get a reply. Whilst they cannot alter the situation at present the future tendered contracts will include sedation as a mandatory requirement, and the sedation fee will be increased from £65 to £95.

3. E Ref

North Midlands AT had trialed an iMOS referral policy in two areas. Having deemed this as a success they are proposing to roll out the process across the regions. In view of this a procurement process was carried out and a decision has been made on the preferred provider (believed to be the original provider) and they are awaiting approval from NHS England. Initially this will be for iMOS referrals but orthodontics is expected to follow quickly.

The rationale behind e ref is a desire to reduce inappropriate and misdirected referrals into secondary care, particularly in Nottingham. If patients are directed correctly there is also a considerable cost saving so the service is financially beneficial.

In Leics and Lincs this is planned for April 2018 and would include Ortho & iMOS

4. Hospital issues

Derbyshire Royal have closed their referral for new patients until April due to insufficient capacity and inability to hit 18-week target. Urgent cancer referrals are being accepted. Patients for routine treatments can either wait or travel to Mansfield for treatment where there is capacity, this is not an easy journey.

Leicester had a review of Max Fax services and as a result have lost approval for malignant care which has been moved to Nottingham resulting in additional workload.

All secondary care services are over capacity hence the need for e ref which appropriately triages services.

5. Orthodontics.

North Midlands AT are proposing to peer review Orthodontic success based on model analysis of completed case. This is a similar model to that used in the other half of the region in Staffs and Salop. An ortho technician will look at 5 completed cases and score accordingly. Whilst peer review is welcomed the methodology is simply a measure of outcome not quality and not how the journey was.

6. Breach notices.

Last year saw a significant number of underperforming practices, nearly 50% were below the 96% lower point and as such received breach notices. Previous policy had been not to issue breach notices

unless there were other circumstances. The clawback figure was expected to be £3.4 m in Nott's and Derby alone. The majority of this amount was returned to the black hole.

Suggestions on how to spend some of this include non-recurrent UDA's. ortho UOA and iMOS. It is proposed to forward plan rather than rely on last minute decisions, there is anticipated clawback every year. Other proposals include NHS net accounts for all practice, the possibility of capital funding if suitable projects can be identified.

7. Fluoridation

Is back on the agenda. In Nottingham, there is a lot of support from Greg Allen MP who has an interest in children's dental care. Following discussions at our regional LDC meeting we are proposing that as LDC's we use the group to get the message across, present a more united front. Current focus is to get a simple universal position statement which can be issued to interested parties. Leicester have offered the services of their local health consultant and the Regional Consultants in Dental Public Health are to be involved. Approaches have been made to Hull LDC who have an established website 1ppm, they have kindly offered the templates which can be adapted to set up a regional website.

8. Media Training.

Regionally few LDC officials have proper media training which would be necessary particularly when fluoride gets on the agenda. A joint training day is being considered.

Leics and Lincs LDC's have been attending a series of workshops to promote leadership. A resilience day was held recently.

9. Postgraduate.

There is little current engagement with HEEM who seem to keep evolving and moving premises. The intrepid website is poor and gives little appeal to searching, finding and booking on courses. There is still regional variation on the type and venue for courses, Derby being particularly poor. As a result, LDC's are increasingly looking at using surplus funds to organize and promote their own courses. These include study days combined with AGM, evening short courses which HEEM does not encourage based on core subjects for the whole team. These are well attended and feedback is very positive.

Foundation Dentistry. Generally, well supported across the region, some contraction of schemes such as Lincs as traditionally has been difficult to recruit.

10. Manpower

There is little doubt that across the region Area Teams do not have the manpower to deal with day to day issues. Lincolnshire report that compared to Leicestershire there is noticeable difference, Leicester is well supported which reflects in both commissioning and procurement being biased in their favour.

Performers list issues both locally and nationally are causing delays in getting performers onto the list or attached to practices. The delay in FD registration which has taken priority is not helping.

LDC's do meet with Area Teams. These are joint meetings based regionally. Due to closure of offices and cutbacks LDC's have proposed to fund meetings at suitable venues to reduce travelling and provide refreshments if required.

11. LPN

The Special Care MCN is already meeting and actively reviewing the health needs assessment, the types of patients seen within the service and identifying any gaps. A workforce skills audit and a review of referral criteria between Derbyshire and Nottinghamshire will also be undertaken. The Oral Surgery MCN is not yet established due to waiting for the IMOS procurement to be completed before forming the network. The longstanding orthodontic networks has not yet been developed into full MCNs but once the TOR/Chair Job description are published this would begin. Awaiting clarification on funding of MCNs.

Dementia Training. A dementia package is due to be undertaken in pharmacies and opticians within Newark.

Nursing Home Project. 40 expressions of interest had been received from dental practices to be part of the project. A project template has been circulated for comment from both dentists and care homes. Some concern was raised regarding dental charges, a covering letter would be required detailing clear expectations of what was required from the care home and the patient charges to be incurred.

Leics & Lincs are also developing Healthy Gums do matter initiatives. Also, developing MCN in line with National policy. Funding for interpretation services.

12. Other bits

PAG. There is a very noticeable difference in cases coming to PAG across the North Midlands AT. Nott's & Derby's have a lot of cases whilst Staffs and Salop have very few. It transpires that the two areas in the region use a different method to investigate and deal with complaints or issues. Is this a fair method? There is also a strong tie to certain practices or performers at one time associated with those practices.

London Regional Group of Local Dental Committees Report to GDPC LDC Regional Liaison Group
24 February 2017

Systems Resilience Group
NHS England London Region has convened a Systems Resilience Group bringing together all the acute sector providers in London to better understand the pressures and develop better ways of working. NHS England London Region has now agreed to LDC representation on this group. Mike Clarke and Alan Ross are the nominated representatives.

Community Dental Services
The new Community Dental Services contract will start on 01 April 2017. Providers have been working together through the Paediatric and Special Care Working Group of the Local Dental Network to agree Pan-London referral criteria and systems. The LDCs anticipate the final criteria, specification and system descriptions to be communicated to all GDPs by the start of March. It is expected that an audit of referrals will take place about six months into the new system. The intention is that this audit will show any patterns indicating training or public health news.

There continues to be a problem with the definition of a child. In some cases this is stopping children accessing care as they are too old for a paediatric ward and too young for an adult ward.

Sustainability and Transformation Plans
There are five Sustainability and Transformation Plans in London, North West, North Central, North East, South West, South East. There is a pan-London STP group looking at turning the plans into deliverable projects. While oral health was not identified as a priority in these plans there has been considerable agreement that primary care dentistry will have a key role to play in helping the STPs meet their other targets. The Chair of the London Local Dental Network has been invited to the group and we have communicated the importance of primary dental care involvement too. The Regional Liaison Groups in London will be inviting the STP leads to future meetings too, to ensure that the role of primary care dentistry is well represented to them.

NHS England London Region
Jeremy Wallman has been appointed the Deputy Head of Dental, Optometry and Pharmacy at NHS England London Region.

- Intermediate (level 2) oral surgery services in London

The pre-qualification questionnaire had opened in January and the deadline for responding had been extended twice.

- Intermediate (level 2) restorative services in London

An audit of endodontic activity is taking place. This will inform the procurement of new services, expected later this year.

- Orthodontic procurement

NHS England London Region is awaiting central guidance on future procurements. All contracts which had previously not been extended to 2019 were now expected to be extended to 2019. More information is expected towards the end of May 2017.

Dental Apprenticeships
The CEPN in Camden and Islington is very active on promoting apprenticeships for dental practices. Further information is available on the Federation website.

General Dental Council

Matthew Hill has been attending many LDC meetings in London ahead of the GDC’s consultation *Shifting the Balance*. The Federation will be responding to the consultation.

NORTH EAST

NORTHERN REGIONAL COUNCIL OF LOCAL DENTAL COMMITTEES

Christmas
NHSE need to evaluate attendance data. Once evaluated, NHSE and LDCs will meet to discuss the results.
There were no issues that had been reported that related specifically to dentistry.
OOH is to be contacted for feedback.
Requirement for closure was that DOS111 and NHS Choices were updated.

CCG Northern Vanguard
The Northern Vanguard is a project within CCGs to demonstrate systems of integration between urgent care providers. Within this system, providers will be able to see if a patient has recently presented with another provider for a given condition.

Oral Surgery
New form to be introduced.
Contract holders with an element of oral surgery in their contracts were being approached to see if they wanted to maintain this element or have it removed.

Urgent and Emergency Care
This is currently going out to tender.
Some practices have access slots in their contract. NHSE are looking to remove these anomalies.

Orthodontics
NHSE has been reviewing the quality of orthodontic referrals. Some practitioners do not give the level of information required or refer inappropriate patients.
NHSE is working with the orthodontic networks on the introduction of referral forms. The forms are not on-line but it is hoped that they will be in the future. They should be able to be completed electronically and then emailed through if the dentist has an NHS.net account.
As the information will not be triaged, there will be less emphasis put on ITON, but there will still be a number of criteria boxes that will need completing. The NHS number is not required.
It is understood that the forms are being trialled and are not compulsory.
The paper scheme aims to be preparation for the electronic Referral Management System. NHSE is working on its business case.

Dynamic Purchasing Systems Framework
The first DPS in the Northern Region will be for orthodontics.

C**harging for OPGs**
The current status is that invoices are being held. As far as anyone is aware these have not been written off. No new invoices had been sent.

FDs without a Performer Number
An FD had received their number but was struggling to activate pin. It is believed they had not been added onto the system and therefore cannot submit claims. It was believed to be a national problem with Capita.

Expansion of Water Fluoridation
Northumbria Water is looking at the work needed for Durham and Northumberland, and are reviewing the initial feasibility studies.
NHSE may fund the engineering feasibility study.

Prototypes
Issues with prototypes in Northern Region.
Both GDS and prototypes contracts losing about 10% of values due to underperformance.
Concern as the prototype has no national exit plan. There needs to be adequate time to regain patient numbers, failing prototype contract holders had been warned that they may be removed from trial.
The Committee agreed that far from ideal, the GDS contract was better than prototypes. They felt the NHS could not afford prototypes.
It was thought that the current contract might work better if there were more UDA bands but this option had not been investigated.

Superannuation on Clawback
An issue had arisen where a provider (and this only affects providers) completed his ARR at the beginning of the year and, because he knew that he had underperformed, adjusted it for the clawback element. Later in the year, when the final clawback figure was agreed, Capita also adjusted for it.
This does not affect associates or corporates.
In the future the provider can adjust this in year when the ARR screen on Compass is re-opened, but Capita had to adjust any previous years.
Some providers have always declared their ARR based on contract less clawback but the above implies that the full amount of the contract needs to be declared at the beginning of the year.

Occupational Health
National specification not yet implemented.

NHS.Net Accounts
Presently NHSE has not the capacity to open up new accounts.

Workforce Panning
Workforce-planning group set up.

Restorative Specialist at Tees
After two recruitment drives, post was still vacant. It was understood that cover had been arranged.

Complaints Handling Workshops
Insufficient courses. Problematic for big practices because they could not let all their staff attend on one day. Alternatives could be training at those larger practices or evening training.

John Milne Event 19th October
Went well.

Matthew Hill, GDC, Event
An event to be planned.

PAG/PLDP Guidance Training for GDPs
In the performance cases, the same issues kept arising, therefore training was being considered.

Compass Learning Event
Proposal for Compass training – general outline suggested:
Venue is to be Stella House in the evening. There should be adequate parking.
Any sponsors will be in the entrance area, along with food supplied by the café.
There would be a 20 - 30 minutes talk on Compass then the group would be split into breakoff rooms.
Dentists would be able to either work on their own laptop or huddle around a provided one. The BSA has a password to allow logging onto their test data website. There would be different topics such as

superannuation for associates. It was suggested that one group could go through the provider reports that have just become available and show drill down into performer level. It is expected that the reports should be beneficial, as they are aimed to aid in the dental assurance process. At present, they will be available for tier 1 activity.
It was to be queried whether it would be possible to work on tablets.

Constitution - A draft constitution had been written.

GATESHEAD AND SOUTH TYNESIDE LOCAL DENTAL COMMITTEE

Occupational Health
There is a shortage of TB vaccines in this area.

Have "found" an Occupational Health Service but its current structure was not designed to deal with dentists.

New DAF Reports
A few dentists had problems downloading the new Tier1B reports.

Urgent Care Pathway Review
NHSE is looking to review urgent care in ex-PDS contracts and negotiate fund removal if unable to verify.

111 are not referring to NHS Choices when trying to allocate patients to emergency slots. Practices who have kept their NHS Choices up to date are having patients referred to their non-existent emergency slots.

Lack of Performer Number
In this patch all FDs have numbers but some of them are not active so claims were being rejected.

Demographics
It was interesting to note the demographic of those attending the LDC Officials Day - most were older, practice owners. How do LDCs encourage younger members to be more involved?

Christmas Cover Practice Tender
Expressions of interest are being sought for practices wanting to carry out Christmas cover, as there had been an enquiry about this.

Oral Surgery Network
There will be a new oral surgery referral, currently in draft. Radiographs need to be attached.
It is hoped that the form will help stop inappropriate referrals.

Paediatric Referral Pathway Committee
This is a new network that is being set up.

TEES LOCAL DENTAL COMMITTEE

Performer Lists
Issues getting performers onto lists.

NORTHUMBERLAND LDC

OPTs
Northumbria Healthcare Trust has still not resolved issues over charging for DPT's.

OOH
Normal OOH services have not been using Wansbeck Hospital facility but have been using the Newcastle facility to cover Northumberland.

Christmas Cover
Christmas cover, which after much deliberation and discussion passed without incident. 23 patients were seen over the in hours cover period.

DURHAM AND DARLINGTON LDC

OPG Machines
If acceptable the Secretary was to ascertain if the practices who had OPG machines, would be happy to take OPGs for other patients.

Dental Workforce Issues
It was noted that Committee members had been suffering problems with paperwork when trying to employ overseas dentists.

TB Vaccinations
Problems in getting staff correctly vaccinated.
There has been an initiative for secondary care but not primary care.

Software of Excellence Presentation
Postponed.

Superannuation Errors
Reported as part of NRCLDC Briefing.

Two-Month Rule
The two-month ruling has been problematic for those performers who are awaiting their number, which has been delayed by the Capita backlog problems. This could have an effect on yearend positions.

Tier 1 Sedation
There are problems with the service for this LDC patch.
It was agreed to write to these providers to see if the issues could be resolved. Suggested changes to process to aid resolution were to be included in the letter.

CUMBRIA LOCAL DENTAL COMMITTEE

Cumbria Boundary Changes
South Cumbria is to come under the management of Lancashire team of NHS England on 1 April. This is to match the STP areas (Sustainability and Transformation Plans, which is where the NHS and local councils come together to make improvements to health and care).
31 contracts are leaving the patch, including 2 in orthodontics and 2 in oralsurgery; about 25/6 practices are to remain.

Cumbria LDN
The future role or structure of the Cumbria LDN is under review.

Cumbria Access Review and Unscheduled Care
An access review is in progress throughout the county.

Procurement Training
The LDN is working with the NE Commissioning Service and NHS England to provide training in bid writing in the North.

CQC Event
The event will be a presentation on 25 April.

DAF Reports
The LDN has been working with BSA to provide DAF reports down to performer level.

Closure of Practice
The local MP, had complained about patients being unable to find alternative resources, and this had been forwarded to NHS England.

Recruitment Issues
There are problems of recruiting GDPs in this area. The 'One Size Fits All' approach is not good for a rural area such as Cumbria.

Fail to Attend
Fails to Attend are affecting practices (as a business). Should they not be charged for as the UDAs are clawback.

NW Regional Report

Common Issues

All areas reported ongoing problems with Capita, particularly adding colleagues to the Performers list. Foundation trainees had benefited from the repeated relaxation of deadlines, but the priority given to such cases has resulted in other applicants facing long and unpredictable delay.

Whilst all are learning their way round Compass we have enjoyed the regular puzzles such as finding the pension contribution statement is not filled under "Pensions" and the link to the Friends & Family survey doesn't work.

Greater Manchester

Jon Rouse, Chief Officer of the Greater Manchester Health & Social Care Partnership attended the last meeting of the GM LDC Federation and gave an overview of his vision for primary care in general and primary dental care in particular. This was in part reassuring (clear view of the oral health challenges locally and the necessity of general dental practice to meet this), challenging (his view that we need to vary our offer to meet more of the general health needs) and frightening (the assertion that where necessary the Devo legislation will trump everything else). The Federation had extended invitations to anyone we could think of with an interest in dentistry such as the entire System Leadership membership which resulted in a very lively and diverse Q&A.

At the same meeting the 2 consultants in dental public health covering GM also gave a well-received presentation on their work; with the loss of our very dynamic CDPH to duties in Wales there was a danger of several projects losing momentum and they were able to demonstrate that they are doing their level best to avoid this. The federation has been pressing for the appointment of permanent replacement (the current cover is 1 day/week each from consultants in neighbouring areas; we were very disappointed to learn that after agreeing the post and formal advertisement the process was further delay as no finance officer was in post to sign off the cost of advertisement.

Previously there has always been an offer of non-recurrent UDAs late in the financial year when it is obvious some practices will underperform, we have complained about the restrictions on these which have included "must be a new patient", "must be completed by 31st March", "no Band 3 COTs", and payment at the lowest UDA rate across the patch regardless of the practice contract. As these were made available very late in the year compliance was either very difficult or impossible. This year there has been no such allocation, as the organisation is in deficit all clawback will go into the central pot and is lost to dentistry. In the year ended 2016 this was £1,357,287.58 and we anticipate the total this year will be higher.

Our LDN chair resigned last year and her position was taken by her deputy who unfortunately has also had to stand down; the chair of the DAG has agreed to act as chair whilst the HR department grinds away doing whatever the HR department do. The individual LDCs and the federation have provided practical support to ensure the current projects continued though there has been an inevitable hiatus.

Lancashire

All going well in Lancashire

We have great working relationships with the AT including representation on LDN and performance groups

Our LDC/AT liaison group meets monthly and is a fantastic conduit for information flow both ways

The Routine Care Network is very influential in commissioning strategy

The only concerns have been around National issues eg Capita

Liverpool

The LAT is trying to cut down the amount of engagement it has with the LDCs. We were bimonthly but they have requested they meet us twice a year in future.

The MCN's are underway. The only LDC representation on them is Mark Woodger on the primary care MCN.

LDN as an LDC observer but no vote.

Orthodontic referral issues the template for the referral has been changed after GDP complaints. We have requested waiting list times for the individual providers so we can assist in directing the patients to the right practice within the central referral system.

Out of hours provision and locations has reduced - there have been issues with patients being sent large distances to attend for an emergency appointment.

Capita have not provided Hon Secretaries with an up to date performer list which is making it difficult to contact the dentists we represent. If you have any knowledge on how to get that information Stuart that would be very helpful.

South West

Cornwall, Devon and IoS

Compass. Completely unfit for purpose. Many frustrations from providers and performers. Confused terminology, unfriendly interface and issues with mac and mobile devices.
'I don't think I have managed to complete a single task without contacting the BSA'.
Post ARR not available for earlier years than 15/16.

Associates. Many providers are having problems finding NHS associates despite extensive advertising. Some vacancies have been open for 6+ months. The applicants that do apply simply don't want to work in the NHS or want low UDAs and high private work. This is a big worry, and one the BDA and NHS England need to take note. The UDA levels are 500ish which is very achievable. New graduates also seem to have the same long term view - a quick NHS job for experience then private. This needs addressing and I think it warrants discussion. The new contract needs to be attractive to new graduates starting out and be rewarding for commitment financially and career progression.

Force majeure. The process is too complex and long winded. It's also irrational that you can't apply until the financial year is over.

I have been through the process for 15/16 it was very unsettling and caused undue stress. The process should ease the strain not add to it, uncertainty during the year added to the stress. It also only applies in that year. It's unrealistic, in my case my business partner committed suicide. It is unrealistic to think under-achieved UDAs can be completed in the following year as well as a complete reorganisation. They need to look at each case individually and have discretion to allow 3 years to get back on track.

No contact from Wiltshire or Gloucestershire.

Somerset - No issues locally, main concern Capita.

Avon - Good relations and frank discussions with NHS England 'area' team.

Issues:

Capita performer number debacle - hopefully roll out of pilot to contract holders for entry to performer list will make a significant difference. However, no funding for carrying out work which should be done by that body. NHS England have stated that financial/contractual penalties would be applied to Capita. That money should be paid to those carrying out the work Capita has failed to do.

FDs - COPDEND/deaneries have downgraded a number of FDs at their interim report for not including BSA data in their clinical logs - as some have only just had performer numbers and not any data yet, this is surely incorrect. They were given outcome 2 - areas to improve, when at worst should have been outcome 6 - insufficient data with a time frame for submitting data.

Many FD trainers becoming disillusioned and a number of long standing trainers are pulling out.

COPDEND - serious concern about the diminishing of a dental degree to a 3 year BSc and dentistry thereafter - would the medics do a nursing/midwifery/other degree and medicine after that if they were good enough?

Report for RLG BDA meeting Feb 2017

Wales

The CDO is pressing ahead with reform and has gained Ministerial Consent to take forward development in 3 key areas

- Designed to Smile is to be redeveloped to focus on the first 5 years of life and to develop fissure seal and fluoride programmes in this age group following a 12% reduction in caries following the introduction of the scheme
- Contract Reform: The CDO has visited the Pilot Practices in S Wales and was impressed by the results for both Dental Professionals and Patients. There are plans to modify the existing contract in various ways to allow a more flexible approach in order to address access and allow a preventative approach in Primary Care dental practices.
  Meetings are taking place with interested Primary care Practitioners to develop focus groups to input into ways in which the existing contract could be reformed.
- The CDO is determined to introduce an e referral Service which is bespoke to Wales but broadly based on the Manchester model

HIW have been giving conflicting advice to Practices in respect of Hep B antibody levels.

Hep B
A few practices in s Wales have had problems during HIW inspections regarding the Hep B immunisation status of their staff.
HIW require the blood levels of antibodies. Occupational Health merely require a clearance letter that states whether someone has sufficient immunity.
The Occupational health consultant Dr Mike Tidley states that giving titre levels alone would not be an adequate check of clearance to undertake exposure prone proceedures as it is possible to have hep b surface antibodies and also be a carrier. Some practices have been informed that immunity for life is not guaranteed simply because a given titre level has been obtained and that regular boosters should still be order of the day. There is some confusion over this matter.

BCLHB has approached the LDC with a view to seeking feedback on how UDA values across the area could be equalized. Their intention is to redistribute funding to bring low value contracts "up" as and when they can "get into" high value contracts. The LDC agreed with the concept of raising low value contracts but fell short of agreeing to the LHB plan until a final draft of the proposals has been seen.

There are reported access problems in the South with no patients being offered NHS access in ABMU

GDPs renewing surgeries are being advised to install 30 stone capacity dental chairs in order to comply with Bariatric guidelines

Not really a dental issue but there are an increasing number of GMP practices handing back contracts to LHBs especially in N Wales. The LHb is in some instances re employing the same GPs on Locum rates at significantly higher cost. There is no short to medium term plan to resolve this issue which is likely to increase.

Report from West Midlands LDCs February 2017

- The Shropshire practice that had exited the pilots had now paid back £104,000 in claw back post exit
- Spot purchasing was ongoing for orthodontics with a very short period to apply for a total spend of £600,000 which was related to a salaried service provision that had ended within the year. Initially it had been limited to the same geographic area but because the time scale was so short had been widened over a bigger patch. Also in Staffordshire a £1 million spot purchasing in similar way.
- An unscheduled care MCN had been established
- A notice had been issued alerting PDS orthodontic providers that procurement would commence in the spring for a 5 year contract in contradiction to the national drive to 7 plus 3 years. Apparently locally they think such a term is more open to challenge than 5 years???
- Locally blend B in the prototypes seems to be fairing better in patient retention. Those entering from UDA were dealing better also than those moved from pilots. There are some concerns about rolling out what is being done at present without significant changes. Practices are reluctant to make major changes whilst the future is so uncertain on what any contract will eventually look like.
- Most practices are struggling to hit target this year with high numbers reporting having to work longer to try to avoid a below 96% UDA tally.
- Following the appearance of the CDO on GMTV the area team wanted all LDCs to co-sign a letter reminding colleagues to update NHS Choices, all LDC Chairs had declined the offer. So far no such letter has been circulated with or without the LDC signatories. Lots of colleagues found they still had no editing rights. The local opinion seems to be that the contract only demands colleagues update the commissioners not NHS Choices, so they could update if they had the time and inclination.
- Locally commissioning was occurring of a centralised referral system after a procurement exercise. No announcement had yet been made of the successful bidder.
- In Shropshire and Staffordshire they were trying to reduce the number of DPAs as a cost saving.
- No one locally had knowledge of DPS and there were some concerns about its introduction without sufficient information and training.
- In Warwickshire the CDPH was working with the LDC and the local council after the recent dental health of under 5 year old had worsened with influx of new families from outside the area which is fluoridated.
- A commissioner had agreed with a PDS+ contractor terms of a conversion to GDS only for the Finance Committee at the Area Team to refuse to ratify, solicitors for the practice are now acting. Not all practices with PDS+ contracts had exercised their right, but the announcements of new contracts with 6 weeks before the 1st April, had not been made public as yet.
- The Birmingham Dental Hospital had suffered badly with the telephone system since its opening with great difficulty in patients getting through to cancel and reorganise appointments. Many clinics were running half full. A new call centre had been commissioned at some considerable cost.
- The latest commissioning stats showed West Midlands commissioned UDAs appears to be one of the worst with a reduction in 2.9% although most areas of the country look to have commissioned less, apart from one or two rare exceptions.

- The response from the area team appeared to be slow if non existent to contact from LDCs and contractors. It appears the team is under staffed and riddled by others off with stress and with a prospect of further 20% cuts , the group approved a letter to the Medical Director, although it was proving difficult to find out the other senior officers at the Area Team.
- Some monies had been secured for a peer review pilot in the region.
- Some of the services related to radiographs at the Dental Hospital had been stopped without consultation with the hospital now attempting to charge for the services.

Eddie Crouch

GDPC/LDC RLG: South Central (Wessex) Report

24th February 2017

NHS England, 24 Hour Retirement : Is an ongoing problem for those practitioners trying to access their pension whilst retaining their NHS contracted activity. The H&IOW LDC has been in contact with CQC and NHS England to seek resolution of some of the registration issues highlighted by NHS England-South (Wessex) that delay the addition of partners to existing GDS contracts in the 24 hour retirement process. The LDC was recently very grateful to John Milne Senior Dental Advisor of the CQC who was able to facilitate positive progress in this matter for one very grateful GDP.
It seems perverse that NHS England cannot rectify this regulatory anomaly and especially as claw-back activity has recently ranged between £4 and £5 million per annum in Wessex and clearly there is a need to retain contractors who provide an excellent service to their patients and have performed well under the contract.

Extra UOA/UDA activity: The recent offers of over-performance up to and in special cases beyond 120% in orthodontic and general dental surgery activity have been welcomed by the LDCs. Contractors did have to fulfill certain conditions such as achieving at least 96% activity in the preceding year and no breach notices. It is likely that this will be repeated in 2017/18 but the spectre of procurement law seems to loom over any permanent and recurring dental service activity solution and providers will not be notified until late Summer about further non-recurring activity. Clearly, It is disappointing that this over-activity cannot be carried forward to the next year.

The New H&IOW LDC Website; www.hiowldc.org : Development continues apace with a launch expected in late March 2017. A lot of work has already gone into the website and it is currently in shadow form.

Procurement and Tendering for (Orthodontic) Services: There have been a number of communications from NHS England-South (Wessex) to dental service providers:

Please find below for information details shared by NHS England Central Primary Care Team, relating to expressions of interest for future procurement opportunities in dentistry across Southern England: A market engagement PIN for dental went out recently.

"Contractors are reminded to register on to the portal (if they have not already done so), as this is how/where they will receive/be able to access all the information relevant to getting themselves on to the DPS framework and then being made aware of opportunities to bid. We will reiterate some of these messages closer to the time, but it is important that they register as soon as possible. I would also like to reiterate the message that it may be in their interest to consider how they can work closer together and maybe go as far as pooling some resources. I am thinking in particular about getting professional support in putting their application to the DPS and then their bids together.

In putting a bid together, they also need to remember that it is like an exam paper and assume that the examiner knows nothing about them. It will not matter how long they have held a contract for and how good they have been at delivering quality care if they do not write it down and evidence it as part of their bid. Finally, as we are now formally in procurement mode, the team here will not be able to provide any specific advice or answer any specific questions in relation to the procurement. Any questions or queries

need to be raised with Robert Amil (contact details provided on the procurement portal). We are expecting some form of communication to be able to share with contractors on this point and will copy it to you.

Finally, it is also our understanding that the BDA will be publishing some guidance soon on procurement and tendering."
However, BDA evidently did not have any immediate plans to put on any training events but did have an advice sheet: *Tendering in England and Wales October 2016.*

The Dynamic Purchasing System (DPS) is being introduced in Wessex and other sub – regional areas of the Southern Region as a project and apparently BDA received very little intelligence of this new approach but believe that they have liaised with NHS England to understand the DPS process. The LDC has constructed some FAQs based on outcomes from two meetings within the NHS England-South (Wessex) organisation and no doubt these will be subject to further adjustment as the process unfolds.

Transformation Funds: Not to be confused with STP funding. A sum of £2 million was set aside early in 2017 but unfortunately very little of this money has been spent as very few worthwhile projects were considered to be appropriate and the end of the financial year is fast approaching. This funding was believed to be a national initiative (outlined in correspondence from Wessex) but quite recently it has become clear that this was a Wessex financial plan intended to look at issues such as dental electronic referral systems. It is likely that a similar or slightly lesser sum will be set-aside for next year. Wessex will probably have an overall underspend on primary dental services.

DERS:
The South East Local Office which covers Kent, Surrey and Sussex have introduced a Dental Electronic Referral System (DERS) to ensure patients are treated at the right location, by the right service, at the right time. The South East contract for DERS has been awarded to Vantage who have ten years' experience in dealing with patient referrals; their details can be found at http://referral.management/

The South East Managed Clinical Networks have been integral in the development of referral pathways for 2 week wait (suspected malignancy), oral surgery, oral medicine, restorative, sedation and orthodontic referrals and all these referrals may now only be accepted by South East primary or secondary care providers via DERS. Referrals to community dental services (special care and paediatrics) continue to be made on the relevant service's paper referral proforma until the Special Care and Paediatric Managed Clinical Network finalises this referral pathway. At the point of referral the referrer will need to advise their patient of all the level 2 and level 3 providers within the Directory of Services and ask their patient to choose both a level 2 and 3 provider so that following triage the referral is automatically forwarded to the relevant level provider.

As patients that are registered with a GP in Kent, Surrey or Sussex may access their dental care out of area, arrangements are in place so that dental practices outside of Kent, Surrey and Sussex can also refer South East patients via DERS. DERS is a web-based system and the only requirement of dental practices is to have a minimum of one internet connected computer or tablet; you do not need to have a dental software system however, if you have this you will benefit from demographic information (patient name, dob, contacts, GP, referrer details) being automatically uploaded from practice's dental software providing that they are operating Microsoft Word 2003 or a newer version of Word. If practices do not have digital x-rays an App can be installed on a smart phone to automatically upload a copy of wet film x-rays into the referral (no image is saved on the smart phone). Access to DERS software via a web-link can be set

up and training given by Vantage over the telephone, this is funded by NHS England – South (South East). Several border practices have already accessed DERS successfully. As well as referring patients registered with a GP in Kent, Surrey or Sussex, there is an awareness that Wessex patients may wish to be referred to orthodontic practices located in the South East, particularly those living on the border of Hampshire and Surrey or Sussex. These referrals must also be made via DERS regardless of the location of the patient's registered GP. Practices wishing to refer to a South East orthodontic practice have to urgently contact Vantage on **0207 993 5870** to obtain access to DERS and training.

Referrals for patients registered with a GP in Wessex (unless for orthodontics to be delivered by a South East orthodontic provider) or patients registered with a GP in other areas remain unchanged.

An introductory DERS event is booked for the 28th March in Winchester.
We urgently need a fit for purpose electronic referral system and one that is owned and respected by the referring practitioner to the benefit of patients.

Wessex LDN/MCN Activity: NHS England – South (Wessex) have developed their **Extranet** which is meant to be a repository of core information and LDN news for GDPs but this is still in an early developmental state. The Wessex LDN next meets again on the 7th April and it is planned to hold a facilitation day event for GDPs before the meeting. There is some disquiet amongst the members of the oral surgery and orthodontic MCNs as they feel that they are not listened to or that their work outcomes are not appreciated by the local office.
The thorny issue around the invitation and funding of GDPs to attend the LDN Core Meeting and the MCNs continues to frustrate the LDCs as funding for this representative activity has been held by the local office for a very long time. The local office has a recurring £28k per discipline within the LPN and this is additional to the £120k funding of the LPN. There seems to be very little appetite to spend this funding or indeed advertise for interested GDPs to attend meetings. Evidently they are now considering an attendance allowance of 50% of the British Dental Guild Rate but there does not seem to be an associated formula or rationale behind this decision.

Orthodontic and other Referral Concerns: NHS England-South(Wessex) have decided to age limit (8yrs to 18yrs) referrals through the Central Referral Centre (CRC) for orthodontic treatment. This is causing bounce back problems for children below 8 years that need an assessment for interceptive treatment which might include planned extractions. Commissioners incorrectly assume that treatment can be managed by age and not individual treatment requirements. Referrals of patients by dentists working under private contract are particularly disadvantaged as the constantly changing referral pathways, criteria and forms make it very difficult to refer their patients who have a right to receive NHS care upon referral. It is disappointing to see a lack of signposting from NHS England to GDPs (NHS/Private) as the change and focus has been to shift referrals away from secondary care to primary care. There is a determination to provide only one course of orthodontic treatment per patient to reduce costs.

Keith Percival

Report for BDA GDPC / RLG

Yorkshire and Humber

The three LDNs in the area have now developed a much closer working relationship, with the Chairs meeting on a regular basis, this mirrors changes in NHSE where the three former ATs are no collaborating on all primary and secondary dental care commissioning issues, with Emma Wilson as lead.

Two procurement issues are currently of note – having been told that there was absolutely no possibility of orthodontic contracts being rolled over any further and following the launch of a commissioning exercise, LDCs were informed in January that all the contracts (43) had in fact been rolled over for a further 12 months. This is a double edged sword – whilst it is frustrating that NHSE cannot seem to keep its story straight over what is and isn't possible, LDCs did point out to commissioners that the timeframe was impossibly tight and there is now a chance that the tendering exercise will be carried out correctly. The concern of course is that nothing will happen for several months and when the exercise is relaunched the time frames will be similarly impractical. There was frustration for a number of orthodontists who spent considerable time over the Christmas period registering with the tendering process and preparing their bid, only to be told that the process had been cancelled. This exercise also raised a further question at the Yorkshire Council meeting which was who within NHSE is able to make the decisions to cancel the process, despite multiple reassurances that this would go ahead. Y+H would like some clarity over the decision making process and to be given some idea as to the chain of command within NHSE.

The second procurement is for the CDS, again Yorkshire and Humber wide. The timescales for this are again very tight, the tender advert was published on the 6th Feb 2017, with a submission deadline of the 8th March 2017, the contract issue notice will then be delivered on the 15th May 2017 and contract commencement is the 1st September 2017. Given that this is for all of the CDS services across Yorkshire the timescale seems ambitious to say the least.

Specific to North Yorkshire and Humber Area –

In Practice Prevention scheme goes live in April, following training events in February. Eleven sites will go live initially with another 10 in the second wave a year later. There is a website to offer support for all IPP practices, and a research audit of the scheme is planned, with agreement that should there be a demonstrable benefit further commissioning of the scheme will be carried out.

The LDN has subsidised Fluoride Varnish application training for DCPs in the area, in conjunction with MaxCourse. There will be a £20 fee to complete the training.

Fluoridation in Hull continues to make progress, with considerable support having been offered by the BFS. Hull has created a website dedicated to the process which could be a template for other areas looking to become involved in a campaign for fluoridation.

West Yorkshire –

Having been told that clawback monies were not available for recommissioning there was a *volte face* by NHSE, in part due to the media coverage of poor access and oral health in the area. A scheme was commissioned along the lines of a pilot that had been designed by a working group of the LDN, however it was commissioned (as ever) at the last minute, contacting practices already coping with the contract year end rather than (as advised by the working group) to try and phase in over a 12 month period. As a consequence approximately £500k is being spent but in a rushed exercise which will certainly reduce the efficacy of the scheme. Significant changes have also been made to the scheme compared to the original pilot suggestion, mainly related to the allocation of UDAs. The complexity of the scheme has, anecdotally, put a number of practices off applying for the money. The scheme applies to Bradford and Kirklees, two areas highlighted as having poor oral health and limited access.

The ongoing problems with endodontic referrals into Leeds Dental Institute continue and the current referral criteria mean that referrals remain effectively closed except for a group of medically compromised patients. A working group has been established to try and standardise the referral criteria for specialist referral across Y+H and although progress has been made capacity remains an issue. There is concern that once the new referral criteria are applied the RTT problem will recur very quickly.

South Yorkshire and Bassetlaw –

No significant report from this area, previous problems with child GAs in Doncaster have now been resolved