

## Morgannwg LDC Zoom Meeting Thursday 10<sup>th</sup> June 2021 19.00

### Welcome from LDC Chair

The Chair welcomed everyone to the meeting.

Minutes of the meeting held on 29<sup>th</sup> April and 13<sup>th</sup> May 2021 were approved.

There had been no response from PHW regarding the LDC Response to PHW Clinical Pathway Document.

### Update from DPAs

- An updated SOP was currently being worked on; it is thought to include the prospect of increased patient flow within practices. Due to the increase of transmission within the community this must be carefully looked at.
- National IPC Guidance – dentistry currently in amber phase. Movement out of Amber is necessary before an increase in patient flow numbers can be considered.
- Updated Orthodontic guidance is currently being worked on. An Orthodontic study day is to be held on July 9<sup>th</sup>, 2021; this day will be useful for GDPs to understand the pathway.
- The CDO is due to retire this summer, although the post had been advertised no further information yet.
- Contract reform will not be officially relaunched until April 2022, Q3 and Q4 this year will therefore carry on as Q1 and Q2.
- Fluoride application rates continue to be good across SBUHB and are continually being monitored. Some outliers are thought to be down to software issues, all GDPs advised to check for rejected claims.

### Update from LDC

- **BDA Communications** – the link to the press release had been emailed to all. The four CDOs had issued a joint response, all agreed a further review of infection control guidance should be relevant to the current science taking place.
- **Vicarious Liability** – Dental Protection were now going to cover existing members retrospectively for up to three practices. If over this number a further subscription would be necessary.
- **BGM** – to be held on Thursday 23<sup>rd</sup> September 2021. The secretary to inform all retirees who need to re-apply.
- Orthodontists are requesting patients aren't directed towards them to enquire where they are on waiting lists. The waiting lists are not held by the Orthodontists and therefore they are unable to advise.

### ACV increase from 90%

- The HB had raised the issue that some new patients had complained at not being “registered” with a practice after being seen for examination. The issue of these patients taking preference over existing patients of practices was discussed.
- Concern was raised that GDS was in danger of becoming an emergency service, as it was proving more difficult to provide routine care to existing patients.

- Some GDPs requested clarification of how to manage expectations of existing patients of the practice who are unable to be booked in for routine appointments due to the volume of new patients, In hours access Patients and emergency appointments they are required to see to meet contract expectations.
- It was felt the RMC was giving patients false expectations as to the treatment they would receive. With patients expecting full courses of treatment to be carried out in a matter of weeks. The consensus was to get patients out of pain and stabilise. The LDC to seek clarity from HB around this issue.
- Issues around in hours access sessions were reported with one GDP having an empty slot and being informed by HB they couldn't fill this slot with a patient of the practice and had to be left empty even if the RMC didn't have a patient to fill the appointment. It was felt unfilled slots should still therefore be credited to the practice.
- It was reported a small number of patients were reappearing in access sessions within a week of being prescribed antibiotics by a different practice. Therefore, the patient was using two access sessions in one week. The patients were not being given appointments by the original prescribing dentist to complete treatment – the feeling was that practices that provide antibiotics should follow up. This needs to be raised with RMC.
- OOH GDPs were not required to offer a follow up appointment to any patients seen within these sessions.
- There was confusion around referral to specialist practices and the responsibility for collection of fees. Clarity needed.
- GDPs were mostly concerned about the monitoring of their performance against KPI and targets. The importance of record keeping, maintaining opening hours and adhering to current SOP and guidelines was re-enforced.

### **Any Other Business**

- **NHS Bonus Entitlement** – document had been emailed to all, still unsure as to whether this included practice cleaners.
- **Fluoride Application** – felt it would be useful to know how individual practices are performing against national / local averages. The importance of accurate record keeping and recording of staff shortages etc was reinforced to all.

### **Date and time of next meeting**

**Thursday 22<sup>nd</sup> July 2021**