

Report of AOB discussion held at BGM on Thursday 23rd September 2021

Dental Workforce output

The current output of the younger dental workforce is a cause for concern for several reasons including:

- Urgent care dentistry is off putting to newly qualified dentists who are not able to complete full courses of treatments but spending the bulk of their time carrying out urgent care.
- They are finding the threat of litigation stressful and making them less likely to work for the NHS full time.
- Don't want to work full time due to work life balance.

FDs who are in practice currently have not received enough training or experience in all aspects of dentistry especially endodontics, extractions and crown and bridge work. This is then having a knock-on effect on the time taken to achieve competency, in turn this is increasing the time the trainer needs to spend supervising and training therefore reducing the time they can spend achieving their own KPIs in place under the current contract.

Covid has impacted hugely on the dental student and FDs experience and confidence. It was felt this will eventually lead to a greater number of referrals being put into the system as the dental workforce going forward will have insufficient experience of complex treatments.

The HB are going to have to accept lack of experience combined with the SOP is going to create a reduced output for FDs and trainers. It was felt the LDC had to start to make the HB aware of the implications going forward.

Payment/claw back Associates

There was currently no guidance in place for Providers to reclaim clawback monies from performers who fail to hit current KPIs. It was felt practice owners were currently unprotected from financial reclaims by the HB for associate underperformance. Providers are currently expected to remunerate performers on historical outputs, the HB need to be made aware this is unsustainable as the Provider has no control over Associate output or motivation.

Clarity is needed around the reclaim of FV rates, it is unclear if the end of year clawback would mean 5% of ACV or 5% of actual individual months of FV underperformance.

It was felt the Deputy CDO letter included contradictory statements and that the gauging of output KPIs was a grey area. Also, the issue of practices being responsible for patients 2 months after the end of a course of treatment was unclear and contradictory to regulations. This was to be taken to tomorrow's LDC/LHB Liaison Group meeting to start discussions although it was accepted there would be no immediate resolution.

Patients access to Dental Practices.

Although the 2-meter rule was no longer in place in waiting rooms, it was agreed keeping the front doors of practices locked to the public was the correct course of action. This enables the practice to follow its Covid risk assessment and limit entry of the public to reception areas for general enquiries.

Treatment of patients previously removed from practice core lists.

It was felt practitioners must retain the right to refuse treatment to patients who had previously frequently FTA'd appointments and /or had been aggressive towards staff members. Ensure patients are made aware of the practice policies and any issues are documented, they can then be referred to if needed to refuse treatment for RMC referrals.

Orthodontics

Contract values were currently at 90%

Attend anywhere is helping to streamline patients ready to start active treatment.

Reduced workforce due to Covid + family members

There appears to be no clear guidelines around staff members attending the practice while family members have tested positive to Covid-19.

There had been contradictory information with one practice reporting Track and Trace informing them a DCP in this situation was cleared to attend work.

The payment of SSP and a Covid-19 Grant was also an area of confusion.

The LDC to ask The LHB to send clear guidance to all dental practices as a matter of urgency as the reduced workforce was now impacting on the running of practices.

Communication between LHB/GDS

It was agreed the communication between SBUHB and its Providers and Performers needs to improve. Although the HB had agreed the FV clawback was a misinterpretation of the CDO's letter, the issue had been resolved and monies returned.

It was felt there would be no absolute clarity around KPIs and clawback until the new CDO was in post.