

Notes of LDC/LHB Liaison 24th September 2021

Present: SBUHB: Karl Bishop, Helen Coughlan, Lowri Lowe, Rebecca Cattell.

LDC: Allison Walker, Roger Pratley.

Apologies: Sam Page

COVID.

In terms of COVID the surge now is related to younger age groups having gone back to school, and it is expected that this will surge again when students return to university. There is also a knock on with families for example when children become positive then their mothers who may be dental nurses are unable to work. No change in Welsh government escalation levels at the moment.

Vaccinations.

Booster vaccinations starting in our health board next Monday, priority groups will be 1-9, 6 Months after their second jab, frontline healthcare workers will also be a priority. Contact will it be in order relating to the second vaccination. Healthcare professionals will be offered the flu vaccine at the same time. These offers will be made through the mass vaccination centres. Priority groups 1-9 will also be offered the flu vaccine at the same time. The health board attitude to staff who refuse vaccination is that it cannot be made compulsory, but risk assessments must be carried out when deciding on their duties. IPC guidance for dentistry expected soon.

Contract guidance for Quarters 3 and 4 arrangements.

Data overview for Qs 1 and 2.

Fluoride Varnish Rates April – August 2021
Target: 80% (5% tolerance)
Adult = Red/Amber patients

Swansea Bay UHB Adult Rate 78.1%	All-Wales Adult Rate 76.2%
Swansea Bay UHB Child Rate 83.3%	All-Wales Child Rate 80.4%

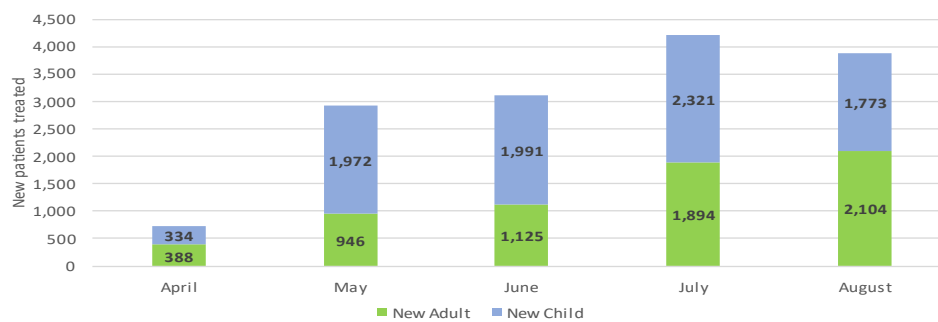
These figures for FV compare favourably with all-Wales figures. Slight improvement in last 2 months.

Total unique patients seen in 21/22 compared to the same period in 19/20 (pre-Co)id

	2019/20 April – August	2021/22 April - August	
SBUHB	110,847	42,910	38%
All-Wales	818,899	340,737	42%

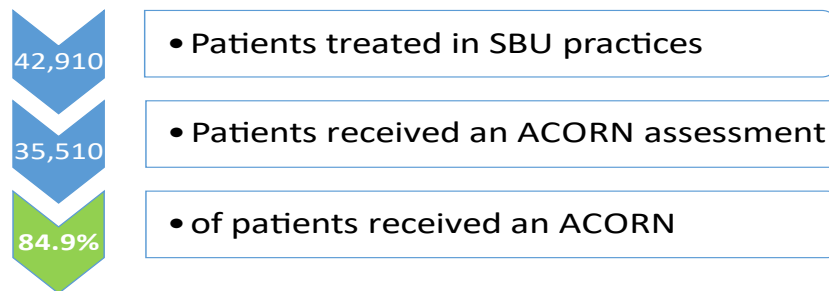
These figures have been static for last few months. It is difficult to understand why this is, LDC was unable to offer a sound explanation for this.

New Patients treated



The new patient figures are down in August although the adult patient numbers are up. Again, it is difficult to explain this, but one explanation could be that staff numbers maybe down because of an escalation in COVID.

ACORN completion target 80% April –August 2021



HB figures have been consistently above the ACORN targets for the last few months. We can probably make comparisons with other HBs although the usefulness of this will be questionable.

HB intends to send individual practices their performance data regularly each month despite it being available on eDen. In the letters the HB wide position would be stated as well as the individual practice position. LDC agreed with this stating that this level of communication would benefit practices. It would also give practices the opportunity to communicate early with the HB in situations where their returns are below average. The LDC thought that practices would appreciate this.

HB sought LDC approval to their plan for mid-year reviews. They stated that all practices would be invited to meet for a mid-year review, but this would only be mandated for those practices that were falling below expectations. Those practices that were performing at or above expectation would have the choice to meet with the HB. LDC agreed with this proposal.

Going on to expectations for Qs 3 and 4. AGP monitoring, and ACORN monitoring will continue as will eDen. New patient pathway will continue in line with WG guidance, FV will continue together with the expectations around adults and children. The new expectations for Qs 3 and 4 begin with the duty of care for historic patients. HB awaiting further guidance as to how this will be monitored and it will be writing to practices to inform them of monitoring process as soon as it has received more information from WG. It was pointed out that practices should communicate any staffing problems etc. that might affect performance to the HB as soon as they arise rather than waiting to be asked about falling performance.

The LDC pointed out that there was a falloff in the level of competence of DFTs, and this required more supervisory time from trainers in the early months which would obviously mean a reduction in performance. The health board appreciate this but once again communication is the key.

Access and OoH

Difficulties with access were discussed, access referring to not just emergency access but to access to routine care as well. There is a limited number of patients that any practice can see depending on the limitations of their buildings and their staff. At present practices are affected by staff absences due to COVID as previously mentioned and having to work to the current SOP. Another problem is expectations of current patients, particularly those generally fit patients who have been accustomed to being seen every six months. They often feel they are being cheated of their rights. The LDC stated that it would be extremely helpful if they had written guidance from Welsh government or the HB on the need to see healthy patients less frequently, so that patients can be shown this. This can be true of other guidance as well, including the responsibility of individual patients to look after themselves.

In terms of numbers of patients calling the RMC they continue to rise. 300-320 calls a week for in-hours access, 40 OoH appointments every weekend. Between 80 and 100 calls each Monday for access. The access is manageable at present, but in terms of complaints these are more likely to be in relation to non-urgent access for patients who want treatment but do not have a dentist.

Access issues are high on the agenda of WG now and there is the possibility that extra money will be available to improve access. The HB would like ideas from the LDC to take forward as suggestions to WG. LDC will use next meeting to try to canvass ideas from colleagues.

Clusters

The cluster groups were discussed, and it was important for the leads to collaborate with their groups to work effectively. To be put on agenda for next cluster meeting.

Payment for FV application for 18-25s and Over 60s.

There is confusion among colleagues as to whether patients in these age groups would incur a charge for FV. It applies only to Band 1 patients and colleagues felt that it was the intention of the CDO that no charge would apply, but they seek guidance on this. HB would ask WG for clarity on this and communicate this to colleagues.

Recommendations to standardise staff isolations following COVID contact

Staff members who have a positive COVID case in their household should not go to patient facing work and should follow the guidance on when to return and the practice should risk assess. HB will communicate guidance with colleagues.

AOB – Payment of associates.

There is confusion as to whether associates should be penalised if their actions lead to a clawback of money from the practice. This is now up to practices – there are no penalties in the 'offer' now. It's an internal contract matter for practices.