

## *Secretary's Report - LDC Meeting 22<sup>nd</sup> September 2015*

The time since the last meeting has been taken up with considerable 'housekeeping' and advice to colleagues on a number of issues which clearly have to remain confidential.

The Chair and myself discussed the LDC complaint about the commissioning process which took place at the end of 2014 at a meeting with Mr Mike Hedges, AM for Swansea East on 11<sup>th</sup> August. We will report at the meeting on events and outcomes since the complaint was submitted and it is hoped the LDC will give officials guidance on where to go from here.

I would very much appreciate feedback on the website - comments on its current content, format etc. and suggestions as to how it might be improved. We would be interested to know your views on advertising for colleagues on the website, should we charge for advertisements for non ABMU dentists or even charge for all advertisements? What categories of advertisement should we put on the site? Should we advertise at all? There are certain restrictions on expanding the website which have to be taken into consideration but comments are welcome.

### ***LDC/LHB Liaison Group 25<sup>th</sup> August, 2015***

1. As reported previously Primary Care and Community Services will come under one umbrella organisation within ABMU HB and the director will be Hilary Dover.
2. At the time of the meeting short listing was taking place for Andy Bevan's vacant position of Primary Care Dental Advisor.
3. An updated report on progress with Occupational Health was not available at the time of the meeting but it was requested that an update would be available for the next LDC meeting.
4. It was reported that HIW Inspection Reports were satisfactory and that issues that raised concern were being dealt with satisfactorily by the practices involved.
5. There had been a significant increase in patients being treated across the patch. The figures were related to number of patients treated and not patient contacts. It was pointed out that the percentage figures did not take possible increases in population into consideration which potentially might reduce the percentages.
6. End of year performance was discussed. 60% of contracts were on target, 29% below target and 8% over target. The advice of the LDC was sought on dealing with practices that continually underperform. The money is dead and unable to be used for dental services. Should practices have their targets reduced when they underperform for 3 years? We advised that we would discuss at the next LDC meeting, following submission of a paper from LHB. We have not received such a document to date but will circulate for comment as soon as one is available.
7. The commissioning process for In Hours Access Service was complete. And the revised specification is now available. It will start on 1<sup>st</sup> September. An acceptable tender process had been used. It was said to have been an expensive exercise but this was necessary to conform to WG guidelines. Discussion took place around the DTU covering the NPT access sessions. It is understood that the Postgraduate Department expressed concerns about this because this was too narrow a treatment base to prepare Foundation

Dentists for satisfactory completion. It was suggested that one of the requirements of the tender ought to be to try and provide afternoon sessions should the tendering take place again and a suggestion was made around incentivising the sessions for afternoons by modifying the rates for morning and afternoon sessions.

8. It was confirmed that in future the commissioning of GDS services would involve consultation with the LDC and follow WG procurement guidelines.
9. The DTU provide the high need referral scheme which is a scheme which was originally set up to give the Foundation Dentists a patient base when they were setting up the Dental Training Unit. The scheme was put in place to encourage practices to take on new patients, if the patient was high need the Practice could refer them to the DTU who would see them for a lengthy course of treatment until they were dentally stable, the DTU would then return the patient back to their practice. During conversations about access it became apparent that demand for the high need and seeing the access patient was causing concern. It was also felt that the high need referral patients have become problematic since there are considerable numbers of failed appointments. These patients are using huge resources and time to write to them, filling in paperwork etc. Discussions are planned with the Postgraduate Department and senior dentists at the unit try resolve these issues and to try to identify other avenues of how to receive referrals rather than through the high need route. The High need referral scheme was also designed to promote new patients being taken on in Dental Practices, however, there is no evidence suggesting this is generating anymore access in Practices, especially in NPT. Many Practices use this scheme and yet none are able to take on more patients. It was suggested that the issue might be that the DTU is trying to run as a Dental Hospital under GDS conditions which does not work. It was further suggested that a shared model of care could work with a PDS scheme. It was agreed that this could be followed up.
10. The Annual Review of the performers list is ongoing. Removal letters have been sent to those performers that had not submitted treatment claims in the last year. All foundation dentists due to start on 1st September have applied to join the performers list and they have received a DBS certificate from all applicants so they can all commence training as planned. The OOH Rota is set until the end of September.

Roger Pratley