

Dudley Local Dental Committee

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Minutes of a meeting of Dudley Local Dental Committee held on Monday 15th June 2015, at the Queens, Belbroughton.
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Present

Sue Stevens (Chair), David Cooper (Secretary), Annette Southall (Treasurer), Emily Cairns Jennifer Cooke, Naven Pillay, Stephen Rees, Hazel Smith and Lucy Thompson.

Apologies

Balbir Bhandal, Anjum Sheikh, Parminder Sunnar and Vijay Sudra.

Minutes

These had been circulated. They were accepted by the meeting.

LDC Chairs/AT Meeting

This meeting had been attended by Sue Stevens in April. A report had been circulated with the meeting papers and is attached to these minutes.

Fluoride toothpaste could be prescribed in multiples of six tubes. The advent of nhs.net email addresses for GPs was moving closer.

LDC Conference Report

This had taken place in London on June 12th and had been attended by Sue Stevens and David Cooper. A report had been circulated to members and is attached to these minutes.

Prototypes were due to commence in October 2015. In April 2017 they would undergo 'stress testing' before being rolled out in April 2018.

John Milne, ex GDPC Chair, was now the National Dental Advisor for CQC and reported that a new approach had been put forward for Dental Practice inspections. There would also be additional responsibilities of a fit and proper person requirement and a duty of candour.

The collection of Conference subscriptions from LDCs would now be relative to contract values rather than numbers of practitioners.

BSA were to look into the occurrence of 28 day re-attendance in an attempt to save around £60m per annum. 76,000 FP17s had been submitted last year within 28 days of a previous course of treatment. Contractors with the highest number of such incidences would be investigated.

DC had been re-elected to GDPC as an LDC Conference representative.

GDPC Report

Vijay Sudra was not in attendance due to a family bereavement, but had produced a written report which had been circulated.

The newly published draft Commissioning Guides had been dismissed by GDPC as not fit for purpose and BDA had released an official response.

West Midlands LDCs Meeting Report

SS and DC had attended this meeting in early June.

Mark Dermont, a registrar in DPH, had presented a project he was undertaking regarding the treatment of patients with dementia. The aim was to look into the setting up of Dementia Hub practices with a view to treating patients who were exhibiting early signs of dementia in a basic way. Any expressions of interest from practices should be addressed to Janet Clarke.

Area teams were to investigate GDPs contacted to produce more than 10,000 UDAs. LDCs had felt unable to offer any support to this process.

MCN Update

Orthodontics - Hazel Smith reported varying attendances depending on the locality of meetings. Russells Hall had not had a consultant since the retirement of Mark Hammond, but there were now two locums and it was hoped that a consultant would be appointed from July. The waiting list was still closed.

The Community Service contract will be renewed for children with special needs.

HS will be presenting some case studies of special needs patients at a meeting next week.

Oral Surgery - A meeting clashed with tonight's LDC meeting. A report of the most recent meeting in March is attached to these minutes.

Guidance for patients taking bisphosphonates had been produced and similar guidance was due regarding anti-coagulants.

Restorative - Steve Clements, a Birmingham GDP, was now Chair of this group and was seeking more GDP involvement in it.

Special Needs - Lucy Thompson reported that this group was slightly disorganised. Funding was required for an increase in domiciliary services and the need for these should be assessed by a clinician.

Any Other Business

It was decided to donate £2,000 to the British Dental Guild.

The LPN had asked for details of the LDC's mission statement and a picture of the Chair to be included in its newsletter.

Date of Next Meeting

Monday October 19th at the same venue.

Present: Tracy Harvey, Viola Clark, Vijay Sudra-Birmingham, Owain Rees – Sandwell, Richard Statham – Walsall, Aftab Ilyas (Wolverhampton), Sue Stevens (Dudley), Anna Hunt – PH

Apologies: Rob Tobin (Solihull)

1. Previous notes – agreed as correct

2. Performers onto contracts – Following a number of recent issues regarding contractors' employment checks and delays to adding performers to contracts, a proposal had been made. It was suggested that contractors along with a PER1 form should submit the following evidence: a screen shot dated, evidencing the performer's inclusion on the DPL and a screen shot evidencing GDC registration, also a very clear declaration that 2 clinical references have been received and are satisfactory. This is under discussion nationally and if agreed, will be implemented locally. The medical director is supportive and time will be factored in, allowing time for all contractors to check their performers. AI suggested a 3 year checking period to match the CQC requirement for CRB refresher.

3. Dental Leads Meeting – Feedback.

3.1 – IFR (Individual funding review) leads were advised to use whatever process is currently in place: the interim policy is available, final version awaited.

3.2 – FFT – now implemented, discussion on how to monitor it, but no conclusion.

3.3 – Two month rule/claim submission. DSD has identified and admitted to a problem in its system and a small number of claims affected by this problem will now be processed by the DSD and the activity credited to the contractor. Contractors should contact the DSD in the first instance and liaise with NHS England.

3.4 - DAF and tier 2 reports – Performer level reports not available on the portal. DSD will provide a copy to contractors but levy a £20 charge per performer. A CD will be provided.

3.5 – Policies/Update – The incorporation policy is to be reissued in May following many queries. There will be changes to the V&M template.

Orthodontic Appeals – Policy to be amended.

3.6 – Orthodontic procurements – RL asked for advice.

3.7 – Commissioning guides – apparently complete and due to be released, not sure of the impact of purdah.

3.8 – Prototypes – 6 of the 8 former pilots have gone forward, locally plus another GDS practice has applied. Transitional plans to be developed with the unsuccessful contractors. The 2 pilots not going forward locally were rejected due to potential financial loss/access problems.

3.9 – PDS Plus – Locally 4 reviews undertaken so far.

4. PAG PLDP – new process commenced April 15. Sue asked about the appointment process to the panel. VC to check with medical directorate concerns expressed by members about dental representation. Also attendees have not been paid for months.

BSBC and AHW will hold separate meetings at the present time. VC to pursue enquires.

5. Orthodontics – The group had a discussion in respect that the waiting list for Orthodontic services at the Russell's Hall Hospital was still closed. It was also mentioned that Mark Hammond had retired and a locum was being employed on a 6 month contract.

6. NHS Net – Lead person identified at CSU. Mukesh in the dental team will lead on this. Meeting to take place 20.4.15. Discussed the best approach, chairs agreed – contractor to have first email, subsequent emails for the practice and performers. Assure a phased approach. Will feedback after meeting next week.

7. DAF – Significant reports over apparent low use of x-rays and low levels of application of fluoride varnish. Anna Hunt is happy to discuss DBO (delivering better oral health) guidance. Issues around software not picking up fluoride applications have been addressed. Advice from the Sharia council is also available if religious concerns are raised.

8. LPN – Meets 2-3 monthly. To meet all MCN chairs in May. There is a vacancy for the restorative chair following Khaled Malik standing down. Dementia proposal discussed; 1. Advertise awareness training, 2. Some targeted enhanced training and 3. Detailed referral service. Keen to link to the dementia pathway to target dental care within the first 4 years of the disease being diagnosed. Funding for leaflets also to be requested.

9. AOB – 111 – VS gave an overview of the meeting with 111. To support the LPN proposal to conduct an unscheduled/OoH review.

PHE consultation – Anna advised a 6 week consultation was open. It is not clear whether or not the current level of Cons DPH will be affected. AH to check PHE website and contribute to the consultation. All very keen as we are stakeholders.

Ortho consultant at Russell's Hall – SS reported a locum is in place, but it is not clear that he is taking patients off the list, ?? if referrals are blocked.

Bariatric chair – LPN to be asked to consider this issue.

DBS – schemes – Local councils may offer a service to contractors. VC to add information to the next newsletter.

Fluoride toothpaste – a discussion was held around the maximum number of tubes that can be prescribed per prescription. VC to ask Alison Tenant/Sheridan McDonald for advice.

Time and date of next meeting

Wednesday 15th July, 2.00pm at St Chads Court.

LDC Conference Report 2015

Conference this year was held in London on Friday June 12th.

Henrik Overgaard-Nielsen, new Chair of GDPC, gave an update on the Committee's recent activities.

There were to be 100 prototype practices. Some of them would go live in October this year and there would be a staggered approach going into January 2016. In April 2017 the process would be scaled up and made subject to 'stress testing' with full national roll-out in April 2018.

63 of the current 92 pilots would become prototypes. 5 pilots did not apply and 24 were refused meaning that 29 practices will return to UDAs.

There will be around 50% each of Blend A and Blend B in both of which Capitation and Activity will account for 90% of contract value with the DQOF making up the other 10%. No decision has been made yet as to which practices will be Blend A or B. Over delivery of 2% will be allowed with clawback of up to 10%. Over delivery will be allowed on capitation but not on activity. The pilots carried a 2% risk to participating practices but the prototypes will carry a 20% risk. Activity levels were still being discussed but GDPC continued to be in favour of 100% capitation.

John Milne, ex chair of GDPC and now Senior National Dental Advisor for CQC, gave a presentation. He confirmed that CQC does not rate practices at the moment and that there was a new approach to the inspection process. There are now special inspection teams who have a clear approach to failing services and who would gather patient views before and during the inspection. 10% of the dental sector will be inspected within the first year of the new approach.

There is a Dental Provider Handbook, published in November 2014, available on the CQC website. The five main standards of a practice being Safe, Caring, Responsive, Effective and Well led remain with the addition of a Fit and Proper person requirement and a Duty of Candour (ie being open and honest with patients).

There will be two weeks' notice of an inspection unless it is in response to concerns. Staff and patients will be consulted and then after an initial post inspection chat, the report will be sent out for consultation before being published on the CQC website.

There are no plans to include record card checks or clinical inspections as part of the process.

Dental Activity Review Programme; This was introduced by representatives from the BSA and is an attempt to investigate the occurrence of 28 day re-attendance and to

reduce 'contractor fraud'. It was estimated that 'splitting' was costing between £52m and £63m per annum. In 2014/15 76,000 FP17s had been submitted within 28 days of a previous course of treatment relating to 1.7m UDAs. BSA will be reviewing 277 contracts with the highest number of occurrences and inviting another 712 contract holders to self audit.

Conference was hostile in its response to these actions and demanded that DH and BSA should be more open in explaining exactly what should be claimed for and when, instead of relentlessly chasing down the potentially innocent.

Nick Stolls, Conference Chair elect, proposed that the 2016 Conference should be over two days starting on Thursday afternoon and finishing on Friday lunchtime. This was carried 133 to 52.

A proposal to change the method of the collection of Conference subscriptions from LDCs based on contract values rather than numbers of practitioners was also carried.

Derek Watson, of the Dental press proposed that LDC Conference should be live streamed in future to allow all GDPs to see what went on. It was pointed out that DH, ATs and BSA would also be privy to what is a private conference. The motion was defeated by 68-63.

The following were elected by Conference;

Chair elect for 2016/7	Alistair McKendrick (Northants)
Treasurer	Will Newport (London Federation)
Conference Reps to GDPC	Dave Cottam (3 years) Dave Cooper (1 year)

Finally, there was a panel Q&A discussion with **Helen Miscampbell** from DH, **Serbjit Kaur**, Acting CDO and **David Glover**, DH analyst.

They said that the contract national roll-out would be 2018/19. After initially going live in 2015 they would run for 18 months before a view was taken between Blends A or B.

There would be no change to clinical approach and the process would be testing a shadow form of registration. Prototypes will need to be able to provide care for at least the same number of patients as the UDA system.

A direct quote from Helen Miscampbell; 'The UDA is not set in stone and it is not certain that it will be used in a reformed contract as a measure of activity'.

David Cooper

(LDC Secretary)

Oral surgery MCN 23.3.15

Commissioning guides supposed to be coming out 1st April 2015

Some progress with oral surgery, ortho and special care dentistry but not ready to be signed off.

These are draft docs, start of process rather than completed docs.

Guidance to ATs rather than prescriptive.

Problems include

- Definition of a level 2 clinician

- Fee structure of contracts

- Conflict of interest

- Training issues- what, funding?

- Cherry picking

Janet Clarke- poor guidelines better than none if co-commissioning comes in, general feeling this will happen

Managing level 1 (inappropriate) referrals (wasted resources)

Minimum data set referral form- not v far forward

(Referral form for approval tonight)

Guidelines for management of patients on bisphosphonates

Awaiting guidelines for anticoagulants