

Dudley Local Dental Committee

Chairman

Dr S Stevens
Norton Dental Practice
39, Norton Road
Stourbridge
DY8 2AG
Phone: 01384 440047
e-mail:sue_stevens101@[hotmail.com](mailto:sue_stevens101@hotmail.com)

Secretary

Dr D Cooper
25 High Street
West Bromwich
West Midlands
B70 6PJ
Phone:0121 553 2438
e-mail:deecedent@btinternet.com

Minutes of a meeting of Dudley Local Dental Committee held on Monday 19th October 2015, at the Queens, Belbroughton.

This meeting was designated as the AGM.

Present

Sue Stevens (Chair), David Cooper (Secretary), Annette Southall (Treasurer), Balbir Bhandal, Jennifer Cooke, Naven Pillay, Stephen Rees, Ranjna Sharma, Anjum Sheikh and Hazel Smith.

Apologies

Dave Philpott, Suzanne Morgan Parminder Sunnar and Lucy Thompson.

Minutes

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

Chair's Report

Sue Stevens presented her annual report, beginning by saying that it been a different year beset by similar problems. A copy of the written report is attached to these minutes.

The vote of no confidence in GDC had been supported at the Special LDC Conference. There remained little confidence in GDC's processes for dealing with complaints. There were still too many of these being carried forward and they were taking too long for conclusions to be reached. Many of these cases could have been dealt with by local resolution.

Although SS and David Cooper had undergone expensive training in order to be able to serve on Performance Advisory Groups, the reconstitution of these committees meant that

they were now only able to act as LDC observers and their attendance would not be funded by the AT.

SS continued to attend regular meetings when LDC Chairs met with officials from the AT and also meetings of the Association of West Midlands LDCs.

MCNs now seemed to be running more efficiently and GDPs were becoming more involved and were being made more welcome.

There had been a recent concern regarding a letter that had been sent to all Providers asking them to confirm what aspects of minor oral surgery they were able to provide. The concern was that practitioners could be inadvertently agreeing to something that could potentially be added to a contract and could eventually result in breach notices being issued. After an emergency meeting between LDC Chairs and the AT and after the involvement of the BDA, the letter was withdrawn.

Commissioning guides were now being published but they were still only guidelines at the moment.

The pilots were moving towards prototypes although some practices were reverting to UDAs.

Sara Hurley had been appointed as the new CDO and she will be speaking at LDC Officials' Day. She also plans to visit all the regions to meet ATs and Stakeholders.

Treasurer's Report

Annette Southall reported that as the year end fell on 30th September, detailed figures were not available but they would be ready for the next LDC meeting.

LDC levies were being received every three months, the balance was healthy and we were running at a surplus.

AT/LDC Chairs Meetings

Minutes of these meetings had been circulated to members.

Hazel Smith commented that there was still no permanent Orthodontic Consultant at Russells Hall and no inroads were being made into the waiting list. SS promised to raise this issue yet again at the next meeting.

GDPG Report

DC had attended the recent GDPG meeting. Reports on the meeting from our GDPG reps and from the BDA had been circulated.

The main event of the meeting had been a presentation from DH regarding the prototypes.

Commissioning Guides

DC had forwarded the link so that members could download these weighty documents. HS remarked that there might be an impact on some Orthodontic practitioners regarding the minimum of 50 cases per contract. 6000 UOAs were due to be removed from the Community Service too and the fear was that an Orthodontic black hole might be developing.

Any Other Business

SS and DC will be attending LDC Officials' Day in London in December. The new CDO will be giving the keynote speech.

SS proposed that the LDC Constitution should be amended so that members who had not attended a meeting for a full calendar year could be removed from the Committee. This was seconded by Naven Pillay and agreed unanimously.

Hazel Smith had tendered her resignation from the Committee as she would be retiring from Dentistry at the end of the year. The Committee thanked Hazel for all her contributions to debates over a period of around 20 years. She had been the first female member of the Committee when she was elected. Sincere best wishes were offered for her future outside Dentistry.

Ranjna Sharma was co-opted onto the Committee.

Date of Next Meeting

Monday 1st February 2016 at the same venue.

Ldc Chair's report October 2015

Looking back at the last year, many things have not changed much!

We had a unanimous vote of no confidence in the GDC at Officials day in December, and it can be seen from the responses to conference that the first 9 motions concerned the GDC. There is currently a consultation by the GDC on the level of ARF, due to remain the same for 2016, but for those not sad enough to read it the focus is on explaining and justifying how their money is spent. They are unable to understand that the process of complaints handling that is flawed.

With more insight into the FtP process, it seems to me that we are locked into an adversarial procedure that escalates over months causing enormous stress and anxiety to the registrant when a local resolution could have been appropriate. Most patients want recognition that something has gone wrong, an apology and help to be put right if needed. Even if this means paying for remedial specialist treatment it would be massively cheaper quicker and beneficial to all except the lawyers. Don't forget with a FtP hearing running at about £10,000 per day for the GDC and also for the defence organisation, we are footing the bill. Many cases last a week, so £100,000!!

Dave and I both attended training paid for by NHS England in January, but have not been asked to sit on any PAG panels recently. Considering that I sat every month on the equivalent committee just for Dudley it appears to me that much more is being escalated to GDC sooner.

I continue to meet regularly with the other LDC chairs from BSBC and the AT, although they are now part of NHS West Midlands after merging with AWH. There is to be 1 LPN, and Janet Clark has been appointed chair, you should have received the recent newsletter from them which really does give a good update and round up of news. Our MCNs are meeting regularly and dated are included in the newsletter, GDPs seem to be much more welcome now. The oral surgery MCN has produced very useful guidance for treatment of patients on anticoagulants particularly the new drugs such as Dabigatran and Rivaroxaban, and also MRONJ guidance.

MOS became a bit of an issue over the summer with practices receiving a letter asking them to sign to confirm they provide a range of basic services. Although this seemed very straightforward, it would be added to our contracts, meaning that if for some reason (medical history, anxiety/phobia etc) you referred a patient for a 'simple' procedure, you could end up in breach of contract. Remember signing what your 'normal' hours were, only to find that was what you had to work even in unusual times such as over the Christmas period.

After a meeting between the LDC chairs, Tracey Harvey, Janet Clark and Mike Murphy they withdrew the letter, hailed as a triumph for WM dentists in the BDJ!

We are supportive of the need to reduce inappropriate referrals and have agreed the use of the new MOS referral form which is designed to enable secondary care providers to capture more data on what is being referred and by whom. There may well be a skills gap which needs addressing as young dentists don't have much experience of MOS.

Most of the commissioning guidelines have now been released, and of course this work on MOS is related to this. At present it should be noted that these are guidelines, not legal documents, but it is still difficult to see where all the level 2 treatments are going to be done, particularly with no training routes, grandparenting arrangements or additional funding available.

Pilot practices are now moving as prototypes into the next phase of evaluating the new contract. The BDA is disappointed at the level of activity still included in both types of prototype, the UDA looks set to remain. Roll out still planned for 2018.

We have a new CDO, Sara Hurley, who is planning visits to the regions next year.

The primary aim is for the new Chief Dental Officer to meet with you and the key stakeholders in your area. These visits offer an opportunity for you to detail your current commissioning modus operandi and priorities. The Chief Dental Officer is keen to understand how you are balancing the various competing health factors and financial pressures and how you are supported both locally and regionally in overcoming any difficulties and frustrations. Ldc chairs have been asked to give dates they are available for this.

WMLDC continues to meet every 3-4 months which provided a useful forum to feed in concerns from members that can be taken up to GDPC as needed, or other support given.

I continue to be very grateful to the support provided by Dave and Annette in their roles as secretary and treasurer