

Community Dental Service Review- Stakeholder Engagement Event

Friday 25.5.18 9.30- 13.30

Worcestershire County Hall

One of 2 events held to discuss the scope the future commissioning of the community dental services across the region.

Attended by a wide range of stakeholders although I was the only GDP or LDC representative that had attended, the CDS sits in primary care alongside GDPs in general practice , so a change in services commissioned will have an effect on us. This was recognised by the meeting and they were very pleased to receive my input. Attendees were split into 2 working groups of about 8 people, and 4 workshops were discussed and fed back during the morning.

Background- the review is necessary as the area team at NHSE have inherited a variety of contracts for delivery of CDS from the old PCTs. Work has been done to evaluate the services provided, contractual arrangements, local needs and workforce. A huge variation exists with consequent inequity of service provision across the region which is indefensible.

There are also separate workstreams looking at out of hours services and access, again these vary widely.

A patient and public engagement exercise has already been carried out indicating high levels of satisfaction with services received, with some confusion about patient charges.

Workshop 1- core and non core elements

We were presented with a number of types of services or patient groups and discussed whether they should be part of the core offer from the CDS.

This provoked a lot of discussion. For example it was not clear to some people why very anxious children might be

inappropriate patients for general practice, or that only some practices have the infrastructure and workforce to provide RA. Change to this would involve commissioning a new service. Designating any service as non core is likely to impact on general practices.

Workshop 2- Commissioning geography

The pros and cons of different size commissioning areas. One pan region, ten based on local authority areas (as present), STP boundaries or other options?

Loss of local knowledge, contacts vs economy of scale!

Fears over the dominance of Birmingham creating inequalities for rural areas.

Workshop 3- contracting

Currently some services are paid as a block contract, others are measured by UDAs. Different KPIs.

How to deliver a balance between measuring quality and measuring performance, given the particular nature of the patients.

Workshop 4-Workforce

Who could treat the core patients/services we had identified in workshop 1. Skillmix, training and recruitment were discussed as well as the complete lack of consultant availability in Herefordshire and Worcestershire.

What is the optimum leadership of the service- consultant, specialist clinical director or non dental?

Succession planning- future workforce development opportunities.

NHSE had clearly put thought into the structure of the morning and I had the impression they are genuinely seeking clinical input into understanding both the problems as well as developing informed commissioning for the future. The decisions made will impact on dentists in general practice and

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my attendance on behalf of Dudley LDC was relevant and appreciated.