Dudley Local Dental Committee

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.

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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

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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