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LDC Chairs report January 2017

Most of us here will recognise that dentists have a tendency to operate in isolation, even when we work in a big practice. This can lead to us missing out on opportunities due to lack of information, and makes it difficult for organisations to engage with the grass roots of dentistry.

The role of the LDC is to facilitate communication and we are probably still not proactive enough at that. When I joined this LDC about 15 years ago it felt very much like trying to get in to an established old boys club, even though Annette and Hazel were already members. Recently I have been delighted to welcome some new younger committee members (although I've reached the stage of life where everyone is younger!), and hopefully our communication is improving.

It is still under a year since the Dudley LDC website was commissioned, so we can no longer be accused of the appearance of a secret society, Dave and I try to get as much useful information up on it as possible. As well as minutes of these meetings, there are GDPC reports, reports from officials day and conference, the LDN newsletter and other useful information. In the last 30 days there have been nearly 500 visits to the site which sounds quite good to me.

Reaching dentists is still a tricky issue, many associates do not get information passed on by their provider, despite the fact they have their levy deducted. There is no actual list of email addresses for dentists in our area, and the recent low uptake of places on the peer review scheme shows this is not limited to LDC, or to Dudley area.

Dudley Local Dental Committee

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A brief round up of the past year has to focus on the latest stage of the testing of the new contract, last April saw the 10th birthday of the UDA which in some form is here to stay for the foreseeable future. We now have 82 prototype practices, including 3 in this area, an unusually high concentration.
A large part of the afternoon session at officials day last month was spent on updating us with information. Access is the key marker for the DoH, and that has been very difficult given the longer time required for oral health assessments. Many practices are working longer hours to stay still, as 10% of their contract value is at risk of clawback if they fail to achieve the set targets. The owner of a local practice gave a generally upbeat presentation, but he works in a dentally aware, affluent area, with a fairly stable population. He is able to drip feed patients in to the practice from a waiting list, a luxury most do not have. What proportion of work will fall under capitation is still to be decided and national roll out still looks several years away. However another practice in the wider West Midlands area was not accepted in the move from pilot to prototype leading to a massive clawback of £100,000, and the sale of the practice.

It is now 12 months since Capita took over running our payments and performers list. Their ineptitude has been recognised, many DFTs are still not on the list and their grace period has been extended to the end of January. The BDA are searching for people with specific issues to come forward to be test cases, many practices have complained about claims going missing, PCR being wrongly clawed back and a lack of information making business planning very difficult.

Some of the shine has rubbed off our CDO. She spent 3 days in this area last April, engaging with LDCs and NhsE. It was a

positive time and she had lots of ideas. Putting the mouth back into the body is a catch phrase but it has a serious meaning. Getting DoH and NhsE to realise the implications of poor dental health is vital to securing continuing public funding for the provision of NHS dentistry. With patient charges set to increase by 5% every year without any of that being reinvested into the service shows a complete disregard for our profession.
More recently Sara has admitted that the office of CDO is more of a figurehead, power is with those who control the purse strings. When she came to officials day she had just had a bruising time on TV am when a number of patients were found who had not been able to access emergency care, despite her claim that NHS111 is working well for patients.
Ultimately this is about funding unscheduled and emergency care- there may well be capacity but it is not good business sense to have gaps in a diary just in case an unregistered patient rings with toothache. We now have an urgent and unscheduled care MCN in this region looking at service provision.

And finally to the GDC. They have certainly been on a charm offensive this year. Matthew Hill, Director of Strategy, has been to GDPC, Birmingham LDC's AGM, conference and officials day. He has acknowledged that mistakes have been made and apologised for them. There is acceptance that the balance of activity needs to be moved 'upstream', not to wait until things go badly wrong and have to involve FtP. More emphasis on education and upholding of standards through CPD, along with mediation and local resolution. Hopefully the use of case examiners at the initial stage will reduce the numbers of cases being seen by FtP panels. For anyone who does have a case brought against them, the best advice is to seek all available advice and support, including that of the LDC.

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I should like to thank Dave, our secretary, and Annette, our treasurer for their continued support this year.