Dudley Local Dental Committee

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)