Dudley
Local Dental Committee

http://www.dudleyldc.org.uk

NHSE AT and LDC chairs meeting

Wildwood Monday 6.3.17

Present
Mike Buckle (chair) Anna Hunt Janet Clarke Nuala Woodman Ravi Solanki Sue Stevens Eddie Crouch Phil Davenport Amrik Bhandal Affy Ilias Simon Harrison Richard Statham Dave Pulsford

Minutes from previous meeting were agreed

2. NHS choices- NHSE sent chairs a letter to approve and counter sign reminding providers to regularly update their NHS choices website. Discussion around a contractual obligation to do this, but chairs said that this wasn't in contracts as NHS choices didn't exist when contracts drawn up. Chairs agree with the letter but feel it should just be from NHSE

Urgent care- work being done by Tracy Harvey in collaboration with the UEC MCN which have now met twice.

Provision of sedations and domiciliaries- commissioning guides will be out with updated guidance for standards, checks will be done.

Infection control- reminder to providers to ensure they are working towards best practice. Audits should be available for NHSE to see- Wolverhampton dentists submit these on a 3 monthly basis to New Cross but get no feedback.

Prototypes- 2 practices in the region have gone back to UDAs

End of year- WM AT are part of a pilot where NHS BSA do the bulk of the end of year reconciliation, on the straightforward contracts. Where there are issues the AT will handle them locally. This seems to be an admission that the AT just can't cope with all the work they have.

3. Presentation re community services (NW as Howard Thomson unavailable)
Review of service provision across the patch- very variable needs, costs, provision of services. Eg 1 service offered services to hospital inpatients, another palliative care in a hospice. Oral health promotion services vary significantly. All provide domiciliary services but the scale and nature varies. Payment methods also vary making comparisons difficult.
The review seeks to establish equitable provision and cost analysis (taking into account variable needs, deprivation.
Not going to tender, need to avoid disruption to services.

4. Interpretation services -no money available from AT. Dentists cannot charge patients but may need to provide service to gain fully informed consent. Chairs said generally this wasn't a problem with family members coming along to chaperone, but may be in the future with refugees. TH suggests use of language line- a telephone service costing about £1.25 a minute if subscription fee paid (LDCs could do this for their members- £500)

5. PAG issues- recent meeting with David Geddes, Carol Rees, BDA. Too much going to PAG nationally? TH to lead on reviewing quality of process. There is an LDC presence (Dave Cooper) at PAG.

6. Referral Management System. The business case for this is being approved this week. Then it will enter the formal

procurement route. Draft spec to MCN chairs (oral surgery and ortho). Aiming for introduction end of September 2017, with a phased roll out. MCN chairs meeting with current system users. Aim is to lead to better management of referrals, and understanding of what is happening within the referral system.

7. PDS Orthodontic procurement- many PDS ortho contracts expire March 2018. Will all go to tender and there will be a formal notice for current and new providers. Bidders will have to submit tenders Oct/ Nov 2017. MB stressed the bid is vital, current providers must write down what they offer not assume AT know. Looking for quality, not cheapest. Guidance available from BOS and BDA on tendering. Contracts may be for 5 years or longer if CEG allow.
Anyone whom this affects must seek urgent advice.

8. MOS contracts (Coventry and Warks). Expire March 2017.Working well but expensive due to possible inappropriate referrals. Value for money to be assessed, but contracts extended whist new tarifs being negotiated.

9. Breach notices, Force Majeure- EoY breach notices for 2015-16 about to be issued (not for doms/ sedations). In the event of a disaster this must be reported to AT within 28 days to initiate the formal procedure (NHS policy book- available on Google). AT likely to be pragmatic as long as application made.

10. PDS+ update- some have converted to GDS, most have reached an agreement. 3 new contracts awarded including the 2 Primecare ones which had closed last year.

11. Dental Hospital diagnostic services- BDH now charging for report given to GDPs who send in radiographs for advice. NW unsure if this is value for money and is it likely to be a large

figure? PD said it is good value as may save a patient visit and not used often.

AOB- Claims for business rates will need supporting evidence from accounts regarding proportion of NHS/ private income.