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LDC chairs and NHSE AT meeting 11.9.17

Venue- Wildwood

Present- Nuala Woodman, Tracy Harvey, Mary Tomson, Eddie Crouch, Simon Harrison, Sue Stevens, Suresh Kumar, Thegan Moodley, Ravi Solanki, Affy Ilias, Amrik Bandhal, Nick Gibb, Anoup Deol

Apologies- Phil Davenport, Rob Tobin, Janet Clarke, Anna Hunt, Mike Buckle

A very full agenda, MB has been seconded from dental for 6 months so the AT is even more short staffed. NW covering his workload.

1 NHSE Commissioning updates

RMS Procurement- currently evaluating bids, hope to get contract signed by November. Implementation period Nov- end March, then handling oral surgery, oral medicine and orthodontic referrals from April 2018.

PDS Orthodontic procurement- Timelines still awaiting national release due to possible judicial review. Local progression of process, professional engagement event in July was well attended, the ortho reference group have seen the many responses, and these will be shared widely. Patient engagement planning will be handled by Midlands CSU to ensure well run consultation (would stand if challenged).

MOS- Intention to commission level 2 services in primary care across area (just in Arden at present), but will use data from RMS when available, so on hold at present. Short term work on current contracts to ensure compliancy with regulations.

Domiciliary care- event held about 2 months ago. Development of patient pathway with quality standards. Still great variation in provision and local contracts, AT still not sure whether provision and needs are compatible. Providers will be contacted to look at their criteria and standards, TH may meet individuals to discuss. Some may wish to surrender their domiciliary contracts if unable to be compliant, this money could then be redeployed to improve the service.

When TH met NHS111 they suggested holding a list of providers of domiciliary care so that they could signpost patients appropriately.



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Sedation services- commissioning standards now in place. Services will be checked against this. TH working on this.

Dental checks by year 1- this area wish to implement this initiative. Aim to reduce inequality and GAs for young children. TM again requested guidelines for what is required to claim 1 UDA for a small child, these are being developed. The CDO is hopefully coming to Birmingham LDC AGM in November and will shed further light. Contact EC if wish to attend.

NHSE Policy book- being reviewed centrally with input from ATs

Asylum seekers- still no funding for translation services. Can practices volunteer information re languages spoken among staff/ dentists?
Thoughts to TH

2 Dental Concerns Group

A new group- NW, TH and others. A group meeting biweekly, more focussed on dental rather than PIGG or PAG. Aim to deal with issues appropriately or escalate if serious. May involve whistleblowing or malicious complaints. DPAs may be used or practice visits to investigate.

Providers are reminded in the event of being unable to provide a service, NHSE must be notified.

3 End of Year pilot with BSA

Has flagged up that orthodontic contracts do not have a tolerance of provision 96-102% as general contracts do. No breaches for 16-17, but NW informs that in future carry forward may not be allowed as it is not in other regions. EC adamant this is incorrect interpretation of regs. (He has since produced evidence in policy guidance.)

BSA are doing mid year reviews. Contracts below 30% at midyear may have money withheld in current year. Action plans will be requested to deal with underperformance.

4 Compass

Following presentation by Carol Reece to WMLDC, it was supposed to be easier for providers to put new performers on to their own contracts. This does not yet seem to be running smoothly, however some forms



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have been incorrect which causes delays. The AT do not have the manpower to deal with applications in a timely manner.

5 Occupational Health

New contract now in place, anyone in the dental team should now be able to access cover anywhere in the area, free of charge for sharps injuries. Hep B shortages, anecdotally some private pharmacies still have supplies. Uncovered personnel should not undergo risk prone procedures.

6 Epidemiology 17/18

PHE undertaking new survey of adults in dental practices. Explanatory email has been sent out. Dental practices will be randomly selected for teams to go into to question patients.

7 AMR national campaign

(all health professions). Resources- posters, leaflets to be sent to practices prior to campaign start on 23.10.16. Members of UEC MCN are trialling the AMR audit (also done with peer review groups)

8 AOB

Move to uplift the minimum UDA fee to £21 (average for the contract)
Likely to be spot purchase of UOAs, informed by waiting lists.