



<http://www.dudleyldc.org.uk>

WMLDC 26.7.17

Birmingham Dental Hospital

Local Issues

I informed the group about my recent meeting with the Dudley dementia strategy group, and my desire to take this forward with Dudley CCG and the LDN. Janet Clark is very supportive. As we aim to put on a dementia awareness event I said dentists from other regions would be welcome.

A very poorly written job advertisement appeared in the BDJ of 7.7.27, probably for a consultant orthodontist at Russells Hall, although it didn't actually state this. (I have also circulated a copy of this to the orthodontic terms of reference group, to make sure other ortho consultants and the commissioners are aware of it).

An extreme clawback issue in Dudley that has some rather confusing aspects was also raised, and there will now be uptake of this at GDPC level.

South Staffs- e referral system now up and running

Solihull- Gdps have been charged for interpretation of chance odd findings on radiographs by BDH, this is being challenged.

Birmingham- the CDO will be coming to their AGM in November to talk about her Step change initiative, Henrik O-N, chair of GDPC will also be there.

Worcester- practices have had a letter from the deanery saying that FDs completing on 31.8.17 won't be able to start as performers on 1.9.17 as won't be on performers list. Some discussion over this which sounds incorrect.

GDPC (Dave Cottam)

Prototype update- down from 79 to 75 as 4 practices have withdrawn.

Waiting for the evaluation report out in Sept. Engagement events for

prototypes being held around the country, Birmingham is on 22.9.17.

Only 63% have delivered on access, most have had to increase surgery time somehow to achieve this. The financial model is deeply flawed is current feeling.

We then heard from our guest, Carol Reece, head of dental and optical services commissioning at NHSE.

A banner image showing a dental clinic setting with a dental chair and equipment. Overlaid on the image is the text "Dudley Local Dental Committee" in a teal color. The word "Dudley" is on the top line and "Local Dental Committee" is on the bottom line.

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She explained that WM AT are part of a pilot with the BSA to handle the routine end of year checks. Any disputes will be dealt with locally.

Nationally no breaches will be issued for underperformance due to poor reporting by Compass making it difficult for providers to get accurate information. Clawback will still apply for underperformance.

She then addressed the issue of adding new performers to contracts, copy of her power point slides below.

The forms will be on our website.

Once admitted onto the national performer list dentists are able to work across the whole of England to provide NHS dental care services.

When seeking to change a designated location dentists are required to submit a National performer list (NPL) 2 application to change local officer area.

On successful completion of VT training a GDP is required to complete a change of status form to enable transition from trainee status to GDP - NPL3

This process does not replace the need to complete NPL2/3 performer applications but the process should be run in tandem.

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NHS
England

Process required

- Once you have successfully completed your pre employment checks you will be in a position to add your performer onto your contract with the agreed start date
- Within 7 days of the addition of the performer you will need to send the Compass authorisation form to your local office



Document



Document

- Once any amendments are made they will need to be authorised by the relevant regional office. In order to ensure you receive a timely response the attached forms will be required to be completed in full. On receipt of correctly completed forms NHS England regional team will respond within 5 working days. (provided this is completed in full with correct details).
- If your form is not sent within 7 days the performer addition will be rejected by your local office and you will need to commence the process from the start .

Starting Well is another initiative aimed at addressing rising numbers of extraction under GA on young children. 13 areas have funding for this involving a proactive outreach to areas of deprivation.

