

WMLDC meeting 15.2.17

Local issues

Sandwell- concern over the lack of time allowed in the rushed spot purchase of ortho, also in Dudley

Dudley-I raised the problems we have with levy distribution- uncertain timing, lack of clarity what dates are covered, difficulty accounting in a transparent format. Abid Hussein is Birmingham LDC's treasurer and has taken over the administration of the account and sharing of levies from Clive Harris. He was quite surprised at our problems. He feels he has now got more organised, the levies will be distributed every quarter- to reduce bank charges, as agreed initially. (Next one in April for Jan-March)

However there is no longer a direct correlation between where the practices are and the exact distribution. This was a very time consuming and difficult job due to the uncertainty of borders and lack of definitive areas now NHSE does not recognise the old PCT areas. Abid has moved to a fixed proportion of the overall levy being allocated to each LDC. He also has difficulty getting cheques signed as he is not one of the 6 signatories on the account. He plans to meet with the treasurers of the 6 LDCs to clarify. Due to time involved it was suggested an honorarium should be paid for this role.

Walsall- have used some of their resources to fund some CPD for their dentists. They will report back on success and attendance.

Coventry- concern about PDS contracts up for renewal in the near future. Anecdotally Oasis are likely to tender for ortho contracts.

Hereford- news from the prototype practice (Simon Harrison) DoH seem to prefer the blend B prototype (more capitation, activity based only on band 3). Further changes are likely prior to roll out. There may be weighting of the capitation payments- eg on postcode (deprivation). In the recent entrants to the trial access is holding up reasonably well but the pilots who lost a lot of patients have not regained their previous numbers. Delivery of the model is taking more time/ staff / cost so reducing profitability. Significant issues still to overcome.

Solihull- awareness that the BSA are still looking at 28 day reattendance patterns and pursuing possible overclaiming.

Wolverhampton- encouragement that LDC chairs should not countersign a letter from the AT to providers about getting their NHS choices websites accurate. This is not a role for us, although we do not disagree with the letter. It is possible that NHSE will turn all the information back to zero to ensure practices do populate their details.

South/North Staffs- Introduction of the electronic referral management scheme at end of March. They are trying to cut DPAs to save money. Rushed spot purchase of ortho.

Birmingham- met with Prof Chapple. New restorative consultants (now 2.7 WTE). Hope to catch up with backlog. Apologies for poor admin-incorrect appointments, inadequate telephone support etc. Bham LDC have met with their local Healthwatch and suggest we all do this. Concern re poor accountability of AT- no replies to emails ignore queries. Further reshuffle of staff and 20% reduction in manpower expected.

GDPC news

DDRB report delayed due to meeting with Scottish reps delayed by local elections. DoH don't require further efficiency savings, but no uplift likely.

Push for all paper free claims by 2018

PCSE- nearly all FDs on performer list.

Tier 2 accreditation work has been done.

Progress in the purchase of emergency slots from practices.

(See further minutes from Eddie later- Vijay is on sick leave after a back operation)