West Midlands Association of LDCs

Minutes from Meeting held on Wednesday 21st October 2015

Eddie Crouch Chair
Richard Statham
Clare Banks
Nick Gibb
Sue Stevens
Adam Morby
Dave Brindley
Owain Rees
Vijay Sudra
Barry Jonas
Afy Ilyas
Thegan Moodley
Rob Tobin.
William Sidhu
Rob Riley
Dave Cottam
Clive Harris
Guests John Milne CQC, Stephanie Johnson

Apologies Rob Tobin, John Roberts, Phil Davenport and Alan McCullogh

Secondary Care Contracting

Stephanie Johnson stated she worked in secondary care commissioning for Birmingham Black Country and Solihull with John Grayland, but this area was to expand with the merger with Arden, Hereford and Worcestershire. She was new to dentistry having previously worked in commissioning screening and Public Health.
She worked in partnership with her primary care commissioners and spoke about the restructure now known as NHS England Midlands and East (West Midlands). There are locality leads with Samantha Hewitt leading in Coventry and Warwickshire, Howard Thompson in Hereford and Worcester and John Grayland/Stephanie Johnson in Birmingham and Black Country. They answer to Richard Yeabsley, but get advice from Consultants in DPH, LPNs and MCNs.
There had been an issue about subcontracting and there had been an email seeking feedback from Tracy Harvey. There were breaches in 18 week Referral to Treatment Times of 18 weeks (RTT). They were aware of problems also with orthodontics and subcontracting was being looked at.
A demonstration of the latest figures of the 18 week targets of 92% were shown with examples of breaches and what action plans were used when this occurred. There appeared to be difficulties in capacity and cross referrals. The oral surgery referral form was also discussed.
She said there was a desire to engage LDCs with the subcontracting issue and managing conflicts of interest.
The Chair expanded on the issues, and stated so far only the MCN Chairs had seen the subcontracting document draft. He explained to the meeting about how the Solihull Hospital sub contract had occurred and the concerns about the mechanism.

Sue Stevens asked about the Dudley situation with regards to Orthodontics and Stephanie admitted the information was sparse and an audit was being carried out and a meeting arranged. Sue Stevens expressed her concern about the waiting time and the Chair stated that there were plans for subcontracting in Dudley to reduce waiting times in the surrounding areas whilst a longer term fix is arranged.
The Chair asked about the sanctions on breaches of 18 weeks, asking what point financial penalties occur. This was explained by Stephanie as immediate, with Remedial Action Plans (RAPs) required. It was explained it can be put back into the provider once the RAP is being actioned.
There were no figures for Walsall, Richard Statham pointed out and Stephanie agreed saying she was not sure why.
Vijay Sudra pointed out the discrepancy in high levels of compliance with RTT from the Foundation Trust who was subcontracting from Solihull, which he could not understand. Stephanie said again she did not know the answer, but Owain Rees questioned if it was a locality problem.
Dave Cottam queried the 92% figure and was told it was a national target. She offered to provide contact details of the locality leads. The meeting expressed their gratitude to Stephanie for her attendance.

2**. Minutes and Matters Arising**

Apologies were as listed. John Roberts wanted an amendment to say that Wolverhampton hospital now provided treatment plans for referring providers.

3. Local Issues

Vijay Sudra spoke about the changes to walk ins at the Dental Hospital, now referred to unscheduled care. He commented how the figures from 80 patients per day had reduced top somewhere nearer 35, there had been concerned about patients queuing and long waits and 111 had been employed as a triage.
There had been concerns raised by the LDC but ignored and now the numbers seen are as low as 11 per day. Birmingham LDC had written to the Council Health and Wellbeing Board and will examine the changes in the future. There had been some potential misleading of the Board with comments saying the LDC supported this.
Nick Gibb said the PDS+ contracts were now not being terminated and those inspections similar to Birmingham Black Country and Solihull would happen for Warwick LDC members. Nick queried the manpower ability to recommission. The Chair suggested he had heard that KPIs for future PDS + rolled contracts may be different.
There were still issues in Warwickshire with Occupational Health and Primary Care support, the planned Oral Health needs assessment was being slowed with the decision on PDS+ lessening the urgency. There were unacceptable waiting times for GAs in Warwickshire with no solution in sight.
Richard Statham asked about the Christmas Cover but Dave Cottam said he would cover the issue later.
Adam Morby said that in South Staffs/ Shropshire there was 9 prison procurements ongoing, there was work on vulnerable adults via a clinical network and oral surgery initiatives. Adam said the LPN was proactive with alcohol awareness, and an antibiotic prescribing audit with a template. John Milne asked if every prescription for antibiotics needed recording and asked if this data was not already recorded, he said he would be

angry as an LDC Chair if this was started in his area. It was clear no such data is collected via the pharmacy.
Rob Riley said there was an inaugural Oral Surgery MCN meeting; he said the 4 Oral Surgery Contracts had lost one of those awarded with a contract of £72,000 which he was unsure what was happening with this. There were some problems with TMJ referrals that the commissioners wanted the primary care MOS providers to also see. There was possibility of providing equipment for these MOS providers to check INR levels. There was a meeting in early November of a Vulnerable Adults network. A buddying arrangement system for Christmas had been collected. The Area Team were now paying for the software changes for exiting the Pilot, with some reasonably behaviors after the initial hard stance. March 2nd 2016 a meeting was being held with John Milne at Shrewsbury Hospital with BSA and GDC on the agenda.
Sue Stevens reiterated her annoyance at the ongoing orthodontic situation and the 50 case starts were an issue for Dudley as many did not have these numbers within their contract.
William Sidhu said that no consultant cover was available for Coventry with cover from Warwick. There was a major provider of primary care orthodontics but problems with advanced cases, there was a discussion about the MCN for orthodontics chaired by Richard Cure. William Sidhu asked who their rep from GDPC was and was informed it was Thegan Moodley.
Afy Ilyas questioned why he had been told in Wolverhampton there was no issue with 18 weeks RTT but the figures shown tonight contradicted that. He believed that waiting lists initiatives were the result of failings.
Clare Banks spoke about issues with post FD dentists getting performer list additions from Scotland and Wales.
Adam Morby spoke about the suicide of a colleague in Rugeley and how the practice was recommissioned to a Corporate with no recompense to the widow.
Janet Clarke had been appointed to the new role as Chair of LPN for the combined Area teams as 2 days a week said the Chair. Janet had met Kathryn Nelson and had learnt that the previous core group contained Brian Kelly, Andy Corke, Mike Betteridge and David Pulsford. Little progress had been made within that previous LPN with few minutes and action plans. There was a single project on Care homes in Hereford and Worcestershire run by Janet Hayes-Hall, 2 new GDPs are being recruited to the LPN from AHW.
The commissioning guides were launched in London for LPNs; our local model is what is being suggested for MCNs feeding into an LPN. The dementia project from Birmingham Black Country and Solihull with 6 practices in November and staff attending training, was due to start soon. HEE is using £30,000 for CPD training from underspent budget. Chairs of MCNs have been asked to scope the commissioning guides and prioritise, and centralised referrals were being considered, with consultant guided referrals. Clinical Assistant places in Oral Surgery were being considered.
The terms of reference of the MCNs was being standardised including term of Chair.

4. GDPC

Dave Cottam spoke about the meetings with Carol Reece where he and the Chair had managed to get some sense into Christmas cover arrangements without formal subcontracting. Dave said he wanted to extend this to normal holidays. The Chair of GDPC had met indemnifiers over issues raised via GDPC about colleagues being abandoned with GDC cases. There were issues regarding the 28 day recall attendance

programme (Contactor Loss), with self-audits and getting data from the BSA, BDA believe there is a lot of under claiming. There has been a survey of young dentists and clinical confidence, 25% had responded they lacked confidence in molar endo, crown and bridge and MOS.
Dave Cottam continued 100 practices would be going into prototypes in a 50/50 split and explained that DQOF would not apply in the first year and explained the reduction of activity allowed by the DH/NHS England based on 20% for Band 2 and 30% for Band 3 after lobbying by GDPC. There was also concern about contracts for associates within the prototypes unless performer level data was available. Meetings for sharing the data and efficiency savings had been cancelled.
The DDRB issue was discussed about the offer from DH to bypass the DDRB process but have 4% efficiency savings, DDRB would only award uplift for pay and exclude expenses, but had been asked by the Treasury to target the pay uplift. This may therefore end up at GMPs not GDPs.

John Milne updated the meeting on CQC. John had been tasked to quality assure the inspection process and the dental registrant that attends, 90% are dentists but 10% are DCPs. There was an effort to concentrate on the issues that were important, is this practice safe for your family member? He had no problems with placement of mops and recording LA batch numbers. If practices were dirty and no one knew about safeguarding or cross infection procedures then problems would occur from the inspection. The new inspection process was more in depth and thorough, 10% of practices (1000 per year) and 300 have already been done with 90% passing without problems. The registration for practice sales is still not perfect but a portal makes it slightly easier. Notable practice was being sort via the BDA in Practice in conjunction with the CQC. Thegan Moodley raised the issue of a practice inspection in Worcester where the inspector had gone off on sick leave and had to be re-inspected. John Milne said he understood the practices were given the option of a third inspection or the original report being issued. Thegan said that the report was lost, and John apologised for that.
Vijay Sudra asked about the GDC partnership with the CQC, John spoke about the meetings of regulators over triple jeopardy. The regulation programme board document is now ready to be released with ambitious targets to prevent multiple jeopardy.

5. Treasurer report
The Treasurer said he had cheques from Shropshire, Coventry and North Staffs but others were still in debt, the current account stood at £2200.

6. **Any Other Business**
None