Notes from BDA Regional Liaison Day Meeting 21st August 2020

GDPC update

Dave Cottam welcomed Mark Green to the Exec to replace Leah Farrell. One of the motions was discussed about the career associate that was passed at Conference but voting 75% against, 11% for and 14% abstained.

Key measures

1. Access – completion of FP17 and minimal activity, unique patients fe and non fee payer and recalls and agreed opening hours and proportion of nhs/ private. Wil be a requirement to look at AGPs done and where
2. Health inequalities
3. Prevention
4. Annual declaration

Looking at metrics to manage the rest of the year and guidance for end of year work being done at NHS with working groups.

2. Flexible commissioning packages and starting well , diabetes and care homes. Funding may be an issue with these.

With regards to unique patients they will be looking at what is done through AAA.

3. Prevention – looking at long term not just BPE and fluoride applications
4. Risk assessments, ? If continue FFt, Number of AGPs done and efficient use of time

Ortho – 2 meetings that have been held
Confusion over what can and cant be done, problem is how they are going to see new patients
160% of time now used to see pre Covid activity.
Barriers with some areas having waiting lists and some don't
Triaging process

Letter receive from Helen Miscampbell and proposal is that GDPs will get 2.5% increase
2.8 for FDs and training grant
Stat Maternity pay 148.64 to 151.20

Regional Updates

NW- Stuart Allan – Flu vaccinations and Fit Testing
LDC had organised fit test training for practices to gain resilience so that there would be a fit tester in each practice. However, subsequent Honorary contracts whilst not required particularly in the area red tape seems to be hindering collaboration during the pandemic.

North East – Levy – the corporates has paid for associates and now they are paying it people are wanting to withdraw
Occi health – difficult to get services
Amount of form filling an issue

York and Humber
Fit testing sorted by LDC and NHS late to game
Local initiative to get unregistered patients to call dentist first rather than 111
May in pause ortho tender in October and may go ahead unchanged, issues with who has been given lots (five contracts rolled into one lot) and if this one individual fails then this may have dramatic effect

Eddie - FOI NHSE request has not been fulfilled 8 months on with regards to orthodontic procurement. Emma Wallace has advised the FOI response is forthcoming.

Wales – 90 % of contract value to practices now that are offering AGPs.

West Midlands (see attached report presented)

Wessex – Keith Percival – report as stands but during the crisis with NHSE they developed a group SOP and PPE group have survived and it's a shame that some groups have not considering the confusion that is at present and would be answered by the groups that have been lost.
PASS is busy and a serious case at the level of a police investigation was raised fernd signposted

South East Coast – Emanuel Lazanakis
Mandatory for all practices to offer AGP to all patients that contact the practice but some practices are receiving a high number of cases.

Carol Reece
May issues had already been covered in reports and by Vijay Sudra

Q3 and Q4 not a lot more to add to this but work ongoing

20% outcomes and FAQs on BDA website now and sent to all members

20% figure came from Private Office (Simon Steven's Office)

Compass Triage looking to be moved into practice management software, this will give a true number of attenders and non attenders

Gateway is now very comprehensive to gain permission to send documents

Some regional teams are more active in collecting details of associates that are not being paid to previous levels. Working with NHSBSA that this can be logged through COMPASS by performers for a single point of truth. Work needed to make this work for nurses and other people that do not have access.

DHSC statement of financial entitlement is being tightened that providers have to pay performers

Once get answers from associates then that information may go to year end reconciliation

Health risk assessment and how this will be managed regards going back to work

Legal action is underway regards pay from associate standpoint, the BDA have 540 cases

Development of Service
About a moth ago an option was presented so only have sketchy idea

What has been presented is too complicated as the objectives are not smart

Talk that integrated care systems may be utilised, nothing new on table just re hashing all old systems

Next week may have sight of metrics to new system

Ideal system – linked to Time and time commitment to NHS and seeing same proportion of NHS patients. NHS concerned that private will be exploited.

The feeling was one to get it done right for a new payment mechanism and not rushed. An expected reduction in fallow time of 50% does not equate to an increase of through put of 50%. It does not look likely that this will be in place by the 16th September 2020.

Speak up Guardians
Sarah May – Leicester LDC – contacts have increased dramatically. Deep concerns that the national Guardians Office are secondary care based and does not fit with small practices and primary care.

Practice should provide their own Guardians and then possibly LDC overarching. Have dealt with very simple things so far with working hours up to very serious cases with mental health issues.

The BDA paper on this is excellent.

SNOMED
Agreement that 2021 for introduction but every performer will need to put in additional info. Members discussed and need listing
Not everyone has been able to meet.
Need round table meeting with demonstrations to see how easy it is and how possible it is for Software suppliers to achieve.
Underlying principle of SNOMED is sound and will be helpful in the long run for the profession.

LDC Levies
All LDCs have been setup as individual entities. All LDCs will be paid from August on 1st September schedules.

LDC Conference
Virtual conference didn't work perfectly but lessons have been learnt. Officials Day 27th November 2020. Manchester Conference 2021 will most likely be a hybrid event. A lot of new attendees wanted the Saturday remote so still at home and no down time from work but others missed social interaction.

Adam Morby
21/08/2020