

# CIOS LDC NEWSLETTER

CIOS Newsletter

February 2015



## CHAIR'S REPORT by Andrew Taylor

Andrew advised the meeting that the Devon and Cornwall area team have now merged with Bristol, Somerset, North Somerset, and South Gloucestershire.

Representatives staying include Andrew Harris, Lynn Coombes and Sarah Mcfarlane.

James Glanville, Bridget Sampson and Graham Lockerbie have all gone. The Clinical director is Anthony Farmworth. It is now called the South West Sub Region.

There is talk of the LPNs merging although the BNSSSG LPN never really formed or made any progress.

Dentistry is to be commissioned by the CCG's although it will currently require a change in the law for this to happen. Time limited contracts maybe affected.

The area team and BSA have a specific group set up to look at gaming and how UDA's are achieved in the period between

January and April in Lincolnshire and Hull. Also the dental assurance framework progress is picking up pace.

There had been an



Andrew Taylor

infection control breach at the referral management centre when a radiograph was sent inside its packet. This was going to be addressed with the dentist responsible.

Providers are reminded that new performers are required to register with the DBS for the annual update process to enable providers to review the performers status in line with CQC and NHS England requirements.

The LDC special conference was well attended and the summary and photos were sent around the members via email and placed on the website.

Invites are now out for expressions of interest in prototypes. The details are on the LDC website and have been sent to the email list. The word is that joining may be beneficial to some practices.

We would advise you look very carefully at the details.



### Inside this issue:

GDC Engagement Meeting	2
CQC Engagement Meeting	3
Contact Details	4

**GDC ENGAGEMENT MEETING AT ROYAL SOCIETY OF MEDICINE 27 JANUARY 2015.**

By Peter Hodgkinson



Peter Hodgkinson

There were fifteen attendees including three representatives of LDCs, and representatives of DPL, MDDUS, DDU, Faculty of GDP, Faculty of Dental Surgery, Undergraduate Education, Association of Dental Groups and the Dental Laboratories Association.

Representing the GDC was Elyvynne Gilvarry, the Chief Executive, Bill Moyes the Chair of the Board and Jonathan Green the Director of Fitness to Practice.

The initial presentation made it clear that the meeting was the first of regular two monthly

meetings to be held with stakeholders for the foreseeable future. There was no reference to the BDA or its lack of representation throughout the afternoon.

**Fitness to Practice.**

There was regular reference to the increasing workload with incoming Fitness to Practice cases increasing from 1400 in 2010 to 3150 in 2014, so approximately 250 new cases per week. The workload for caseworkers had become so large that a big backlog developed, and two new teams of eight were recruited to clear 750

cases. The Council allocated £620,000 specifically for this purpose and a number of new initiatives were launched.

There had been regular staff changes in the Fitness to Practice team creating low morale, and so as well as a refined induction training for new staff there was enhanced training for existing caseworkers.

Between 20 and 40 cases are triaged daily, and it was taking over 30 days for a case to reach a triage team. This has now reduced to a fortnight, and the target is three to four days. An

“I obviously have my own opinions but do not feel that they should be included in this report.”



Internal Compliance team has been set up and is using the same criteria as the Professional Standards Authority. There has been a big improvement in quality, time and ‘customer’ service. A question was asked about who the GDC perceives its customers to be! This was neatly side-stepped. However the time for triaging is 98% compliant with the set Key Performance Indicators compared with 45% in the previous year.

**Fitness to Practice Hearings.**

The number of wasted Hearing Days had been reduced from 41% in 2012 to 18% in 2014. There was

133 initial Performance Committee Hearings in 2013 and there are 375 forecast for 2015. The breakdown of outcomes in 2014 was approximately 30% Suspension, 21% Not impaired, 9% Reprimand, 18% Conditions and 20% Erased.

**Fitness to Practice Improvements - 2015 Initiatives.**

To engage a Dedicated Screening Team, who will focus solely on triage (2 day KPI) and faster Interim Orders referrals (28 day KPI)

To have a Lean Review of FTP process with added focus on quality and

timeliness.

To improve Customer Satisfaction with online feedback from registrants, informants, and witnesses.

A Section 60 Order has been approved to engage Case Examiners with powers to agree undertakings. These case examiners will be half professional and half lay, and will be recruited to commence hopefully between April and June of this year and as teams of two (one lay and one professional) will hopefully prevent a significant number of cases reaching the Investigating Committee.

**GDC Continued.....**

**NHS Complaint Pilots.**

The GDC is aware that it has been handling issues that should have been handled elsewhere and it has launched a Pilot to try and work out categories of complaints that should be investigated outside of the GDC arena. The trial will take place from 2 February 2015 and will involve the three Area Teams in London, plus Shropshire and Devon/Cornwall.

The GDC will work with the Area Team for any referral of dentists working in these specific areas, and will hopefully prevent cases escalating inappropriately.

The potential benefits identified by the GDC are

- a) A more proportionate and efficient approach to performance management issues
- b) A chance to focus the GDC's resources on cases where patients are at risk and a registrant's fitness to practice may be impaired
- c) An opportunity to encourage better use of the NHS performance management framework and use local remediation to address performance issues.

**Registration Improvement.**

There is an initiative to improve the efficiency of EEA dentist and UK DCP applications. Also there are initiatives to significantly reduce the backlog of

candidates waiting to sit the Overseas Registration Examination.

**Standards and Education.**

The GDC are comfortable that there is less ambiguity in the Standards publication than previous guidance. They are in the process of developing a Standards app for dental professionals.

Inspections of all BDS programmes have been completed with 42 Quality Assurance visits in 2013/2014. The first Annual Review of Education was published in 2014.

**LDC Website - <http://www.cornwall-ios-ldc.co.uk>**



**Other new Initiatives.**

These include New Research, the formation of the Regulation of Dental Services Programme Board, which is a joint working initiative of GDC, CQC and NHS England, plus an Online Patient Panel.

Questions were asked about triple jeopardy, increased local resolution like the methods employed by the Dental Complaints Service, more effective signposting and inappropriate Interim Orders

**Committee referrals.**

I have kept my report factual as I am aware that a number of colleagues have questioned whether this meeting should have been boycotted. I decided to attend as a representative of the South West LDCs to listen and learn and be in a position to inform colleagues of the initiatives being made by the GDC to address our concerns. I obviously have my own opinions but do not feel that they should be included in this report.



Dominic Kiernander - proposed candidate for GDPC elections for Devon and Cornwall in February 2015

**REPORT ON THE CQC MEETING**

Dominic Kiernander attended the dental co-production workshop in London on 6/1/15. It was asked what does good and outstanding look like in a dental practice? Dom stressed the importance that what is best practice in one surgery is not the same as in another. E.g. a strict aseptic technique in implantology which would be completely inappropriate in orthodontics. It is also unjust to judge newly qualified dentists by standards of best practice which may reflect specialist knowledge, skill or experience. We need to take into account the overall holistic needs of a patient. Setting standards of best practice may also drive down quality of dental care as a successful business is only able to provide 2 of the 3 things of low price, quality, service. NHS practices have a fixed price dental service. To try and force the provision of high service and high quality will lead to failure of businesses who do. Much of the best practice proposed is improved service measures. In increasing the measures of service without increasing price there will be the unintended outcome of forcing down quality as businesses struggle to survive. The CQC does not have a legal remit to be rating dental practices. Practices would be rated on non-clinical criteria, which does not represent clinical care. This may drive down quality of care. Not one of the delegates at the last meeting agreed with a ratings system for dentistry. Cornwall made a formal submission against the rating system at this meeting. A role for a dental reference officer inspection is viewed as a way of assuring and promoting clinical quality. A compliments and suggestions box in reception is a good idea.

# Cornwall and Isles of Scilly Local Dental Committee

**Chair:-** Andrew Taylor, Wadebridge  
aitaylor3636@hotmail.co.uk 01208 813816

**Vice-Chair:-** Finlay Bason, Lostwithiel  
fin@lostwithieldental.co.uk 01208 873290

**Secretary:-** Melissa Taylor, Truro  
Melissaaainsworth17@yahoo.com 07989 953664

**Treasurer:-** Carrie Bradburn, Truro  
carrieb@btinternet.com 07980 241619

**Website Coordinator:-** Anna Taylor, Truro  
dental@thetreatmentcentre.org 01872 241955

Daniel Ball, Wadebridge  
wadebridgedentalcare@hotmail.com 01208 813816

Adam Blake, Truro  
trurodentalhealth@uwclub.net 01872 272398

David Brookes, Penzance  
crazydentist@hotmail.co.uk 01736 363925

Zoe Harrington, Truro  
zoe.harrington@plymouth.ac.uk 01872 258104

Stephanie Higgins, Falmouth  
higginssteph@hotmail.com 01326 313344

Dai Jones, Carnon Downs  
daijones@welldental.com 01872 863399

Dominic Kiernander, Truro  
dkiernander@yahoo.co.uk 07973 435147

Sarah Mount, Falmouth  
sarahjd55@hotmail.com 07855 460176

Charles Taylor, Truro  
dental@thetreatmentcentre.org 01872 241955