CIOS LDC NEWSLETTER

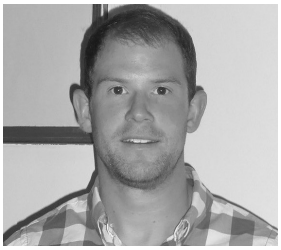
CIOS Newsletter July 2015

CHAIR'S REPORT by Andrew Taylor

Andrew attended the GDPC-LDC regional liaison meeting in London last month. At this meeting he was advised there would be an updated LDC secretaries handbook produced and will be sent to all LDCs. It was suggested at this meeting that Andrew attend for the whole of the southwest sub region. As this is such a very large area now he strongly objected to this. At the next meeting John Cantwell (secretary from Avon LDC) will attend as well as Andrew.

There were discussions on the new contract dates and the years 2018/19 were now being advised.

The new CDO for England has been appointed. Sara Hurley qualified from Bristol in 1988 and has a long history in the Army where she has been the chief dental officer. She takes over from Barry Cockcroft.



Andrew Taylor

Next year's LDC Conference will be in Manchester and will be a 2 day event. Problems with PDS contracts were discussed. In the south west we have a few PDS contracts still but have not heard of any problems with swapping to GDS. The BSA are doing a dental activity review. 800 practices will be contacted nationwide with the highest 28 day re-attendance figures. Letters will be sent out this week. Details about this can be found on www.nhsbsa.nhs.uk/dar

As an LDC we are available for any practice to contact if they are concerned about receiving one of these letters.

The GDC pilot in conjunction with the PAG has only identified 4 cases nationwide they can pass back. None of these have been referred back to the south west area.

Inside this issue:

PASS (Practitioner Advice and Support Scheme)

There is one case from the South West sub-region, which Sarah and Carrie are looking after. The Mentor Training Day is going ahead in August. Jane Moore from the SW Deanery has agreed to travel down to Truro to run the training day for us. Jane will allow 6 people on each course but Carrie, as Postgraduate Tutor, and PASS Chair will be allowed to make the numbers up to 7. We will all be available to any Dental Practitioner in Cornwall needing support or advice. PASS members are shown on the back page of this Newsletter.

Occupational Health

Steph was unable to get further specific details about the occupational health service being offered by Devon Doctors or BHSF despite attempts. The occupational health cover for dentists being added as a new performer was discussed and Carrie will find out about coverage for this group of dentists. NHS England is finalizing a standard service specification that will be used by regional teams to commission occupational health for dentists and doctors that will cover needle-stick injuries. There will be a delay in new service provision.

Dominic Kiernander

GDPC REPORT

By Dominic Kiernander

GDPC REPORT FROM 11 JUNE 2015

Occupational Health

GDPC discussed the current position with NHS provided Occupational Health. The need for full cover across England was emphasised particularly for needle-stick injuries. Henrik Overgaard-Nielsen (GDPC Chair - HON) emphasised that this point had been made to NHS England. [DN: NHS England is finalising a standard service specification that will be used by Regional Teams to commission occupational health services for doctors and dentists that will include needle-arrangements for needlesticks. Once published, Regional Teams will tender for these services. There will therefore be a delay in new service provision.]

Contract Reform

Approximately 100 prototypes would be starting in the autumn with about 60 former pilots and 40 new practices. Non-pilot prototypes have now been informed and in the coming weeks there would be assignment of prototypes to either blend A or blend B. GDPC continued to support a contract based on 100 per cent capitation.

NICE Recall Guidance

The revised Dental Quality and Outcomes Framework to be used in the prototypes included compliance with NICE recall guidance. The guidance was currently static which meant it would not be reviewed until 2019 or until new evidence is produced. There was concern within the dental community that the guidance is not really evidence based, is very difficult to implement because there are a group of patients who wish to be seen every six months and many dentists did not feel comfortable with 24 month recall intervals.

DDRB and Contract Uplift 2015

GDPC had confirmed its opposition to the 1.34% uplift in contract values. However, despite this opposition, DH had said it was hoping to implement the uplift in July, backdated to April.

The Chair repeated that the BDA was asking for practice owners to share their accounts because there was a need to attempt to provide robust evidence to the DDRB on practice expenses.

NHS Commissioning Guides

The Chair of the BDA's Principal Executive Committee and members of GDPC Executive met the Acting CDO (ACDO) to express the serious concerns that the BDA had about the guides.

The ACDO had stated NHS England's position that the guides represented the principles for commissioning specialist services and a lot of work needed to be done on implementation. She had also confirmed that level 2 and 3 care represented care done on referral.

"Approximately 100 prototypes would be starting in the autumn with about 60 former pilots and 40 new practices"

The BDA had produced detailed comments on the guides and GDPC considered and approved them subject to the inclusion of some general points at the beginning reflecting GDPC's concerns that:

•Managed Clinical Networks were not always established or working well in many areas. The costs of the additional consultants/ specialists that will be needed to lead the managed clinical networks must be considered and a clear plan of action developed to meet this cost.

•The guides are not fit for purpose; more time is needed to develop the infrastructure that will be necessary. We know that commissioners are already trying to implement them without realising that there are issues with data, training, workforce and needs assessment.

•As yet it is not clear what the training and accreditation pathways will be for dentists providing level 2 procedures on the NHS on referral. There needs to be clear messaging from NHS England regarding the timetable for the development of the accreditation and training processes.

•We remain concerned about the medico-legal issues for practitioners carrying out level 2 procedures within normal GDS contracts/PDS agreements. Mention should be made of this issue within the guides.

•It should be made clear that referral management centres are not the default way to handle referrals. Patients and dentists need a choice about to whom referrals are made and adding an extra layer of administration to the process is wasteful of NHS resources. Experience with some RMCs has shown referrals being sent back to contractors inappropriately or where there is was a need for training and mentoring for the dentists' referring because they did not feel

GDPC Continued…….

competent to perform the procedure, this was not provided.

•There was great concern about what was happening to patients whose referrals were being bounced back to providers who did not have the skills or experience to undertake the procedure in the particular circumstances.

Dental Activity Review (formerly known as the Contractor Loss Programme)

The Committee received an up-date on the BSA's dental activity review programme that was looking at all contractors' records on the numbers of non-urgent courses of treatment provided to unique patients within a 28 day period. The beginning of the programme had been delayed and it appeared it would start in June rather than May. All contractors would be written to giving their figures for this metric and how they compared to national and local averages. The 300 contractors with the highest percentages would be asked to submit records for named patients. The next 700 would be asked to conduct their own audits. BSA estimated that incorrect claiming was occurring costing the NHS £74m (this was based on previous NHS Protect modelling that the BDA had criticised heavily).

As before, GDPC was concerned about this initiative and wondered why BSA was looking at claiming patterns where there were grey areas, rather than outright fraud regarding ghost patients or claiming for treatment that had not been provided. This current initiative could only lead to practitioners not making claims because they were concerned about their actions even where claims were entirely legitimate.

Implementation of Contract Value Uplift: Associates

GDPC had a lively debate on what the BDA should be recommending in terms of contractors passing on the 1.34 per cent uplift to their associates. This year DDRB had recommended that all dentists should receive an uplift of 1 per cent on their taxable income. GDPC agreed that associates must be paid fairly for the work they do.

HON agreed that the Executive would consider the debate and agree a form of words to use, which is included below:

"The Doctors and Dentists Review Body this year recommended an increase in net pay of 1% for independent contractor general dental practitioners in all countries of the United Kingdom. The award has been implemented by the Department of Health in England and by the Welsh Assembly Government, although they have both abated the amount allowed for staff costs, resulting in a gross uplift of 1.34%. In Scotland, the recommended gross award of 1.61% was implemented. No decision on implementing the uplift has yet been made in Northern Ireland.

Whilst the DDRB recommendation does not relate directly to the pay of associate dentists, associates might reasonably look to the award for an indication of an expected uplift in their own income.

The GDPC recognises that practice income has been under enormous pressure for a number of years and therefore any decision on pay increases for associates will inevitably reflect local business circumstances, and will be a matter for direct negotiation between the parties.

However, the GDPC would expect practices to recognise that associate income has also declined significantly in real terms, and to reflect the DDRB award in associate pay wherever possible.

Associates are encouraged to engage with practice owners to discuss their contractual arrangements in light of the DDRB uplift."

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

CORNWALL Local Dental Committee

PDLP by Fin Bason

Fin is attending video conferencing facilities in Saltash. The first meeting he couldn't attend but read through their findings after and gave dental representative advice. He attended last weeks meeting which was between Taunton, Bristol and Saltash. Everyone agreed that it was actually quite an effective way of conducting meetings. He felt it is important to attend as some of the evidence put forward as "fact" by the dental officers investigating, could-n't be supported on the basis of the evidence in front of them, which is all they are allowed to consider. All other members at the meeting took it at face value and were grateful for the representative input. They asked at the end if a lot of the paper evidence could be omitted in favour of the investigating summary of the case but he felt it should be retained, as this was where he could examine and challenge. He felt that without this evidence then there isn't much need for a dental or profession specific rep as we would all come to the same conclusions if presented with a summary that is invariably biased by the investigating officer.

LPN Steering Group for Referral Network for Restorative

by Fin Bason

Main thrust is that they want Plymouth, Truro and Exeter dental schools as the referral triaging point run by restorative specialists administering 2nd tier of appropriately qualified " specialists" distributed around the patch. Fin is pushing for the chance for GDPs to be able to be involved in their own local networks on a primary or first point of call level for more simple referrals which could keep costs down and hopefully help dentists to have some more interest in general practice and be able to put higher level skills that they may have to good use. It can also benefit in helping develop communication and teamwork in the networks. Obviously it would be up to individuals if they chose to apply or not.

Cornwall and Isles of Scilly Local Dental Committee

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

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

Secretary:- Melissa Taylor, Truro PASS Member
Melissaainsworth17@yahoo.com 07989 953664

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

GDPC Rep:- Dominic Kiernander, Truro PASS Member
dkiernander@yahoo.co.uk 07973 435147

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 PASS Member
crazydentist@hotmail.co.uk 01736 363925

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

Stephanie Higgins, Falmouth
higginssteph@hotmail.com 01326 313344

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

Sarah Mount, Falmouth / Truro PASS Member
sarahjd55@hotmail.com 07855 460176

Charles Taylor, Truro
dental@thetreatmentcentre.org 01872 241955