CIOS LDC NEWSLETTER

CIOS Newsletter **May 2015**

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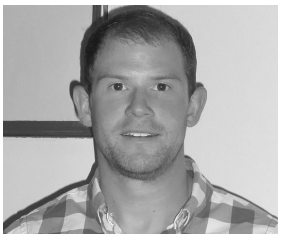
CHAIR'S REPORT by Andrew Taylor

The PAG and PLDP need representatives from the LDC to be trained on a 2 day course run in various venues across the UK. Fin and Carrie have completed this course.

The BSA are looking at the 400 outlier practices for claiming between January to April. Then the next 800 outliers will be also be reviewed.

Andy Taylor will continue to represent Devon and Cornwall at the LDC-GDPC regional liaison



Andrew Taylor

meeting.

Commissioning guides are not ready and will not be released yet due to Purdah before the next General Election.

The LPN meeting has been cancelled for May and the next meeting has been left for the end of July.

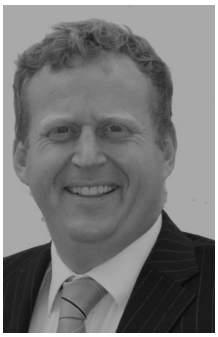
It was agreed to arrange a meeting with Healthwatch to continue to raise our concerns.

The committee agreed inviting Andrew Harris to this maybe beneficial as Healthwatch Cornwall do not seem to be listening to our concerns.

Healthwatch Cornwall

PASS (Practitoner Advice and Support Scheme)

DCIOS are now part of the pilot scheme for the GDC improving standards. LDC members forming a PASS Committee are advised to have Mentor Training by the South West Deanery. Carrie will find out how many positions we need to fill. We had 10 people in the committee who expressed an interest in attending. The suggestion was made that perhaps Jane Moore would be willing to come down here to prevent so much travel for LDC members.



Dominic Kiernander

GDPC REPORT

By Dominic Kiernander

The new GDPC met on Thursday 19 March, and, for the benefit of the large number of new members were given updates on the BDA structures, the current position with regard to contract reform and the outgoing Chair John Milne gave a presentation looking at the challenges for the future.

Contract reform

In terms of contract reform, there will be two prototypes, with different proportions of contract value attributed to capitation and activity. Type 1 will have existing Band 1 and urgent care rolled into capitation, and Type 2 will include both Bands 1 and 2 within the capitation element with advanced care being attributed to activity. Both models will include 10 per cent of contract value related to quality and outcome measures. The committee considered models of how the financial arrangements might work in a practice with average UDA values.

The committee expressed many anxieties about the prototype models, and were particularly concerned at the retention of activity components which retain the discredited UDA. Many felt that the potential gains in oral health that the oral health assessment and disease risk stratification might bring would be compromised by retaining activity targets.

Future challenges

John Milne suggested that the committee would need to consider future challenges.

These challenges included whether government was still motivated to reform dentistry and questioned its ambition to improve oral health, highlighting the recent survey data that demonstrated unacceptable levels of decay in children. The treatment needs of the heavy metal generation will prove difficult to meet over the next 20 to 30 years, but John highlighted the general population improvements in oral health with those under 40. Their treatment needs for advanced care will be far less, and the ability of all dentists to be have enough clinical experience in all the disciplines in general practice might be reduced. These pressures bring into context the concept of tiers that are the subject of NHSE commissioning guides. This might result in the movement of some care from secondary to primary care which may benefit dentists with enhanced skills. This issue is also complicated in that NHS England believes that there is a problem with inappropriate referrals into secondary care. Part of the solution may be to define more clearly just what care should be provided within a standard GDS or PDS contract.

The committee was then urged to carefully consider the NHS Five Year Forward View document and the possibilities of co commissioning dental services.

Funding is being made available to develop Multi-specialty Community Providers (MCP) and Primary and Acute Care systems (PACS) both of which involve federated models and the cooperation of different professionals to deliver integrated patient care. The GDPC is concerned to resist the dental budget being controlled by GPs, but this is an agenda that will need careful planning and strategy. Small practice units may come under threat, and some may well feel there is a more secure future within the private sector. John suggested that the corporate sector will be open to new

"Unacceptable levels of decay in children."

GDPC Continued.....

opportunities and that dental practices might consider the benefits of shared premises and possibly some staff in the future.

Meeting on 20 March 2015

Elections

Elections were held at the start of the meeting and Henrik Overgaard-Nielsen was elected as GDPC Chair and Dave Cottam and Richard Emms as Vice-Chairs. Shaun Charlwood, Nilesh Patel, Brett Sinson and Nick Stolls were elected to the GDPC Executive. These positions are all elected annually and are essentially the team that negotiates with the Department of Health and NHS England. Elections were also held for the GDPC Remuneration and Legislation Sub-Committees and the Associates' Group. For the latter, the Executive will look at its constitution to ensure that younger associates who have never been practice owners are fully represented.

GDC/NHS pilots

The committee discussed the GDC/NHS England pilots that were taking part in five Area Teams until January 2016. Members expressed concern about the pilots because they appeared to focus on ATs dealing with complaints that should be referred back to practices for local resolution. There was a lack of information and more detail on the pilots will be obtained.

Contract reform

The GDPC heard that a DH announcement on successful applicants for dental prototypes was expected by the end of March.
A newsletter to current pilot practices reported that the reform programme received 206 expressions of interest from non-pilot practices and 88 from the current pilots.

There was unhappiness with the proposed remuneration package for the prototypes particularly the retention of the UDA. The package did not recognise that prevention was a valuable activity and that UDAs had been thoroughly discredited. There would be significant financial risks for prototypes and so providers with a lot of practices would find it much easier to take part. This could further distort the representativeness of the prototype group, with small practices being under-represented. The prototype remuneration model seemed to have been designed to generate patient charge revenue and facilitate easy commissioning, rather than deliver better oral health.

Concern was expressed about the pilots who may not be selected for the prototypes. Particularly these practices needed to be given enough time to deliver their pre-pilot UDAs. John Milne had written to the Department of Health identifying the issues that needed to be resolved here.

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

CORNWALL & IOS
Local Dental Committee

NHS commissioning guides

The Committee received correspondence between the Deputy CDO and John Milne/Mick Armstrong regarding the draft NHS England commissioning guides for the dental specialties. The BDA is critical of the development process, lack of a formal consultation and the current state of the draft guides for orthodontics, restorative dentistry and oral surgery. The restorative guide is being delayed until September, but it is understood that the others might be published as drafts with the final versions published after the election. A meeting is being organised with the Deputy CDO to discuss BDA concerns.

Contractor loss exercise

The forthcoming BSA contractor loss programme was considered. In April/May, 300 practices with the highest proportion of two or more courses of treatment within 28 days on the same patient would be contacted and asked to submit record cards. Following this, the 800 practices with the next highest levels of split courses of treatment would be asked to do a self audit. The GDPC expressed concern about the process and these concerns would be expressed again to the BSA at a forthcoming meeting.

DDRB

The recommendation of a one per cent increase in NHS dentists' pay by DDRB had been translated into 1.34 per cent uplift in contract values by the Department of Health. The Department is legally obliged to consult the BDA on uplifts and had done so. The committee was unhappy that the Department had decided to abate the allowance it had made for practice staff costs. A response would be sent disagreeing with the proposals.

Satisfactory completion of Dental Foundation Training

The CopDend consultation on satisfactory completion of DFT was considered together with the draft BDA response. The consultation can be found at:

http://www.copdend.org/content.aspx?Group=consultations&Page=consultation_satisfactorycompletionofdentalfoundationtraining

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