

# CIOS LDC NEWSLETTER

CIOS Newsletter

November 2015

## Daniel Ball BDS MSc

The LDC heard the unhappy news that Wadebridge GDP Daniel Ball passed away last month.

All committee members expressed their sadness at the recent loss of a fellow dentist and LDC member.

Our thoughts are with his family at this difficult time.



## Chair's Report—Andrew Taylor

Andrew attended the LDC joint meeting with Devon. The outcome of the orthodontic needs assessment was not agreed with by orthodontists. It was based on old data. It seems that existing contracts may be extended by 2 years as things are still up in the air.

The LPNs are not making good progress and it's disappointing it doesn't seem to be making tangible change to dentists working in secondary care.

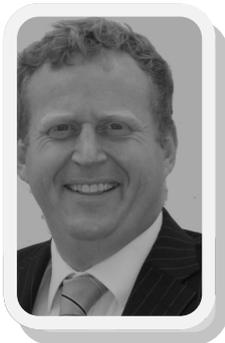
## Report on the Antimicrobial Resistance Meeting (CARG) - Adam Blake

Adam attended the first meeting on August 5th. The group is looking at antimicrobial resistance in Cornwall. They are looking at prescribing and accountability. Currently all medical GPs who are in the top 10% of prescribers of antibiotics are receiving warning letters. At the moment there is nothing similar for dentists and they are not sure what to do. They are gathering info at the moment. Andrew suggested they contact Andrew Harris to see if they can record antibiotic prescribing in some way. Charles mentioned to Adam to bring up about sugar free medicines when prescribing. There is currently a penicillin allergy de-escalation project as there is a simple test for this. It may be possible for dentists to do this? An antibiotic prescribing project in Cornwall was discussed at the end with the option of audits/questionnaires a possibility. Adam advised that a survey with CPD attributed might be a good idea. Educating the public to not ask for antibiotics is being explored. They are trying to get a place at the Eden project to promote this idea.



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**Dominic Kiernander**

“The DH accepted that the payment system seemed complicated but stated that they had to achieve a balance between simplicity, fairness and accuracy”

**GDCP Report—Dominic Kiernander**

The 2016 conference will be held over two days on the afternoon of Thursday 9th June and the morning of Friday 10th June with the conference dinner taking place on Thursday evening as is traditional. It will be held at the Hilton Deansgate, Manchester which will accommodate the entire conference as it did in 2014.

**Contract reform**

Keith Ellis from the Department of Health presented to the Committee on the remuneration mechanisms that will be used in the contract prototypes. He then answered questions along with Peter Howitt from the DH who is the lead for contract reform at the Department.

Key points of the presentation and question and answer session included:

- All prototype practices will be expected to deliver all necessary care to each capitated patient on their list - if more treatment than the minimum level is required, practices will be expected to deliver this within their overall contract value.
- Patients who received private care within an NHS course of treatment will have to sign their agreement for this information to be shared anonymously with the NHS otherwise the patient cannot receive NHS care at the practice
- DH is allowing for a fall of up to 20 per cent in Band 2 and 30 per cent for Band 3 activity for the 2014/15 out-turn for non-pilot practices
- If prototypes are running behind in their UDA targets they are able to take on new patients with commissioner agreement
- The DH intended to look at another way to measure activity and would work with the profession to produce it there was also a clear recognition that the current patient charge system does not fit with a prevention based care delivery model although in the pilots PCR didn't fall as much as the volume of treatment undertaken.



- Prototypes that are repeatedly failing to meet patient numbers and/or UDAs (that is achieving less than 90 per cent) may well find themselves receiving three months' notice from the commissioner to exit the programme.

Pilot practices and non-pilot practices that have been offered places on the prototypes are being trained and will then be told which Blend they are being offered as well as their UDA and patient targets. The BSA portal will contain information for prototypes on their up to date and projected performance, but it was still to be confirmed whether patient numbers, UDA performance and DQOF performance would all be available at performer level. Data for the DQOF was not yet reliable so it would not be used for payment purposes for 2015/16.

The DH accepted that the payment system seemed complicated but stated that they had to achieve a balance between simplicity, fairness and accuracy. When asked about the difficulty practices may find in recruiting new patients, particularly those with static populations or those in rural areas, the response was that surveys tell us that there are still patients wanting to find an NHS dentist.

**NHS commissioning guides**

NHS England has published the four specialist commissioning guides and the implementation process is underway. The Restorative Guide is still awaited. NHS England failed to take any of the detailed comments submitted by the BDA into account. Some regional teams appear to be forging ahead with implementation without doing the necessary needs assessment.



**Peter Howitt**

## GDPC Continued.....

### 28-day re-attendance

The Committee received correspondence between the Chair and the BSA regarding concerns held by the BDA on the current BSA initiative. There are concerns about BSA picking up claims that are within the regulations and delays in obtaining data for practices who wish to self-audit. GDPC members will meet relevant BSA personnel to discuss the issues in more detail. The Committee's belief was that under-claiming was the real issue rather than over-claiming.

### DDRB and efficiencies for 2016/17

BDA evidence to DDRB was currently being finalised, Public sector pay policy has been set for the next four years with Review Bodies being instructed not to exceed a 1 per cent uplift in pay across their remit groups. The Treasury had instructed the Review Bodies to target awards to deal with recruitment and retention issues. This left a real possibility that the DDRB would target its award to GMPs. The DDRB was also clear that it would not make a recommendation on contract uplifts/fee rises for GDPs this year and would, if asked by the Health Departments, make a recommendation solely on pay.

Discussions had also begun with NHS England on efficiencies for 2016/17. Four per cent efficiencies were required again this year and NHS England had some ideas for possible measures. At the end of the meeting it had been floated (by NHS England and DH) that the GDPC might want to explore the option of agreeing an efficiency package in return for the one per cent pay uplift and an additional amount for expenses, This was only an option at this stage and subject to agreement by both DH and NHS England. NHS England and the BDA would have to ask DDRB not to recommend an uplift for this year.

The Committee considered its position on the issue and agreed that the Executive should explore the options with NHS England but not make any approach to DDRB unless the efficiencies were acceptable. The Executive would come back to GDPC with any proposals that it felt may be suitable.

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



### FDs' clinical confidence

The results of recent BDA research into the clinical confidence of FDs finishing their training year was considered. The research had been written up for the October BDJ in Practice. The research showed that in response to the question "Overall, how confident are you in your ability to carry out clinical work in dentistry?" 25 per cent had responded that they were not very confident or moderately confident. There was a significant lack of confidence with molar endodontics, minor oral surgery and crown and bridgework.

Members of GDPC expressed concern about the situation and the experience some students received at dental school and within their FD year. It was acknowledged that it was difficult to train more complex skills within a stressful practice environment. There was a clear role for NHS England and MCNs to provide training and experience. The issue would be considered by the BDA's Education, Ethics and the Dental Team Working Group and actions that could be taken by the BDA.

### Christmas opening

NHS England had agreed a protocol with GDPC for managing Christmas opening. Budding arrangements would be allowed, without the need for formal sub-contracting. A letter had been sent to all NHS England dental commissioning teams giving details of the arrangements.

### Primary Care Support Services

Capita had won the contract to provide PCSS functions for area teams. For dentistry this was primarily performer list administration. Capita had promised to make arrangements so that dentists didn't have to travel too far to provide the personal identification information needed for admission to the list. Capita was due to present at the LDC Officials Day in December.

### Summary Care Record

Allowing dental practices access to patients' summary care records was currently being investigated and costed by NHS England. We have met them to discuss the benefits to dental practices.



Please contact your LDC Practitioner Advice and Support Scheme (PASS) if you have any worries or concerns related to your professional life, or if you have any concerns regarding professional colleagues. Names and contact details of our PASS members are available overleaf [highlighted in blue](#) and we are happy to have a confidential chat at any time.

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