

CIOS LDC NEWSLETTER

CIOS Newsletter

January 2016

CHAIR'S REPORT by Andrew Taylor

Andrew has attended PAG meetings since our last LDC meeting. They are getting bigger each time with around 30-35 cases now it is the BNSSSG sub-group. They have not received any back from the GDC. There is a problem processing complaints currently as two members of staff have left suddenly. There is a backlog. As an LDC we agreed to raise this problem with the PAG and to ask them what they are doing to sort the

situation out and what has been the cause. There has been more of an emphasis that when a complaint

comes in they look at more than just the initial complaint taking into account information from the practice including vital signs. Andrew made it clear that he felt only the initial complaint should be investigated and information relevant to it used.



Andrew Taylor

LDC OFFICIALS DAY

This was a very successful day with Sara Hurley (CDO) speaking. Nick Stolls as LDC conference chair opened the day. Mick Armstrong then spoke and stated that we need to get oral health up the agenda of health in general, he specifically talked about oral cancer and its early detection. The oral cancer detection toolkit on the BDA website which gets CPD as well. Mick then moved onto the GDC. The current CEO goes in January 2016 and an interim CEO appointed, waiting to see what the new CEO is like. GDC consultation completely ignored and so the ARF is still at £890 per GDP per annum. The BDA wish for the Chair of the GDC to be a GDC registrant. He hoped the Professional Standards Authority (PSA) whistle blower report would be released before Christmas. The BDA PEC is meeting next week on how to respond to this report and all options are on the table. The BDA wishes genuine engagement not just engagement. Whole profession is anxious about the future.

Sara was very well received and seems to have improvements. Her aim is to be the profession. The prototype is the next step 2018/19 for the new contract with a clinicians in charge of commissioning. 3% and when it is clawed back it is not follow the money. Revalidation will come it. Lets control and design it. The department to an NHS dentist. It is 53% currently. Commissioning guides are not a clinical guide, they are for commissioners.

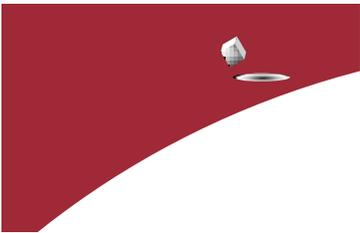


have the drive to make important advocate for the patient and the and not the last step. It is looking like gradual rollout of prototypes. She wants of the NHS budget is spent on dentistry protected. She is giving a guarantee to and she wants us to take ownership of ment of health is obsessed about access

Susie Sanderson spoke to say that C.Diff was increasing. One of the reasons is that clindamycin has a link. 20% of prescribing of this comes from dentists.

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LDC ELECTIONS

It is that time again.

Half of your LDC committee are up for re-election and some will be leaving so there are a number of places to contend. If you are interested in applying to become a member please feel free to contact any one of the current committee for an informal chat if you feel that may be useful. All our contact details are on the bottom of this Newsletter.

We have received a list of all performers in the area from the BDA now. Adrian Tyas is the returning officer (agreed by the committee). It was agreed that in the election letter we should ask performers if they know of any other performers in their practice that haven't received a letter. They will be advised to contact Carrie so we can add them to our list. A brief job description will also be included.

All dentists should be hearing from Adrian soon requesting nominations. If there are the same number or less than the places available, the nominees will automatically join/rejoin the LDC on 1/4/16. If there are more nominations than places then an election will be held.



“All dentists should be hearing from Adrian soon requesting nominations. ”



SECONDARY CARE PROVISION IN CORNWALL

This is felt to be completely inadequate in the south west currently. Andrew Harris had been sent an email by Andrew regarding the situation and he responded by saying that he thought it was a problem with the GA referrals. He confirmed they have not decreased their funding for this area. Treliske has had to decrease its list from 8 to 6 patients in a session due to the new rules that have come into force for anaesthetists. They are due to talk to practices concerned who maybe sending inappropriate referrals. They are also looking at the possibility of increasing access

by using Bodmin Hospital.

Some dentists on the committee expressed their concern about referring children for treatment, as they were also not being seen. There is a lack of staff currently in the expected roles. Fin, Sarah and Andy agreed to meet with Chris Roberts from PCH dental regarding this soon. We are going to try and get written confirmation from Andrew Harris about taking down the geographical boundary in organisations for referrals across the south west sub

region. It was mentioned that we should ask him where patients can address their complaints for a lack of service. It should also be a case that they advertise the positions more widely instead of on NHS jobs only.eg LDC email lists and Cornwall IDP.



LOCAL STUDY GROUP

The second study group was a great success and the next meeting will be on February 23rd. The details of this are to be put on our website and will be forwarded by email to people who have shown an interest. It was agreed that we will have 3 small groups/tables with 3 presenters of cases. Dom, Carrie and Dai agreed to do the next group meeting. Dentists are encouraged to bring a case along if they want to, please let Carrie know.

PERFORMER NUMBERS FOR FD1s

There had been unacceptable delays for FDs getting their performer numbers this year, which had led to some FDs being unable to work. This has now been addressed locally and nationally.



**REPORT FROM THE SOUTH WEST
ORTHODONTIC GROUP**

Dai Jones reported that all orthodontic contracts have been rolled on for another 2 years without change.

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



LDC BALL

Anna Taylor suggested an LDC Ball and has volunteered to organize one with the help of Sarah Mount. The committee all agreed it would be a good idea. Truro was suggested as a possible area due to it being centrally located.

This will be open to all Dental Professionals and hopefully will be advertised soon.

ARMED FORCES COMMITTEE

Report on meeting 28th October 2015

By **Dominic Kiernander,**

This was the first meeting of the Armed forces committee since September 2014. Ian Pretzel, formerly the head of the DDA, a retired brigadier and a regimental colonel (which gives access to command information), chaired the meeting.

Ian carries out almost all the functions of the committee, including

Cross representative to the BMA

Representation to the armed forces pay review body

The chair was at pains to explain that dentists have very little influence at a managerial level. For that reason they have, and wish to continue to be associated with the medics, who have far greater numbers, and hence influence. In addition there is no easy comparison for

pay for the dentists.

The new CDO has already been asked to dismantle the DDA. However she has made it clear that this would be unwise as should the NHS be asked to provide dental care it would provide NHS care, as opposed to care to fit the armed services.

IDH have expressed an interest in taking over the provision of care, however it was made clear that only those who have been UK trained and citizens are able to work on armed forces bases for security reasons.

The DDA are have received top rating from their customers in terms of what they do, as measured by the continuous satisfaction survey, however the provision of care is becoming increasingly difficult.

The support team, based in Lichfield has been cut from 40 to 6, and only 27% of DDA dentists have positive morale. The remainder have negative feelings towards the service.



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