CIOS LDC NEWSLETTER

CIOS Newsletter **May 2016**

Inside this issue:

CHAIR'S REPORT by Andrew Taylor

Andrew welcomed the new committee. New members are William Bateman, Emma Cox, Louise Hopper and Chris Roberts. Their contact details are on the final page of this newsletter.

The positions up for re-election: Chair, Vice Chair, Secretary and Treasurer. A vote was had and it was decided that Andrew Taylor would remain as Chair. Nominated by Dominic and seconded by Melissa. Fin Bason will remain as Vice-Chair. Again nominated by Dominic and seconded by Carrie. Melissa Taylor will remain as Secretary and was nominated by Steph and seconded by Dominic. Carrie will remain as Treasurer, nominated by Melissa and seconded by Dominic.

Motions were discussed for the upcoming LDC Conference. It was agreed that Adam would write a motion regarding managed clinical networks and Andrew would write two—one on how a healthy workforce is being allowed for in the new contract and the other on the pressure sub groups are being put under.

Andrew received an email from Andrew Harris asking his opinion on sending out an email to primary care providers asking if they would be interested in providing endodontics in general practice as part of the restorative problem. Andrew agreed this would be a good short term solution but that they were perhaps ignoring the bigger problem.

Andrew Taylor

Andrew attended a meeting in which the CDO Sara Hurley was present. She wants all clawback money to be tracked right back to where it ends up and, if it isn't in dentistry, wants to know why and will demand that it is kept within dentistry. She said there will be no UDAs in the new contract. She said 'No' to the DRO process starting back up again. It will remain as is now so only used for targeted cases. She said it would be in dentists' favour to increase their patient numbers prior to a new contract.

It is widely agreed amongst our profession that Compass is a very poor system. This is especially so for orthodontists. It is not mobile or tablet friendly and is not easy to navigate.

It would be advisable for providers to obtain their contract Tier 2 reports to see how their performers are doing and detect any 'red flags' and address them if necessary. These can be provided by Andrew Harris.

There is a new Masters programme in Oral Surgery starting at the Peninsula Dental School in 2017. Distance learning with contact days probably in Exeter in the new facility currently being refurbished.

The statement of financial entitlement does not best serve practitioners/ practices where someone is suffering with a mental health problem. This is because it will only provide cover when you are away from work for 6 continuous weeks. This is often not the case where you have a day off here or there for this type of illness but which could equally add up to more than six weeks off in a year.

At the Devon and Cornwall joint LDC meeting it was agreed that both committees would draft a joint letter to Andrew Harris requesting information on how our local clawback money has been used.

Farewell and Thanks

Dai Jones and Charles Taylor both retired from the LDC last month having served many years on the committee. The current LDC would like to thank them for the hard work and effort put in over their time as members. We wish them both well in the future.

Many thanks Gentlemen.

LOCAL GDP STUDY GROUP

The committee agreed this was very successful once again and also a good format. We will aim for 3 cases to be presented at the next meeting.

Wednesday 25th May at the Alverton, Truro, 6.30—8pm with refreshments from 6pm. Please contact carrieb@btinternet.com if you are thinking of joining this group.

"The CDO's role was to provide advice to NHS England, the Department of Health and HEE, rather than to lead on the commissioning of NHS care."

GDPC REPORT

By Dominic Kiernander

Henrik Overgaard-Nielsen was re-elected Chair and Dave Cottam and Richard Emms were re-elected as Vice-Chairs.

Sara Hurley, Chief Dental Officer (CDO) for England, presented to the Committee on current issues for general dental practice and answered questions. Key points from the discussion were:

· The CDO's role was to provide advice to NHS England, the Department of Health and HEE, rather than to lead on the commissioning of NHS care.

· The CDO's office's capacity was being developed and there were bids in for budgets for a number of projects.

· The focus of this oral health work included urgent care and out of hours, diabetes, tackling significant levels of oral disease in some populations and commissioning care for homeless people.

· Dentistry had to recognise the constraints on the NHS budget but the current budget was underspent with 1.5 million UDAs not being commissioned.

· More professional input into commissioning would be an advantage.

· Dental practices need to be seen as being able to have an impact with patients and the profession needs to be mobilised to work outside of its traditional area.

· When asked about falling practice profits, the CDO said that delivering high quality patient outcomes should be the focus of public-facing debate, rather than profit.

· The CDO suggested that practices having to collect patient charges got in the way of the dentist-patient relationship. It was not impossible to envisage alternative systems, such as a payment card solution for NHS care.

· When asked about continuous contracts, the CDO said that a personal view was that rolling contracts with quality indicators may be the way ahead, with those falling to meet KPIs not being rolled on.

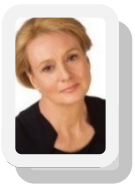
GDPC Continued…….

Regarding local devolution and DEVOMANC, the dental community's was a small voice, but it needed to make every effort to be heard.

· In response to a question about needing to clarify the NHS offer, the CDO said that it would restrict a dentists' clinical freedom for there to be a list of treatments available on the NHS where dentists should be able to decide what a particular patient needed in the light of their particular clinical circumstances.

· Regarding the prototypes, the CDO thought that the programme would deliver further learning and did not see Blend A or B being the final solution.

· For a small group of patients with high needs, there might be merit in looking at an additional fee per item arrangement.



· The Commissioning guides implementation was going ahead and work was being done to implement them. As far as referral systems were concerned, these could be centralised allowing economies of scale.

· The CDO had asked for an audit of breach notices from NHS England to see how many had been issued for what purposes.

· Throughout the discussion the CDO emphasised the need for the profession to present evidence and solutions to issues that concerned them.

Continuous GDS contracts

Following the Government's stated intention to look at whether to retain continuous GDS contracts as part of contract reform, the Committee discussed what could be done to resist any change. Continuous contracts saved expensive tendering processes, were highly beneficial to patient care, increased value for money because those tendering did not have to factor in the fact that the contract was short-term, facilitated practice investment and increased goodwill value.

Removing the cap on the amount of NHS care a practice can provide was also considered and it was agreed that there were clear benefits in enabling successful practices to grow. It was unlikely that the DH would agree to this proposal however.

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

CORNWALL Local Dental Committee

Devolution of health and social care in England

The GDPC has formed a Working Group with the Greater Manchester Federation of LDCs to deal with Devolution in Manchester. Plans were well advanced for general medical practice to be commissioned by GP Federations in 12 Localities with practices volunteering for their contracts to be novated into one MCP contract. If the same happened for dentistry from 2017/18 with co-commissioning, there was concern about practice goodwill, NHS benefits including pensions and maternity pay may also be at risk. Contracts would be commissioned on the basis of care for populations of 30,000 to 50,000 using capitation and quality payments.

Breach notices

GDPC representatives have discussed breach notices with NHS England and the CDO has asked for an audit of regional teams to understand how many notices are being issued and for what reason. The Committee's position is that notices are being given for minor contract breaches and that notices should be spent after two years. A response from NHS England is awaited.

Christmas opening/religious holidays

The Christmas opening arrangements negotiated by the GDPC for GDPs in England had worked well and NHS England had agreed to implement similar arrangements for other religious holidays and other holidays for very small practices. They had also agreed to look at closing for practice-wide CPD.

Local Dental Networks

LDNs were currently merging following new NHS England local boundaries and it was difficult to get a current coherent national picture. There was a real danger of them covering a too large geographical area which meant that members did not have the local knowledge to advise commissioners properly. Communicating with local practitioners was challenging for LDNs because of the absence of national coverage for nhsnet accounts and difficulties with passwords. Users have to log on regularly in order to maintain access to their accounts.

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 for GDPs in England. GDPC members had met relevant BSA personnel to discuss the issues in more detail. The Committee's belief continued to be that under-claiming was the real issue rather than over-claiming.

Contract reform in England

So far not all pilots and non-pilots have signed prototype contracts but the non- pilots were still being given their figures. The DH was hoping that there would be at least 80 prototypes but there was concern from practices about inaccuracies in patient number targets, the inclusion of UDAs and difficulties with paying associates. The BDA had nearly finalised its model associate agreement but there had been issues with performer level data that had delayed its production.

Indemnity cover: premiums and continuity of cover

The Chair of GDPC had met with Dental Protection in the last of the meetings with the defence organisations regarding the perceived increased premiums and withdrawal of cover for dentists. As with the other organisations, DPL stressed that they did not leave practitioners without help. All of the organisations had stressed their reasonable behaviour but for some individuals higher fees were needed because of the claims risk they presented. It was also clear that for the small number of practitioners that had to go to alternative providers for cover they needed to check the terms of their policies carefully to ensure they had run-on cover for future claims as well as continuous cover when switching providers.

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

William Bateman, Truro
williambateman@hotmail.com 01872 272398

Adam Blake, Truro
trurodentalhealth@uwclub.net 01872 272398

David Brookes, Bodmin PASS Member
crazydentist@hotmail.co.uk 01736 363925

Emma Cox, Camborne
emmacox50@hotmail.com 01209 701382

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

Stephanie Higgins, Falmouth
higginssteph@hotmail.com 01326 313344

Louise Hopper, Bodmin & Liskeard
louise.hopper@nhs.net 01872 357 375

Sarah Mount, Truro PASS Member
sarah.mount@nhs.net 07855 460176

Christopher Roberts, Truro
christopher.roberts7@nhs.net 01872 246958