

CIOS LDC NEWSLETTER

December 2012

Cornwall and Isles of Scilly Local Dental Committee

Chair's Report

Andy has got the contact for the Health and Wellbeing Board and will be contacting her shortly.

Peter has written to Dr. Colin Philip, the Chair of the Cornwall Clinical Commissioning Group. The reply stated that the CCG will contact the LDC when they require dental input, but at present they are in their infancy and developing protocols at present.

Andy has liaised with Nick Wenger and the first meeting of the Cornwall LPN will be on Thursday 8th November with Gerry Butler in the Chair.

The list of performer's e-mails is proving tricky to obtain.



Other avenues of enquiry were considered.

Dom and Andy are liaising on the Google Group.

Andy informed the members that he had received an e-mail

from Martin Chamberlain in which Martin had expressed his wish to resign from the LDC. He no longer had an NHS contract and was finding it increasingly difficult to contribute to the discussions.

The committee requested that the secretary write to Martin to convey their gratitude for his contributions over many years.

MANY THANKS MARTIN!

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REPORT FROM GDPC by Peter Hodgkinson

1. Staff Pensions

An article had been published on the topic in the latest edition of BDA News on the automatic enrolment of staff into a work pension scheme. It was noted that enrolment was not happening until 2015 for small businesses.

2. Elections

Following the election of Eddie Crouch to the PEC a vacancy had emerged on GDPC Executive sub-committee. Dave Cottam was elected to the vacancy.

Katrina Clarke was elected to the British Dental Guild.

3. Patient Charge Revenue

Earl Howe had indicated at a meeting in July that although patient charge revenue could

not be altered as part of the pilot scheme, developments were in progress to alter the charging mechanism so that patients in the pilots were paying for the treatment they received in a model that was predicted to be more representative of a final situation.

4. Chair of GDPC's Report

The Chair reported that he had attended a meeting about Local Professional Networks in Manchester and had been a guest of Denplan before speaking at a breakfast meeting of theirs. He had spoken at the Westminster Forum and attended several LDC, Branch and Section, and National Steering Group meetings and LDC Conference. The Chair and Jane Moore had

met with Earl Howe. Topics discussed included the transfer of contracts, sale of practices and the difference between the allocation and



EARL HOWE

spend on dentistry.

It was reported that no progress had been made on the development of alternative

GDPC Report (continued)

payment systems to seniority pay and this would be discussed with DH on 11 October.

Legal advice had been that it should not be pursued and the PEC had agreed that it was not in the majority of members' interests to pursue a legal challenge following the advice. There were reports, however, that individuals may challenge the Department of Health.

5. Contract pilots

Implementation (GDPC 2012 049)

The Committee discussed

the paper GDPC 2012 049 and the pros and cons of different methods of implementing a new contract. It remained the intention of the Committee that the profession should be given the option to accept or reject a new contract.

Many practices involved in the pilots had suggested that it would not be in the best interests of practices or patients for all practices to be brought into

a new contract structure in one go. GDPC was invited to discuss the topic and suggest further areas for development.



John Milne—Chair GDPC



**Peter Hodgkinson—
Vice Chair GDPC
CLOS LDC Secretary**

“Concerns were ongoing about the impact on single handed practices of a new contract.”

Pro-phased implementation:-

Limits negative impact on access.

Appears to be the position favoured by the DoH.

Anti-phased implementation:-

Patients may move to a non-new practice if waiting time increases.

Pro-Big Bang:-

Purpose of piloting was to develop a final contract.

Simple for patients to understand.

Puts everyone on a level playing field.

Anti-Big Bang:-

Access may collapse.

Presentation -Nicola Hawkey gave a presentation to the GDPC on the key findings from the BDA's research which looked at how some of the seventy pilot practices were faring.

Evaluation group (GDPC 2012 050)

Concerns were on-going about the impact on single handed practices of a new contract. The evaluation group would be pressing for a greater impact assessment on single handed practices. It was noted that the Department of Health response to the Office of Fair Trading report appeared to favour direct access to dental care professionals, but that there had been no assessment of how this would affect the contract that was being piloted.

6. NHS reforms

Colette Bridgeman gave a presentation to the Committee on the development of the Local Dental Network in Manchester.

Following the presentation the Committee discussed the reforms.

It was noted that there was considerable variation in approach and adoption of the model described and that the variation in commissioning was continuing. It was the intention of the reforms to bring continuity and codification, however,

and so it was expected that the NHS Commissioning Board would bring this uniformity. The Committee strongly approved of the appropriate use of funding and of consultants in dental public health supporting clinicians. There was, however, a severe shortage of appropriate consultants in dental public health which would need to be addressed if services were to work at their optimum.

The importance of Local Dental Committees was reiterated and it was suggested that they would have a very important role in ensuring that all communities continued to have access to care. In order to strengthen the local role and ability for variation where appropriate, it was considered important that GDPC support the establishment of LPNs and the engagement of LDCs with them. The joint working of clinicians with managers and local authorities would ensure that clinical need was the driver for change and that national bodies were answerable to local ones.

The move to a service providing more specialist care was considered to be a difficult transition to arrange as many older practitioners had experience but no formal qualification in specialties. Referrals and cross working with different groups may work well in large, well-resourced areas but it was not clear if it was sustainable in smaller areas with sparse populations of dentists. It was felt that the move to banding of treatment by expected competency may give more clarity over the NHS offer and also lead to the profession forming more co-operative ties with each other to ensure the provision of services.

The Committee noted the

success the BDA had in protecting the role and independence of consultants in dental public health.

Role of Local Dental Committees (GDPC 2012 052)

The importance and independence of LDCs would be stressed by the Committee in its engagement with the NHS Commissioning Board. The Committee was informed that LDCs should not try to reform themselves or restructure, but should improve communication with each other to ensure that their relevance at the local level was known to local stakeholders. It was suggested that the London Federation of LDCs was a good model of a strong co-

operative structure. Members were advised to contact Richard Thomas of the London Federation of LDCs for more information.

7. Report of the Remuneration Sub-committee (GDPC 2012 054)

In addition to the written report the Committee heard that the Department of Health were still expected to make four per cent savings and that this was expected to be passed on to general dental practitioners. It was also noted that the Treasury had announced a maximum one per cent pay uplift for public sector staff.

The chair noted that the members representing

constituencies in England on the Executive sub-committee would be meeting with the Department of Health on 11 October to discuss contract value uplifts in England. While efficiencies would be sought by DH the GDPC position would remain that efficiencies cannot be made by GDPs and that any failure to meet the rise in expenses would result in a pay cut.

8. LDC Conference Motions (GDPC 2012 055)

The Committee agreed the motion responses. In addition, it was noted that the Principal Executive Committee had discussed the



be used in the New Year. NHS Choices had been making editing rights available to practices when it was requested.

Issues remained over the moderating of the website. While NHS Choices were aware of some mistakes, such as people

posting comments on the wrong practice profile, there was no way for them to independently verify the validity of any post. In order to prevent patients posting against the wrong practice profile it was suggested that an automated pop up box could remind posters to double check the details of practices.

It was agreed that it should be recommended NHS Choices that it inform patients that there was a separate and official complaints procedure that could be followed and that NHS Choices was not the appropriate place to make complaints.

10. Dental Foundation Training

Judith Husband updated the

Committee on the continuing development of Dental Foundation Training. The latest information stated that there were 35 graduates of a UK dental school without a place. The concern remained that if more places were made available in the first round that this would attract more applicants and so not solve the problem. There was also the potential problem that if spaces were found for the 35 graduates without a place, that these places could not simply be awarded but would have to be open to application again. The BDA had produced a guidance pack for students to help them navigate the application process. The Committee welcomed the focus on graduates and the work being done to improve the system. Other concerns of the system remained, however. There was considerable anger in the profession that trainers were not treated in a uniform manner as most did not have a say in which graduates were sent to their practice. As the trainee would be performing an integral part of the business of the practice it was

important that the trainer was confident they could work with them. The Committee was in favour of the BDA pressing for a standard approach to the allocation of trainees to practices, and that this should involve the trainer.

11. Regulations claw back

It was anticipated that Primary Care Commissioning would address this issue and bring consistency.

issue of industrial action and the barriers that existing legislation placed in the way of organised action. An assessment of how the issue could be resolved was being undertaken with the British Medical Association.

9. NHS Choices

NHS Choices was developing the implementation of the Office of Fair Trading recommendations. NHS Choices was proposing to use survey data from the BSA to provide more data for patients to make decisions on. It had been pointed out that this data did not provide the information that NHS Choices was looking for and was also based on variable sample sizes and so could not be considered accurate. It was expected that some limited use of the data may

Maternity Cover Needed - Truro

4-5 Days/week for 6 months starting early/mid May 2013. Friendly practice, fully computerised, digital radiography, air conditioned. Car Parking available. Busy established NHS list. Performer number essential. Please contact Mark Maidwell-Smith on mms@maidwelldental.com

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