

Meeting between Bournemouth and Poole PCT and Dorset LDC

17th October 2008 at 1.30 pm

At Canford House,

Discovery Court Business Centre

551-553 Wallis down Road

Poole

Dorset

1. 2009 Contract negotiations

- When is the information on criteria on contract change going to be available?

PCT is drafting the criteria (in the absence of nationally set criteria) and will submit a draft for discussion to the LDC by the 15th November. Once consulted on, the final criteria will be signed off by PCT's Professional Executive Committee. The LDC is worried about the time scale of implementing a contract change. The PCT confirmed that any contract changes would be negotiated, not imposed. Securing and evidencing quality would be key developmental areas, which could potentially be linked to contract values.

There has been some softening in their approach and I think they will ask what value can be added to dental practices without cutting values. The range of values for B+P is £19-32 per UDA (with the larger UDA values being smaller practices in the main). Average GDS is £23.50, the average PDS contract is £25.60.

- Is the total dental spending for primary care dentistry going to remain the same?

The total dental spending will remain the same, but the total spend on general practitioners may not (if high contract UDA values are cut this money will not automatically go to low UDA value contracts). The PCT was keen to stress that services (and hence funding) were moving from secondary care to primary care, where appropriate

- How many dentists did not reach their UDA targets?

Of the 75 contracts of B+P, 46 contracts did not make their target. Of those 36 were outside the 96%.

- How is the clawback going to be implemented?

The clawback will take place off the contract if 5 monthly instalments up to March. But local negotiation will take place case by case. And any problems will be taken into account.

2. Is the PCT going to allow practices to incorporate for tax reasons?

You cannot incorporate your dental contract (they may allow you to incorporate your dental earnings).

3. Can the PCT give us tendering guidelines to put on the website and can dentists be given advanced warnings of any tendering that the PCT may be considering so they can get their information packs together?

The PCT gets its information on tenders from the website 'Supply 2 Health' and their feelings are that all tenders will become very similar in the near future. But they do not have a problem in principal on putting guidelines on the website.

4. Is there any information on the working of the Oral Health Strategy that the LDC meet to give feedback on?

No information as yet

5. PASSE Scheme

PCT is very keen to get the PASSE scheme up and running and have given money (£7,500).

6. Orthodontics

- With the hospital having a 18 week waiting time, I would suggest that the PCT would be keen to get the GDP's waiting time for orthodontics down to 18 weeks, to stop work being placed at the hospital (which is more expensive than a practice based orthodontist). There will obviously be a short term increase in funding for these orthodontists, how is this increase in man power going to be handled? And where is the money coming from?

• Although the PCT could see the problem they were given directives from government, and could not change these. The 18 week waiting time is now being pushed to a 13 week and subsequently 8 week wait time by 2010 (exact timing to be confirmed but likely to be December)

The man power issue has not stopped practices applying for this funding and so the PCT cannot see a problem with this.

The funding is liable to come from the uplift given to the PCT for dentistry.

7. Maternity Cover and Paternity Cover

- Can the PCT give information on what rights the providers and the performers have i.e. what benefit they can get and what cover is needed?

Performers can apply for maternity leave which is paid to the provider. It is the provider's responsibility to provide cover for the performer.

Dentists can apply for 2 weeks paternity leave which works the same way as above, this is rarely applied for!

8. The PCT would like the LDC to discuss how practices could add value and report back to them. They would also like the LDC's thoughts on how they can find out what patients think about practices and services in their area.

The PCT are keen to increase the quality of dentistry but would like guidance on what markers they should look for within practices.

9. Can I have the PCT's thoughts on taking on a partner as a means of selling the practice without losing goodwill?

The PCT are happy for practices to take on partners and for the contracts to be changed (however the leading partner cannot then apply for a separate contract).

10. Poole PCT gave defibrillators to all doctors' practices free of charge. Can this not be done for dental practices?

11. What is the short and long term approach to children only lists?

The PCT will not agree any new 'child only' dental contracts in the future and has maintained this position since 1 April 2006. The existing 'child only' contracts cannot be terminated by the PCTs unilateral action. At the current time, we intend to reflect services provided under 'child only' contracts within our proposed contract negotiation framework from 1 April 2009. Our thoughts are that practices should service their communities by making available universal NHS dental services to families and be rewarded appropriately where they do so and be disincentivised from doing otherwise via the contract terms.