

## **Report of Meeting**

with Melanie Smoker (Dental Lead Dorset PCT, referred to hereafter as “the PCT”) and Jonathan Mynors-Wallis & Huw James (hereafter referred to as “the LDC”)

at Corfe Mullen Dental Practice on June 20<sup>th</sup> 2008 at 14:30.

The LDC was pleased that the PCT had made time available for the meeting and expressed their desire that this should be the start of a regular and bipartisan communication between the PCT & the LDC.

- 2009 Contract Negotiations. The PCT stated its desire to meet all contract holders in the Dorset PCT area over the next few months for a face to face meeting to discuss the ongoing NHS contracts post 2009. The PCT stated at this stage it was not looking to significantly change or renegotiate the existing contracts for the majority of Providers and that essentially the contracts would be “rolled-on” into the next 3 year cycle. It was the PCTs wish that it would try and rationalise the discrepancy between the high end and low end value of UDAs across the PCT.

The PCT would continue for this year with the +/- 4% arrangement on under/over performance of UDAs against the contract as had been agreed with Adrian Wright. This would be for this year (year end 2008) only and would not be implemented for year end 2009.

The PCT would also be looking for more “value” from Providers in relation to the UDA, although at this time what constituted extra value was not defined. It was suggested this might be extended opening hours, access sessions, oral health education etc

On the question of under performing GDPs, the PCT asserted that the money would remain within the dental budget.

The point was raised by the LDC that in the event of a Provider retiring or closing his NHS practice, a vast number of patients would be seeking NHS services within that locality and would there be a mechanism by which the Practices in the area could apply for more UDAs to cover this influx of patients. The PCT agreed that this could be so and that an application for a non recurring extension to the contract for extra UDAs could be made. It was noted by the PCT that if this extra application was under £75,000 then there would be no need for a formal tender. Anything over £75,000 would be subject to a formal tender.

The LDC brought to the PCTs attention the guidelines from the BDA on any change to the NHS contracts. These could only be implemented with the agreement of the Provider. In cases of dispute or where the provider feels the PCT has acted outside the contract terms, the matter would be arbitrated by the NHSLA

- **Capital Funding.** On the subject of capital funding the PCT advised that there is both development money and capital funding available, although the exact amounts available are currently under clarification from the Finance Department of the PCT.

It was envisaged that the development money would be in the region of £750,000 and would be spent on the PCT sees as requirements in the PCT area.

Capital grants may be available in this financial year but would likely be tied in with a commitment to NHS services and provided on a matched like for like basis. The some PCTs had originally suggested a 5 yr tie-in. This in the current economic and political climate was felt to be too long and a 3 yr tie-in was suggested as more appropriate.

There was also money still available for grants towards the use of disposable endodontic instruments in light of the new guidelines. This would be dependant on the Providers showing audit of amount of use of endodontic files. The PCT agreed it would work with the LDC to advise Providers of this funding.

The LDC also suggested that in the light of the debacle of a local PCT advising Providers at very short notice that funds were available or that they would be lost, that in this scenario it was suggested that the PCT would make a decision as to purchase an essential item of equipment for all providers in the PCT area, such as a defibrillator, as had been done by Torquay PCT.

- **Oral Health Strategy.** The PCT advised it had been in communication with Tony Jenner with regard to the formulation of a PCT wide Oral Health Strategy. The PCT would provide more details in due course.
- **PASSE Scheme.** The LDC advised that it had looked into the implementation of a PASSE scheme, had willing volunteers to administer and run the scheme and had sourced training for the mentors. The LDC requested that the PCT made funds available to the LDC to initiate this and that the LDC was looking for confirmation of funding from the PCT.
- **Information from PCT.** The LDC requested that the PCT liaised more with both Providers and individual dentists on the matter of complaints and other relevant & useful information held by the PCT. This feedback would be very useful to both Providers and GDPs alike. Furthermore a newsletter of current PCT developments would also be beneficial.
- **Corporates.** The LDC expressed its concerns on the inexorable spread of Dental Corporates with their slick presentations and negotiating power. It was felt that these organisations would have an unfair advantage in both buying power and negotiating ability over a GDP

Provider and would thus price the GDP out of the dental market. The PCT was aware of this concern and reassured the LDC that when looking at tenders it was not simply about the bottomline value of the UDA. Furthermore the LDC was concerned that the PQQ was geared towards Corporates and experienced GDPs and was weighted against recently qualified or even experienced associates who had not run their own practice. This was thought to be counterproductive and would perhaps dissuade otherwise very good & keen prospective Providers.

- Clinical Governance. On the matter of clinical governance, the LDC enquired whether there had been any progress from the PCT on Clinical Governance, requirements and training for Providers & GDPs. This was to be looked at by the PCT, as it was aware of the need to work with and implement Clinical Governance into the contract. Further to this and in respect of PCDs and the now statutory requirement for continual professional development for all PCDs, the LDC enquired whether the PCT intended to help provide and fund “Lunch & Learn” sessions for PCDs on such topics as cross infection control, health & safety etc. The LDC also enquired as to what the PCT proposed to do about “unregistered” nurses in the light of limited training courses and spaces on these courses. The PCT was looking into this.
- Children’s Gas. The LDC expressed its concern on the length of time some children are having to wait for GA treatment. The PCT was working with Norman Martin on this issue.

The meeting concluded with the LDC thanking Mrs Smoker for her time and Mrs Smoker’s assertion that she on behalf of the PCT was willing and keen to work with both Providers and GDPs to safeguard and improve the NHS Dental Services in Dorset.

The LDC suggested that perhaps a letter of introduction could be circulated to all GDPs in Dorset PCT so everyone is aware of who the Dental Lead is.

Meeting concluded at 16:15