

## NHS BOURNEMOUTH AND POOLE

### JOINT PCT/DORSET LDC MEETING NOTES

A meeting between representatives of Dorset Local Dental Committee, NHS Bournemouth and Poole and NHS Dorset was held on, **25 May 2011** at Vespasian House, Dorchester, commencing at 14.30 hours.

#### PRESENT:

John Copley	Chair, Dorset Local Dental Committee
Paul Kelly	Vice Chair, Dorset Local Dental Committee
Alastair Danby (part)	Dental Practice Advisor to NHS Dorset and NHS B&P
Lizzie McCready	Primary Care Support Officer, NHS Dorset
Martyn Rogers	Independent Contractors Commissioning Manager, NHS B&P

#### 1. WELCOME AND APOLOGIES

**ACTION**

- 1.1 The meeting was not formally chaired.
- 1.2 Melanie Smoker sent her apologies.

#### 2. PCT/LDC COMMUNICATIONS

- 2.1 The new clustering arrangements between the two PCTs were confirmed as finalised. It was noted that there is no lead PCT and that the PCTs remain as separate legal entities, but are sharing duties. Ply Sly has been appointed as Chief Executive of the Cluster between NHS Dorset and NHS Bournemouth and Poole and Executive Directors appointments are expected imminently.
- 2.2 It was noted that from 1<sup>st</sup> July 2011, Melanie Smoker will be leading on General Medical Services for both PCTs and Martyn Rogers will be leading on Dentistry and Optometry for both PCTs.
- 2.3 It was noted that in light of the new clustering arrangements, the PCTs, via each leads, will be reviewing their policies and aligning them where appropriate.

- 2.4 In relation to Safeguarding Children training, it was agreed that the PCTs would contact the Safeguarding lead for NHS Dorset in order to clarify their position on training and support requirements for dental practices and will feedback to the LDC. **MR**

- 2.5 The LDC raised concerns that communication with the PCTs is not always forthcoming or timely. The PCTs agreed to provide timely updates, where necessary, and asked the LDC to be aware that as Primary Care commissioners, reliance is often on other PCT departments to provide a clear response tailored to the needs and understanding of dental practitioners. The PCT noted that they are happy to provide the LDC with contact details of relevant PCT colleagues if this option is preferred. **MR/MS/LM**

- 2.6 It was noted that the PCT is willing to distribute minutes of meetings to all

dental practices and/or practitioners, via the FHSA, but the LDC would be required to reimburse reasonable costs to the FHSA for this service.

### **3. RE-TENDERING CONTRACTS/RELOCATIONS**

- 3.1 It was noted that where a practices requests relocation, the PCT will judge each application separately, taking into account relevant factors.
- 3.2 The PCTs are unable to provide the LDC with the UDA values agreed on latest tendered contracts as this is commercially confidential information. The average and range of UDA values can, however, be provided. **MR/LM**
- 3.3 It was noted that neither PCT is currently in a position to provide any capital grants (as distinct from revenue to capital grants) to dental practices.
- 3.4 As MR was unable to comment on past processes followed by NHS Dorset to distribute capital grants, it was agreed that this would be discussed with Melanie Smoker post-meeting and a response would be provided to the LDC. **MR**
- 3.5 Whilst it is unlikely that any capital monies will be available, it was noted that the PCT is happy to work with the LDC to agree in advance criteria for allocating capital monies to dental contractors. **ALL**

### **4. DORSET DENTAL PASS**

- 4.1 The LDC will discuss the issue of a complaints manager for PASS internally as this was not an issue of concern raised with PASS by the PCTs. **LDC**
- 4.2 It was noted that the PCT cannot comment on how the CQC view the role of PASS and that this question should be properly address by the LDC to the CQC.

### **5. INCORPORATION**

- 5.1 It was noted that the issue of the *Presstext* case, and any possible effect on incorporation of existing dental contractors, was followed up by the PCTs with the Department of Health. The Department of Health state that the *Presstext* case bears no relevance to whether incorporation should be permitted and therefore the PCT stance has not changed, i.e. new contracts will not be automatically granted to an existing sole trader or partnership when he/she/they incorporate.

### **6. OCCUPATIONAL HEALTH SERVICE**

- 6.1 It was noted that interim advice on mercury testing obtained by MR is still inconclusive. It was agreed that MR would provide a written response... and the LDC will discuss this issue further with the LDC and the BDA. **MR/LDC**

## **7. IG TOOLKIT**

- 7.1 It was noted that it is not within the power of the PCT to change to IG toolkit format as this is determined by the Department of Health/NHS Connecting for Health. Both PCTs are willing to offer support and advice to practitioners via their Information Governance teams.

## **8. DISPUTE RESOLUTION PROCEDURE**

- 8.1 It was agreed that the LDC would propose specific changes to the current Dispute Resolution Procedures adopted by either PCT and present these in a letter to the Chief Executive, Mr Paul Sly, copying in MR and AD. **LDC**

## **9. REFERRALS**

- 9.1 It was noted from the PCTs that there are no specific operation issues with the East Dorset Dental Referral Pathway to report.
- 9.2 It was noted that NHS Dorset will be starting a process of reviewing Minor Oral Surgery provision in the West of the county.

## **10. NON-RECURRENT UDAS**

- 10.1 MR agreed to provide clarity on this issue on a cluster PCT basis once his understanding of the policy within NHS Dorset is clearer. **MR**

## **11. MEDICAL HISTORY FORM REVISIONS**

- 11.1 It was agreed that AD will take this issue forward on behalf of the PCT. **AD**

## **12. ANY OTHER BUSINESS**

- 12.1 MR expressed an interest in forming a single Dorset Oral Health Advisory Group (OHAG) when the cluster is formally created post June 2011.
- 12.2 PK pointed out the value of the LDC in providing advice and guidance to those bodies to supersede the PCT, subject to legislation, in planning and commissioning primary dental services and dental public health services in Dorset.