

## **NHS BOURNEMOUTH AND POOLE**

### **MEETING OF REPRESENTATIVES OF NHS BOURNEMOUTH AND POOLE & DORSET LOCAL DENTAL COMMITTEE**

A meeting of representatives of NHS Bournemouth and Poole and Dorset Local Dental Committee was held on Friday, 11 June 2010 at Canford House, Discovery Court Business Centre, Wallisdown Road, Poole.

#### **PRESENT:**

Lisa Harding (LH)	Deputy Director of Primary Care Commissioning, NHS Bournemouth and Poole
Martyn Rogers (MR)	Independent Contractors Commissioning Manager, NHS Bournemouth and Poole
Andrea O'Connell (AO'C)	Deputy Director of Quality Improvement, NHS Bournemouth and Poole
Jonathan Mynors-Wallis (JM-W)	Chair, Dorset Local Dental Committee
Matthew Mee (MM)	Member of Dorset LDC, Dental Surgeon
Jan Mamak (JM)	Member of Dorset LDC, Dental Surgeon

#### **IN ATTENDANCE**

Suzy Foulds – Minutes, NHS Bournemouth and Poole

#### **ACTION**

#### **1. WELCOME AND APOLOGIES**

1.1 LH opened the meeting and welcomed attendees. There were no apologies.

#### **2. MATTERS ARISING**

2.1 It was noted that MM and JM are intended to be the Dorset LDC representatives attending future engagement meetings with the PCT. Both dentists practice under GDS contracts within the PCT's area and will attend future PCT/LDC meetings with or without JM-W.

2.2 It was noted that the LDC remain concerned that the PCTs dental budget allocation may not have been 'ring fenced' for primary care dental services. The LDCs specific points were noted as follows;

- what has happened to any shortfall in use of the ring fenced allocation each year since April 2006?
- the ring fenced allocation should not have been used to support the minor oral surgery service to reduce activity undertaken in the local Hospitals;
- why can the PCT not use any funds not used to commission UDAs, or from 'clawback' to provide capital grants to practices seeking

compliance with HTM 01-05?

2.3 The PCT, whilst noting the concerns of the LDC, did not accept that the ring fencing 'rules' had been breached. It was noted that each PCT is able to make decisions on the use of its available resources to best meet the assessed needs of its patient population.

2.4 The concern of the LDC that the PCT is insisting on the award of new PDS Plus agreements, following practice relocations, rather than endorsement of the existing GDS/PDS contract with a revised practice address, were noted. It was agreed that the PCT will review their policy on this issue and issue a statement on the approach to be adopted for practice relocation requests for the LDCs comment.

MR/LH

### **3. OCCUPATIONAL HEALTH URINE HG TESTS**

3.1 This issue was not discussed at the meeting and will be carried forward to the next meeting's agenda.

### **4. CQC INSPECTIONS**

4.1 It was noted that the PCT's understanding is that practice inspections by the Care Quality Commission (CQC) will be carried out by representatives of the CQC and not the PCT.

### **5. CQC – ANYMORE INFORMATION?**

5.1 It was noted that the LDC feel that providers of NHS dental services would benefit from some guidance regarding registering with the CQC, i.e. when do they need to register by, what help will be given to enable Enhanced CRB checks on their staff, what courses will dentists need to go on to comply with CQC standards etc.?

5.2 AO'C advised that the CQC had recently published further guidance documents, 1 – 2 weeks ago, on Essential Standards of Quality and Safety. It was noted that dentists must comply with all standards within this document.

5.3 It was noted that the PCT would arrange evening events for dental contractors and practice managers in July and September 2010 offering advice on the CQC registration process.

AO'C/  
MR

5.4 It was agreed that the PCT would write to dentists confirming the deadline for registering with the CQC of 1 April 2011; directing dentists to online guidance and advice via the CQC website.

MR

5.5 It was confirmed that the CQC registration process is scheduled to open from October 2010 and that contact from the CQC with each dental practice is anticipated during summer 2010. All applications must be made online and the PCT is willing to provide access to the web from its premises if practices do not have access to a computer.

5.6 It was noted that, whilst the PCT will work with practices, and seek to provide or direct practices to support to facilitate their compliance with the registration process, registration with the CQC is the responsibility of each practice by the deadline set by CQC.

5.7 It was suggested that it would be helpful if the PCT could monitor a 'volunteer' practice application in October 2010 to enable the sharing of helpful suggestions and advice for other practices seeking registration. This was agreed by the PCT subject to the identification of a willing volunteer.

**AO'C/  
LDC**

## **6. CONTRACT VARIATION NOTICE MAY 2009**

6.1 It was noted that the element of this Contract Variation Notice (CVN) relating to Local Involvement Networks (LiNKs) reflects a name and role change of the NHS statutory bodies previously known as PPI Forums rather than a newly imposed right of entry to contractor's premises.

## **7. LOCAL RESOLUTION PROCESS**

7.1 It was noted that LH would send a copy of the Local Resolution Process/Protocol to JMW.

**LH**

## **8. PLANNING ASSISTANCE**

8.1 It was noted that the PCT would be willing, where appropriate, to provide a letter for contractors to use in support of planning applications necessary to develop practice premises to comply with HTM 01-05.

## **9. OVERSEAS QUALIFIED AND NEWLY QUALIFIED**

9.1 It was noted that the LDC are concerned that more support for overseas qualified dentists and new graduates commencing work in Bournemouth or Poole could be provided by the NHS.

9.2 It was suggested that relevant useful information should be sent to performer's home addresses, including information on NHS pensions, Dental Practice Advisor, Dental Dean, Dental Courses etc., rather than to the practice owner for dissemination.

9.3 It was agreed that the PCT would produce a 'starter pack' for new entrants to its Performers List to signpost performers to useful sources of help, advice and support as an adjunct to that which should be expected from their employer/contractor.

9.4 It was noted that the LDC have not yet been able to take forward a suggested LDC engagement event for dentists who qualified overseas.

**LDC**

## **10. HTM 01-05**

10.1 It was noted that 23 dental practices have returned their self assessment audits against HTM 01-05 to Judy Blake (Specialist Infection Control Nurse) at the PCT by the 7 June 2010 deadline.

10.2 The PCT are scoring each audit using a RAG rating system (Red/Amber/Green) with the results communicated to practices to assist their development of an action plan to address issues requiring improvement.

10.3 The PCT will be contacting practices that have not yet returned their audits to maintain the momentum in view of the PCTs December 2010

deadline for compliance with Essential Standards under HTM 01-05.

- 10.4 It was noted that two of the LDC members present, who had obtained quotations via the NHS Supply Chain contract, had found the prices obtained to be un-competitive. It was suggested that the service can only improve if negative experiences are feedback to the service staff.

## **11. MEETING WITH PEC**

- 11.1 It was noted that the suggested meeting between representatives of the PCTs Professional Executive Committee (PEC) and members of the Dorset LDC is still awaited.
- 11.2 It was explained that some difficulty had been experienced in obtaining a suitable date for the meeting but that this will be taken forward by the PCT without avoidable further delay.

**MR**

## **12. CURRENT STATUS OF B&P ORAL HEALTH STRATEGY**

- 12.1 The concern of the LDC that the PCTs Oral Health Strategy Implementation Group will not apparently have access to advice and direction from a Consultant in Dental Public Health was noted.
- 12.2 It was noted that the Group will have input from the PCTs Consultants in Public Health but that more specialist advice is unlikely to be retained for the foreseeable future due to financial constraint on recruitment.
- 12.3 It was noted that development of the PCTs Oral Health Strategy, including the action plan therein, was informed by a Consultant in Dental Public Health.

## **13. NHS EMAIL ACCOUNTS**

- 13.1 It was noted that NHS Connecting for Health (CfH) have yet to confirm to the PCT that necessary changes to the NHSmail system have been made to enable individual dental surgeons to obtain an NHSmail account.
- 13.2 It was agreed by all that use of NHSmail by dentists is a positive step and the delays in going live with this are frustrating but will not derail the process.
- 13.3 It was noted that CfH have enabled the issue of NHSmail accounts to pharmacists and the PCT will shortly be launching this project. It is hoped that lessons learned from this first wave of roll out of NHSmail accounts to independent contracts will make the process smooth when it comes to the turn of dentists.

## **14. ANY OTHER BUSINESS**

### **Apicectomy**

- 14.1 It was noted that Apicectomy's are included on a list of Low Priority Procedures (LPP) maintained by both PCTs in Dorset. LPPs are not routinely funded by the PCTs.
- 14.2 If a patient is referred for an apicectomy, via the East Dorset PCC, the referral will be rejected without subjective triage and returned to the

referrer.

- 14.3 The referrer may submit an appeal to the relevant PCT if they feel that there are 'exceptional circumstances' that would result in their patient obtaining more benefit from the requested procedure than the general population. The appeal will go to a panel arranged by the PCT and a decision, or request for further information, issued to the referrer.
- 14.4 It was noted that the cost of an apicectomy within the Hospital service is circa £800 under national Payment by Results (PbR) tariffs.

### **Prescribing**

- 14.5 MR noted that a number of pharmacists had contacted the PCT with complaints concerning the variable quality of completion of NHS prescriptions issued by dentists in Bournemouth and Poole. The issues raised included;
- Multiple handwriting sources on some scripts;
  - No clear name of the performer (the prescriber) identifiable;
  - Dosages of medicines prescribed not in accordance with the BNF;
  - Poor response from dental practice staff contacted with prescription queries by the pharmacist.
- 14.6 It was noted that a level playing field for dentists does not exist as scripts must be handwritten; JM-W was of the opinion, from information obtained from his practice software supplier, that printed scripts from dentists are prohibited by NHS Regulations.
- 14.7 It was noted that the issue of a single 'contractor' practice stamp had possibly contributed to the lack of clear identification of the prescriber.
- 14.8 It was noted that the PCT will issue a Newsletter on the topic of dental prescribing to local contractors in order to highlight and attempt to address some of the issues reported to the PCT. **MR**