

LDC Conference June 10th 2011

The Future of the NHS Dentistry and the Pilots (Barry Cockcroft)

AIMS

- 1 Improve access –
Although there had been an extra 2 million people registered in the past 2 years
- 2 Improve the oral health in children -
by fluoridation and fluoride toothpaste especially as 30% of 12 years still have decay. Also this has been aided by the addition of fluoride toothpaste to the dental formulary in 2006
- 3 Concentrate on the elderly
as oral health improves in the population as a whole

The pilots were chosen in a blind study, although the practises were invited to take part in the first place. The new in word is 'Engaged'. This was an extremely dull lecture and the general consensus was that Barry hadn't got his finger on the pulse.

Piloting Changes to the Contract (John Milne GPDC Chair)

At the previous LDC conference a request for the dental practices to be exempt from the CQC was declined.

GPDC welcomes piloting the new contract, but felt there needs to be adequate funding for it. Comprehensive care needs comprehensive funding. The capitation fee will be weighted by age, deprivation and gender. Also there will be a capping of numbers, so adequate care can be given.

It was felt that the pilots should be evaluated before being fully implemented. The UDA should be scrapped. Quality should be based on incentives and not punitive measures. There was a concern that supervised neglect may occur with a capitation scheme, although this would eventually lead to reduce financial funding.

Picker Institute (Dianna McDonald)

This seeks the opinions of patients to try to improve services

Dental Pilots

10% of the capitation payment is to be associated with a quality, and 30% of this will be based on the patients experience-which will be gauged by questionnaires

IDH (The Corporate View by Darrin Robinson ,clinical director)

There has been a raising of patients expectations and with it an increase in the level of complaints .Some PCT's are trying to improve the dental profiles in their areas. This can be done by peer review ,direct observation with the patients ,feed back screens and a look at the core CPD.The Corporates were spending on training , including the use of phantom heads.There was a feeling that some of the newly qualified dentists and also some dentists who qualified overseas didn't have the necessary clinical skills

NHS Commissioning Board (Helen Hirst)

This will take on the role of the PCT's in the future.They would stongly depend on the dental practice advisors as a lot of the people with dental knowledge would be lost in the change over.She had extremely complex slides which she failed to explain properly .She wanted to have national consistency,with the patients having a strong voice.

All the motions that were proposed were carried.It was interesting to note that 9 out of the 27 motions were proposed by the Birmingham LDC.The most worrying case that was highlighted was a dentist who had forgotten to pay his GDC registration on time but rejoined the list 3 weeks later ,had his contract withdrawn by his local PCT and has been unable to work since.

Both the BDA Benevolent Fund and the Dentists Health Support Trust gave talks about their roles and the need for increased funding as both causes had outgoings exceeding their incomings.