

MINUTES OF LDC MEETING via Zoom ON Tuesday 20th April 2021

APOLOGIES: Alastair Danby NickCopp

IN ATTENDANCE Jonathan Mynors Wallis- Chair (JMW) Sarah Jackson -Secretary(SJ)
Michelle Carroll- Clerk (MC) John Cobley (JC) William Breen WB Maria Browning (MB)
Hannah Wilmot (HW) Amy Roberts (AR) Saranya Sathumurthy (SS) Tony Walshe (TW)
Bill Field (BF)

MEETING WITH TESS FIELDING (TF) Business Programme Manager for the South west Area Team

JMW welcomed Tess to the meeting . A series of questions were sent prior to the meeting .The questions & answers are written in the appendix to these minutes.

MATTERS ARISING FROM LAST MEETING: Minutes were approved with a couple of amendments – it should read that Treasurer hourly rate was £17 not £18 as reported and that the levy was 0.27% not 0.3 before current reduction to 0.18%

ANNUAL ELECTION and APPOINTMENT of OFFICERS

The following were duly proposed and seconded:

Chair Jonathan Mynors wallis
Vice Chair Amy Roberts
Secretary Sarah Jackson
Professional Treasurer Saranya Sathyamurthy
Treasurer Nick Copp
Clerk Michelle Carroll
Co-options Debbie Lewis, R Ramchandhani,

It was suggested that a representative from orthodontics be invited and SJ would contact Beshar Aswad.

Jonathan thanked Bill for his commitment to the LDC

CHAIRMAN REPORT – Jonathan Mynors-Wallis (JMW) There was no report

SECRETARYS REPORT- Sarah Jackson (SJ) SJ will continue to with arrange courses for the dentists in Dorset. The following courses have been arranged;

15th September – ‘A dentists guide to Keeping out of trouble’ by a Defence Union

1st November - ‘Infection control’ by Jo Russell

TREASURERS REPORT - The report prepared by NC was read by MC showing that no activity in the PASS account meant it remained at £13,728.23 whilst the main account had received levy at the agreed reduced rate of 0.18% and expenditure at £1,507.81 bringing the balance to £157,592.12

CORRESPONDENCE & ANY OTHER BUSINESS **There were none**

DATE of NEXT MEETING **Tues 22 June**

MEETING WITH TESS FIELDING (TF)

1. Can you give us an idea of how the South West Oral Health Assessment is going to affect Dorset in the coming months and years?

A needs assessment was carried out over the whole of the South West . It highlighted the following issues access to dentists, retention of dentists, access to secondary care services. These findings are currently with the new Dental Reform Programme Board

The Needs Assessment will determine the primary focus for Dorset is as well as the rest of the South West. There will be some ‘quick wins’ and some medium and long term actions . There is a South West Reform Workshop on 10 th June via teams ,for all interested parties .See max fax courses

The needs assessment results will be based on per head of population, spend of dentistry, areas of deprivation. This will determine how much dental activity is required in all areas

This information will be sent out to all via the NHS bulletin and to LDC chairs who can also distribute to their members

2. Does the Area Team envisage more commissioning of primary care dental activities in Dorset? If so, which areas will be targeted?

A broad outline of action plans will be published in September as requested by Mr Ian Biggs, Director of Primary Care Commissioning of Public Health

TF felt before September, there may be funding available for Urgent Care which is a massive problem in Dorset and non recurrent UDA’s JMW asked about the initiative on GDPs helping with 111 sessions . This was not considered a success as dentists had to provide extra hours above their contracted hours. Urgent care is a concern as dentists are prioritising exams and band 3 ‘s to achieve their 60% of the NHS contact

A new Urgent Care MCN is to be established

The Area Team can dictate what the priorities are, and can look at prescribing patterns but can not apply contractual levers to dentists to achieve what is required

JMW informed TF that patients are demanding examinations and this is creating additional pressures on GDP's

3. What is the Area Team's position on the extra activity that was given to practices when practices were in Wessex?

The extra funding given to some practices for extra activity came from non-recurrent funding which previously came from 'clawback money' which has not occurred this year as most practices achieved 45% of their contract and so were awarded 100% of their contract. TF's ambition was for non-recurrent UDA's to be converted into recurrent UDA's if the practices can demonstrate the need in their area.

4. Are there going to be any initiatives to tackle the long community waiting lists for Paediatric GA's

Paediatric GA's is a huge issue in Dorset, with long waiting lists. A Paediatric MCM is to be established to look at pathways and to tackle the problem. The Community Dental Services are no longer being used as Urgent Dental Care Hubs, and there is a commitment to dedicated paediatric GA lists

5. Is there going to be clarity on the REGO referral process for IFR referrals? People are finding the new system difficult to navigate.

IFR referrals in the SW are sent to a clinical advisor who grades them using a traffic light system. If green goes straight to consultant for approval and if orange, then it goes before a panel who meet once a month who decide the outcome. The turn around time is 6-8 weeks. JMW asked for more information on why an application is rejected, and the criteria for an IFR as it may stop inappropriate referrals. TF said she would take this back.

6. Is the South West looking to do digital referrals and is there a likelihood that Dorset could be left out if the new referral system is not REGO?

SWLAT is looking into digital referrals including REGO but at a cost of £750,000 needs to ensure that it value for money. REGO has been challenged to look into integrating into the NHS medical system. Rego's contract has another 3 years to run. SS asked TF about travelling for restorative consultations, as often patients have to travel out of Dorset, TF to review this. Rego has an issue with cross border referrals and referrals into secondary care

7. What do you envisage the role of the new LDN and MCN chairs to be and what affect will this have on Dorset?

The new Dental Reform Programme Board is driving the strategic directions for South West. The board will consist of :

LDN chair; Dr Peter Wilson, Commisioners for SWAT ,Directors of PUBlic Health England ,a representative from HEE and the chairs of the 6 MCM ;s (Urgent Care,Paediatric ,Oral Surgery ,Community ,Ortho and Restorative).

The LDN will be operational side of the strategy and be accountable to the board.

Adverts have gone out for the appointments of the new chairs in the LDN and MCNs. The MCNs will be more like the operation delivery networks seen in the medical world. MCNs will be creating clinical pathways and making them consistent across the whole of the SW.

8. Have there been any Dorset practitioners who have put themselves up for these roles?

TF couldn't report on this as she wasn't involved. The LAT team are keen to increase membership to the LDC 's ,so they are truly represent the dentists in their region. Discussion of providing additional UDA's for those attending meetings ,so that dentists do not find themselves breaching their contracts as attending reduces their clinical hours ,may lead to increased interest in dentists putting themselves forward

9. With regard to the PPE portal, there does not seem to be any availability for extra-small gloves.

TF would take this back.

10. Practice expenditure is getting very close to pre-pandemic levels; is there any discussion about whether the 16.75 % abatement will be reduced going forward?

TF understood that whilst the 100% of contract was being paid, the abatement would be in force. This was clear in letter 8. It does state that if you perform more, the abatement would be less.

11. There has been a lot of discussion about associates being mistreated; could I ask the area team what actions may be taken against rogue providers?

Counter fraud may be used if associates are not being paid ,what they are entitled to .This does involve whistle blowing

12. What is the ongoing role of the Urgent Care Hubs? How many are still operating in Dorset and are they still being co-ordinated by the Community Dental Service?

There are currently 4 Urgent Care Hubs in Dorset still operating and a discussion of their future role is taking place