Minutes of the NW LDC Meeting held on 3rd June 2013

Present.

J Brown, D Plunkett, G Lloyd, M Horton, A Hawkes, S Mawson, I Douglas, Ette Ntekim

Apologies.

Andy Walton, R Shaw, Tom Gregg, Ben Lewis, J Williams, A Moore.

Minutes of Previous.

The minutes of the previous meeting were approved but Dr Lloyd has pointed out that WAG have not in fact implemented the removing of the 3 UDAs for referrals for the time being.

OS Intermediate Tier.

A meeting was held two weeks ago and the models for the planned service were revisited.

A robust discussion was had with regard to the type of work that should be done by this service given that GDS funds are being used to fund it and there is work in hand to assess this.

The LDC will endeavour to ensure that GDS funds are retained for primary care dental services and not used for work that was done by Secondary Care previously.

Orthodontics

BL provided the following written report.

The new consultant post split between YGC and YG has finally been approved

and advertised. This will help with succession planning and YG and also help

with the ongoing capacity issues at  YGC.

The ongoing capacity issues are still evident at YGC and YWM with routine

new patients waiting in excess of a year for a consultation (then if

suitable for management in a secondary care setting have a treatment waiting

time of at least 18 months unless there is a clinical need for priority)

Annabel Teague, the current Senior Registrar split between YGC and Liverpool

Dental School, has passed her exit fellowship, thus eligible to take up a

Consultancy, and will finish her training contract period in the next few

months. The advert for her replacement has been placed (along with two other

FTTA posts in the Mersey Region). Unfortunately, 3 more FTTA positions have

also just been advertised in Sheffield, so there is the risk that the local

post might not be filled due to a lack of suitable candidates. This would

aggravate the current capacity issues at YGC.

DP reported his waiting list is increasing.

JB reported that YG is down to one surgery due to plumbing issues.

This matter will be raised at the next meeting with BCLHB

Restorative

Meeting this week.

Tom Nisbet has retired and been re-employed for a number of sessions in order to assess urgent new referrals. There is little scope for treatment.

BCLHB is undertaking an assessment of how to take things forward.

Non Recurrent GDS

No news as yet on non recurrent funding.

CPG Restructuring

No developments to report.

LDC Elections

The following names are elected to the LDC

 Dave Plunkett, Ian Douglas, Mick Horton, Yvonne Hopkins, Raj Jotangia, Ette Ntekim, Jeremy Williams,

Bursaries

Dr Horton reported that 3 bursaries are available for this year but that the scheme may not be viable in the future.

AoB

JB highlighted some issues surrounding compliance with performer regulations which have arisen in N Wales

A copy of the regulations will be placed on this website

Dr John Rosie has contacted the LDC to raise concerns over the possible closure of the Ruabon Community Clinic

The LDC will question BCLHB at the next OHSGF with regard to their Estates Strategy.

Chairs Corr

None

Secs Correspondence

None

Treasurers Report

Current Account £13008.47

Reserve Account £1954.78

Total £14963.25

GDPC

Report below

1

**General Dental Practice Committee**

**Report of the meeting held on 10 May 2013**

The General Dental Practice Committee met on Friday 10 May.

**1. Direct access**

1.1 The main business of the day was a debate on the General Dental Council’s decision to

allow direct access to dental hygienists and therapists. The Committee unanimously voted to

pass a motion condemning the decision-making process and the final decision to allow direct

access. The Committee recognised the role and value of dental hygienists and therapists but

agreed that their greatest contribution was to be made as part of a dentist-led team. Direct

access to these professionals outside of a full dental team was felt to put unknown risks into

the care of patients. There were numerous practical problems regarding radiographs and

provision of local anaesthesia as well as issues of informed consent and referrals. The

Committee unanimously agreed that the GDC’s decision did not protect the public.

1.2 The motion that was passed was: “The General Dental Practice Committee condemns the

flawed decision-making process and subsequent decision of the General Dental Council to

introduce direct access on the basis that its decision fails to protect patients.”

1.3 The full press release following the meeting can be found here: http://www.bda.org/news-

centre/press-releases/42365-gdpc-condemns-direct-access-decision.aspx

**2. Associate Strategy**

2.1 Following the debate on the future of associates at the GDPC meeting in January this year,

a draft strategy was developed to address the concerns raised about the job market for

associates, terms and conditions and career opportunities. This strategy was approved by

the Committee and is being considered by the Young Dentists Committee and Associates

Group for further development later this month. The strategy outlined the existing work that

the BDA is progressing including:

 Impact assessment on the decision to allow direct access

 Developments in advanced care

 Financial pressures on associates, including accessing loans to purchase practices,

the increased role of corporates, fair pay and pensions, and the relationship between

practice owners and associates

 Incentivisation in a new contract based on capitation

 Self-employed status

2

2.2 The BDA is conducting focus groups with members to better understand attitudes to

employment status. A longitudinal study of a group of new graduates is taking place over the

next five to ten years to examine the changing nature of dentistry and its impact on career

development. As the various projects develop, updates will be available through the BDA

website.

**3. Advanced care**

3.1 Proposals from the Department of Health regarding levels of competency to deliver more

complex levels of care were condemned by the Committee. While a clearer career

development structure was welcomed and it was acknowledged that some sections of the

population will require an increasing number of additionally qualified generalists, the

Committee felt that restrictions on what GDPs can do could have adverse effects on access

to appropriate patient care.

3.2 The development of Dentists with Enhanced Skills (DES) was discussed. This project was

being led by the Faculty of Dental Surgery, and the BDA had representation on the main

working group. Questions were raised over the funding of training and the impact that a lack

of DESs in rural areas or areas with low population could have on patients. The role of the

generalist was defended as a specialism in its own right, and any move to require a formal

qualification or recognition of competencies in discrete areas of general dentistry was

rejected as unnecessary. It was felt that patients could lose trust in their dentist if they were

unable to have a treatment which had previously been provided.

3.3 Formalisation was felt to have medico-legal implications which may affect private practice,

but it was recognised that practitioners should not be treating beyond their competence. The

pilot sites were collecting data on the number of level 1, 2 and 3 treatments that would be

required under the new care pathways and this data will be used to understand more about

the distribution of disease and the levels of care required.

**4. Standard Operating Procedures**

4.1 The first set of Standard Operating Procedures had been sent to Area Teams. The BDA had

commented on drafts to try to ensure that the policies reflected best practice. The final

documents were reported to be of mixed quality, however. Some, such as the procedure on

contract variation were considered to raise problems with the Care Quality Commission’s

policies. The BDA would be seeking amendments to rectify the remaining problems. The

published procedures are:

 Death of a contractor

 Mid-year/year-end reviews

 Contract variation

 Incorporation

 Contract termination

 PDS to GDS

3

**5. Ethical procurement and environmental sustainability**

5.1 The Committee received a statement from the Education, Ethics and the Dental Team

Working Group on ethical procurement and environmental sustainability. The statement was

supported. It was recommended that practitioners look at the sourcing of all consumables in

their practice to do what they can to make sure they are sourced responsibly. Any concerns

over the source of materials or consumables should be reported to the Medicines and

Healthcare Products Regulatory Authority (MHRA). Concerns had already been raised by

the MHRA about the quality of some implants.

**6. Other business**

6.1 The Committee received two presentations. The first was from Vice-Chair of GDPC, Henrik

Overgaard-Nielsen, on his work for Burmadent, a charity working to improve the oral health

of children and the rural population in Burma. The charity needed volunteer dentists to go

and spend two weeks in Burma to provide much needed treatment. The second presentation

was from the Chair of the Principal Executive Committee, Martin Fallowfield, on the new

membership arrangements and recently-published strategy. The rationale for the new

membership tiers was explained as making the fees more representative of use.

6.2 Concerns continued to be raised over foundation training with members of the Committee

frustrated that trainers continued to be excluded from the selection process in large areas of

the country. It was felt that all trainers should have a say in which trainees they had in their

practice.

6.3 LDCs should have begun to be recognised and the levy collected and distributed, though

this was reported to be variable in its implementation. LDCs should be recognised as they

are and it should not be up to Area teams to dictate the local representational structure of

dentists. The role and involvement of LDCs on Local Professional Networks was felt to be

very important and should be made clearer in guidance from NHS England.

WGDPC

No report

Dental Health in North Wales

No report

Dental Advisers Report

Practice Insections will be carried out by Dental advisers for the time being but only for new Practices and in exceptional circumstances.

NWOHSG

Meeting in two weeks

Primary Care Operational Liaison Group

Meeting in two weeks

 Next Meetings

2nd Sept 2013 and 11th November 2013