Minutes of the LDC meeting held at the Kinmel Manor Hotel June 13th 2016

Present

Cath Dubourg, S Mawson, S Sandham, A Walton, Raj Jotangia, J Williams, Y Hopkins, Tom Gregg, M Horton, G Lloyd. I Douglas, Alice Reed.

Apologies Andy Hawkes Dave Plunkett, John Clewitt, B Lewis.

Previous minutes approved as a true record.

Matters Arising

CPG Restructuring

LDC reps and the director of Dental Public Health met with the new Chief Exec of BCLHB Gary Doherty and the meeting was very positive.

He conceded that dentistry would be better left untouched by restructuring as much as possible.

Dentistry is to be split into 3 areas with the central area leading but it is unclear at this stage how funding will be allocated.

Compass

There have been significant problems with Compass both from the point of view of Contractors and the LHB.

Contractors who have serious issues are advised to contact the LHB.

Dental Advisor Appointment.

Someone will hopefully be appointed in the west within the next 2 months.

New CDO for Wales.

Colette Bridgman has been appointed and will take up post shortly.

There is a new WAG Minister for Health and Social Care . Vaughan Gethin.

David Thomas is still acting Post Graduate Dean.

Non recurrent funding

Letters have been sent to Practices asking for bids and hopefully funding will be released this year. If nothing is heard by July then the LDC will take action.

ACTION ID

Orthodontics

X Border issues have gone quiet and practitioners are advised to keep referring to Chester specialist orthodontic practices as normal for now.

A new chair of the LOC has been appointed and a new Consultant orthodontist has been appointed 3 days a week in Wrexham. The DWSI process has been completed and 11 out of 12 have been approved.

Restorative

A new Consultant has been appointed [ Karun Dewan] and has taken up post.

Referrals should be sent to the Wrexham Maelor Hospital.

LDC website

Should be up and running again before the next meeting.

AoB

Dr Horton expressed concerns around the effect of BREXIT on the UK dental workforce

LDC Conference Report

Reports have been received in respect of Defence Union Companies sharply increasing premiums following a defence which results in a claim. The BDA is asking for feedback from Practitioners who may have been subject to this treatment.

There are 82 prototype contracts in England with varying degrees of capitation Capaitationis the BDA’s preferred contract model. Activity may return to IOS. Minimum practice income guarantee will form part of any new contract.

Prototype feedback is so far not positive with practices having to take on many more patients in order to maintain funding. There are also significant software issues.

The English CDO Sara Hurleygave a presentation. She said contract roll out is likely to be 2022. Pt charge implications are uncertain. GDS type unlimited contracts are unlikely to continue with a limited term of [for example] 6 years likely to be introduced in the form of a rolling contract.

Given the fact that 31% of practices fail to achieve the 95% UDA target there may be a move to bring in a 3 year target with in year flexilibility.

Matthew Hill the new Strategic director of the GDC gave a presentation in which he acknowledged the failings of the GDC and recognized the significant improvements that the GDC needs to make. The presentation was well received

Chairs Correspondence

Letters received about Clusters.

Secretaries Correspondence

None

Treasurers Report

Current £21806.37

Reserve £1957.16

Total £27,763.53

For discussion:

Benevolent Fund Contribution

Dental Guild Contribution. £20 per dentist.

Dental Health support Trust

GDPC

Satisfactory Completion of DF Trainees.

There is concern over the growing burden on Trainers and the unnecessary burden of the process.

DDRB

Given the history of the DoH ignoring the advice of the DDRB the BDA is canvassing opinion on whether they should withdraw from negotiations. The opinion of the LDC is that it is better to be at the table.

NHS Complaints system is under review

WGDPC

Dental Health in N Wales

Child DMF is down 12% in Wales. Most likely reason is designed to smile programme

Welsh Dental Committee

Welsh national OH plan to be refreshed.

Childrens dental health in Wales is improving.

Wrong tooth extraction “never event” pathway to be developed.

Dental Advisers

No report.

NWOHSG

An emergency meeting was held but no further meetings have been made.

Primary care Liaison Group Meeting

7th July

Next Meeting

12th September 2015 28th November 2015