

H&IOW LDC Secretary's Report

25th July 2018

NHS England-South (Wessex): The H&IOW LDC met with Dorset LDC and NHS England-South (Wessex) on the 13th June to discuss a number of agenda items provided by the LDCs and these included:

- Recovered monies and non-recurring UDAs-2018/19. The LDCs were pleased that the current non-recurring activity was to be sustained for 2018/19 and likely to continue in the foreseeable future. It was appreciated that this sort of activity is not ideal with risks for both commissioners and contractors. The level of recovered monies for 2017/18 was not available for this meeting but the LDCs are concerned that the dental budget is hemorrhaging monies year on year (over £84 million nationally). We are aware that a small number of contracts have been handed back and that a significant number of contracts (usually 30% plus) will underperform and some by 50%. One other issue was highlighted that concerned superannuable contributions from overperformance activity and one of Dorset LDC's representatives volunteered to look into this as identified on COMPASS and report back.
- The recent mini competition procurement of recurrent UDAs was applauded in principle and the LDCs hope that there will be future opportunities albeit restricted to areas where need is greatest. We discussed TUPE implications for general dental practice contractors who take up recommissioned rather than new activity but the Area Team (NHSE-S(W)) stated that it was up to bidders to be aware and to take this into consideration when submitting their financial plans for any procurement for contracted activity. However, NHSE-S(W) would in future try to make contractors aware when a TUPE challenge was a possibility. The new activity awards were confirmed on the 13th June with a proposal to revisit Gosport and Portsmouth in the Autumn following the same procurement process.
- Regional reorganization – the emergent regional STP borders are likely to divide the two LDCs into the South West and South East regions by 2019 but we were advised that this decision would probably not be taken before the end of 2018. Currently it is business as usual with Oakley Road the commissioning, performance management and contracting hub for Wessex. We are aware that NHS England staff's jobs may be at risk which could jeopardise the current working relationships at NHSE/LDC level.
- LDN/MCN Interface – the LDCs were concerned that the MCNs still lacked formerly appointed and funded Chairs which unfairly impacted on the work-stream direction of the MCNs. It was reported that the MCN Chair funding was on hold nationally and that locally existing Chairs would be funded at the dental adviser's rate but there seemed to be some confusion whether or not this was £50 or £80 per hour. The LDN Chairman is employed by NHS England and paid at a sessional rate (3 sessions per month).
- Orthodontic service provision in secondary care (UHS) – this is a revisited agenda item to assure GPs and orthodontists that plans are in place to recommission this service as a result of UHS giving notice on their contract. We were reassured that this is in hand and that a similar service will be commissioned for 2019 and beyond.
- DERs procurement update – the programme is progressing well with a proposed finish date at the end of this financial year. The LDCs have been involved in the development of the service specification and will be further involved in the procurement process –evaluation and moderation. The LDC's will recruit individuals who are actively engaged as referrers. Training will be provided (3 to 5 days) in September.

- Orthodontic procurement – we were advised that this has created a great deal of work for NHSE-S(W) and that Batch 3 was being processed with moderation in 2 to 3 weeks.
- Contract year-end reconciliation meeting – the LDCs enquired whether or not they would be invited to attend and this was confirmed and likely to be in September 2018.
- GDPR, DPOs and national opt-out – there was a short discussion on GDPR and the need for DPOs. NHSE-S(W) were unaware of the national opt out arrangements (patient consent options) for patients which may need to be complied with by dentists at a later stage. Patient posters are being rolled out to GP practices and dental practices will be receiving materials in due course. The national opt-out sits alongside the GDPR and enables the NHS to be compliant with UK and EU law. Therefore, in future state, patients will be able to register their choice to opt-out online or through a non-digital route.
- PCSS-CAPITA issues (dentist supplies stock) were highlighted with concerns for contract providers struggling with yet another PCSE issue. Once more, it is clear that CAPITA is not fit to provide this service as they have not been able to deliver under their contract and many performers and contractors have suffered over the past few years. The Central Team for Dental Policy & Contracts have very recently (28.06.18) released **PCSE Interim End of Year Guidance 17/18 (Revised)** for practices that have experienced problems with performer list applications –PLA process for End of Year reconciliation 2017/18. If a practice has been affected by performer list delays (more than 16 weeks delay from application to Performer List registration) that has affected end of year delivery then complete the template (LDC website) and send the contract holder signed document to england.dentaleast@nhs.net by **31st July 2018** for consideration.
- OPGs – this has been on the agenda for at least 2 years and finally we received assurances that all practices that have paid for OPGs should have received a credit note for reimbursement. Guidance has been sent out confirming that patients should not be charged. The LDCs were concerned that although these welcome measures had been put in place it was likely that not all qualifying practices had received the credits. The LDCs requested confirmation that the letter re OPGs had been sent out to all the Hospital Trusts in Wessex.
- Communication with NHSE-S(W) was still an issue for some contractors and especially the Dorset LDC. Automatic replies are generated from the generic inbox. There had been some improvement in the past 3 months but individual telephone contact can be problematic. The LDCs raised the issue of emergency contact telephone numbers for contracting and performance leads and we were assured that this would be raised at Director level.
- Provision of iPad tablets was discussed and apparently some contractors had requested higher specification iPads as they had been unable to purchase the tablets specified in the service specification. NHSE-S(W) have confirmed that the specified model is available from a number of places. Tablets are funded per practice and multiple tablets may be justified in larger practices and was subjected to receipt of requests by the 30th June.
- Amalgam – restrictions of use and disposal of dental amalgam EU Regulation (Article 10) 2017/852 came into force on the 1st July and the second part (10(6)) will become live on the 1st January 2019.
- Band 3 inlay treatments delivered in 17/18 has been through analysis and identified some unusual distribution nationally. A number of contracts are submitting high levels of Band 3 inlay claims compared to the national average. This will be scrutinised throughout 18/19 and if your rate is particularly high or low the Ask Us pages from the BSA can be accessed via www.nhsbsa.nhs.uk/askus

The current Contract Recommendation Panel Terms of Reference were revisited and will be amended accordingly.

CPD Activity: The LDC has held three events one in partnership with the BDA Wessex Branch Council) since the last LDC meeting and these have been well received. The courses were-

1. COMPASS, PCSE, NPL and NCAS
2. The Future of Dentistry
3. Childhood Obesity

LDC Conference (Belfast): This years' Conference was very ably chaired by Joe Hendron. The three motions submitted by the H&IOW LDC were all successfully carried and will now go forward to GDPC for further consideration and comment. There was a 'Question time' debate on prevention with special reference to contract reform. Claudia Peace was an active member of the panel – 'getting prevention back into the dental contract' where she represented the views and interests of prototype performers. PASS development and Peer Review was highlighted by John Milne Senior National Adviser of CQC and the Chairman of GDPC gave an update on the recent and current activities of GDPC. Devolution and its relationship to possible improved dental care was another agenda item but the main thrust of Conference was the motions and the interactive debate. It has been reported in the dental press that there was palpable anger evidenced within the debates generated from the motions. It was clear that the profession is frustrated with the slow progress of contract reform, recruitment issues and that the current contract is not fit for purpose. The new Chair- elect is Leah Farrell and Vijay Sudra is now the current Chairman of Conference 2019

Wessex Local Dental Network: Met on the 14th June and included in the workplan are the following:

- Review of Restorative Dentistry provision across Wessex and implementation of the National Commissioning Guide
- The setting up the Wessex Restorative Dentistry MCN
- To improve engagement with GDPs across Wessex
- To form a group to discuss Sustainability and Transformation plans
- To support DERS and iPad funding
- To progress enhanced Service Pilots evaluation with a view to extending these initiatives

The Core Group received reports from the various MCNs and of especial interest was the request to post the correct fast track referral forms on the LDC website. The LDC has to date, not received any new forms but clearly the LDC matrix will need updating in the very near future.

GDPC-LDC Regional Liaison Group: was convened on Friday the 11th May and a report from the H&IOW LDC submitted (already circulated before the last LDC meeting) to reflect the local picture and it was discussed alongside the other 11 regional reports. David Geddes and Carol Reece were in attendance. The group had lengthy and in-depth discussions with these senior NHS England representatives on a number of topical issues (GAs, PAG processes, Force Majeure, Year-End and OPGs) . A presentation from PCSE looked at Performer List and User Registration proposals.

We also considered recruitment, retention and commissioning issues with regional LDC's experiences being aired in respect of local commissioning and current and emerging NHS England systems. We also looked at Statutory Levy deductions and the issues that surround LDC geography rather than Area Team geography. The current orthodontic procurement process and the DPS were also robustly discussed along with the future employment status of Associates where the BDA contract has been changed. BDA will be meeting with HMRC in the near future. Contract Reform and the evaluation Report was expected towards the end of May.

GDPR: The LDC has circulated its new GDPR Privacy Policy and has also developed an Operational Policy. The LDC has posted a template Data Protection Policy Notice for Patients which might be of value to practices in our area.

PASS: The PASS development working Group will meet up on the evening of Wednesday the 22nd August in the RHCH in Winchester. Please contact the Secretary if you would like to attend this meeting. The final draft document will be circulated to the committee members before the September meeting.

DERS: The Oral Surgery MCN Sub Group (DERS) met recently to consider the draft Service Specification for the forthcoming procurement of this service. The scheme will cover Wessex and Thames Valley (DERS currently used for Restorative referrals) areas and will continue to do so even when Dorset has moved into the South West next year. There are 2 or 3 likely bidders –Vantage, IOSS or FDS Consultants. SFI rules have changed and this has delayed the Business Case which needs to be approved before the procurement can commence. Notice will need to be served on the current provider of the referral triage (Solent NHS Trust) and this is 6 months.

There will be an overlap of the existing and new providers of 3 months. Events will be organized to make referring practitioners aware of the new paperless system (mandatory by January 2020) although there will still be local clinical triage overseen by recruited oral surgery specialists independent of the DERS provider. It is not clear what the total budget might be but there does seem to be some flexibility. There was some discussion around the use of DICOM transfer of data files that include radiographs and full digitalization. It is perceived that the DERS is a short to medium term solution.

IFRs: There have been problems recently with delays in the IFR pathway when patients reside outside the Wessex area in Wiltshire and these are rejected by the Wessex CSU. The LDC Secretary will be meeting with NHS England- South (Wessex) in the near future to try to resolve this and to facilitate a better and more efficient patient journey.

Keith Percival
Hon Sec
11.07.18