Dear All,

Please see below my notes from the LDC Conference held on Thursday 9th & Friday 10th June 2016 in Manchester.

What is below are notes, not the official minutes of the event, if there are any mistakes they are mine alone.

The comments in blue is additional information not given out by the speaker.

Henrik Overgaard Nielsen – Chair of the General Dental Practitioners Council (GDPC) -

The report was mainly around prototypes and contract reform.
Central guidance from NHSE is to be issued regarding holidays i.e. Christmas – as per 2015 / 2016.
IG Tool Kit – GDPC meeting with the CDO- both parties agree common sense required regarding the IG tool kit.
8 Prototypes meeting with the GDPC on Saturday 25th June 2016. Attempting to arrange more meetings with prototypes by September.
82 Prototypes now –
3 are salaried service
58 pilots that have gone into the prototypes
21 from UDAs to Prototypes
If Access falls in the prototypes like the pilots there is a major problem
Prototypes A & B – 90% Capitation (based over a 3 year period) & Activity - with 10% DQOF which is at risk.
A further 10% is at risk for capitation and activity
Can over deliver on capitation but not activity
In the pilots there was a 20% reduction in band 2 & a 30% reduction in band 3
Under the pilots – both access and prevention fell – due to the care clinical pathways – philosophy excellent - software clunky and too time consuming

Prototypes –
Blend A –
Band 1 = capitation
Band 2 & 3 – UDAs (activity)

Blend B –
Band 1 & 2 = Capitation
Band 3 = UDAs (activity)

2018 / 19 roll out

Practices computer systems will need to be up to scratch.

Why Capitation –
Prevention – a MUST have
Fewer tick boxes & targets
Improve access
Improve Professionalism – Between GDP & Patients to decide the way forward with treatment plans
Decreasing treatment need – If remuneration attached to activity income will fall why the choice for the highest capitation figure possible

Between 1998 & 2009 a 39% reduction in treatment need – will be one of the reasons UDA targets are getting so hard to deliver

What do we want – (& when do we want it!!!)
100% capitation – not an option (Peter Howitt has made this clear on a number of occasions)
Capitation centred – Some activity
Weighting needs to be right – related to time spent with patients – more time for high needs patients – this needs to be properly monitored
Activity around an item of service

What else –
Minimum Practice Income Guarantee (MPIG) – for the transition – Winners and losers – UDAs to be equalised – current UDA average £26
DoH not so keen (!)
Remove cap on dentistry – be able to treat patients – 56% of the population currently not seen
Remove restrictions on new practices
Prevention is an activity & prevention takes time
Practice opening hours – 08:00am to 8:00pm – 7 days a week - not yet raised by DoH.
(There have been tenders for such services e.g. Lincolnshire but where pulled)

Az Hyder raised the fact that currently there is no reward for prevention. Prototypes does have one, no reward unless patient returns.
Also no reward for prevention unless a patient sees a GDP first – why this barrier – direct access – use of skill mix – Hygienists, therapists, DCPs
Activity - prevention – should be linked to the extended dental team and rewarded for it

Shawn Charlwood raised feedback from the prototypes - dissatisfaction from the prototypes - emails to Henrik and to the CDO - with the number of patients been assigned to prototypes. Also dissatisfaction on how the numbers where arrived at - GDPC, DoH and David Glover of the DoH in discussions.

Onkar Dhanoya – The software needs to be corrected to deliver – Investment is required in the prototypes – DoH – No money!

Sara Hurley – Chief Dental Officer (CDO) for England -

Local Dental Networks (LDN) force the agenda with commissioners
LDCs working with charitable endeavours
CDO said a number of the prototypes do not stack up. DoH needs to ask why impossible access targets for prototypes. The numbers do not stack up.
NHS – In Practice prevention –
10 prevention pilots – based on the Dental Public Health's (DPH) list of the 10 areas with high social deprivation for under 5 year olds – 10 towns.
Contract needs to be top sliced – for schools, care homes e.g. ROCS in South Yorkshire
(This is starting to sound like the LDN documents from North Yorkshire & Humber for IN practice Prevention, Linking GDPs to schools and care homes)
Oral health & general health inextricably linked
Duncan Selbie (Chief Executive for Public Health England) quoted – links to obesity, smoking, oral cancer.
Dental Five Year Forward – Minister reluctant – Eric Rooney, Janet Clarke, British Dental Association (BDA) and the Association of Dental Groups (ADG) putting one together.
All proposals need to demonstrate added value – offer Whitehall solutions

(The LDN for North Yorkshire and Humber has been doing that since its inception – the issue is Finance Directors – who can only see what is immediately in front of them – cut now – not realising by investing in prevention e.g. IN Practice Prevention or Linking GDPs to schools they could cut £35 million spent on GA over time. Everything is focused on the immediate no medium or long term view or investment)
CDO then raised the article published in the Guardian on Monday 6th June – "Secret life of a Dentist" –

http://www.theguardian.com/commentisfree/2016/jun/06/secret-life-dentist?CMP=fb_gu

Public and government perception of dentists and dentistry not good
Perception of how dentists run their businesses is really poor
Need to improve dentistry and dentist's image

Funding for LDNs and MCN's
LDN the way forward – local transformation
LDN and LDCs working together

Use of DCPs - multi disciplinary workforce going forward

May 2020 – Election year
2018 /19 contract reform?
Need evidence by October 2017 – Will not be enough of it will have bene produced to proceed in 2018/19
Need to move away from 100% capitation
Will have KPI's – Must be measurable but with GDPs in control

CDO prefer PCR not to be collected by GDP practices

UDAs to be harmonised - winners and losers (average UDA value currently £26 nationally) – Minimum income guarantee for a period of time for a transition

End of no time limited contracts – Rolling contracts –
7 + 5 years?
5 = 5+ 5 years?
(EU legislation one factor driving this - Need enough time in the business cycle to invest – unlike GPs – GDPs put their own money forward not the NHS – no a long enough business cycle will simply result in banks not lending and the sweating of assets with no re-investment, patients and the NHS will lose out)

Needs to be community and population based prevention
Oral health networks
DCP Champions (like Liverpool)
In Practice Prevention (IPP) programme to go forward October 2016
Innovative interim commissioning for prevention
National oral health Population Programme – "Smile 4 Life" – one umbrella.
Praise for Teeth Team, Brush DJ, Brighter Smiles in Cumbria
No more bureaucracy from DPH – no more chat
Link diabetes, obesity and smoking – not DPH – the dental profession
Graham Allen MP thanked for the prevention work he is doing in Nottingham North with Teeth Team.

There is no national commissioning strategy

31% of dental contracts failed to make it within the 96% on their contracts in 2015/16.

Matthew Hill – Director of Strategy for the General Dental Council (GDC) -

He said the GDC is committed to changing the way it communicates and acts, this will take time but the GDC is listening.
Matthew Hill said the way the GDC has been regulating is poor, setting rules and throwing the book at people and being punitive. It is bad regulation
Matthew Hill said he was not going to stand at the LDC Conference and defend the way the GDC does fitness to practice. It is not right that a Fitness To Practice (FTP) case can take 2 years to get to a hearing. He said it is hard work to improve the Fitness to Practice process.
He said most complaints can be resolved in practice and wishes local resolution wherever possible.
Matthew Hill stated he wishes Fitness to Practice cases to be the exception not the rule / default position. An FTP case on average costs £70,000.
Currently the GDC expenditure / budget currently heavily weighted in favour of FTP and not education and engagement. Matthew Hill states this is completely wrong.
Matthew Hill described the GDC taking out the advert in the Daily Telegraph on Saturday 5th July 2014 to encourage complaints to the DCS as "a bit crass." Also badly timed and badly handled.
Matthew Hill feel the GDC can be fit for purpose with Bill Moyes; Matthew Hill stated Bill Moyes is not given enough credit for the changes he has introduced. (Personal view - !!!?)
Matthew Hill stated the GDC needs to stop fishing and just deal with patients who are currently complaining – Says he would like to move to this but legal issues.
Matthew Hill asked if the GDC will consider a period of grace for payment of the Annual Retention Fee (ARF) like the medics. He stated he was happy to look at this.

Other information –
As Ian worked out –
If you increase a £25 UDA value by 5% per year in 6 years it will be £26
If patient charges increase by 5% over 6 years
By 1st April 2022 a paying patient will be paying 100% of the average UDA value if patients increase at 5% per annum.