



GDPC-LDC 2008 **XX**

## **GDPC-LDC Regional Liaison Group**

### **Minutes of meeting of 25 April 2008**

The LDC-GDPC Regional Liaison Group met at the BDA on 25 April 2008

Chair: Jane Moore

LDC Attendees: Stephen Harrison (North East RLG), Tony Sher (North West RLG), John Milne (Yorkshire and the Humber RLG), John Grossman (East of England RLG), Susan Barber (East Midlands RLG), Roz Tritton (South Central RLG), Eddie Crouch (West Midlands RLG), Barry Westwood (South East Coast RLG), Henrik Overgaard Nielsen (London RLG), Paul Bartley (Wales),

Apologies: Martin Chamberlain (South West RLG), Eddie Crouch (West Midlands RLG), Lester Ellman

Staff members present: Nicola Strutt, Mark Redhead, Ruthe Isden

#### **1) Chair's Welcome**

The Chair welcomed members to the newly reconstituted Group. The Chair noted the efforts of many LDCs to reconstitute into new regional groupings.

#### **2) Minutes of the previous meeting**

The minutes were approved.

#### **3) Regional LDC Chair's reports**

Members gave reports about their own regions.

J Milne reported on the Yorkshire and the Humber region. LDCs had graded PCTs in key areas including: finance, openness and relations with LDCs. A league table had been produced, which had been shared with the SHA. It was noted that the BMA published regular league tables of PCTs.

J Milne undertook to e mail the RLG a set of criteria, with a view to circulating amongst all LDCs and working towards a national register. Members noted that this approach would have to take into account the subjective nature of judgements, and occasional poor relationships between LDCs and PCTs.

The Group also discussed practice sales and the increasing prevalence of corporates. Many practices were also still concerned about PCTs attacking UDA values. There was a reluctance to invest long term in practices as a result of this uncertainty. Recent trends had been for practice owners to take in a partner and then sell the practice to them, though

PCTs had now realised that this was occurring. There was further general discussion of the issue of practice sales.

J Grossman gave a report from the East of England group. There were still problems with levy collection. Cambridgeshire PCT for example had serious funding issues. There were issues with capital funding as well.

S Harrison provided a report about the North East. There were similarly issues with PCTs trying to drive down UDA values, capital funding, child only contracts, and also some examples of good practice. With regard to capital funding, the CDO had confirmed all allocated money could be carried forward to the next financial year. Unallocated money could be carried over with prior agreement.

There was also general discussion of the 18 week pathway targets, which the Group noted were not yet in operation, and the variation that occurred across regions.

R Tritton gave a report about the South Central region. The LDCs had struggled to recruit in Berkshire and Buckinghamshire. There were also problems with referrals, often having to send referrals via Devon. It was noted that Oxford were being proactive and had held commissioned stakeholder workshops. Finally, there were problems with confirmation of superannuation payments, with amounts entered incorrectly leading to tax and pension issues.

P Bartley reported from Wales. Ring fencing had been continued, and LHBs were to be cut from 23 to 8 in the future. There had been some problems with individual low performing practices in particular. Growth money was well funded, though LHBs were specific about how it should be spent. Few problems with the levy.

H Overgaard Nielsen gave a report from London and asked that London be allowed two members. The Group discussed it and the Chair agreed to take the issue further to GDPC Exec in July 2008.

B Westwood gave a report from the South East Coast. Relationships with PCTs had improved. They were stating that 11% investment could not be allocated unless oral health needs assessments were completed. Corporates were continuing to make inroads into tendering processes.

There was some further discussion of the role of the Group generally. In particular, members were concerned that the Group provided value to GDPC, but not to LDCs. LDC expenses were not paid by the Guild. The Chair agreed to raise the issue at GDPC Exec.

S Barber gave a report- the East Midlands group had not met since February 2008. There were funding problems for VT training. The PCTs had also refused to carry over 4% tolerance funding for Practices who had overperformed. There was local difficulty in getting dentists to represent LDCs in Nottinghamshire especially. QOF frameworks were being created. And average UDA value was £19.60.

#### **4) Local Commissioning: Opportunity or Threat**

J Moore noted that PCTs were keen to implement QOFs. There was general discussion of PCTs likely approach to balanced scorecards, QOF links to UDA value and QOF funding. The Group noted that the profession would have to work with QOFs and explore its potential. It was hoped that PCTs would use them to commission creatively.

#### **5) LDC Survey**

M Redhead gave an overview of the survey and its results. About half of PCTs were considered to have acted reasonably by the respondents although it was noted that the

response to this survey was low and was not fully representative. The Group noted the report and determined when next the BDA sent out an LDC survey to encourage other LDC members to return the paperwork.

**6) LDC Secretaries' Support Pack**

The Group requested the Associates Code to go into the pack. LDC Secretaries should ask PCTs for a list of new performers coming onto the dental list monthly. The Group also requested more regular e mail updates from the BDA. LDC Newsletters should be in plain Word document form in the body of an e mail. The Group also discussed including information on local commissioning and information on conflicts of interest. It was decided LDCs should also try to encourage its members to undergo training in tendering for commissions.

**7) Report from GDPC**

The Group noted that the LDC Conference response had been agreed by GDPC. The Group noted the report.

**8) Next meeting**

Friday September 5<sup>th</sup>, 11.00-15.00