

TAKING THE NEXT STEPS

The past and future adaptation to the timetable of NHS
change from an LDC perspective!

THE LAST 6 MONTHS

- Jigsaw effect - some boundaries set within the new arrangements
- National vision - existing LDC leadership/membership and flexible adjustment to the new arrangements
- Re-development/renewal of historical stakeholder relationships
- Interim policies – awaiting final Single Operating Models and final National Clinical Pathways – confused providers of dental services
- LPNs: inception and development – lack of national direction and funding. Some loss of valuable and innovative LPN pilots experience.
- Massive stakeholder development: HEE/LETB, H&WBBs, PHE, NHSE and Area Teams, Clinical Senates, CCGs, Commissioning Support Units, Quality Surveillance Groups, Healthwatch, Strategic Clinical Networks, Academic Health Science Networks, NHS Trust Development Authorities, NHS Property Services Ltd

EMERGING FUTURE LDC PRIORITIES

- Continuing recognition of the LDC's representative status
- LPN stakeholder development – LDN & the new contract
- H&WBB, PHE, HEE, CCG engagement
- Other LDC and LOC, LPC and LMC engagement
- Developing AT/LDC communication – Occupational Health, commissioning/contracting/performance management policies.
- Communication with GDPs and the Community Dental Service; developing awareness of the changes and thereby protecting their clinical and business interests

NEXT STEPS AGENDA 1

- Continuously identify/re-evaluate our representative mission statement to meet the new organisational challenges – stakeholder feedback
- What do we wish to achieve for dental practices: what do dentists want us to achieve for them?
- What do we wish to achieve for dental patients?
- Risk assess – dental services, funding, business continuity and high quality services provision within the current financial envelope

NEXT STEPS AGENDA 2

- Engagement with the new piloted dental contract process: GDPC, pilot practices.
- LDC members education – essential/contractual CPD provision, Commissioning & Public health processes
- Continually strive to improve communication with partner LRCs and the AT
- Engage in dialogue with BDA and NHS England concerning the mechanics of the Statutory Levy collection.

NEXT STEPS AGENDA 3

- Engage with Health and Wellbeing Boards through PHE – Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- An essential working awareness of Healthwatch (CQC) and associated advocacy organisations
- Continue to support Area Team Performance panels; PSG, PLDP and MOSCC: Legal training
- Continue to lobby GDPC to represent LDC constituents interests at national level

NEXT STEPS AGENDA 4

- Continue the already established good working relationships with HEE: Appraisal; Continuing registration (CPD); VTA; Foundation Training; Dentists in Difficulty-Coaching/Mentoring – working to re-validation.
- Address representative funding concerns – panels & LDN
- Recognise that the new arrangements are no longer a top-down hierarchy but a single organisation

NEXT STEPS AGENDA 5

- Engage with Secondary/Tertiary Dental Care Providers
- Continue to forge good working relations with the Community and Special Needs Dental Services and the Consultant in Dental Public Health
- Continue to liaise with other providers of Team based education

thank you for listening