

APPENDIX 11 – CONSULTATIONS WITH HEALTH & EDUCATION PROVIDERS

Education

- Meeting held with Chair of Governors and Head at Chellaston
- Both committed to continue to provide Secondary Education for Melbourne
- But capacity of the school is a concern
- Particular risk in 3 years time
- They have recommended a catchment area which excludes part of Chellaston but this may not be accepted
- Longer term plan by Derbyshire County Council to build new secondary schools in South Derbyshire - Proposals out for consultation

Health

- Meeting held with Practice Manager at Melbourne Health Centre
- Enough space to accommodate necessary health staff
- Plans to redesign the Health Centre
- Majority of funding from NHS England and S106 contributions
- Constraint on future health care is human resources, with particular difficulty recruiting GPs

Dental

- Melbourne Dental Practice established in the 1970's by Ben Davies BDS.(now retired)
- Moved from premises on Potter Street to a purpose designed building on Castle Street in 2010.
- At this time the practice took on an extra 250 new NHS patients.(A local newspaper advert describing the new surgery was picked up by the Derby Evening Telegraph. As a result the practice was inundated with requests from outside Melbourne for new NHS registrations)
- Practice now owned by Naomi Fry BDS.
- The premises are rented .
- Currently there are three Dental Practitioners, two working part time.
- A fourth Dental Practitioner has been recruited from September 2016.Her appointment will offset the reduction in hours of one of the other part time practitioners. This will also allow the recruitment of more NHS patients.
- The practice received an excellent report from the CQC in May 2016. There is now an automated defibrillator on site and all staff are regularly trained in CPR
- Website: www.melbournedentalpractice.co.uk

Practice Population

- Number of active patients 6,000.
- Originate from Melbourne, Ticknall, Castle Donington, Derby, Ashby and further afield. The majority are Melbourne residents.
- Some younger patients who do not currently live in Melbourne but were brought

up here continue to use the practice.

- 60% of patients are NHS.

Impact of housing growth and NHS provision

- Since 2011 there have been lots of enquiries to the practice seeking the registration of new NHS patients for dental services.
- A waiting list was created as the practice was full. (See later explanation of the dental contract) When the waiting list reached approximately 100 it was closed as adding to this was deemed unrealistic.
- The practice does its utmost to accommodate children, consequently there is no waiting list for children despite the increase in the number of houses in Melbourne since 2011.
- The appointment of the new dentist has enabled approximately 50 patients (mainly families) to be newly registered from that waiting list. (69 patients on that list were contacted)
- Residents can currently again apply in writing to join the practice and the waiting list will be re-established.

Future

- The growth in the number of elderly patients who now have their own teeth, and not dentures is likely to increase demand for dental services.
- Conversely the NHS is trying to get increased performance from practices for less money as funding diminishes. This is likely to push more patients to the private sector.
- There are no safeguards to guarantee NHS status for dental patients.
- Dentists can decide at any time to move into the private sector completely.

Background - The NHS Dental Contract (In brief)

NHS dental services commissioned by the Local Area Team for Nottingham and Derby, part of NHS England.

A new contract was introduced in 2006 based on the UDA, unit of dental activity.

Three bands Band 1 1 unit

Band 2 3units

Band 3 12units

Contracts for each practice based on historical data at this time. This resulted in different practices receiving different remuneration for each UDA, and proved very unpopular with dentists which caused many to switch to private provision only. As independent practitioners dentists have no obligation to work for the NHS.

The contract for a particular practice requires a quota of UDAs to be completed each year.

Financial payments reduce in the following year if the quota is not met. There is no extra remuneration for over performance.

In Naomi's view the current contract for the practice is difficult to fulfil. The contract has not been reviewed by the Commissioners since 2006.

The practice is able to ask for an increase in UDAs with the appointment of a new dentist, but the attitude of the Commissioners is that patients should expect to travel (up to 20 miles) to access NHS dental services and the NHS Choices website

publishes a list of practices with NHS availability.

There is a perception that Melbourne is seen as an affluent area and so does not require increased NHS dental facilities.

Private provision:

In Naomi's opinion private patients help to offset the losses that can occur from the NHS contract, and that the contract actually inhibits the practice from taking on more NHS patients.

Not many private patients are in an insurance scheme.