Academy oversight committee notes Nov 2023 – Mostafa H

- Good news and comms :

There was  a suggestion around inviting some of the DES and MSC guys to share their experience at LDC meetings , as part of spreading the word and good news stories that Mike mentioned in the earlier thread. Along with Gemma Norton’s work on the website (live train work ) being done to promote this with new graduates across the border, some promotional videos are being made too. Thought was given to promoting it further at BDA events , articles in BDJ, through the healthcare leadership academy, and LDC invites as above. Is this something we can accommodate ?

Pete mentioned he always sends emails about this so was surprised that some hadn’t heard, and thinks they should be directly communicating with associates as it seems to stop at the provider sometimes.  But overall it was acknowledged that more could be done with comms.

- Placements, up skilling and training :

Nicola Innes will be up tomorrow to look more into student placements into north wales practices from Cardiff (I think that’s a great idea)

It’s in the immediate plan for Bangor Uni to begin converting hygienists to therapists (1 year program) which I think is brilliant news, Kirstie mentioned this today on the meeting.

- Tendering / Access / Academy model transparency

I brought up the process of tendering, regarding transparency and procedures also in relation to reduced or increased access etc (further to your email today Jeremy), and that the details need to be shared so it doesn’t create a rift between providers and push them back into an “each for their own” state of mind again with some feeling that academy means an automatic advantage.

Pete advised he hadn’t received many proposals from practices but routinely gets what he perceives as a negative sentiment towards academy (which although I kept it to myself personally think that is a good point) he added that Academy are rigorously held accountable and that he would be happy to answer these questions at an LDC meeting, Ravi also expressed his openness to  this (further below)

For full disclosure I added that I (personally) liked the proposal approach , rather than a rigid structure, (at least for the short term, untill we see where the new contract lands and until we understand how to fully interpret individual practice data ). My view is ; with proposals it becomes open to everyone, and takes into account the differences between each practice without automatically excluding, or putting any practices at an obvious disadvantage. I appreciate not everyone agrees with me on this so I made it clear to say this was my ‘personal’ opinion. I then went a step further to say that we should encourage providers and bids that secure a sustainable contract, and that this isn’t a zero sum game where one loses and the other wins. In fact all providers new and existing stand to benefit from any new model adopted as it would create a precedent and grounds for individual contract negotiations, no one seemed to object to that, as what applies to one provider would apply to others dependent on individual practice circumstances. My belief - which I kept to myself - is that applying for more of the same or comparing academy models to non academy models would be a step backwards, i don’t think any reasonable person would bid for more unachievable metric, to appease other providers whom many of which haven't even put in a proposal,  unless these new bidders have a financial death wish.

 Ravi came in at this point and was very open to an LDC meeting being held at the academy to answer any academy related questions we and others may have, to reassure providers that being an academy doesn’t mean you’re on the metaphorical gravy train. Those are my words not his, but to this effect. I think we should take him up on that ?

Finally, There’s a new academy affiliated CDS practice  on the way and the budget has been increased for the tender to around 4 million (I think it’s great to see this money back into dentistry, rather than into the abyss)

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