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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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Jeremy Williams – Chair NWLDC
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Ein cyf / Our ref: CS/sld

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Gofynnwch am / Ask for Chris Stockport

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Dyddiad/Date: 02 July 2024

Dear both,

Thanks so much for finding the time earlier to meet and discuss the recent letter that you sent on behalf of the LDC. I am writing back in response to your letter to confirm the Health Board position.

Firstly, we all acknowledged that there is considerable scope for improvements in dental provision that can be moved forwards fairly quickly, and I committed that to be the Health Board's intention.

Funding and Contracting

The Health Board remains committed to fully deploy the dental ring-fence funds to the provision of dental services, and to respond to contractual hand-backs or gaps in an agile way, and that there is further work to do to deliver this. The Health Board has recently approved the offering of contracts following a recent procurement exercise, but there is further contracting required and so we have recently agreed a further procurement exercise to address that. Additional support has been put in to place so that we can complete this as quickly as possible. We also agreed there was scope to clarify a more agile process of being able to agree additional activity in-year to contractors when other contractors inform the Health Board that they are unable to fulfil all of their allocations. We all recognised that being clearer in providing oversight of financial spend in dentistry will help dental contractors to plan and flex to meet patient needs.

Non-clinical spend

You raised questions regarding the proportionate spend on non-clinical activity/roles rather than patient facing clinicians and whether that has changed in recent years. I agreed that we would look into this alongside benchmarking with other organisations to confirm or inform an ideal balance going forwards.

Restorative dentistry

It has been suggested that the capacity for Restorative dentistry in North Wales is insufficient when compared with other providers and that that is impacting upon effective use of GDS capacity. We agreed it would be helpful to look further into this and identify any recommendations if that is the case.



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CDS activity

We had a long discussion about the respective roles of GDS and CDS and how we can make best use of both as we move forwards. Examples were given of patients being removed from CDS services despite there being no meaningful GDS capacity for them. Whilst a transfer from CDS to GDS and vice versa will always be appropriate according to patient need, we will need to be more flexible on how this is achieved when the system is not in balance. As a result I will ensure that no further transfers from GDS occur until we have progressed our improvement plan further, and are all in agreement that the capacity in GDS is there to appropriately justify such transfers.

Improvement plan

Finally we discussed the approach to a dental improvement plan that I have proposed, how we will do this transparently, and how the GDS can help us with this. There were other elements to the plan proposed in addition to those above, such as ensuring there is a senior clinical voice for Dentistry as we move forward improvements. In discussion we all agreed this would be a helpful way forwards and so we will establish this and ensure you remain involved throughout.

Moving forwards we agreed to maintain these discussions at senior level, both through the improvement plan and more generally.

Thanks again for the supportive and solutions-focused way in which you approached the discussions today. Please let me know if I have misunderstood any of the above.

Best wishes,

A handwritten signature in black ink, appearing to read 'Chris Stockport'.

CHRIS STOCKPORT
EXECUTIVE DIRECTOR TRANSFORMATION, STRATEGIC PLANNING AND COMMISSIONING
CYFARWYDDWR GWEITHREDOL TRAWSNEWID, CYNLLUNIO STRATEGOL, A CHOMISIYNU

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