Minutes 10/1/22

Monday on Zoom – DN,JW,RJ,AT,BL,DR,DP,AH,MH,FS,IJ,MS,MH,PT,PL,PG,RJ,TT,SS (19)

1. Welcome and apologies – Cath Dubourg, Glesni Llwyd, Kelvin Fernando
	1. Minutes of previous meeting – agreed as correct record

2.1) Recovery and SOP – JW introduces and discusses the new SOP and the emphasis on access and the minister is aware that this is still a problem. RJ mentioned that things are going ok in his practice and no major issues. W Tolley is leading a task and finish group to see what is happening and looking at around 70% of previous contract activity. F varnish issues and disagreements more so in South Wales. MH asks are there any specific targets for numbers of UDAs? JW replies and suggests there are no UDA targets and if you are an outlier then the HB will ask you to explain your numbers. MH also comments that we should not lose sight of the wellbeing of the team. RJ seems to feel it is number of FP17s being undertaken. Also, that recruitment of all team members will be challenging. JW reinforces the feeling of the profession and the tiredness of teams. We need to be careful and very aware. RJ considers the use of therapists as a solution. JW suggests that recruiting therapists is not as easy as it might be. MH feels that the HB have set their expectations at a level that they can manage. He also mentioned that the use of therapists is helpful but not a cure all. BL – though that the American model was the plan and to have a pyramid shape to practices. FS – there are only 17 dental therapists trained per year. Direct access has been available since 2013 but NHS regulations preclude these.

MH mentions there are some work arounds for the therapists also Scotland are not qualifying anyone this year. SS advises that there are only 14 therapists in the whole of Wales. There are 12 to 15 dental hygiene places. MH advises that the GDC has visited all dental schools to make sure that the students qualifying have had the necessary training.

JW - Lack of a CDO is certainly having an effect on the profession at present. **MH – ACTION to ask HB to see if there is a means of reciprocation with the CDS on nurse cover. COMPLETED DCN**

2.2 EDS – JW suggests we are taking back the concerns we have about EDS sessions in practice. **ACTION to advise HB of the inefficiency of the system – JW UPDATE.** MH suggests taking EDS sessions against the core contracts is not worth it.

2.3 – Nurses. TT and SS had a meeting with the college and were trying to get the apprenticeship at level 3 but there is no definite plan. SS is trying to sort an NEBDN course but TT is in her last year. Hoping to start by the end of March. SS did suggest that they might be looking to do a pilot in Llandrillo (Bangor) and there is now apprenticeship funding and framework. Looking to start with 10 students initially. It is an 18-month programme. The issues have been raised at a ministerial level. They are looking to begin a course via HEIW but it is a long way off and specifically for South East Wales. JW suggested trying to entice previously registered nurses back on to the register. FS suggests Pay and conditions are going to need to change and change soon.

3.1 AOB – LFT testing daily and the circular before Christmas suggested this should be the case. You need a UON to order centrally. **ACTION – HB to recirculate the LFT info again – EMAILED AND ADVISED DCN**

AT suggests strongly recommended is really mandatory.Where do we log the LFTs. BL In the hospital is also still strongly advised and patients are not requested. MH – what is the benefit of doing it as it does not reduce the risk.

3.2) Chairman’s correspondence - Ventilation application by 17th Jan. Gareth Brock’s email regarding the MCN. RJ has taken over the GDPC position from ID. There were still 2 positions in welsh council, and no one stood for those positions. JW suggests it should be the branch to fill the positions and interest to Dan – **NOTHING RECEIVED**. Greener primary care – to get involved.

Additional funding requests may largely.

3.3) Secretary - LDC officials day – posted on website.

3.4 Treasurer’s report - £24,270.43 – **ACTION guild donation – ANWEN TO UPDATE**

3.5 Orthodontics – BL: Lead up to Christmas there was a considered reduction in output. YGC has now appointed a part time consult. Due to start in April. Owaise Sharif from London **– INVITED TO LDC**. Mr Parry has retired in Bangor. I candidate looking around and interview is 4/2/2022. DP is due to retire and Mr Sharif. DP back up to speed in a priority basis. Add 12-18 months onto treatment times due to Covid. DP feels the targets have been fair. Feels well supported by the HB.

3.6 Oral surgery – 1st meeting in LOC. Reps from primary, secondary and intermediate tiers. We are looking to all primary care practitioners to carry out level 1 oral surgery. The pilot of 4 people will come into training with AT and then review the RMS data. In due course practices with oral surgery skills will be able to help train other practitioners are. Also we will look to get DES accreditation for individuals that can take tier 2 level treatments. Also, the HB should be able to offer tier 2 for sedation. Looking HEIW to get more oral surgery trainees in place. Secondary care for OS is 3 years, IT is 2 years. There is due to be a tendering process for primary care practitioners and each case should be £170. Tier 2 is to be paid in line. The DES accreditation will be wales based and unlikely to be transferrable, but AT hopes it will have a weighting in England. Mick Allen has written the basis for the sedation processes in Wales.

3.7) GDPC/WGDPC – no meetings. RJ first meeting end of JAN and likely to be introductory. JW had a meeting WGDPC 19th Nov. 1 thing that did come and Anup Karki mentioned the levels of prescriptions and antibiotic resistivity. Making sure the correct AB is correctly prescribed. Health boards are looking at prescription allocations. Check to make sure private patients are not getting NHS scripts. Also a deeper audit being done by HB. JW is suggesting other health boards are making life hard for their practitioners.

3.8 Dental health in North Wales – Changes in PHW – some retirements and out for adviser. All Wales meetings with the dental leads and now starting to look at other issues rather than just covid. Looking to do the next survey on 5 yr olds. Fielded work in 12 month’s time.

3.9 Dental Advisors – AT - QAS document is out and needs to be completed by the 4/3/22. Moving to a working live document in due course and lead by AT. Hopefully all the documents will be online and available.

4.0 NW OHSG – Lack of engagement from senior members of the HB. Discussed the Oral surgery support. Spoke about the lack of strategy and lack of using the data that is brought to the meetings and we need to focus on outcomes. Discussion about succession planning and the health board and lack of foresight. Recent document sent out by HB suggests it has a lack of strategy. We raised issues about the restorative MCN and service and things need to improve. MH was at the restorative MCN and the solution is not consultants. **DCN written to PG to emphasise the lack of action in this group.**

AT the North Wales Dental Academy is ongoing and the building is chosen. Expected to up and running with a 15 surgery practice and 2 DFTs. But the north wales dental academy is not just going to be in Bangor but across the region inevitably. Interest is being sparked across Wales now. FS suggests to cascade into the teams. BDA dinner 5/2/22 in Chester. £40 per ticket.

Next meeting – 4/4/22 7pm