# DATE: 16.09.2019

# VENUE: Oriel Hotel, St Asaph

# 1). Apologies\*: AT, DP, ID, BL, SM

\*Initials only

**Attendees: JW, DN, FS, GL, FS, AH, SW, CD, SS, GB, MB, KM, AT, RJ, RB, TT, TG**

\*Initials only

* 1. **Minutes of previous meeting - Amended minutes**

14th March 2020 Chester Grosvenor BDA president’s ball

SS – Dental nurse course in Wrexham – money from the HB. RJ – tooth fairies funding has run out and trying push the commercial root £2000? – TT to start soon. Issues relating to funding. Need a minimum of cost.

**2.1) Reform Program**

JW – Updated room on current position. Explained that WAG (Anup Karki) would like to see the ACORN replace the check-up. Explained that the simple fact that BCUHB offers on claw back. 20% is more realistic. What is the concerns of the practices that have not joined the program? MH – change of metrics/change in CDO and then what will happen. TG agrees and DN advises that the SLA will increase accordingly but the UDA number will reduce.

**ACTION** – DN to speak with JW to pen email to MB – via SS and MH to check. – **DN EMAILED MB/TB TO GET UPDATE ON SLA DEVELOPMENT**

2.2)

E-Referral – hard to make referral in real time – usually done at the end of the day. Anxiety scales. MH – issues with OPT taking at the Mealor. No way of sharing x-rays – GB mentioned an image exchange portal. ACTION – Raise sharing images on OHSG and email FDS – **DN – raised at OHSG AND kicked squarely into the long grass in terms of an answer, so sharing of images is not straightforward – of course we can send them in but on the rare occasion we need to see images taken in secondary care – that is not happening.**

**Referrals**

GB - Referrals are out of control – priority is cancer and hypodontia. And some from the community. List running in next year. 250 referrals since he started – some a back log – 50/50 primary and secondary care.

JW- is -.5 enough – SS suggested that we started with 1 whole equivalent.

MH – suggests that it is worth reviewing the service that GB wants – a lot of hypodontia. Developing a managed clinical network – Can the LDC help to support a clinical network. ACTION – NOTHING FURTHER except discussed at OHSG/LDCPC and HB aware that something needs doing sooner rather than later and Mike Buckle looking to put it into his “Strategy”.

RJ - Can we bring out own nurse . DN asks GB what is the shape of the service he feels is needed. SS- suggests GB needs time to look at the service. ACTION: LDC to push for a 0.5 position to allow GB to develop a service. JW – we need to make sure that patients are cared for after their treatment. Data sets are not forthcoming.

2.3

Nothing discussed

2.4

Agreed to work together with HEIW to develop CPD within an LDC meeting. Consider involving the whole team, Use of the MAX COURSES site for sign up and advertising – great idea from KM/TT/FS

3.1 AOB - nil

3.2 Chairman’s – HEIW workforce strategy, GDPC evidence collection is for England only

3.3 Secretary – as published in agenda

3.4 Treasurers - £ 31.587.50, 5

06.69 retained by Stuart

£32094.19

3.5 – **Orthodontics** - With reference to Ben Lewis email – discussed and no significant changes from last time. No orthodontic presence today. Update in Person at next meeting

3.6 – **Oral Surgery** - CD – mentioned that the referrals are still not being triaged correctly still and anxious patients are coming through without now

3.7 – **GDPC/WGDPC – no meeting**

3.8 - **Oral health in north wales** – nothing added

3.9 - **Dental advisors –** no representation

4.0 – **OHSG/LDC/PC** - DCN mentioned about recycling – to move forward with this. **Meeting due 3/10/2019**

**DATE OF NEXT MEETINGS**

**9/12/2019 – Oriel Hotel**

**KM to do**

**6:30-7:30 KM to talk about 5 yr plan**

**9/3/2020 – Oriel Hotel**