Minutes from meeting 9th March 2020 (Pre-Covid)

Welcome – Given online by Jeremy Williams

Apologies – non given

In Attendance: JW, DN, ID, AT, TG, RJ, DP, MH, SS, AT, LJP, BL, GB, GL, RB

**Minutes of previous meeting** - Amended and confirmed

**MATTERS ARISING**

**2.1 Dental reform – Update**

JW – updates the group on current reform position. RB advises that Tony Benton (from the health board) will be sending out a “new” SLA for practices shortly. The access sessions mentioned are open to interpretation by the provider and the view is that they should consider the needs of patients in the practice area LHB needs. JW has taken the approach to involve the GP cluster locally to see how we might be able to support them and whether this would be a useful approach to ease pressures in primary care locally. This aligns with the CDO’s direction. SS suggests they are worried about Patient’s who have had Emergency care at the EDS and need follow on treatment.

(Ravdeep Johal – Rhos Dental Practice, Wrexham) is due to start on phase 1 and asked LDC members involved for their view. JW suggest care should be given in entering the reform program based on 10%. This was only ever a suggested figure and practices on contract reform have shown that on average a larger reduction is needed. AT – 117 practices are currently on contract reform and the CDO want 50% by October. 12 practices on phase 2, Consideration was made to setting up a group to work on how to pay associates. Contract Reform has seen an 18% increase in attendance for children and a 1.5% in adults WAG has informed. From April there will be a new FP17W and DCPs will be able to claim a UDA and patients will not necessarily need to see the dentist. A third phase of innovation coming next year. Letter gone to all HBs to provide a **clinical director of dental surgery**. JW – advises potential limitations on restricted access contract. AT says MB is looking to revoke these contracts. DN mentioned the KPIs and the issues with the Periodontal care dilemma.

JW – explains that the reform program is prescriptive and that the CDO is keen to see care pathways developed on the back of the risk and needs data.

LPJ-mentions the use of DHE and if a patient is not engaging they stay there!

**2.2 North Wales Dental Strategy – Discussion**

No response was advised at this stage - to review once document is fully developed.

**2.3 Dental Hygienist and Therapist POMs – Consultation**

AT presented in FS absence – CROWN report – Improve administration of meds and regulate professionals. Prudent health care and improve patient health care – Patient specific direct/Patient group directive. FS looking for exemptions – list of 10 medications for legislative change. It has had government approval. Public consultation coming out in 3 weeks and wants support from LDC and members to move this forward. FS to send link to DN to Circulated – 8 weeks. **ACTION LDC TO SUPPORT THIS CONSULTATION** – MH- asks if this is a UK consultation. BL – advised on how to set this up. MH – raises the issue relating to medico legal aspects and lack of secondary care referrals. BL- suggests setting the tiers first and then advise the HB.

3.1 – **Chairman’s correspondence** – Nil

3.2 **Secretary correspondences** - **GB –** Advises on priorities – multidisciplinary care and > tier 3 for a discrete number of patients. JW wants to know how to record this data so as it can be used to improve the service. GB advises to continue to make referrals **– ACTION – Need to make sure we keep referring to the service.**

**CB has agreed there is a need to set up a MCN - ? to develop a SAF in first instance.** BL has shared terms of reference to GB and need to refer to England’s framework and the tiering system. Really how we then define what is the skill – BL asks AT where is the workforce audit? – AT to deliver to the DHSG for review.

**ACTION** – DN to provide a date and venue to the initial meeting to develop Terms of reference. DN TO PUBLISISE THE NEED TO KEEP REFERRING TO SECONDARY CARE. DN to request HB to circulate criteria and advice to continue referring based on the NEW CRITERIA>MH advises to tier on the level of patient need not the skills of the person delivering the care. GB to send updated referral criteria – DN to publish – **ACTION COMPLETE**

**3.3 Treasurer’s report**

**AH- 33,236.78**

**SM- £388.89 to close.** Consideration to reduce the levy. Discussed the options to use the money as effectively as possible. ACTION – DN contact what other LDCs use their stat level. DN to circulate dates – 4/5th June Brighton.

DN suggests using the money to go out to schools and universities.

**3.4 Orthodontics**

2 new speciality Doctors – 4 sessions, limited experience and make a difference to w/t

Part time consultant at YGC going on Maternity leave so will have a knock on. BL asked for contingency plans. Succession planning in Bangor continues.

**3.5 Oral surgery –** Concerns re all wales document on o/s. AT contacted CDO and suggested to set up an Oral surgery MCN – CDO is going to dissolve the 2x MCNs and develop a SAF for the whole of wales. AT asked to be a chair/vice chair. Invitations for interest as and when will be issued.

**3.6 GDPC/WGDPC -** Nothing to report**.**

**3.7 Dental Health in North Wales**

SS- Coronavirus planning – what is the immediate service. Looking for volunteers.

GL- BDA guidance is there and to use government advice

**3.8 Dental Advisors**

**QAS 100% -** Feedback given to WAG and they want feedback back.

42-Aspiration training. Fraudulent GDC certs

HIW 4 waiting – move to quality improvement – 5 yearly inspection. 40 page document is too onerous and needs to be more concise and visible.

BSA – standard of record keeping and radiographs reason for exposure. Not sure how they are planning on monitoring moving forward.

**3.9 NW OHSG**

**Primary dental care operational liaison meeting**

**JW-** EW mentioned how to address waiting times in theIT. CD suggested that it was due to the stock piling of cases and sent across in a batch. EW had requested

support and education for those referrers in need of additional support. There may be some support and funding. ID and EW to work together on this a develop a proposal.

**AOB – Update information and details on Website – Action to be consider NT.**

**Date and time of next meeting: 6th July 7pm – Venue to be confirmed.**

**Completed by DN**

Dr Dan Naylor

Secretary

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