**Monday 11 March 2024**

19:00 – 22:00

Online, Zoom

**M I N U T E S**

**Attendance: JW, MS, MH, DN, BL, Andrea, DM, FS, GO, LM, Marco, ME, NM, PT, PG, RS, Rav, Rosie, Taha, VL, TT, AMH, MK, KF, Sreenath, SS, GR, Phill (28)**

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| **Agenda Item** | **Person Responsible**  | **Minutes/Actions** |
| 1. **Welcome and Apologies**
 | **JW** | Apologies: ID, KM, AH, EP, OS |
| **1.1 Minutes of Previous Meeting** | **JW** | <https://www.northwalesldc.co.uk/publications/> |
| **For Discussion and Matters Arising** |
| 2.1 EOY - Position 2023-24, inc. audit requirements - Proposed changes 2024-25 – any concerns? - Audit requirements – are we all clear? | **JW** | HB quite good last year re: circulating updates and offered complete flexibility re: metrics – not the case in other areas (S Wales). Some HBs in S Wales proposing new contracts stipulating % of HPs to be seen – please watch out for that. We would be resistant to anything other than complete flexibility.MH pointed out re: NP/NUP excess counts for 2.5x HP.Re: audits, originally suggested that needed to use HEIW audits – HEIW do not have capacity to deal with this. Nothing in more recent correspondence that suggests it cannot be self-audit or other templates (non-HEIW).MH advised all HBs in Wales have written requesting clarification re: timelines for audit.ACTION: JW to clarify timelines with HB. |
| 2.2 GDS Contract - What are the barriers to innovation? - What triggers disengagement from NHS GDS?  | **JW** | FS – appropriate renumeration for SS crowns in paediatric patients.DN believes we should hold fast to belief that they cannot continue to expect same level of delivery for less and less money – core service?GO – no weight on number FP17s submitted. Weighting needs to be fair re: costs incurred in patient’s reattending in between ACORNs.Marco – no recognition for patients (HP) who do not wish to attend for check-ups, so no ACORN, but take up chair time for emergency appointments (emergency XLA, for example).A positive – MH discussed direct access for dental therapists and improvement in recruitment for overseas dentists.FS raised point that no superannuation for dental therapists opening COT and no superannuation for contract holder either – actually worse position than previous with therapist acting within COT. Legal action re: this will be taken. |
| 2.3 Restorative – concerns re: lack of service and lack of contingency (inc. impact on Ortho)(Discussion to inform formal LDC letter to LHB) | **JW** | Compared to other areas, we have never (for decades) had a restorative service of note – in this regard we have let HB ‘off the hook’ somewhat.As practices, we have to have well-defined contingencies in place. This does not seem to be the case for the HB re: a Restorative service. One problem is no idea re: need as referral service has always had such strict acceptance/rejection criteria, nobody bothered referring as inevitably led to rejection.Mr George – background in specialist-level restorative including in Liverpool/Preston – idea re: restorative consultants working in primary care – would certainly be cheaper. Only real reason for secondary/tertiary care is for MDT purposes (inc. oncology, for example). Also, clarified that Liverpool did not stop accepting patients from North Wales due to issues their end – funding stopped.Pam – due to lack of data – could it not be useful for us to audit who we would refer – could this include one of our compulsory audits?Rav – if Restorative in primary care would need enormous reduction in metrics AND lab bills paid for. Dom – value in visiting consultant overseeing an MCN so that existing DES-level practitioners in North Wales could be utilised?MH – outlined the detriment to practices in utilising existing skill mix – i.e. doing advanced restorative work that would normally be referred – this is not renumerated and is financially awful for the practice. It is not renumerated as it is a Tier 2 (or 3) service – we are working above and beyond tier 1 contract for no renumeration.Mr George – worthwhile noting that Restorative cannot (and should not) be substituted by any other speciality (e.g. SCD). E.g. in Preston when they were in the same position – funded primary care PRIVATE care as a contingency. George has Restorative colleagues who would be willing to work in his practice on private basis – has mentioned this to HB but received no reply!BL – HB should be utilising tier 2 contracts in addition to normal tier 1 contracts to encourage dentists to stay within the NHS. Review from HB suggested 1.5 equivalent required – inevitably led to 1 appointment with no peer support.ACTION: JW/MS/MH to sit down and get something together to send to HB utilising comments above. |
| 2.4 Patient demographics on EDS – increase in paediatric patients | **JW/SS** | GO – confirmed seeing many more children – more with major problems than would expect.VL – confirmed from her point of view also – children stuck with no way of referring back following discharge.SS – if these patients are too difficult/uncooperative then they should be referred back in. Pleaded for contracts to go to GDS so that patients discharged could be taken on, but this was not forthcoming.ACTION: JW to take to HB re: figures/feedback. |
| 2.5 LDC constitution – update on review re: DCP membership | **PT/ID/AH** | PT – review ongoing, in summary re: DCP involvement, does not see why not from preliminary investigations.ACTION: PT/ID/AH to look at the first sentence also – does not really reflect female members of the profession! |
| 2.6 PVLE – any updates/progression | **MH** | MH – many stakeholders - HEIW, DPSU, Post-grad deanery, NWSSP, HB Advisor DCT Director ALL need to be involved for ONE application – likely all under-funded and over-stretched re: dealing with PVLE.FS clarified difference between non-EU (PVLE – first port of call HEIW who send recommendations to HB) vs. EU (conditional inclusion – NOTHING to do with HEIW – first port of call is HB, HEIW act on conditions set by HB).Process is one of those affected by overstretched workload for DPAs.Changes in England – abolished PVLE – HEIW currently looking at what that will involve. In England – what they are doing varies drastically from region to region. |
| **2.7 Liverpool Dental School – student placements in GDS** | **MH** | Early stages of discussion looking to adapt Cardiff model for Liverpool undergrad students. Why – increase profile in N Wales, good place for education, good place to work. Opinion seems to be placements should be longer than traditional 2 weeks. Issues – funding (CDO thinks should be from University, not HB), would require ENORMOUS reduction in metrics for practices involved, how can smaller practices realistically be involved, accommodation, QA/standardisation.ACTION: MH/DM to continue to gather information, when possible, to approach LDC for formal feedback. Will need LDC engagement during process as MUCH to feedback. |
| **2.8 LDC engagement with dental students from North Wales** | **MS** | MS outlined proposal of “N Wales Dental Student Conference” which is hosted and financed by LDC. Feedback positive.ACTION: MS to get an idea of student numbers across UK. |
| **Updates**  |
| **3.1 Chairman’s Correspondence**  | **JW** | <https://www.northwalesldc.co.uk/publications/> |
| **3.2 Secretary’s Correspondence – LDC Conference inc. NWLDC motion (to be submitted 11 Apr 2024)** | **MS** | <https://www.ldcuk.org/> ACTION: MS to email committee re: motion. |
| **3.3 Treasurer’s Report** | **AH** | £46,223.21 balance in account. |
| **3.4 Orthodontics** | **BL** | <https://www.northwalesldc.co.uk/publications/> |
| **3.5 Oral Surgery** |  | ACTION: MS to email AT to see if he has suggestions re: who could provide LDC feedback from OS MCN etc.Mr George kindly offered to help on an individual basis if clinicians needed any help/advice. |
| **3.6 GDPC/WGDPC** | **RJ** |   |
| **3.7 Dental Health in North Wales** | **SS** | Epidemiology surveys ongoing, no updates. |
| **3.8 Dental Advisors – inc. issues around QAVP** | **ID/KF** | Issues re: lack of QAVP at present – only 1 so far and that was a trial on KF practice. Issues re: JM has been seconded and capacity has been significantly reduced. N Wales falling behind other HBs. HIW inspections minimal to put it lightly, so concerns re: QA generally.ACTION: MS/KF/ID to bring up at next Q&S meeting (unfortunately scheduled meeting 12 Mar 24 cancelled last minute). |
| **3.9 NW OHSG (Primary Dental Care Operational Liaison Meeting)** | **JW** | <https://www.northwalesldc.co.uk/publications/> |
| **Any Other Business?**1. Tracey Taylor/Dominic Masson – Dental Nurse cadetship update.
2. Katherine Mills – Feedback on Ytd – attendance has been noticeably quieter over the last few months:
* Are we receiving sufficient notifications about events?
* Are there not enough suitable hands-on courses?
* Are there any particular requests for local courses?
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| **Date, Time and Location of Next Meeting** |  | **AOB**1. TT/DM presented PowerPoint re: dental nurse cadetship.ACTION: TT/DM to email slides to MS. MS to publish on website.2. Feedback for Katherine Mills – difficult to get on/use website, older website much better. Re: courses – repetitive, not enough notice in advance (we cannot be expected to cancel full list of patients to attend – most of us are booked up approx. 3 months in advance), can we have courses on a better selection of days/times that are suitable for FT clinicians. Also, re: reduced attendance recently, in addition to the above it could also be a reflection of our work towards the EOY and focus on hitting metrics rather than CPD.ACTION: MS to feed back to KM.3. JW – end of innovation funding Dec 24.ACTION: JW to ask for clarification from HB. |
| **Mon 10th June 2024 19:00-22:00** | **NW Dental Academy, Bangor** | MH to chair. |