**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? | | |
| **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. |