No apologies

DCN, CD, JW, AT, A Thomas, MH, BL, Carmen Gasca, DR, DP, AH, EN, ID, lJ, SS, Justine Howard, KF, MS, PT, PG, RJ, RB, PL, J (24 people).

**Minutes**

Action: it is a 2 year period not a 3 year period

AH to email dan with accounts to file – NOT received?

**Contract recovery**

2.1 – General explanation by JW, MH – HB measurements are in Lag and CDO wanted to know the number of pts taken on. JW – there is an acceptance that the HB will not look at practice numbers directly and the HB sees no value in measuring 40-60% of pervious activity. TB has said that will look for outliers really at this stage and don’t want to come back to you for simple things. Recent enquiry for capacity sent out from HB is just to see what people think.

Fluoride varnish is here to stay.

Next quarter – the recall intervals will become more important and begin to be measured and we are due to get more information from WAG on this. Recall on eDEN is different to the recall interval that perhaps is set for the patient.

AT is worried that patients seen 18/19+ will just not be able to be seen. TB felt that urgent is care is more important that routine.

**ACTION LDC** to feed back to HB that these legacy pts are just not going to be treated.

Capacity is at the limit. – People are valuing their time more.

CDO – down to 3 candidates and just awaiting the results and appointment.

2.2 – EDS – concerns from GDC to carry out their normal work + EDS. Holiday pay is being paid finally by BCUHB and the EDS, as it is at the weekend, will terminate in Jan 2022 or at latest April 2022. Where is it going to go? Finding it very hard to staff weekends now. Weekday capacity is not always used and hard to fill some sessions. JW – TB contacted asking why do practices simply not want to take up the emergency sessions. CD feels things are going backwards. Finds there is queueing again. Feels unsafe. Old fashioned demanding patient is appearing again. There is nobody to man the helpline on Mondays. Is it value for money?

**ACTION: LDC to contact HB to begin dialogue re GDS emergency care –** Initiated and to follow up in next LDC/PC forum

MS – suggests that the piece-meal contracts are no good.

SS – Peter Greensmith is in post for 6/12 as interim and his main issue is emergency dentistry.

JW – sessions are not as good value at the start of the week**. ACTION: LDC to feedback to HB –** TB advised.

CD- Everyone is doing things differently. It needs to be the same way! Patients are being told times and practices are not sticking to these times.

2.3 HIW – inspections

Section 23 – aimed at corporates. If you are a practice owner you have an understanding of what is going on and it you are not there regularly you need to formulate a report. If you are asked, say you know. The notice period was around 3 weeks. Iolo Jones – there is another form that a principal needs to fill out – SECTION 16.

2.4 The committee – expectations and constitution. Agreed to form a what’s app group – motion carried. Constitution discussed – Adam Porter tried to get a DCP involvement and found it hard and got some criticism with regard to this. JW asked ID on comments and the WGDPC group felt it was not a motion that was supported. MH – what are we trying to achieve, if a voting change is required then it is a constitutional change. DN challenges the need for the committee to make decisions and get involved with the conversation. We will review the what’s app groups effect. AT – we can co-opt people as we require. AT- we need to exercise the right to remove people if they are not partaking.

3.1 – Dental Academy – piece of work that was done has gone to Welsh Government. It will take 1 year to build. This will have a knock-on effect. Not likely to be approved by WAG till Nov 2021. Prison access to GMP 6/52 and 6 months for GDP

3.2 – Chairman’s correspondence - decarbonisation document, Pete Greensmith is acting assistant director, Nursing accreditation, stakeholder workers. SS got a meeting with Uni to try and move it on with Llandrillo college. Hoping that things will move forward in Jan 2022.

MH - IPC document in the final throws of being finished. Likely things will change to respiratory classes – UK document. Fallow times with AGP for people with respiratory only. Based on risk assessment of patient not procedure.

3.3 Secretary’s correspondence – Tooth fairies and Seren discussed. Dental technician shortage – **Action to LDC to put on OHSG –** Awaiting next meeting **–** agenda item**.**

3.4 – Treasurers - £19,469.03

3.5 – BL – not much change – working through priority referrals. Gwynedd only treatment, no new patients. Recruitment still for YGC and Gwynedd. DP – 80% capacity in primary care. Getting paid for treatment starts only. BL- advised all primary care practitioners to register all assessments. If it is not recorded it won’s form part of the discussion. WAG directive is based on care – impacted teeth are a priority. Mod/mild crowding is a long wait.

3.6 – AT - Things progressing well. Trying to keep tier 1 out of secondary care. Welsh health circular being written. The IT waiting list is the same as of 2018 – thinking about referring to primary care. Clearly an issue with new graduates and their lack of experience. CD – if there is a referral back to practice, is it to the original practice or a dentist with pre-requisite skills.

Abs- update – Pen V is the first line. Concerns re Addisonian crisis and to make sure you follow the guidance. Up for an all-Wales review .

3.7 GDPC/WGDPC – posted

3.8 Dental health in North Wales – SS looking at Covid Data – only Denbighshire above the Welsh average.

3.9 – Dental advisors – AT – lead dental practice advisor for Wales.

4.0 NWOHSG – nil

AOB: WGDPC and GDPC elections – Welsh council elections. Currently Tom Gregg and Gareth Lloyd. Closing date is 25th October. ID suggests 6 meeting a year and there may be some other stuff. **ACTION: JW to forward around the committee members for any interest-**Completed

PG – Wants to know what is going on with restorative access. There seems to be some frustration. Is it something that needs to be raised. BL suggests that GB is having issues with getting such things as CBCT. Reference that the board signed off on 1.5 and not 1. **ACTION LDC to put pressure on HB – easier to recruit to a filled post.** ID suggests that rather knocking back patients to the GDPS, he needs to put on waiting lists so as it can be measured.