


**Monday 08 December 2025**

19:00 – 22:00


Online, Zoom

## MINUTES

In Attendance: JW, MS, Marco, Mostafa, Tracey, Mihaileanu M, Emma Pearce, Dan Naylor, Becky, Benjamin Lewis, Annie, Vara Lakshmi, Fiona Sandom, Darren, Ahmer Ali, Andrea, Miroslav Yakimov, Mike H, Lucy Thomas, Anwen, Dominic Masson, Charlene Parker, Hannah Langridge, Collette Plant, Viki Toner, Mrs Michelle Roberts, Rosie, Lara, Gwenllian Williams, Anwen Hooson, Klevin, Surya Joshi, Vijaya Laxmi, Mayooran

Agenda Item	Person Responsible	Attachments/ Supporting Information
<b>1.1 Welcome and Apologies</b>	<b>JW</b>	Apologies: Owaise, Sandra
<b>1.2 Minutes of Previous Meeting</b>	<b>JW</b>	 NWLDC%20Minutes %202025-09-29.docx  Minor corrections made; approved as accurate.
<b>For Discussion and Matters Arising</b>		
<b>2.1 Contractual Matters</b>  - Updates following All-Wales LDC meetings  - DAP (growing, but insufficient) – priority groups?  - NWLDC stance and where to go from here  - SOE	<b>JW/MS</b>	<p>Timeframe discussed for February. WG is now referring to this as a 'contract variation' rather than a 'new contract' which appears to help their timeline. BDA are seeking clarification on this as it seems very contradictory to previous statements around moving from UDAs. Possibly a decision made knowing the need for a statutory change which will need legislation change?</p> <p>Parallels in 2023 with GPs, precedent has been set before; WG confident with procedures.</p> <p>11/66 contracts in BCU are restricted (child only, exempt adults only) – these will not be permitted under the new contract.</p> <p>DAP priority groups – orthodontic extraction patients could be a priority for the HB if this prevents orthodontic provider meeting <i>their</i> contracts.</p> <p>SOE position discussed and situation generally well known already. No suggestion that WG would consider delaying process due to Software company issues. Software companies themselves have not suggested that there will be delays on their end.</p> <p>General discussion re: care packages and complexity of contract generally. The main concerns from the group stem</p>

		<p>from the complexity and the 'hard launch' on 1<sup>st</sup> April (which will void any previous estimates) and the introduction warranties. 'Employment' appearance is also a significant issue, difficult to pay self-employed associates.</p> <p>DN – proposed action of demanding a 2-year sanction-free period.</p> <p>MH – cautious optimism as the new payment mechanism for KPIs is very different to anything trialled previously and “should be viewed as an opportunity to learn, refine delivery and establish realistic achievability”, with sanction-based achievability monitored through a Wales-wide anonymised monthly KPI survey.</p> <p>Marco – Importance of having support networks so we are all singing from the same hymn sheet in terms of warranties or charging of lab bills, etc.</p> <p>Darren – GPs and Pharmacists in Manchester have previously federated resulting in a far more favourable contract offer for those groups. Darren to find out more details from his contact.</p> <p><i>“The LDC committee have voted to support the motion to write to the CDO and propose the following; if you would like to support this motion, please add you signature to the below draft letter”.</i> FS - idea to use DocuSign. Letter not to criticise what WG clearly see is the future of GDS, we only ask that we are not penalise whilst we try and implement what is a significantly different vision in terms of delivering care to patients; this is the only way we see as sufficient to safeguard the wellbeing of patients and our teams.</p>
<p><b>2.2 PVLE / IMP</b></p>	<p><b>JW/MH</b></p>	<p>MH (attending as LDC member / provider) offered summary of process and comparison of England vs. Wales in the context of GDC's recently published 2026–2028 strategy with its 1<sup>st</sup> key initiative being “doubling the number of GDC registrants through ORE”. MH highlighted the importance of ensuring HBs are appropriately prepared to support international dentists' progression onto the performers list, noting that responsibility sits with HBs, with HEIW providing educational support, as well as expressing an appreciation of the role DPAs play in ensuring safety and quality. He regarded this as a unique opportunity to address the historical workforce shortages in North Wales, that ought not be missed.</p> <p>FS discussed HEIW perspective and education resources that are already / are being put in place.</p> <p>Issue raised by JW/MS with LHB following our previous LDC meeting. It does appear to be on everyone's agenda – there needs to be a suitable solution to avoid reducing Wales' competitiveness, bearing in mind the DPAs in N Wales already having taken on more than the DPAs in other HBs.</p>

<p><b>2.3 HB Updates</b></p> <ul style="list-style-type: none"> <li>- Restorative consultant / paed's consultant</li> <li>- Commissioning update</li> <li>- Finance / PCR</li> <li>- 5% for local priorities?</li> <li>- Mitigation for 2425</li> <li>- Collaboratives / clusters / Academy</li> <li>- Failed extraction service</li> </ul>	<p><b>JW/MS</b></p>	<p>SS – CDS-based paed's consultant – offer has been made for 1 full-time role (7 sessions clinical, 3 non-clinical). Start date would be 1<sup>st</sup> April.</p> <p>BL – Recruitment process for restorative consultant was also successful, albeit only for 1 day (2 sessions). The problem is we have not had a functioning restorative service, therefore nobody has been taking referrals to come up with an idea of need.</p> <p>Commissioning update – of the GDS contracts awarded, 5 are full mobilised, 1 partially, 2 looking for premises. Significant amount of money remains unspent at current time.</p> <p>2.9M underspend for dentistry in BCU. PCR significantly lower than target. It does explain in part why there is such significant increases in patient charges in WG's new contract.</p> <p>Mitigation the same as previous year.</p> <p>Collaborative / clusters / 'primary care academy' – plan was to be up and running long before our contractual obligation; unfortunately, this does not seem that is going to happen at all; no progress made in terms of implementation in GDS.</p> <p>Failed extraction service – talk of expanding to the West as well as the East. No longer operating 48-hour window but still providing an efficient service that is working. It is being abused by some by the sounds of it, with inappropriate referrals for emergency extractions that have not been attempted. This is being looked at by EW.</p>
<p><b>2.4 LDC Chair roles and responsibilities</b></p>	<p><b>JW</b></p>	 <p>LDC%20Chair%20Role%20(V1%20Update)</p> <p>JW stressed that very happy to support a transition. Plan in the NY will be, as a committee, to decide how we run meetings with a rotating chair and shared responsibilities amongst committee members with different elements performed by different individuals. Please get in touch with JW / MS if you would like to explore taking any of the roles in the document. Time commitments are remunerated.</p>
<p><b>Updates</b></p>		
<p><b>3.1 Treasurer</b></p>	<p><b>AH</b></p>	<p>Account balance £54,723.22.</p> <p>Charitable donations to be picked back up in March.</p>
<p><b>3.2 Orthodontics</b></p>	<p><b>BL</b></p>	<p>Welcomed new restorative support, also some goodwill support from Liverpool (but not a formal contract). As in previous notes, MD on mat. leave and patient waiting times</p>

		<p>likely to increase as a result – recruiting locum was unsuccessful.</p> <p>Worry that patients from West being disadvantaged from a travel perspective – BL has raised this with LHB.</p> <p>Talks about potential correspondence to GDS detailing waiting lists for individual specialist referral practices so that patients can decide if they would like to be referred to a practice further away with a shorter waiting list.</p>
<b>3.3 Oral Surgery</b>	<b>KF</b>	<p>Nothing to report following previous meeting. Discussions with HB re: spaces being made available for emergency scenarios, not dissimilar to the failed extraction service in the East.</p>
<b>3.4 Dental Advisors – inc. DPA/QAVP</b>	<b>ID/KF</b>	<p>KF completed 3x QAVP to date.</p> <p>KF confirmed both him and ID have 3 IMP dentists each to date. Other DPAs across Wales appear to be doing 2. Decision on how to progress lies with Jim/Rachel.</p> <p>QAS due 12<sup>th</sup> January 2026.</p>
<b>Any Other Business?</b>		
<b>Date, Time and Location of Next Meeting</b>		
<b>Monday 13<sup>th</sup> April 2026</b>		<b>Zoom</b>
<b>Monday 15<sup>th</sup> June 2026</b>		<b>TBC</b>
<b>Monday 14<sup>th</sup> September 2026</b>		<b>Zoom</b>
<b>Monday 7<sup>th</sup> December 2026</b>		<b>Zoom</b>