

Monday 09 September 2024

19:00 – 22:00

Online, Zoom

MINUTES

Agenda Item	Person Responsible	Attachments/ Supporting Information
1. Welcome and Apologies	JW	Apologies: ID, GO
1.1 Minutes of Previous Meeting	JW	https://www.northwalesldc.co.uk/publications/ Signed off as true, no corrections identified. Reply has been received from Chris Stockport and can be view on the website. No sign of third Dental Advisor to help ID and KF.
For Discussion and Matters Arising		
2.1 HB Matters Outstanding: - EOY - Restorative Consultant	JW	Re: EOY financial recovery and local mitigation: <u>Contract Reform Model</u> <ul style="list-style-type: none"> • Prior to the application of additional Health Board mitigation 35 contracts of the 55 delivering under contract reform were subject to financial recovery. • The amount of financial mitigation has been detailed within each End of Year letter to the contractor. • After additional Health Board mitigation this reduced financial recovery for 15 practices of which 5 related to under delivery of fluoride varnish only. • 8 contractors had already agreed to a withhold of monies to mitigate against financial loss for either party. <u>UDA Model</u> <ul style="list-style-type: none"> • Of the 15 contracts delivering under standard UDA delivery, 7 were subject to financial recovery once the QI audit mitigation had been factored in. • 1 contractor agreed to a withhold of monies to mitigate against financial loss for either party. • No further migration was applied to contracts delivering under the standard UDA model.

		<p>We do not know details of what the additional local mitigation is.</p> <p>In other areas of Wales there is no local mitigation. In South Wales contracts seem to be recommissioned fairly efficiently; whereas in North Wales that is not the case.</p> <p>Clawback Summary [New information not discussed at meeting, clarified by LHB 10 Sep 24]:</p> <p>Total clawback is around £850k for the year.</p> <p>Pre-local mitigation it would have been around £1.7million.</p> <p>Local mitigation looked at a number of factors, including:</p> <ul style="list-style-type: none"> • Total flexibility between the metrics; • Total numbers of forms sent and not just patients; • This was to recognise those high needs patients attending multiple times in a 12-month period either for treatment, emergencies or just recalls at 3 and 6/12; • It excluded GGG patients recalled within 12/12. <p><u>Restorative Consultant:</u></p> <p>BL has completed the job description (as there was no restorative team to do it) – sent to Management and Emma Woolley for a look from a Governance standpoint. Signed off and hopefully, esp. with the new pay scale, it will be deemed more attractive than previous. Due to go out to advert imminently.</p>
<p>2.2 Proposed GDS Contract 2025-26</p> <p>- What do we know?</p> <p>- Work on the digital portal that is being rolled-out by HBs for centralised waiting list</p>	<p>JW</p>	<p><u>2526:</u></p> <p>No great details re: GDS next year, new contract scheduled for April 2026, so unlikely much change. Likely to have the same interchangeability between the metrics in North Wales.</p> <p><u>Dental Access Portal:</u></p> <p>Access portal is up and running and is being trialled in South Wales. Patients can register themselves (or be registered by third party if not computer literate); linked to patient's NHS no. Anticipated that it will be a non-biased route into practice but will certainly remove an element of autonomy from practices. However, it was brought up by the group that the NHS doesn't have a desperately successful track record of delivering IT-based projects, and can the LHB deliver the number of patients necessary? Furthermore, it is based significantly on patient honesty.</p> <p>Unsure how the portal is to be advertised and communicated with the general public.</p>

		<p>Question: Should we as an LDC request to be involved in how this will be implemented and policed?</p> <p><u>Contract Negotiations:</u></p> <p>We are now 18 months from the proposed implementation date of the new contract. Tripartite negotiations are drawing to a close and it is anticipated that the contract proposal will be drafted after which there will be consultation with the profession and the public. With negotiations confidential at this stage, it remains unclear what the new contract will look like.</p>
<p>2.3 LDC Constitution – update on review (inc. DCP membership)</p>	<p>ID/PT/AH</p>	<p>ID has posed a few questions to other LDCs and Caroline from the BDA.</p> <p>TBC when ID back.</p>
<p>2.4 Workforce and recruitment/retention issues:</p> <ul style="list-style-type: none"> - PVLE changes/simplification - GDC provisional registration - Increase in numbers of therapists/hygienists - DT and DH exemptions - International/‘home-grown’ recruitment efforts - Increase in supervision/mentoring and academy roles 	<p>MH</p>	<p><u>DT/DH:</u></p> <p>Positive increase in DT/DH.</p> <p>Is there sufficient training/flexibility in the contract to take advantage of, for example, DT providing direct access?</p> <p>Fair to say that a lot is dependent on the NHS GDS contract; essential that progress on workforce is underpinned by a contract that works.</p> <p><u>International Recruitment Efforts:</u></p> <p>Research into new (international in particular) graduates appears to suggest that they want to specialise soon after graduation – link with Academy model.</p> <p>Concerns re: provisional registration of international graduates – more capacity required for mentors.</p> <p>Price of ORE part 1 and 2 a factor, esp. if cannot work here after ORE part 1.</p> <p><u>PLVE:</u></p> <p>Big push to streamline PVLE – several stakeholders and onerous on mentors and Dentists. Much easier in England, making Wales less attractive option.</p> <p>A lot of work to do re: making overseas Dentists feel welcome.</p>
<p>2.5 Support for the LDC moving forwards:</p> <ul style="list-style-type: none"> - Chair/Vice Chair succession planning 	<p>JW/MS/DN</p>	<p>DN/MS to look into establishing a Young Dentist Committee and importantly, need to make sure that they have a list of clearly defined roles, and that time is remunerated.</p> <p>Could offer element of mentorship by LDC members, not taking away from role of DFT ES. Emphasis on forming</p>

- Young Dentist/DCP rep, etc.		<p>personal and professional relationships in an attempt to keep people in the region.</p> <p>ACTION: DN/MS to start by defining the roles and remuneration for a set amount of time and then proceed to approach FDs/others who may be interested.</p>
Updates – Chairman’s/Orthodontics Correspondence to be uploaded to Website.		
3.1 Chairman’s Correspondence	JW	NTR other than minutes above.
3.2 Secretary’s Correspondence – Website	MS	<p>NTR other than minutes above; website requires updating and currently seeking up-to-date information to include.</p> <p>ACTION: MS to complete updates to website; once complete do we consider having elements behind username/password login?</p>
3.3 Treasurer’s Report	MS/AH	<p>£47,731.34 in the account.</p> <p>Since last meeting, £5,000 donation has been made to the Dental Guild and a £2,000 donation to the BDA Benevolent Fund.</p>
3.4 Orthodontics	BL	<p>Happy to report Dr Maria Dillon is now in post as our new Orthodontic Consultant. She will be working for the BCUHB for 3 days/week split between Ysbyty Gwynedd and Ysbyty Glan Clwyd. Her main priority will be on the re-establishment of the secondary care orthodontic service provision at Ysbyty Gwynedd.</p>
3.5 Oral Surgery	MS	<p>After a significant amount of work from Emma Woolley, the intermediate tier failed extraction protocol was rolled-out during the summer but then CDS provider(s) immediately raised concerns and service never got off the ground. Negotiations ongoing, no revised start date as far as aware at time of writing.</p> <p>Procurement open for Tier II Oral Surgery is a £185,000 18-month PDS contract.</p>
3.6 GDPC/WGDPC	JW/RJ	<p>Russell Gidney due to finish his role – he has handed back his NHS contract which WG were not happy about (although arguably this only decreased his conflict of interest).</p>

		<p>Most discussions have focussed around hitting at least 75% HP target before any flexibility which has been an issue in South Wales.</p> <p>Contract negotiations have taken up the majority of the time.</p>
3.8 Dental Advisors – inc. DPA/QAVP	ID/KF	Neither in attendance this evening – no news re: another DPA.
3.9 NW OHSG (Primary Dental Care Operational Liaison Meeting)	JW	NTR other than minutes above.
<p>Any Other Business?</p> <p><u>Collaboratives/Clusters:</u></p> <p>Unlikely much will happen until we have a mechanism to pay GDS Dentists to attend.</p> <p>?Could become an element of contract variation (in the same way QI/audits were last year).</p> <p>Undoubtedly there are benefits to us being involved in the long-term, but collaboratives will have to be organised before clusters can be to ensure adequate representation.</p> <p>The question ultimately is whether the benefits justify the lost clinical time from those in attendance?</p>		
Date, Time and Location of Next Meeting		
Mon 9th December 2024 19:00-22:00	TBC	<p>ACTION: MS to circulate dates for 2025.</p> <p>Jeremy to see if CDO/developer can demonstrate portal.</p>