NORTH WALES LOCAL DENTAL COMMITTEE

Monday 22 October 2026
18:30 – 21:30
F2F, Deganwy Quay Hotel & Spa, Conwy, LL31 9DJ

M I N U T E S

In attendance: Jack Moore, Jeremy Williams, Mike Strother, Jon Everard, Charlie Ding, Megan Ellis, Ravdeep Johal, Dominic Smith, Eleanor Monti, Taha Mirza, Charlene Parker, Marco Leite, Fiona Sandom, Anwen Hooson, Owaise Sharif, Sandra Sandham
Guests: Clara Day, Jim McGuigan

Agenda Item	Person Responsible	Attachments/ Supporting Information
1.1 Welcome and Apologies	**JM**	Mostafa Hassaan, Ian Douglas, Dan Naylor, Lucy Thomas
1.2 Minutes of Previous Meeting	**MS**	NWLDC%20Minutes%202026-06-15.docx Approved as accurate.
Discussion with Clara Day and Jim McGuigan		
Leadership / Governance Structure for Dentistry	**All**	Introduction to Clara Day (Exec Medical Director) and Jim McGuigan (Deputy Exec Medical Director). JMc outlined the HB structure for medicine. Much more structured link between the LMC and people at Exec level. Much easier pathway for communication / escalation to key decision makers. There is a plan in place to have an 'Associate Medical Director (Dentistry)' long-term – structure still going through the approval process. Medicine / Pharmacy etc. already have equivalent position in place. Nothing for CDS/GDS. CD / JMc stressed that, in the meantime, they are our professional leads – may feel quite detached from us at the 'coal face', but stressed they are here for us. **ACTION: CD / JMc to provide organogram of HB structure in relation to dentistry. MS to follow-up.**
LHB Autonomy in Relation to new NHS GDS Contract Implementation	**All**	General feeling that contracting team have no flexibility at present – at odds with the fact that the LHB is an autonomous body. Is this because WG are putting pressure on individuals and there is a lack of senior positions within the dentistry leadership structure (inc. at Exec level) to help absorb / deflect this pressure? Result is that practices feel like they are being

		treated the same as practices in Cardiff, for example – but pressures between rural *vs* urban areas are just not the same. In Betsi – 5% for 'local priorities' has been rolled into care packages. ML / RJ / JW all outlined difficulties with remuneration – not something 5-10% even can fix, some report even a 20% uplift would struggle to change the feeling that we are working harder for less money. Timing of mitigation makes business planning incredibly difficult. TM – stressed that this contract promised the opportunity to work slower and receive appropriate remuneration – not reality. 50% through the year – RJ at 33%, ML at 30%, JW at 32%. <u>FTAs / Cancellations / NUPs</u> Impact of FTAs – enormous. ML for example, approx. £7,000 per year sending letters etc. following-up after FTAs. JE – 2,200 cancellations last month (4-sites), approx. 10,000 minutes / month rearranging – essential unpaid work. DS – why line drawn at NUP FTAs, not NP from the DAP. JW – reason given is that WG feel that contractors need to share the risk. JM – problem is, we're not sharing the risk, risk only 5% on their part. TM – regarding NUPs, we have also been seeing false information being given to NUPs from helpline regarding warranties. Disproportionate amount of issues / complaints from these patients. RJ/AH/JE – NUPs who refuse treatment aren't covered by a warranty, but if they change their mind, are they being counted? JM – summary is that the contract is playing on people's good will. <u>DAP</u> Regarding the DAP – talk about prioritisation, but this is not the feedback we are getting from high-risk patients and parents of children. The problem for children is – what / where is the safety net? AH – asked if anybody had been through DAP form themselves – no questions that would allow for any meaningful categorisation / prioritisation. CD asked if there were any national (re)negotiations upcoming? JW – in Nov/Dec. <u>Summary</u> JW – funding in North Wales is historic and does not reflect population – "robbing Peter to pay Paul". JM – North Wales underspend does not help. **Main 'take home message' from LDC is simply that, but for the loyalty of certain practitioners, some areas of North Wales would be in big trouble – issues are pressing. Much**

		of these issues come from WG, not the LHB. What we need from the LHB, is local recognition of these issues for contract holders. **JMc – feels LDC need to have more regular meetings with the LHB – same as LMC. ACTION: JMc would like to attend LDC/PC meetings – someone at Exec level in the conversation. MS to follow-up and ensure this is actioned.**
LHB Autonomy in Relation to IMP Process	**All**	North Wales an outlier regarding recruitment of overseas IMP candidates. Some feedback that other areas have more candidates but manage to get through them without waiting lists. Other feedback suggests that, in Betsi, there are more candidates per DPA than elsewhere. In other areas of Wales there is no direct clinical supervision by the DPAs, the onus is more on the mentor. Consensus seems to be that process needs standardising.
Updates / Planning for the Future		
Chair / Vice Chair / Secretary Updates	**JM/MS**	<u>Perio Care Packages</u> From NHSBSA *"The current NHS Dental Contract arrangements provide for up to two Periodontal Care Packages within a 12-month period. However, Welsh Government has advised that this should not be interpreted as a limit on the provision of clinically necessary NHS periodontal care.* *Where a clinician determines that ongoing periodontal treatment is required following completion of two Periodontal Care Packages, this treatment should continue to be provided as part of the patient's NHS care. Welsh Government has previously advised that the remuneration associated with two Periodontal Care Packages, Recall Care Packages and the Prevention payment is intended to support the provision of such care.* *Patients should therefore not be informed that NHS periodontal treatment is no longer available solely because two Periodontal Care Packages have been used. Similarly, a private charge would not normally be appropriate purely because further clinically necessary periodontal treatment is required.* *Clinicians should continue to use their professional judgement to determine the most appropriate treatment intervals and ensure that the clinical need for ongoing treatment is clearly documented within the patient record."* <u>PCWIS Reporting</u> We would encourage all practices to log in to ensure that the information held is accurate – need quarterly updates as a minimum (part of the conditions of the DDRB uplift). WNWRS was replaced by PCWIS in July 2025. https://pcwis.nhs.wales/s/?language=en_GB

Format for Future LDC Meetings	**JM/MS**	Meeting Format Consensus amongst attendees was that F2F was the preferred format, nice to have a catch-up / social element. FS – re: travel, rotate between 3 venues – East – Central – West – Central [repeat]. More in Central. JW – should be expectation of committee members to attend F2F meetings, options for non-committee to join. Previously travel was reimbursed for committee members. ACTION: To discuss further in December, decide on F2F venues in East / West. Engagement with Undergraduate Dental Students / DFTs Explore routes to contact dental students across the UK who are originally from North Wales. Identify initial target universities for engagement (e.g. Liverpool, Cardiff). North Wales 'Young Dentists' Conference'? DFT rep(s) to attend LDC meetings? Promoting North Wales For example, https://www.youtube.com/watch?v=8yaQHKU-Nlk&t=2s produced by Luna Tides (thomas@lunatidesproductions.com) for BCU 2 years ago. ACTION: To discuss further in December, reach consensus. Website needs a bit of a re-brand.

Any Other Business?

DCP (either full membership or representative role) on LDC committee. Longstanding question that has been unaddressed.

Does the LDC constitution require members to have a performer number? As far as MS can see this isn't explicitly stated: "[individual] who provides or performs primary dental services".

Need to confirm this and reach a committee consensus. If agreed and the performer number does seem to be a barrier, we could always change the constitution to specify that members must have a Performer Number OR 'Clinician' Personal Identification Number from NHS BSA. In theory, the existence of DCP PINs, and the (relatively new) ability to open/close NHS forms is enough of a justification for their full involvement in LDC.

ACTION: MS to include on agenda for December meeting.

Date, Time and Location of Next Meeting

Monday 7th December 2026	**Zoom**
2027 Dates	**Dates / Locations TBC**