

Minutes NWLDC meeting 4th April 2022

1) Apologies: EN,CD,MHus,RJ

Welcome: To Owaise Sharif – round the table

AT,AH,BL,DP,FS,MH,RJ,ID,JW,KF,MS,PT,PG,DP,RB,OS,TT (17)

1.1) Previous Minutes: Confirmed as a true record and other than a name change from Sandra to Fiona for numbers of therapists.

2.1) **Dawn of the Reform:** JW intro and PG – admits there has been no input from BCUHB in the reform contract. Pete does not disagree with the direction but not the metrics, penalties. Feels it is a collaborative approach and the targets simply don't work currently. JW thanks Pete for his honesty. We cannot get away from the fact that the targets are a real issue. There is an element of running with it and see how we go. Advised to document, Covid, FTAs etc to help drive the issue. 4 practices have gone to UDA, 20 not returned and 47 have signed up. No hand-backs. DN puts forward the thought of occasional patients need to be treated in the correct way. AT raises the issue re urgent patients and how they are counted. Explains that WT is happy for this double counting for urgent the full patients.

JW asks about the commissioning of services at the dental academy. PG explains that there is a commissioning direction coming which is all inclusive. He will send it out to LDC for review once it is ready. Academy practice hopes to open in August. Looking to move the academy idea across wales and the contract is fluid – looking at the 3 patient groups. There is a monitoring group to manage the academy for the first 12 months. PG asks for examples on sanctioning – non engagement, not meeting the regulations, not meeting the parts of contract. JW asks about orthodontic contract. They are at 100%. JW suggests that you might be able to reduce to 95% but PG suggests it is best to have an early discussion. MH asks about new patients – the point has been missed. It is about new patient access and not completing a course of treatment. He feels it is the start date that is more important than the completion date. Access is the main target, and it is a 24-month rolling target. PG feels it is an irrelevant target and feels BCUHB should make it's own abbreviation of the target. JW asks about making time for QI and not doing it in the evening. We need to make it meaningful. PG happy to discuss this and get it started! Looking at clusters and looking to match the other professions. AT shows QI has moved on well this year. AT suggests there should be relief for filling out the national workforce audit. AT suggests Green patient have turned into Amber patients over Covid and then Reds? WT is keen to follow NICE guidelines and move to 2 years. MH – there used to be study clubs and meetings and this is no longer. We need to go back to show the benefits of doing such things as QI, which lowers it's risk.

2.2) **EDS and Urgent sessions** – PG still looking to cover the gap. Still a lot of work to do in the urgent space. EOI deadline closed and there has been some hand back since the reform was released. PT – suggests the access to the EDS is very limited and it is not very effective. One person and one line. People who are applying are still in HR.

2.3) **Nursing update:** Funding through to NEBDN – hope the course 2-5pm every Tuesday, from Wrexham. Hope to take up to 15 students. Could sit them early. NEBDN June and November exams. Teaching in the evening is not great. Llandrillo (Bangor course) is not all online and has 18 places. Students need to Qualify. SS – we need a lot of training. Hygiene 150 applicants and 79 interviewed. FS has 12 students for the hygiene course in September. 90% local applicants. They have a bursary requirement.

2.4) **The committee:** TT wants to minute that she would like DCP representation on the committee. DN invites people to replace the members that have stood down. BL – suggests that the communication survey demonstrates that having DCPs involved in their committees. AT supports DCP involvement, but it is down to the constitution. There is no reason why we can't co-op DCPS. MH - We need a fair way to work around this. FS suggests we have a DCP group that feeds into the group. JW suggests that Adam Porter had some concerns. **ACTION: To review how we can incorporate this into our committee.**

2.5) **LDC conference:** To decide by Friday on motion and DCN to submit

3.2) **Chairman's correspondence:** nil

3.3) **Secretary correspondence:** Q+S complaints process. A new system will be centralised.

3.4) **Treasurer:** £29136.83. Advised to pay the LDC conference. MH to propose and ID to second for the benevolent fund.

3.5) **Orthodontics** – candidate for Bangor took up post in Blackpool. Currently Sarah Gale is doing 1 day a week and advert is now closed and no one appropriate applied. Waiting times are now 1 and 2 care cases based on clinical need. Hard now to give a timeline. Par scoring – lack of commitment from all dentists who do a bit of ortho. DP – waiting lists are now verging on the ridiculous, hoping to hit 95% target. Owise and his wife has vast experience with training. BL if you match capacity with current need, it still does not consider the historic waiting lists. BL- considers we are commissioning around 75% of need – based on a 1/3 or 12 year olds.

3.6) **Oral Surgery** – 1st committee – Adrian writing constitution for MCN – linking into the SAF. Piloting of the tier 1 accreditation. 3 up-skilling sessions have been very well received. Max fax not doing oral surgery and w/t is 2 years and IT is 3 years. Inhalation and IV sedation is back working – approx. 1 yr waiting list.

3.7) **GDPC/WGDPC** – RJ absent and no report. JW – a lot of reiteration. Very little discussion with new contract and recent meeting, from Shaun Charlwood suggesting that practices are moving towards private so NHS England need to be constructive. Discussion over DDRB asked for 10-14% pay rise. More practices have reverted to UDAs in South Wales. PG asks about Associates payments.

3.8) **DHNW** – SS – management restructuring in the HB. Looking to be clinical lead. The key posts will be people with a clinical background. Middle managers have lost their jobs, and some have been given redundancy and others to look to apply for other jobs. MH suggests that in the new contract, there is no mention of COVID and it is far more of an impact. **ACTION: discuss with HB at the earliest stage of the impact of COVID.** PG suggests that the HB won't stick to it. ID suggests to keep good records.

3.9) Dental Advisors – AT,KF,ID – 100% QAS returns and HB will be reviewing them

4.0) NWOHSG – FEB, organisational change, looking to change the focus to patient's outcomes and experience. GB discussed the trauma pathway and agreed that there is a need for this. **ACTION:** JW to follow up with Pete on this at the next meeting. There was as discussion on the restorative provision, and it was limited. Advised Gareth to build a waiting list but GB was not keen. ID - 20 disciplines across BCUHB on waiting lists and scored RGA and only 2 disciplines got greens – paediatric and restorative dentistry. JW – makes the point that we are providing both primary and secondary care in practice. A fallow post is very difficult to recruit to. BL suggests the concern also relates to a single incumbent. Also, the demographic in North Wales is towards more complex cases. MH advises that it was put through for 1.5 equivalent post. **ACTION: to reach out to all practices to ask the question: do we have a restorative problem?** BL suggests it should be medico-legal as the push. Can't refer in house, out of region so we are stuck.

AOB: Vicarious liability and the need to indemnify the LTD company. New dental officer. MH met him a few times – very nice chap and approachable. Need a blended meeting with online as well. Consider a day of education as well. FS – looking at tech.

Next meeting:
4/7/2022 – 7pm

Dr Dan Naylor
Secretary
E:sec.nwldc@gmail.com
T:01978364390

DRAFT