WGDPC 21st June 2019

Lisa Howells Deputy CDO

Collette back in to work on a phased return

Access improving in areas but not as a percentage of the population

More joined up thinking needed

Welsh language. WAG wants to see Welsh strengthened in Healthcare.

Minister responsible is pragmatic and does not want the legal status of the Welsh language to become a barrier.

Contract reform

Faculty in Bangor whose role will be to ensure consistency in dental nurse training.

Cost of training is from WAG. From an educational part of the budget not health. Employer pays the apprentice wage as it is now.

QUESTION - is there any expectation that the trainee stays within that role for a period. This is a theme in WAG in such roles but LH didn’t know. She will find out.

Amalgam phase down.

Welsh plan focuses on prevention and training and was published 1st July. (attached) All nations have had to do this.

Question was raised over the increased cost of alternatives and no answer was forthcoming when CDO was asked (according to deputy CDO). It was referenced in the uplift last year reflecting the change in materials in part LH said??.

Eddie highlighted that it doesn’t need to be a direct cost to WAG as it could be a reduction in UDA’s.

Other potential costs

Outlined that GA’s are longer when comps placed.

Many patients having private composites now would have NHS composites going forwards potentially taking uda’s out the system

Private treatments often fund NHS practices and make them viable.

Gwen am byth

23-25000 in cares homes in Wales

programme reaches 30-40% currently. Train staff to do a very straightforward assessment for care home staff

do they have teeth, can they clean, do they have pain etc etc

Average life span in care homes is 2 years. In this regard, their role has changed.

NICE are providing guidance on care home expectations.

HEIW

HEIW Mouth cancer prevention tool being developed.

HIW

HIW have a stakeholder group meeting but no minutes are ever published. HIW accept that they need to be published and they need to be better at encouraging engagement. Website is poor it is generally agreed. This is constantly fed back.

Maria Morgan Senior lecturer in DPH spoke on experiences from care homes

Realised in early 2000’s that there was little data on older people and a lot on children.

673 care homes with 23000 beds in Wales

Compared with 2006 there are less care homes. Not sure if less beds but there are more vulnerable older people and many are cared for in their own homes.

208 care homes in BCULHB

Compared teeth care home residents with free living peers

Useful publication (attached if people want to look through the slides)

2.

LDC conference (Mick attended for the LDC)

Launched Confidental. Worth looking at. Risk of emotional distress. It is all live now.

Talked a lot about resilience and maybe we are attracting the wrong candidates. Not always the most academic.

Dental School Education

Year zero course Cardiff

Many dental schools offer 3 B’s at A level for local under privileged students. Wales doesn’t. Why?

5 A\* at GCSE is a minimum to be considered for interview which is a barrier for students in Welsh state schools

Kirstie Moons v keen to discuss this discussed further in WAG and I presume for pressure to be exerted.

3. Foundation dentists moving towards a central employer. Moving education away from employment

Access document

Many will have seen this in the press this week. Figures to be published in upcoming BDJ from 2017 and further figures from 2019. Watch for this.

Practices having taken extra funding cannot close waiting lists in some parts of Wales (Cwm Taf)

6. NHS 111

Can be a frustrating group to be involved with

Feeling that we have done what we can as dentists with care pathways and structures.

There is a shift now to getting it rolled out across the health boards and the shift is now to the managers to implement this

BCUHB is not being used for Triage in North Wales yet. Guess still NHS direct up here?

* 1. Contract reform

Feedback on contract reform was promised at a previous meeting with Collette. There was an expectation it would become public.

Evaluation went out to tender and Paul Brocklehurst and Bangor are doing this having won it.

Potential conflict of interest if evaluation is being done by the group heavily involved in skill mix. Even if just a perception then it needs to be addressed.

View with innovation fund is it will still be available but it will be more targeted to areas that have been successful (or potentially are successful) or areas identified as high need.

Fluoride varnish and payment/non payment for this and private provision was discussed.

LH will go back to Andrew for a written response.

High sod f- tp. Try one and if they get on fine but after that can have 6 on one script.

Free exam under 25 and over 60’s may change. It’s a visual exam as x rays etc not included.

View was that really they should be included as part of any examination.

DF targets should be reduced as well. Reason - This is the direction of travel for contracts and these are the next generation of dentists coming through. Give us a reason why they should not be reduced. Should be in all therefore even if a DF in a non reform practice.

Katrina at GDS reform event yesterday

Reps from all health boards but Katrina was the only dentists

£25 UDA.

Betsi adjusted down the UDA’s

Swansea trying to reduce the difference between highest and lowest.

Seemed to be a reluctance to go to £25 but WAG feel this is the minimum for quality.

Passing on of the reduction. Signed document for this from Raylene to carry this out.

Whole host of issues around this. Some learning could be made from Pilots in England and the use of therapists and hygienists.

£25 minimum will get the DDRB uplift

Concern Open access sessions will clog up practices.

Contract reform restricted access contract Tim Harker.

Key points

Handling the 10 or 20% is very very difficult and the central edict from WAG raises all sorts of issues. HMRC??

We need to number crunch here before committing to stage 2.

£27711000 GDS allocation 18/19

est pt contribution was also £6945000

Total resource was £34 636000

underspend by £2.54million

All from Andrew Powell Chandler

Caroline will request this information from Nigel Monaghan or Andrew Powell Chandler and i will request the figures for North Wales LDC

BDA Indemnity

Very positive start. A lot of interest and uptake

If other services respond by dropping their rates then it would be a positive for the profession anyway.