**LDC meeting minutes 3/10/2022**

**This meeting did not follow agenda items due to the importance of spending time with the chief dental officer. Therefore, for the purposes of disclosure and recording, a brief summary of the discussion has been noted.**

**In attendance**

PG, PT, SS, AT, MH, MB, OS, DN, JW, MS, FS, DK, RS, AH, BL, AD, KF (17)

**Apologies**

AT, RB, SG, TT, MH

**Andrew Dickenson**

Part of Welsh government – not a politician but a civil servant. Role is to talk to the whole profession to learn, feedback and shape. Dentistry is high up the agenda and gets to see the Health Minister monthly. Need to get dentistry on an evidence-based footing. Developing policy where the money lies. Need to look at the Oral health of the nation. AD meets with HIW, BSA and the GDC regularly. Need to put patients at the centre of the cycle.

Measured against the oral and dental services response – A HEALTHIER WALES DOCUMENT – The well-being of future generations act (2015).

Co-production

Improve oral health outcomes

Prevention

Improve patient access to NHS dentistry

Separate private and NHS care

Affordable within the NHs budget

Early implementation of a new contract.

**Access = availability + adequacy + acceptability.**

Contract reform is only one part of the over-arching changes on NHS dentistry in Wales.

The primary care alignment group – final phase of development. We need:

Ideas/solutions

Communication

Progress at pace

Legislative and regulation changes

Contract reform in integral to system reform.

**Q+A**

JW – Have patients been involved in the development – yes - workstream 2+3. Bangor has separately done work with patients. Patients are feeding into the Sennedd enquiry.

MB – what does alignment mean with other primary care groups? We need to look at a similar structure to the other health care professions.

SS – We have had to use the counter argument in order to keep dentistry together in North Wales. The HB were keen to split up dentistry into regions again but it was felt best to maintain their cohesion and keep it as one body.

JW – We need stability and at present there is none. What do you suggest is the best way forward. If practices are working really hard to provide the care related to the contract, then HB will try and support them. However, if practices are not providing what has been asked of them then clawback may be implemented.

JW - Is the data going to be helpful to WAG in deciding what is happening in the future.

The data is always going to be compromised as there are practices that are miss grading.

There are various shades of red in the RAG scoring and this is not helpful when creating a strategy.

MS- Sessions undertaken by DCPs are not being measured. There is far too much reliance, once again, on the goodwill of practices and because the metrics are not straightforward, it is essential that Health Boards use discretion when discussing financial restrictions.

RS - We need to be very careful with outcomes.

JW – We are needing to look at patient charge and the significance of collecting the charge. It is incredible to think that practices have had to shoulder the cost of collecting a government tax since 2006.

MH – Wants to know what does the government want from the contract? AD referred to previous slide pack.

AD – Communication and education is very important. We can only negotiate if we have the facts and then these can be fed back into designing the new contract.

JW – raised concerns re NHS numbers and working private/NHS in the same appointment.

AD – the BSA are looking to populate the NHS numbers to look at patient registration on a system. This may take some time. You can go on the APP. It is not likely the claim will be rejected based on lack of NHS number.

DN – DNA rates are higher than ever. Surely now we need to start counting them and looking to a way to educate patients to value their appointments. If the population want the A+E style dental service then the Government need to correctly structure and fund it!

DN – Use of initial remote consultations reduces the DNS rate from around 15-17% to 2-3% for that first appointment. Why is there not metric or at least acknowledgement for the use of digital dentistry as it is directly in line with the oral health strategy response 2018.

MS – Raised 2 points regarding young dentists and their retention in the NHS. Firstly, the lack of acknowledgement of debt and the attractiveness of working in the NHS system. Secondly, the lack of training and future development on offer.

JW – The use of clusters to support clinical governance and accountability is really important and the requirement to be involved with GMPS is not altogether necessary.

**Summary**

There were other questions tabled by the group, but this covers the majority. The NWLDC was very grateful for the CDO to spend 3 hours of his evening with us and the discussion was certainty productive.

A future meeting to complete the formalities of business will be arranged over the next few weeks.

For discussion:

1. Additional members to join – AT,MB and OS
2. Reports to be completed in advance of meeting to speed things up.

No Further meeting has been scheduled and so routine business has been moved forward to the January meeting.