NORTH WALES LOCAL DENTAL COMMITTEE

Monday 03 February 2025
19:00 – 22:00
Online, Zoom

M I N U T E S

Agenda Item	Person Responsible	Attachments/ Supporting Information
1. Welcome and Apologies	**JW**	
1.1 Update from Russell Gidney (Chair, WGDPC) • WGDPC response to uplift • Update on contract variation • Update on contract negotiations	**RG**	Update on WGDPC response to recent 24/25 uplift conditions and 25/26 contract variation. Summarised in recent open letter to Jeremy Miles MS. BDA Open Letter to Jeremy Miles MS 17 F
1.2 Minutes of Previous Meeting	**JW**	https://www.northwalesldc.co.uk/publications/

For Discussion and Matters Arising (All Attendees):

2.1 Focussed discussion on our local response to the issues around:

- Conditions associated with 6% uplift – general consensus that this is unacceptable
- Implementation of the DAP (inc. logistics/data protection implications of sending waiting lists)
- Collection of patient NHS numbers
- NP/NUP – how will these be assigned to practices (specific sessions?) and how will unfilled appointments be accounted for
- Interchangeability of metrics

This will inform correspondence to the LHB.

Notes:

1. Uplift Conditions

- The conditions associated with the uplift were noted to be a significant source of anger. As much as the conditions themselves, this was at least as much about the fact that contractual conditions should not be applied to a back-dated uplift.
- Meeting the conditions will incur monetary costs (most) and time costs (all).
- Antimicrobial audit – why? Cycle normally 3 years. Transfer of patient waiting lists – enormous administrative burden and GDPR issues.

2. CV 25/26

- Targets even less achievable than last year?

Using the contract value of £197,725.

	23/24	24/25	25/26	Increase/decrease from 24/25
NP	98.8	49.4	153.62	+104.22
NUP	148.2	98.8	74.61	-24.16
HP	1216	1434.5	1316.7	-117.8

When all metrics are converted into HPs for clarity, the reduction in HPs and NPUs does not offset the increase in NPs.

Using 2.5:1 ratio for NP:HP

NP	+104.22	*2.5	+260.55
NUP	-24.16		-24.16
HP	-117.8		-117.8
TOTAL			+118.59

- Is this achievable? Based on the fact that over 35/55 practices failed to meet metrics last year, there will clearly be further underperformance this year – what level of underperformance is expected this year, and how can this be blamed on contractors who are fully staffed?
- **Assessing achievability** requires collaboration and an evidence-based approach, using last year's underperformance data as a benchmark.
  Proposed Action: Implement a confidential monthly survey for contract holders to report % progress against metrics. Findings should be shared with contractors, Health Boards, and WG to assess feasibility and prevent financially unsustainable over-recruitment.
- Lack of **knowledge-sharing** between providers re: how practices are trying to make CV work.
  Proposed Action: Establish LDC-led workshops to improve collaboration.

3. Risks of NPU Mitigation (2.5x Multiplier) & Lack of Interchangeability

Unintended consequences include:

- Practices prioritising HP recycling to meet HP thresholds.
- NPU appointments being offered privately due to metric restrictions.
- Increased pressure on Health Boards and NHS 111.
- NW contract handbacks intensifying demand for urgent care, leading to increased A&E visits, negative media coverage, and further erosion of public confidence in NHS dentistry.

4. High Need Patients Classification – continues to disadvantage practices with ↑ high needs

A more carefully considered weighting system is essential, and this has still not been provided, as demonstrated below:

- 4+ interventions is an overly simplistic measure that misclassifies high-need patients. Example: A patient requiring two root canals and dentures is still considered "low need".
- Red recall patients (3/12) treated with skill mix do not count towards metrics, disadvantaging practices that effectively utilise skill mix and follow NICE guidelines. Subjecting them to flagging from NHSBSA is not a solution.

5. Long-Term Focus: The 2025 Contract Consultation

- While the 25/26 CV is an interim concern, it is widely reported by providers that the upcoming contract reform in Spring 2025 remains an even greater worry.

ACTION: LDC (Jeremy, Mike) to write to LHB detailing concerns and asking for clarification/reassurance.

2.2 HB Matters Outstanding: - Procurement - Rachael Page's 'Deep Dive' - Need for overarching clinical leadership - Report from recent meetings with Chris Stockport	**JW/MS**	• Still no funding following recent procurement – well beyond timescale indicated in tender document. • Still no access to the results of the deep dive – we have stressed the fact that we would like any action plan to be developed in partnership with members of the LDC. • No news re: new consultant in Restorative Dentistry – job advert Ben Lewis prepared was not used. • No news re: how 24/25 EOY will be managed – we need clarification. ACTION: All of the above also needs to be included in letter to LHB.

Updates – Chairman's/Secretary's/Treasurer's Correspondence, together with any updates from Orthodontics/Oral Surgery/Dental Advisors will be uploaded to Website. Focus this evening on items above.

Date, Time and Location of Next Meetings	
Monday 31st March 2025 19:00-22:00	**Zoom**
Monday 9th June 2025 19:00-22:00	**TBC (In-person)**
Monday 8th September 2025 19:00-22:00	**Zoom**
Monday 8th December 2025 19:00-22:00	**Zoom**