Morgannwg LDC Zoom Interim Focus meeting – Thursday 13th May 2021 7pm

Welcome from LDC Chair

The Chair welcomed everyone to the meeting and explained why an additional meeting was being held.

- Approach to care for periodontal disease and dental caries document – decided to hold a separate meeting to discuss contents fully and in more detail.
- Feedback requested by PHW – agreed to send group response from LDC following this evening's discussion.
- 39 attendees – Dentists, DCP's and Managers

Approach to Care for Periodontal Disease and Dental Caries document

- Initial and most common complaint – document is illegible and visually poorly designed. It would be difficult to use daily.
- First thoughts – patient appointment will no longer be an exam, more of a consultation, assessing needs, setting out a 12-month plan and agreeing on expectations.
- LHB's main issue seems to be access for patients, but with new pathways and already extensive notes to write per patient, appointment times will need to be extended thus reducing access.
- It is felt that at a point where practices are already fighting fire following the pandemic, the introduction of the pathways is not well timed.
- Many felt that the member contribution circulated was very professionally written and researched and detailed some valid points.
- Other's felt that in an ideal world necessary treatment should not be withheld from anyone, but it is such a complex subject. The view was expressed that GDPs should not waste practice time and resources on patients that have no interest in engaging. There is limited funding, and resources should be used more effectively.
- Most felt that the framework would help focus on the right patients and having a document in 'black and white' would be a back up to explain decisions to patients which they might find difficult to accept.
- Educating patients and getting their buy-in will be fundamental in ensuring the pathways work, which will be time consuming. What motivates patients to attend? Will they return if they don't get the treatment they want when they want it? Will they simply tell the dentist what they think needs to be said to get the work done, without the long-term commitment? Are the number of FTA's going to go up? It was suggested that patients that don't want to engage will simply return regularly for emergency appointments once they understand the system.
- Skill Mix – This would require additional surgery space and DCP's/chaperones.
  Is this cost effective? Nurses will require pay increase due to additional skills, dentists may even be required to work less to free up surgery space for sessions. It may also be inconvenient for patients to return for treatment that could be completed within a few minutes whilst in the chair having examination with GDP. There has been no mention of additional funding for these increased costs. Also, concern around FP17W recording dental nurse carrying out treatment. Is it possible to get a any credit or should it just be recorded locally?
- Therapists showed concern that their role would no longer be required.

- Once a patient reaches 'Step 3' and there is still no improvement there should be clear guidance where to refer patient. Secondary care departments available but very long waiting lists.
- In March 2020 guidance on S+P's under band 1 treatment changed. Unfortunately, this information has not been communicated to practices and was evident that not all dentists were working the same.
  It was also found that online resources for patients had not been altered, showing that patients are still entitled to an S+P under band 1 treatment.
  The simple explanation given was – if a patient is a 'green', you shouldn't be wasting your resources on an S+P and they should only be offered for perio disease.
- It was felt that following the Caries pathway might create issues further down the road. It was argued that permanent/definitive restorations are better than stabilisation with a semi-permanent filling. If the patient is in your chair, numb, then most effective treatment is a permanent restoration. This is far more cost effective than repeat appointments for replacing temporary restorations.
- It was agreed that children should be exempt from pathways. It would be unethical to deny treatment to a child that is not responsible for their own life choices i.e. diet etc
- Despite other categories of vulnerable patients being open to interpretation of whether the pathway would be suitable, the consensus was that they also should be exempt.
- Patients as primary stakeholder were not included on the research and design panel. This caused some confusion. It was felt by all that they should have been represented for input and feedback.
- Clarity needed on inactive treatment after 2 months.
- SMART goals not suitable for everyone and may even come across as patronising. Increase documenting on patient record even further.
- Clarity needed on how they will be measuring progress of pathways.
- HEIW input – The pathways have been created as a guidance and foundation for discussion with the patients; they are not set in concrete.
- Your clinical judgement and decisions still stand.
- They have been designed so that they are **not** prescriptive pathways. Indemnity companies have said it should be recorded that WG guidelines as set out in the pathways.
- The dentist that follows guidelines and within the best interest of the patient will always be in a strong position legally.
- Discussions are currently underway at HEIW regarding training, which will include Behavioural Change to assist GDP with educating patients.
- Secretary to share final draft of feedback to LDC by Monday 17th May before forwarding to PHW. Any thoughts or comments must be made by Wednesday 19th May.

All Wales Oral Surgery Referral Handbook

- Extremely positive feedback from all – very clear, understandable.
- Antiplatelet advice really helpful – request that this information be given through training to triage nurses at RMC to avoid wasted time at access sessions.
- Endocarditis AB cover – Who should prescribe? Dentist to discuss with patient MH and pros and cons of AB cover and consensus met. If no AB given, patient advised to monitor own health post extraction, any symptoms to go to own P explain treatment received and possibility of post-operative endocarditis and obtain AB from them.
- There is the possibility that HB will adapt the document for local use.
- Recommended resources and flow diagrams from https://www.sdcep.org.uk/published-guidance/

Vicarious Liability

- Very worrying for practice owners
- Not all indemnity companies cover vicarious liability (VL) – urge owners to check their cover. It is known that BDA and MDDUS **do** cover VL.
- Owners can recover costs from ex-associates if forwarding details are known – GDPR issues surrounding holding/obtaining personal information.
- VL does not only cover clinical staff, includes all staff including managers and receptionists.
- It highlights importance of QAS and robust practice policies – that **must** be updated and signed by all members of the team.
- Discussion surrounding employee/self-employed status. The view was expressed that self-employed associate status could be a difficult model to continue in the future.
- Going forward – Actively make the team aware of what VL is.

  LDC will advise on VL to colleagues prior to the next Zoom meeting.

Any Other Business

- £500 bonus from government –
  - For all staff including associates. Query cleaners?
  - Will be taxable, therefore original amount will be £700+
  - For anyone that has worked for at least 1 month since April 2020
  - Staff that work for multiple employers will claim from primary practice.
  - Locums able to receive grant so long as basic conditions met.

- Annual DDRB uplift Wales – No report or recommendation yet.

- Recommended – Educational Ortho day.

- Feedback at end of meeting – General feeling from dentists was that they felt that this evening was a productive meeting and most felt reassured, especially after HEIW input.

- Next meeting – Thursday 10th June 2021