

Morgannwg LDC Zoom Meeting Thursday 12th May 2022

1. Present

Allison Walker in the chair, Roger Pratley, Mohammed Imtiaz Khan, Jennifer Berndt, Karl Bishop, Farzana Mohamed, Tesni Metcalfe, Simon Bond, Helen John, Richard Woods, Ellie Parker, Sara Griffiths, John Vaughan, Sam Edwards, Rachel Coles, Richard Jones, Liz Lee, Anwen Hopkins, Rob Elliott, Barrie David, Carla Queiros, William Fitzpatrick, Annie Waters, Kirsty James, Nicola Summers, Richard Courtney, Ellie Parker, Janette Harrison, Andrew Williams, Gayatri Kini, Patricia Moreira, Sid Gupta, Jennifer Rickson, Dawn Barrow.

2. Apologies for Absence

Huw Hopkins, Chris Woods, Paul Fraser.

3. Minutes of the Meeting 7th April 2022 - Accepted

4. Matters Arising

To be discussed under relevant agenda items

5. Presentation by Andrew Dickenson, CDO Wales

Shaping the Delivery of Oral Health within the changing Health and Social Care Landscape

Following Andrew Dickenson's presentation, he welcomed questions and feedback from attendees. The main points of discussion were: -

- It was felt there was a lack of scope in contract reform to upskill the GDS team and use their skills appropriately in the delivery of the contract. The CDO confirmed WG were looking at additional funding to facilitate this going forward.
- More work was needed around DF training scheme to enable expansion and retention of the workforce in Wales. It was noted 40% of Welsh graduates do not stay in Wales. HEIW were looking at expanding the training scheme to two years to facilitate more graduates in the system.
- It was felt the current contract reform was mostly access based and did not concentrate enough on prevention with the only metric being FV. The GPs there was no incentive to spend time on prevention as they were constantly counting footfall and chasing targets. This was felt to be damaging to the relationship between practices and patients.
- Associates were now far less likely to carry out Band 3 and complex courses of treatment as they were now concentrating on targets and metrics. There was concern this could lead to deskilling of the newly qualified dental workforce. The CDO reinforced the fact the current contract reform model was not set in stone but was constantly evolving and could look very different in a year's time.
- Calculating remuneration of associates was proving to be very difficult, clarity on sanctions regarding under/over delivery was needed going forward. Remuneration was causing uncertainty amongst FDs with a high number returning to England to work at the end of their year. UDA contracts in England were felt to offer more certainty around remuneration, The CDO felt this to be a great concern which needed immediate reassurance and action before they are lost to the Welsh workforce.

- The number of high need patients was expected to rise due to the pandemic with GDPs feeling the need for a review of funding for this cohort of patients. This was alongside an apparent drop in dentists earning over the last 3-4 years.
- Employing Therapists and hygienists was now becoming a financial burden on practices due to the number of FTA appointments and their inability to carry on with other treatments. They were now becoming more of a financial cost than associates, the growing workforce needed to be financially sustainable.
- It was felt contract reform had become more about urgent care and would therefore not attract new graduates to NHS dentistry with more of them moving towards private practice. The issue of litigation and high patient expectations was proving to be a UK wide issue. The CDO agreed this needed to be addressed as a matter of urgency.
- The general feeling amongst GDPs was that contract reform in its current state had been rushed through and did not provide the service patients deserve. They felt trapped on another treadmill with UDAs being replaced with metrics, dentists felt like data collectors and not clinicians. The NHS was proving to be too stressful an environment as a business owner and it was felt all the risk factors lay with them. The CDO took these points on board and reassured this was just the starting point and that the contract could evolve greatly over the next year with effective communication and support.
- International graduates - ORE examination candidates were now becoming stuck in the system due to the pandemic there were now 1800 on waiting list. The CDO agreed the process of application which stand at 6-8 months needs shortening to re-enforce the current workforce. Overseas dentists were now no longer able to register as therapists and hygienists due to the GDC ending this process two weeks ago. The deskilling of these candidates over a two-year application process was a great concern and a loss to the workforce.
- How to attract more students to study in Cardiff and ultimately attract students from high need areas and ultimately aid graduate retention was discussed. The CDO felt opening doors to students from socially deprived areas, reaching out to local communities was pinnacle to increasing workforce numbers and retention. The possibility of dropping grade boundaries and increasing bursaries were all things the university were looking at.
- The concern regarding there not being enough historic patients in individual practices to meet current metrics and the possibility of running out of new patients was discussed. The CDO agreed to carry forward and look at numbers with HB and WG.

The CDO reassured the meeting that the current reform contract was indeed a starting point and there was a lot of work to be carried out including the analysis of data going forward. This was felt to be an action year and he welcomed the opportunity to work on all the points raised including the feeling that one target (UDAs) had been replaced with another (metrics). The purpose of this next year was to look at all options to shape a contract for the future. WG do not want GDPs to look back on UDAs as ultimately being a better way of working.

He welcomed the chance to hear concerns and suggestions from the GDS and had taken note. The hope was to identify a communication mechanism that would be effective for all stakeholders.

The CDO was open to the idea of developing a FAQ document in response to any issues experienced and was keen to ensure GDPs views were carried up the line to WG. It was agreed GDPs should contact the Secretary with any issues and suggestions, he would then forward these fortnightly to both WG and SBUHB so that the HB are kept in the loop.

The CDO also indicated he was happy to attend quarterly virtual LDC meetings going forward to touch base and enable him to translate issues from the workforce up to WG.

6. Discussion – Progress within practices since 1st April 2022

eDen there was currently no information available, and concern was raised regarding catching up with data going forward. Primary Care Teams were also experiencing issues around data and were aware of glitches and were sensitive to issues.

The HB reported there were no major issues around the variation but were aware we are only six weeks in. Although patient numbers coming through were less than expected by HB.

Periodontal direct access being looked at which would be therapist led.

Money was being made available from WG for two pilots, one is pathway for patients from GMS this is to be part of cluster development. The HB currently working on what this will look like going forward.

RMC will now go seven days a week with Dental Nurses now in post to facilitate.

Orthodontics – the current tender process is due to end tomorrow and would lead to greater capacity with children of highest need now being expedited to top of waiting lists.

A lack of Duraphat had been reported with dental suppliers unable to provide and on back order. HB are aware of this situation.

PCR was an issue across Wales and WG had underwritten it for £1.4 million pounds, currently being worked on.

The lack of communication to patients was an issue, this was leading to issues within practices and increasing complaints and queries being received. It was felt patients should be made aware of WG vision of dentistry within contract reform and how these patients would be prioritised.

7. BDA Associate Agreement – to be added to next meeting agenda

8. Any Other Business

BSA had offered to give a presentation and answer questions around the recent changes to FP17W forms, to be arranged by HB as a separate meeting via Teams.

Asylum seekers incentive email received from SBUHB – felt there was insufficient time for practices to engage. Matter to be taken to next LDC/LHB Liaison Group meeting 27th May for discussion.

The Secretary to speak with Andrew Dickenson CDO to ask if this evening's presentation can be shared.

9. Date and Time of Next Meeting

Thursday 16th June 2022 at 19.00