



## Minutes of the Welsh Council

Thursday 15<sup>th</sup> November 2018

Venue: The Park Plaza, Cardiff

### 1. Attendees

**Katrina Clarke** - Chair of Welsh Council    **Tom Bysouth** - Chair of WGDPC  
**David Johnson** - Chair of WCCD    **Roger Pratley**- Vice Chair of WC  
**Dai Gingel** - rep for Cardiff & SE    **Colette Bridgman**- CDO  
**Ken Hughes** - Vice Chair of WCCD    **Christie Owen** - Secretariat  
**Gareth Lloyd** - rep for North Wales    **Lauren Harray** - Vice Chair WGDPC  
**Ian Douglas** - Wales rep GDPC    **Alison Lockyer** - PEC member visitor  
**Pam Whyte**, President SW Branch    **Martin Woodrow** - Acting CEO BDA  
**Caroline Seddon** - Director of BDA Wales

### 2. Apologies

**Mick Armstrong**- Chair of PEC    **Eddie Crouch**- Deputy Chair PEC  
**Nigel Monahan** - Public Health Wales    **Robert McAndrew**- rep for CCDAS  
**Tom Gregg** - rep for North Wales    **Tim Harker**- PEC rep for Wales

### 3. Declarations of interest not previously noted

None

### 4. Minutes of previous meeting

- a. Jeremy Williams name to be edited.
- b. Item 7- To be edited to get locum cover needs to be clearer.
- c. Item 7 - delete ID's comment.
- d. ABMU report - remove the "mainly positive" to welcome the funding but had concerns.
- e. The action table was also read through, actions not completed are to be added.
- f. The Coca Cola Christmas truck was discussed. The sugar and enamel wear caused by Coke needs to be communicated to various stakeholders in order to curtail any future support for hosting the truck. The committee was concerned as the Coca Cola Christmas truck is a marketing ploy aimed at children. The BDA had signed the Sugar Smart UK letter - however it did not mention Wales specifically. LH said this does not address the issue of enamel ware. The committee agreed awareness must be raised this year and planning must start for next year.

## 5. Chairs' reports

- a. The Chair of Welsh Council - KC - attended various meetings including the BDA media training, the meeting of BDA Wales and WAST, the launch of HEIW and GDS reform steering group. The chairs of national councils had a meeting, they weren't happy with the proposed changes to BenFund, however they retracted the changes. Upskilling of GDPs was also discussed. Some GDPs are trained in sedation, for example, but Health Boards are not allowing them to do so. KC also attended the Northern Ireland BDA Council last week. Northern Ireland are still without a government and Brexit is a big issue for them. The CDS in Northern Ireland are still waiting for a new contract. They are also facing similar issues to Wales, with the elderly struggling to access the service and the dental issues becoming more complex. KC found attending the meeting really useful and wants to invite the chairs from the other BDA councils to a BDA Wales meeting. KC attended the BDA sugar summit. A human rights approach to oral health, namely a child's right to a good diet, was looked at and created an interesting discussion. The government's childhood obesity plan was discussed. The smoking cessation campaign, as well as the slow decrease of salt used in foods, were discussed. A report will be produced on the day.
- b. The Chair of WGDPC- TB - provided a summary of the meetings he has attended since WGDPC last met. This included the meeting with Kirsty Williams AM. They discussed the problems of recruitment and retention centred around a failed contract with focusses too greatly on targets, penalises high needs patients and dentists who treat these patients. The role of clawback and how this destabilises practices, and the demands this places on other elements of healthcare. All this set in a declining rural environment. TB also discussed the GDS contract reform steering meeting. CDO feels that health boards are holding up progress of contract reform with slow procurement. CDO Spoke of wanting to get rid of clawback for those practices involved if access didn't reduce. A suite of possible measures would be available for monitoring, but it is not clear which ones will be used. A 25% SLA UDA reduction is in place for the new North Cardiff practice, which is aimed to attract new patients rather than those in relationships with other local practices. CDO spoke of wanting to raise the lowest UDA rate to a more responsible level – but health boards would not want to as they did not know how to reach a suitable figure. TB also gave evidence in the Welsh Assembly for the Dentistry Inquiry. This included a discussion of issues with access, the current contract, clawback, prevention and the time it takes, impacts of dental health on general health, designed to smile. Quotes picked up by national media: ITV news – 7000 rotten teeth extracted under GA. BBC news – get dentistry right and the rest of the health service benefits. The impacts of amalgam were also discussed.
- c. The Chair of WCCD - DJ - had emailed the CDO regarding CDS ortho. FP17W could lose orthodontic CDS data. DJ is still waiting for a reply. It will be mentioned again to the CDO, it is important that data are not lost. EC said that blood tests in Northern Ireland has found worrying results in terms of nitrous oxide. There are also reports of it being stolen and used recreationally. DJ was still planning to write to the cabinet secretary. DJ

discussed the media training the BDA offered. The chairs agreed that both the training and the media training have been very good. KH and DJ both commended TB on the evidence session with the Welsh Government. DJ is still in discussion with WAST regarding transporting patients to the CDS. A telephone meeting will take place this week. RP asked about the ACORN system, as feedback he had from GPs was that they could handle the system once they were used to it. LH said she is using software of excellence to make the system easier. DJ said that people who aren't tech savvy may struggle. LH has a printed and laminated ACORN form and a wipe away pen, so she can fill it in and have another member of staff input the form on the computer. LH still believes that the form doesn't go far enough, she treats patient that have enamel ware who need regular treatment who are classified as green by ACORN.

## 6. BDA Update

- a. MW discussed the PEC strategy that has been written and signed off. There are 6 areas that will be the focus. One is enhancing local offerings (branches and sections). Sue Jones retired this year so the events team have taken this on. The second area is focused on CPD offerings. The third is exploring professional indemnity for dentists. This is a key issue and cost for members. Part of why MW is acting as CDO is due to the fact the Peter Ward is working on this project. The fourth area is content- from advice to campaigning. The fifth area is policy and governance. The way PEC is elected will be looked at, as well as the way that country and craft committees are run. Certain BDA committees have struggled to fill their seats. The sixth area is the developing growth of corporation dentistry. MW asked the committee what their views were in terms of how to gain greater representation. LH believes that increasing engagement from younger dentists will be key. The committee agreed. LH suggested that strong branches and sections are looked at as examples for what could be done better in terms of engagement. LH will go back to YDC and raise that one key issue for YDC is membership. DL also said that we need to develop a pride in being a BDA member. LH raised the idea that BDA members should be seen by patients as upstanding dentists. PW discussed that when she first joined the BDA there were monthly 3 course dinners with a speaker. Socialising was a key aspect to BDA membership. LH said BDA Wales needs its own social media account.

## 7. GDS Reform

- a. There are now 55 practices in the reform pilot. Phase 2 of the pilot was discussed. One condition to move on to phase 2 will be skill mix. There is discussion that 20% reduction will be offered. There is no clawback in North Wales but Hywel Dda and other Health Boards will still have clawback. This was considered to be a real disincentive. The new practice in Cardiff will be 25% reduction - so an uneven playing field. ID argued that this seems to be a repeat of what happened in England. ID said that taking on therapists is a risk as there is no guarantee that this reform will last. LH suggested a contract reform forum should be created for practices already engaged.

## 8. DDRB Process

- a. TH's report will be circulated. KH gave a summary. The DCT3 training pay discrepancy for England and Wales was brought up, the DDRB seemed unaware of this. KH argued that morale is difficult to assess in the CDS because they are generally happy with working conditions in the CDS, however they are poorly paid and poorly recognised. Recruitment difficulties in rural areas were raised. TH said that practitioners should be paid for prevention as well as treatment. KH felt that they got the points they wanted across. KH suggested that paying for associates to undertake an MSc would improve recruitment and retention.
- b. The draft Wales DDRB submission was received. CS asked that any additions be submitted by Monday at which point the draft will be finalised. The committee thanked BDA staff for the work done for the DDRB submission.

## 9. Update from the DCDO

- a. The DCDO discussed the innovation fund, 71 bids were received. The panel will be doing a second judging of the remaining bids that will take place later this month. Some have been approved already, however more time needed to be allocated.
- b. On the 20<sup>th</sup> December the Cabinet Secretary will give a statement on A Healthier Wales and contract reform.
- c. The DCDO also discussed HIW, particularly regarding the lost documents. The DCDO wrote to HIW regarding lost documents, the systems of recording in HIW and the responses of staff when documents are lost. The DCDO also raised the point that dentists may feel reluctant to complain to HIW and asked whether HIW have reported their data losses. In their reply, HIW did recognise where systems had failed. HIW shared with the DCDO their recording systems. HIW reported the loss of data to the Welsh Government data security officer however they stated they were unaware of any accounts or passports lost. RP raised the issue of HIW asking him to name those who lost their data. The DCDO told RP to ask those affected to contact HIW. Reporting lost data directly to the ICO was discussed, it will be asked if that can remain anonymous. KC stated that dentists have lost faith in HIW as an organisation, AL asked how the public can have faith in HIW. KC raised the issue of fees and the 3 year cycle. CS asked whether HIW's complaints handling and data handling policies should be publicly available as they are not currently. From there, dentists and HIW would be able to work together to improve the situation and learn from what has happened. LH will cc KC into her email to HIW.
- d. NHS 111 was also discussed. ABMU and Hywel Dda are now covered by 111. Adding Aneurin Bevan next is currently being discussed. Christmas eve is a Monday this year so there could potentially be a long break in dental service, putting pressure on urgent care dentistry.
- e. There is no official start date for when boys will be given the HPV vaccine. LH will ask whether Wales will be giving the vaccine retrospectively.
- f. The DCDO also discussed WAST and the AEDs. One issue is who will return the AED after it has been used. LH raised the issue of a dental practice located next to a care home who had to give their AED to the care home multiple times in a few months. The DCDO was aware of this, and deemed it unacceptable for a care home not to have an AED and trained staff to use it. The DCDO was aware that this particular care home had been

spoken to however it seems to still be happening. The DCDO told LH to tell the practice that they need to alert the Health Board.

- g. KC raised the issue of the added expense of amalgam. The DCDO will take it back to the Health Boards.
- h. TB also raised the issue of negative drives in the current contract. Clawback is not helpful for practices or patients and it prevents behaviour changes.
- i. AL asked the DCDO what the Welsh Government is doing about the Coca Cola Christmas truck. The DCDO said that it is the local authorities are the only ones that can prevent it. **Action:** Raise the issue with the Regional Partnership boards.
- j. TB raised that clarification is needed in terms of practices needing a research policy. HIW will be invited to the next WGDPC meeting.

## 10. Welsh Government

- a. The Welsh Health Circulars were received.

## 11. HIW Registration Process

- a. RP discussed that in the last LDC meeting multiple dentists raised the issue that their documents had been lost by HIW during the private dentistry regulations registration. The submission of documents has been an issue anyway as HIW had asked for more evidence than the CQC, namely financial accounts.
- b. Multiple dentists had sent in fully completed submissions by email, receiving electronic acknowledgement, and their data was lost. Original documents have been lost, passports or have been sent by HIW to wrong addresses. RP has promised anonymity to those who had documents lost as they do not want to face negative repercussions.
- c. In their reply, HIW asked RP to name those who had documents lost. Some dentists feel that there is a “them and us” relationship with HIW.
- d. HIW have also failed to meet their target of inspections, it was originally 3 years, then 5. Now it will be between 7 and 10 years. KC stated that the fee for HIW was set on the understanding that it was to fund the 3 year inspection cycle, the cycle is now likely to be 3 times that. If inspections are 10 years LH raised the issue that FDs could be sent to practices on the basis of outdated HIW inspections.
- e. ID showed the committee that on his practice page on the HIW website there are two inspection reports, only one of which is for his practice. ID has asked HIW to take the incorrect report down multiple times, however, it is still there. The BDA will write to HIW regarding the fees and 3 year inspection.

## 12. HEIW

- a. HEIW was established on 1 October 2018 as a Special Health Authority in NHS Wales, Health Education and Improvement Wales (HEIW) brings together three key organisations for health: the Wales Deanery; NHS Wales’s Workforce Education and Development Services (WEDS); and the Wales Centre for Pharmacy Professional Education (WCPPE).
- b. HEIW has a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, supporting high-quality care for the people of Wales.

- c. The Dental section will continue to be led by Professor David Thomas. Continuing work includes Dental Foundation Training, Dental Core Training, Specialty Training, Workforce Development (CPD) & Quality Improvement and Dental Professional Support.

### 13. UK Council

- a. No report (no meeting since April)

### 14. PEC

- a. Report Received

### 15. BDA and External Committee reports: To take questions on any written report:

- a. Dental PG Deanery Dental Foundation Training Sub Committee:-There will be a committee meeting in December where David Thomas will update the committee regarding the employment of Foundation Dentists by the Deanery as opposed to the practice.
- b. BDA GDPC- Report received
- c. Dental Public Health- Report received. GL said that there is a lack of DPHW in North Wales. BDA Wales will write to PHW about this.
- d. LDC RLG- Looking to engage more with younger dentists. Looking at the area Fitness to Practice. SNOMED was also discussed. England has an LDC levy problem as geographical areas don't tie in with LDC areas. LDC conference will be 6-7 June 2019. ID asked whether Welsh LDCs should have their own website. 30<sup>th</sup> April 2019 all FP17s will be electronic.
- e. BDA YDC- Report received.
- f. CCHDS- No report
- g. Clinical Academic Staff Committee- no rep. KC argued that Welsh Council needs to continue to push for representation.
- h. Welsh Dental Council- Report received
- i. EEDT- Report received

### 16. BDA Branches and Sections

- a. South West- The winter meeting last year went really well, another is coming up in 2-weeks. However, the numbers for this year have dropped from over 100 to 56. Centralised booking could be to blame for this. There was an afternoon session with a mind coach called "Let it Go" that was a success. Peter Dyer also gave a talk.
- b. The committee were disappointed as they were unaware of these events and PW had asked repeatedly for them to be distributed. CO and CS will raise this issue with Andrea Greatrex to gain a better understanding of communications processes.
- c. Swansea has a quiz and curry night last year that was successful. As was the study day they held this year.
- d. A Healthier Wales talk was also held with Colette Bridgeman, however this was poorly attended. PW was confused as to why there was a £5 charge for this event. PW is also planning a wine tasting event. Communication is an issue in planning events.

### **17. Branches and Sections Reports**

- a. North Wales- GL would like BDA to organise more events held in North Wales. The branch report was received. The email issues were also discussed.
- b. South West- No update
- c. South East- No update

### **18. Honours and Awards**

- a. Any honours and awards nominations should be sent in to the BDA Wales office.

### **19. Directors Report**

- a. The report was received. It is hoped there will be a written report from the Assembly Committee on the Dentistry in Wales Inquiry before Christmas. KC thanked TB and the BDA Wales staff for the work done for the inquiry.

### **20. Matters to report to PEC**

- a. None

### **21. AOB**

- a. GL stated that 3 corporate practices are closing in North Wales. One of these practices has 7 chairs. This will be a very high number of UDAs returning to the Health Board.