

Monday 29 September 2025


AGM


19:00 – 22:00

Online, Zoom


In attendance: JW, MS, TT, DN, KF, FS, MH, ML, OS, BL, PT, AH [Total: 12]

MINUTES

Agenda Item	Person Responsible	Attachments/ Supporting Information
1.1 Welcome and Apologies	MS	Apologies – ID, AS
1.2 Minutes of Previous Meeting	JW	 NWLDC%20Minutes %202025-06-09.docx No inaccuracies noted, minutes approved. Restorative Consultant is a standing item. Clusters – Rachael would like clusters in dentistry to be part of the overall 'Academy' – discussions ongoing but nothing definitive on implementation at this stage. Charitable donations – to cover later with AH.
1.3 AGM <ul style="list-style-type: none"> - Report from Chair - Report from Secretary - Report from Treasurer - Committee Elections 	JW/MS	Nothing to suggest we officially need to hold AGM – not actually in constitution. Need annual report on accounts from Treasurer etc., but that is all. Possibly something that is included in constitution going forwards on bi-annual basis – to pick-up with constitution review likely this will have to be post-April). Chair – JW now in post for 6 years. Last AGM report dominated by Covid. This last financial year dominated by new NHS GDS contract. HB-wise, minimal formal contact between LDC and HB of late unfortunately, change in personnel not insignificant, esp. with C Stockport leaving. Many similarities between last AGM – only progress of note tier II contracts.

		<p>Secretary – nothing to add; studying HB meeting agendas over the last few years (Q&S, OHSG, LDC-PC) highlights how little progress is being made.</p> <p>Treasurer – TBC, AH to contact MS.</p> <p>Committee Elections – results of committee elections confirmed with no objections.</p> <p>ACTION: MS to update LDC website.</p>
For Discussion and Matters Arising		
2.1 Navigating Y Ty Dysgu	Tracey Taylor	<p>TT gave a quick run-through of how to get the most out of the YTD website.</p> <p>If anybody would like to make a request for topic to be covered, please contact:</p> <ul style="list-style-type: none"> - Katherine Mills for YGC and Bangor on Katherine.Mills2@wales.nhs.uk - Richard Jones for Wrexham on Richard.Jones12@wales.nhs.uk - (Or put on evaluation form for a recently completed course). <p>If anybody identifies any problems, please contact: Jackie Glassar Jacqueline.Glassar@wales.nhs.uk.</p> <p>If a course is oversubscribed, please register interest on waiting list – often people pull out and organisers have more chance of getting funding to repeat certain courses more frequently if they can prove there is a demand.</p>
2.2 Contractual Matters	Various	<p>Most significant matter to cover is obviously the upcoming changes in April 2026.</p> <p>91-page summary of responses has been released:</p> <p></p> <p>WG Consultation - Summary of Responses</p> <p>A few points:</p> <ul style="list-style-type: none"> - Seniority payments back. - A few changes, £300 to attend collaboratives/cluster meetings, less than Guild rate, less than GPs. If you miss a meeting, then you are technically in breach of contract. - 3% contract to look after GGG patients.

		<ul style="list-style-type: none"> - 10% allocated to see new patients as per original document. - JW picked out a few points specifically in relation to pages 13 and 25 of the original document that are to be clarified with at upcoming meeting with CDO. <p>MH – practical implementation should become more apparent when WG produce case studies/case examples; these are currently being checked by NHS.</p> <p>Important than when contract does come out (date soon but not specifically known) we dissect it.</p> <p>Realistically 'blue' patients (very high need) will not be seen in CDS – we need to be involved in defining what we feel would be appropriate remuneration in GDS setting to see this cohort of patients; after the original proposal seemed to acknowledge that these patients were not financially viable to treat in GDS setting.</p> <p>Disparities in the way different HBs are using DAP, some prioritise children, some first come first served (Betsi).</p> <p>Numerous suggested that LDC position should be that we need COMPLETE FLEXIBILITY/INTERCHANGABILITY BETWEEN METRICS IN FIRST YEAR – again this will be brought up in meeting with CDO.</p> <p>DN – can we push for a transition period with no sanctions? BDA stance also.</p> <p>Complicated by political landscape; but we do have an opportunity to engage with HB here.</p> <p>ML – divide into different groups (West, East, Central) – F2F meetings organised by LDC? We can re-evaluate necessity for this after meeting with CDO. Communication between practitioners will be important to make sure everyone is OK when starting to implement these changes and nobody is left without support.</p>
2.3 HB Matters (inc. EOY Mitigation 2425)	JW/MS	<p>2425 HB did put in place some of their own mitigation on top of WG mitigation – we do not know what form this took / what the criteria were.</p> <p>Still a number of practices with significant clawback.</p> <p>JW/MS have meeting with HB on 16th Oct – we will try and find out the details.</p>

<p>2.4 Support for the LDC moving forwards:</p> <ul style="list-style-type: none"> - Committee roles - Chair/Vice Chair succession planning - In-person LDC events – appropriate use of LDC funds, desire for verifiable CPD? 	<p>JW/MS/DN</p>	 LDC%20Chair%20Role%20(V1%20Update) <p>MS to re-send the above document (outlining LDC roles and responsibilities) out if anybody would like to take chair role.</p> <p>If not, then we will need to divvy-up responsibilities amongst wider committee.</p> <p>Discussion between committee in email thread on what specific roles are – if anybody else would like to be involved please contact MS. Roles need to be clear and remunerated.</p> <p>We will plan for the next meeting (December) to be JW's last as Chair.</p> <p>DCPs can have roles in the committee – Doug looking at this. FS – Cardiff and Vale have done it.</p> <p>ACTION: MS/ID to contact Adam Porter regarding this.</p>
<p>2.5 Annual Charitable Donations</p>	<p>MS/AH</p>	<p>Dental Guild – suggestion is £35 per levy payor – HB cannot tell us exactly how many levy payors we have. Previously donated £5,000, this would cover approx. 140 levy payors; but are we higher than that – more towards 180? That being said, general feeling was that we are comfortable with this level of donation at present with the information we have.</p> <p>Fluoride Society – rate more dictated, we have not been regular donators but did this financial year.</p> <p>BDA Benevolent Fund – £2,000 in 2023 was our last donation. Suggestion was to increase to £2,500 now.</p> <p>ACTION: MS to liaise with AH.</p> <p>Topic to be added to every March LDC meeting agenda – i.e. every year before Conference at the start of June.</p> <p>Include Confident in future discussions.</p>
<p>Updates (Chair/Secretary/Treasurer updates, inc. GDPC and OHSG, covered in 1.3)</p>		
<p>3.1 Orthodontics</p>	<p>BL</p>	<p>Secondary care waiting times static but will go up as Maria goes on maternity leave at the end of this month. Will require 'firefighting' in YG particularly, Sarah and Ben committed to supervising in YGC and</p>

		<p>Wrexham. Will be going out for locum but success obviously unknown – also locum wouldn't officially need to be trained to consultant level.</p> <p>Do have new senior registrar starting in YGC and new ST1-5 starting in Wrexham. Excellent news but will need supervisory commitment from Ben and Sarah.</p> <p>Losing specialty doctors posts at Wrexham but hoping to recruit to replace these.</p> <p>Restorative post has closed – Ben has been advised there is a short list which implies some applications.</p> <p>CDS-based paediatric consultant post went out for advert on Friday – optimistic that there are at least 2x people interested in this.</p> <p>Disappointing news re: North Denbighshire project (the redevelopment of the Royal Alexandra Hospital in Rhyl). It was due to provide additional dental surgeries for the CDS; however, the number of surgeries has been significantly reduced (from 8 to 6 to 4, we believe) due to increased build costs and significant reduction in the overall budget.</p>
3.2 Oral Surgery	KF	<p>At the last OHSG meeting there was talk about an OS MCN – will ask at next meeting where this is up to. Need to pick up on the work done by Adrian rather than re-invent the wheel.</p> <p>KF gave update from tier II perspective, clear this is having very positive impact on waiting list.</p>
3.3 Dental Advisors – inc. DPA/QAVP	ID/KF	<p>QAVP re-started. Capacity issues with CG and DPAs – 2 practices/month likely.</p> <p>Not whole-day visit, likely 2-3 hour slot on specific / focussed aspects. Only NHS side of the practice – no jurisdiction re: private aspects.</p> <p>Re: getting a replacement for Adrian as a third DPA – no progress made, email has been drafted to Bisola requesting that a Datix is raised.</p> <p>Increased numbers of PLVE in N Wales c/w rest of Wales. Other areas working to 2 PLVE dentists per DPA. In N Wales, ID was overseeing 4 at one stage, now 3 each for ID and KF. If go to 2 per DPA like other areas that will obviously increase time period.</p> <p>RE: PLVE, MH gave his take:</p> <ul style="list-style-type: none"> - The actual time required of DPAs for PLVE appears low (1–2 hours/month), raising

		<p>questions about why strict limits and delays exist.</p> <ul style="list-style-type: none"> - DPAs are not taking on significantly more responsibilities than originally intended, yet HB-level processes seem to add unnecessary requirements. - England has removed PLVE apparently without negative effects on quality or safety, while Welsh HBs have created processes (e.g., IMP) that replicate PLVE and hinder recruitment. - Recruitment is being obstructed by HB-imposed frameworks that go beyond legal requirements, causing practical and financial harm to practices. - Proposed England-aligned approach: remove PLVE-type requirements, reduce DPA burden, and ensure any framework supports – not blocks – recruitment.
<p>Any Other Business?</p> <p>DN – Rule for decon. nurses to have had 3x vaccines to show full immunity before working in that environment.</p> <p>TT – Confirms nothing in HTM01-05 to that effect, local management/compliance company rule and not something that is a stipulation of law.</p> <p>Local study clubs – funding certainly available.</p> <p>DN/OS trialling in Wrexham – would like at some point to attach verifiable CPD to this.</p> <p>FS – shows continued importance in F2F – offered help, esp. in promoting to a wider audience.</p> <p>TT – can attend and encourage dental nurse representation.</p> <p>MS – funding from LDC more realistic than HB?</p>		
Date, Time and Location of Next Meeting		
Monday 8th December 2025 19:00-22:00		Zoom