General Dental Practice Committee meeting report
1 May 2020

1. The GDPC met via videoconference on Friday l May to discuss the latest coronavirus developments. This report provides a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date. The BDA is providing live updates at www.bda.org/coronavirus

2. The BDA has been having regular meetings with NHS England/Improvement and the DHSC throughout this period in order to address the issues the profession is facing and to ensure that adequate support and resources are in place.

3. Our discussions focused largely on issues in England, as the devolved dental practice committees have been leading the response in Northern Ireland, Scotland and Wales.

NHS finances

4. The key issue in discussions with NHS England on NHS practice finances now was on the abatement in relation to variable costs. We are deeply frustrated by the lack of progress that had been made, despite us having submitted our proposals more than three weeks ago.

5. It is unacceptable that a decision has been delayed to this extent and the uncertainty is adversely affecting practices' ability to access credit and to put in place arrangements to pay associates and others staff.

6. We were concerned that NHS England was minded to abate more than just laboratory and materials costs. Practices were still facing many expenses while shut-down and the abatement needed to recognise that PPE costs were likely to increase considerably. The GDPC would continue to push for a reasonable approach that took account of these issues.

7. There was also a lack of clarity as to how the abatement would apply to practices operating as UDCs.

8. We noted that GPs had not had a contract deduction.

Associate pay

9. We discussed the approaches to associate pay that practices are taking. Providers are contractually obliged to have regard to NHS England's requirement that associates, and other staff, are paid at normal levels. However, there were a number of questions about what this meant in practise and how it could be enforced.

10. While the majority of practice owners and associates had reached reasonable agreements on the handling of pay, there were a minority who were not passing along the NHS payments in a fair manner. As a result, we discussed whether there needed to be measures in place to ensure that payments were passed down to associates. These would include that practices would not be able to terminate associate agreements (without very good cause) and that money would be clawed back if it was found to have been wrongly withheld from an associate.

11. There was significant debate about this proposal and a range of views among GDPC members. There were concerns about involving NHS England in intra-practice issues, but also that there was a need to ensure associates have some protections. that It was agreed that we would approach NHS England with proposals on how the Statement of Financial Entitlements could be amended to ensure that associates were receiving payments as intended.

12. The GDPC voted that continued NHS contract payments to practices are conditional on:

    a. the practice continuing to make NHS payments to staff and associates at previous levels (in the case of staff, the number of staff paid in proportion to the practice's NHS commitment); and
    b. each associate at the practice as at 25 March 2020 must continue to be a Dentist Performer and must continue to be engaged by the NHS contract holder save where:

        i) the associate dies

        ii) the practice had given notice of termination prior to 25 March 2020

        iii) the associate gives written notice of termination to the practice

        iv) the practice can demonstrate that, but for the COVID-19 pandemic, it would have given notice of termination to the associate in any event

        v) there are other exceptional reasons justifying termination of the associate.

13. We also discussed the redeployment of associates and whether those that refuse to redeploy without good reason should see a reduction in pay. At present, NHS England was taking a voluntary approach to redeployment and there were many associates that had volunteered but not been called upon to redeploy. The NHS England page for dental volunteering had now closed. However, there were a minority of cases where practices were experiencing difficulties in staff capacity because of a refusal to work. Nonetheless, we felt that this was best handled at a practice level and that we would not want to encourage NHS England to make contract payment deductions where associates do not redeploy.

Private practice

14. Work to support private practices had been a priority for the BDA in recent weeks. A meeting had been convened between the BDA and the new British Association of Private Dentistry to discuss mutual working and this had been productive. The GDPC had also formed a Private Practice Group, which would be meeting on Thursday 7 May.

15. The BDA had continued its campaign on behalf of private dentists, raising the issue with the minister, MPs and in the media. A summary of the BDA's work can be found here. It was incredibly frustrating that the Government had not moved its position with regard to the Self-Employed Support Scheme, Business Rates Relief and other policy issues, but the BDA would persist in its efforts.

PPE and UDCs

16. We discussed the operation of UDCs across England and issues with the availability of PPE. There continued to be significant regional variations in the set up and financial arrangements for UDCs. In some areas, the unwillingness for local commissioners to put in place appropriate funding had led to UDC closures, where as elsewhere there were reasonable financial arrangements that supported practices providing urgent care. It was not acceptable that some local decisions had left practices out of pocket. This situation highlighted the difficulties within NHS England between national and local decision-making.

17. We felt that, at the very least, NHS England should be paying for all additional PPE costs incurred as a result of running a UDC. We also thought that UDCs should do weekly stock takes of PPE to help ensure that appropriate supplies were maintained.

18. Those operating UDCs were asked to provide information on the additional costs involved and any issues with the availability of PPE.

19. There were different arrangements in place in Northern Ireland, Wales and Scotland. In Northern Ireland, where practices were allowed to perform non-AGP treatments outside of UDCs, there was concern that dentists were being pressured into providing this even where they felt uncomfortable and unsafe doing so. Wales had a similar allowance for practices to undertake non-AGP treatment, but it was felt that the setup for UDCs was working relatively well, subject to PPE availability. Scotland had a similar 'no face-to-face' outside of UDCs approach to England, but, despite this, UDCs were not said to be seeing particularly high patient demand.

Triage

20. We were concerned that the BSA triage form would be used as a means to discipline practices and felt it was largely unnecessary. So far, there had been 44,000 entries using the form on Compass.

The future and return to work

21. There were ongoing discussions with the DHSC and NHS England about what a phased return to work might look like. The BDA was preparing proposals for discussion by the PEC and looking at international comparisons.

22. While England remained in the current 'red' phase of a shutdown of all dentistry apart from in UDCs, NHS funding would continue. However, a shift to an 'amber' phase, where many restrictions would remain in place, would be challenging to practices if the contractual arrangements reverted to normal. It was clear that UDAs would not be a viable basis for NHS dentistry. A move towards a capitation-based contract would be more suitable and the BDA would continue to make the case for this.

23. Consideration needed to be given to what a phased return would look like for dental hygienists and dental therapists, if there were restrictions on a wide number of treatments.

Dave Cottam
Chair, GDPC
May 2020