General Dental Practice Committee meeting report
2 July 2021

1. The GDPC met via videoconference on Friday 2 July to discuss the latest COVID-19 developments among other issues. This report provides a contemporary record of that meeting, but matters relating to the pandemic are still likely to develop quickly and therefore the BDA is continuing to provide live updates at www.bda.org/coronavirus

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

Contractual update - England

3. We are continuing to meet with NHS England and the OCDO to discuss the issues related to the current contractual arrangements. We have seen data on activity delivery for recent months and, while NHS England found these reassuring, we have concerns as to what they indicate for practices' ability to meet the 60 per cent threshold. If practices are behind now, we feel they will find it very challenging to make this lost ground up over the second quarter, which is dominated by the summer holidays. We have also worked with the BSA to ensure that it is providing data in a more useful way to practices and activity data will shortly be available at performer level.

4. We have repeatedly made clear that any increase to the activity threshold for the second half of the financial year without a change in the IPC guidance and SOP would not be acceptable.

5. We have strongly been disputing the level at which the abatement has been applied since the beginning of the year. Practices are facing a range of increased costs in areas such as clinical waste that mean the 16.75 per cent is unreasonable, but we need evidence of how costs have changed to support our arguments and asked GDPC members to provide this.

6. We are deeply concerned about the mental health of dentists and their teams, noting that there is widespread fatigue and a feeling that teams need a break. In our view, NHS England has a duty of care to the profession and the policies it puts in place must take account of our wellbeing. The pressures on dental teams are leading to people leaving not just their current job, but work in dentistry altogether. There are now real issues recruiting and retaining dental nurses.

7. On orthodontics, we have also been analysing the activity data that NHS England has shared. Given that there are long waiting lists, it is concerning that 56 contracts are below the lower activity threshold, and there needs to be a close look at whether there are particular factors that are causing this. We also continue to scrutinise the shambolic orthodontic procurement exercises.

Meeting with the Minister

8. We have recently met with the minister responsible for dentistry, Jo Churchill MP, which was relatively positive. We discussed dental system reform and the need for a clear timetable to deliver this to avoid practices handing back their contracts. We raised the funding of dentistry and in particular discussed how commissioners in some areas are spending more money to deal with urgent treatment. It would be possible to do the same across England, if funding was made available. The current funding isn't sufficient and means any reform to the system will take place in a straitjacket.

9. We had a robust conversation on ventilation funding in which I highlighted the disparity in financial support between England and the rest of the UK. Ventilation would help support the DHSC and NHS England objective of restoring activity and increasing access. We had also provided the Minister with international comparisons on IPC guidance in support of our argument for a roadmap to relax the SOP.

10. We also discussed the coming NHS reforms and the creation of the Integrated Care Systems, saying that dentists needed a voice on ICS boards and that ICSs should engage with LDCs. The Minister said that there was no intention to move away from a national dental contract, but that there would be some form of local dental commissioning.

11. The Minister also gave an apology for her published response to a question on dentists' role in detecting oral cancer. She explained that the wording had not been approved by her prior to publication. She intended to reiterate her apology publicly.

Dental System Reform

12. I had attended a meeting of the NHS England Advisory Group on dental system reform, which had discussed a range of issues about developing a reformed contract such as different payment models, patient charge revenue, registration and what care is delivered to who. The GDPC has been very clear on our position in relation to contract reform for some time and it is now time for other parties to put forward their positions, so we can begin to debate and negotiate solutions. At the GDPC meeting, our discussions focused on the issues of how the NHS offer could and should be defined. We are expecting that the Advisory Group would publish a report this autumn and that this would be followed by negotiations with us on the final shape of the reformed contract.

LDC Conference

13. We felt that LDC Conference had provided an important opportunity for Ed Waller (NHS England) and Sara Hurley (CDO, England) to hear directly from the profession about its current feelings and frustrations. It was disappointing that they weren't willing to engage in a realistic discussion about what NHS dentistry can do and how much the Government is willing to invest to achieve that.

Updates from across the UK

14. In Northern Ireland, it had been confirmed that the current financial arrangements will continue for the first two months of quarter two. The Department is looking at how it could separate out support with PPE costs from the current financial arrangements, but, if implemented, this would likely mean that an abatement would be imposed on practices. The Department could not see the argument that this would be taken by the profession as a pay cut. There are also workforce issues with dental nurses leaving dentistry and associates seeking to move from NHS to private work. There are also reports from practices of patients from Great Britain enquiring as to whether they

could receive NHS treatment in Northern Ireland, as the transport costs are lower than the price of private treatment.

15. In Scotland, the SNP has been re-elected with a pledge to abolish all NHS dental charges by the end of the parliamentary term and this will start with 18 to 25 year olds. It has been decided not to impose activity targets as delivery was already at 50 per cent of pre-pandemic levels and instead health boards will instead focus on scrutinising those practices who are below 20 per cent delivery. Funding has been made available for new and upgraded ventilation and this can be claimed in respect of any relevant expenses since April 2020. Free PPE would be available until the end of the financial year. It is concerning that there did not appear to be a clear direction of travel for dentistry in Scotland post-pandemic, with no group equivalent to those elsewhere in the UK established to look at options for reform.

16. In Wales, the Government has announced that there was no desire to return to UDAs. The four targets that have been put in place for this financial year would likely continue for a few years. The CDO had now stepped down and there were concerns about how this might impact on the implementation of reform. It was felt that the Welsh CDO's approach had been positive and proactive.

DCPs, skillmix and direct access

17. NHS England has been looking at the role of DCPs within the delivery of NHS dentistry. It is clear that the UDA system did not work well for the use of DCPs, but there had been greater use in the delivery of interim care visits by prototype practices. Dental hygenist and therapist groups were keen to see a greater role for their members in NHS work. We discussed the wide range of implications this would have and were clear that teamworking is welcome, but that the dentist is the leader of the dental team. Dentists are fully trained to conduct examinations and diagnoses, and should continue to play this role. It is also important to maintain the ability of dentists to mix high and low intensity and complexity work to make our workloads manageable and for us not just to be left performing only the most complex treatments. We are also concerned that an expanded role for DCPs could lead to downward pressure on associate incomes. We also do not believe that this was the solution to dealing with the workforce challenges facing NHS dentistry.

PPE strategy

18. We had met with the teams responsible for PPE in the DHSC and NHS England to discuss the future strategy for PPE. It is looking at how to better match need for PPE to supply, to achieve a more secure supply and to deliver value for money. Before the pandemic, only one per cent of the NHS PPE supply was manufactured in the UK and the NHS said this has now hit 70 per cent. From April 2022, the NHS PPE portal will cease to provide supplies for free, but would then continue to provide PPE for sale. We are concerned about the impact that this would have on dental suppliers, who may lose income from PPE sales and therefore need to increase costs of other dental specific supplies.

Integrated Care Systems

19. We had met with NHS England on the introduction of the Integrated Care Systems, but there remains a lack of clarity as to how dentistry will fit in. It is critical that LDCs engage with their local ICS to have a say on its development and to engage with other local representative committees on this. There were welcome reassurances that national contracts would continue. It also appeared that the 'pooling' of budgets would only relate to clawback or contracts handed back, which was not different from current arrangements where these funds are not ringfenced to be re-spent on dentistry.

Young dentists representation

20. We discussed proposals from the Young Dentists Committee to create four UK-wide seats on the GDPC that would be reserved for dentists within 10 years of qualification. While we are not generally in favour of protected or reserved seats, we acknowledged that there was a need to give those earlier in their careers a greater voice on the GDPC and opportunities to engage with our work. We agreed in principle to these proposals.

Shawn Charlwood
Chair, GDPC
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