Report of the General Dental Practice Committee

The General Dental Practice Committee (GDPC) met on Friday, 2 May 2025.

We welcomed new members, who had joined the Committee following the recent by-elections. You can find your GDPC representatives here.

Ministerial engagement

1. I reported on my recent engagement with the Minister, Stephen Kinnock MP. I had met the Minister at the BDIA Showcase, where he had set out his commitment to fixing NHS dentistry. He said that the state of NHS dentistry was Dickensian and said that the contract was 'mad'. He wanted to work with the BDA to get it right.

2. On 8 April, I had a private meeting with the Minister where I was able to set out my desire to work with them constructively on long-term reform. The Public Accounts Committee had recently been published, setting out that tweaking the contract was insufficient and fundamental change was needed. I also raised with him the impact of increases to National Insurance Contributions and the Minimum Wage on practice finances. Since this meeting, I have noted a change in tone and pace of our discussions with NHS England and the DHSC, which is welcome. It is clear that the financial environment remains challenging and the Spending Review, to be announced in June, will be critical to determining the funding available to reform the contract.

DHSC costings review

3. The DHSC will be conducting a review of the costs of delivering NHS dentistry. This will require some practices agreeing to share financial information with the DHSC, so they can understand the expenses we incur. I would encourage you to consider taking part so that we can build evidence on how much NHS dental treatment really costs us to provide.

Contract reform

Interim changed to the UDA contract

4. We met with NHS England in early April to discuss making further changes to the UDA contract. This revives conversations we had had in 2022 and 2023. This will not be fundamental reform of the contract, but the intention is to improve the UDA system for now. We hope this will stabilise NHS dentistry, while we reform the contract properly. We've been providing input to shape the best outcome for these changes. The details of this remain confidential, but we are principally looking at prevention high-needs patients, quality improvement, and urgent care.

Fundamental reform

5. In preparation for awaited negotiations, we have sought to consult GDPs in England on what principles they consider to be important to underpin reform. We have conducted a major survey of GDPs to find this out, with the results currently being analysed. The interim findings show strong support for the GDPC's existing positions. I will share further information about the results in due course.

6. I reiterated that the BDA's position, as shared with the Government, was to get rid of the UDA and replace it with a prevention-focused contract, with weighted capitation a significant element of this. There should be learning from the prototypes, in particular around the clinical pathway. Continuing care is vital for prevention and highly values by patients, so must form a core part of how NHS dentistry is delivered going forward. We acknowledge that capitation isn't right for all treatment types and patient cohorts, so favour activity payments for high-needs patients and sessional payments for urgent care.

7. The previous GDPC meeting had also looked at reform priorities, as had the GDPC-LDC Regional Liaison Group to get LDC input. This, alongside the survey results, will inform how the Executive engages with negotiations as matters progress.

Urgent care

8. We discussed the implementation of the Government's priority of increasing urgent care provision by 700,000 appointments. We heard concerns that have been expressed elsewhere that some of the ICB allocations feel unreasonable, where those ICBs already had established and successful urgent care schemes. There is a risk that other worthwhile commissioning is adversely impacted by shifting resources to deliver even more urgent care in these areas.

9. We were also concerned about the lack of consistency in the design and funding of the schemes, arising from the decision not to adopt a national model. Some ICBs were struggling to design their own schemes from scratch, and we heard from others who had designed schemes that initially no practices qualified for.

Orthodontics

10. Our recent meeting with NHS England had been focused on orthodontics, with Matt Clover from the BOS also in attendance. Unfortunately, NHS England seemed to want to focus on finding workarounds, rather than dealing with issues properly. For example, rather than reviewing the funding attached to the closedown arrangements, it was proposed to leave this to local variation where needed.

Top-up fees

11. The Executive had had an extensive discussion as to what the optimal outcome was in relation to top-up fees. It had concluded that, within the current NHS contract and regulations, defining where top-up fees were allowed would prove extremely complex, retain grey areas, and potentially infringe on clinical autonomy. It had felt that it would be better to deal with this issue comprehensively in a reformed contract. This view was discussed, with some members thinking that clarity now was important.

Reports from the Devolved Nations

12. Ciara Gallagher updated us on the work of the Northern Ireland Dental Practice Committee (NIDPC). It was in discussion with the DoH about new schemes for 2025/26, with proposals for a clinical waste reimbursement scheme, a fluoride varnish incentive and a new patient incentive for exams. The BDA was also proposing that there be a scheme for domiciliary care, for all fees for courses of treatments for new patients to be enhanced, and for commitment payments to be reintroduced. The NIDPC had also been campaigning with the other primary care contractor groups for relief on the increases to National Insurance Contributions and the minimum wage. It had also been highlighting the fall in NHS registration rates. The fee uplift for 2024/25, was now due in May 2025 – 15 months late.

13. The SDPC has also been campaigning on the impact of National Insurance Contributions and minimum wage increases. The Scottish Government was receptive to the arguments, but was blaming the issue on the UK Government.

14. Russell Gidney, Chair of the WGDPC, updated us on the launch of the Welsh Government's consultation on a reformed contract. Negotiations on this had terminated without agreement in autumn 2024. The WGDPC had significant concerns about the proposed model, which will involve care packages, low risk patients being returned to a central waiting lists, treatment guarantees being extended from 12 to 24 months and being met by the practice, not the NHS.

Local Dental Committees

15. Charlie Daniels, the Chair for LDC Conference 2025, updated us on the conference which was scheduled for 5 and 6 June 2025 in Gateshead-Newcastle. The theme of the conference will be resilience.

16. I encouraged members to attend their LDC meetings and support the vital transfer of information between LDCs and the GDPC. I also encourage LDCs to support the Guild.

Shiv Pabary
Chair, General Dental Practice Committee
May 2025