# Report of the General Dental Practice Committee

The General Dental Practice Committee (GDPC) met on Friday, 3 May 2024.

**Dental Recovery Plan, Contract Reform, and NHS England Meetings**

1. I updated the Committee on the evidence session presented to the Health Select Committee (HSC) in March 2024, concerning the Dental Recovery Plan. I reiterated to GDPC that the £200 million 'investment' that Ministers had claimed was in fact not 'new money', but rather recycled clawback. The Minister has now acknowledged that the claim of millions of new patient appointments was based on modelling that may be wrong. Modelling is not an exact science she stated at the HSC. Only 1% of respondents to the BDA's Recovery Plan verdict survey had thought that the Plan would provide NHS care to all who need it. Just 3% of respondents had said the measures in the plan would keep them providing NHS care in the long-term. I stated again that the Dental Recovery Plan fell short in scale and ambition and only a fundamental reform could save NHS dentistry. There was a lack of clarity on the logistics of the dental vans, and I did not believe that it could deliver care to patients who had unmet dental needs on the scale that is necessary. There was also lack of information regarding ringfencing of the dental budget. I expressed my concern over the NHS tie-ins for new graduates and that it could potentially change the relationship with NHS.

2. I informed the Committee that contract reform negotiations had stalled due to the introduction of the Dental Recovery Plan. While there had been discussions within NHS England, and the Government, the proposals had not yet been signed off for negotiations to begin. NHS England had further clarified that the Minister intended to conduct a further round of engagement to develop some new proposals and take them forward for consultation. It was not yet clear what the themes of this engagement would be, but NHS England clarified that any proposals would be in addition to the those developed by the engagement stage already undertaken by the BDA. It is deeply frustrating that, even after the conclusion of the scoping phase four months ago, there was still no mandate for NHS England to start negotiations with the us. We need to see urgency, as well as ambition, if NHS dentistry is to be saved.

3. I reiterated the twin approach of engaging with NHS England's marginal changes to the current UDA system in order to get the best deal for the profession, while simultaneously campaigning for a fundamental reform.

4. Ashley Dé, Head of Corporate Comms and External Relations, presented on the significance of creating political space for dentistry especially in the current pre-election environment. He believed that this opportunity could be used to make dentistry a political priority in the general election.

5. I updated members on the monthly meetings with NHS England. Much of these had focused on the detail of the measures in the Recovery Plan. We also discussed the lack of digital integration for NHS dentistry, including with patient records and e-prescribing.

6. I informed the Committee about the reversal of the decision to reduce the scope of the Practitioner Health Programme, which provides mental health support to dentists and others. It will continue for another year and we will press for long-term provision for GDPs.

**Reports from the Devolved Nations**

7. In Northern Ireland, there was a push to increase the funding in dentistry and for the underspend of £10.5 million to stay within dentistry. The direct implications of the phase-out of amalgam were of significant concern, and work was ongoing to seek to disapply the EU regulations or increase the derogation period.

8. In Scotland, we heard about the SDR changes. While NHS provisions were stabilising in certain areas, it had worsened in rural regions.

9. In Wales, there were active ongoing negotiations regarding the contract. It was noted that many practices were handing back contracts or reducing NHS work.

**Constitutional Review**

10. With the end of the Committee's term approaching, we considered the current constitution, standing orders, and format of the committee. The GDPC Executive Sub-Committee felt that the GDPC was too large, with nearly 100 members, making it difficult to chair and for members to participate. It was also felt that retaining Area Team based constituencies no longer made sense, and that we should look to align the boundaries with ICB areas. While some members agreed with the recommendations, many expressed concerns over the specifics. It was decided that additional work and amendments would be undertaken to address these concerns before a final paper be presented to the GDPC and voted on.

**Provider Selection Regime**

11. Csenge Gal, Senior Policy Manager, Central Policy Group, NHS England briefed the Committee on the Provider Selection Regime (PSR). She explained the key elements of the PSR, organisations that were required to follow it, the different award processes, and the standstill period. She stated that the PSR would make procurement fairer, streamlined, and simpler. It was also mentioned that should a contract fit the eligibility criteria, then it could be extended to a certain degree. However, if a contract did not fall under the eligibility criteria of the PSR, or a new contract had to be awarded, then this would be under the PSR. The length of the contract would vary depending on the flexibility of individual ICBs. Clarity around challenges that could be made by other providers was also provided.

**Dental Foundation Training and Skill Mix-Policy Stances**

12. We considered the proposed policy stance on DFT, and reached a consensus that DFT was important in ensuring patient safety, building the appropriate skill set and emotional competency. The variation in skills among UK dental schools, and among overseas dentists was also considered. It was further noted that factors influencing FD trainers had to be addressed as well.

13. Consensus among the members was that, while skill mix was important, it could not be seen as a cheaper workforce solution. Concerns were raised on how this would integrate with the current UDA system.

**Amalgam**

14. The EU is in the final stages of agreeing a new policy to phase-out amalgam. This proposal would prohibit the use of amalgam and its export from the EU from 1 January 2025, and prohibit its manufacture, and import from the 1 July 2026. These regulations will directly apply to Northern Ireland under post-Brexit arrangements and may have an indirect impact on Great Britain. The BDA had written to the four CDOs to raise its concerns. The BDA had met with the England CDO Jason Wong to discuss these concerns. The UK Government's position remains a phase-down of amalgam use, and the BDA supports this position.

**British Dental Guild**

15. Keith Percival, Chair of the BDG, updated us on the importance of donations from LDCs to the Guild, and the increase of the Guild rate to £390 for 2024/25. We were requested to encourage our LDCs to donate to the Guild. Mark Haigh was elected unopposed as a member for the BDG Board of Management.

**VAT on Dental Aligners**

16. It was noted that a meeting with Align had been arranged to discuss the potential implementation and impact of VAT on dental aligners.

**Shawn Charlwood**
Chair, General Dental Practice Committee
May 2024