Report of the General Dental Practice Committee

The General Dental Practice Committee (GDPC) met on 6 May 2022.

NHS Contractual arrangements

1. I updated the Committee on my interactions with NHS England in the preceding months. Data from the first two months of quarter four of the 2021/22 financial year had shown that many practices were not on track to deliver the imposed 85 percent Unit of Dental Activity (UDA) threshold. This threshold had been imposed against our repeated advice and despite the Omicron variant of Covid-19 leading to decreased staff and patient attendance. Nonetheless a 95 percent UDA threshold was imposed for quarter one of the 2022/23 financial year, without any opportunity to review the data on practice delivery levels in March 2022 before that decision was made. The announcement of the contractual arrangements had been delayed by NHS England until after quarter one had started. I emphasised that this threshold had been imposed, not agreed. I responded to the developments in a letter to Ali Sparke, communicating my disappointment over the decision and the flawed logic underpinning it.

2. In Northern Ireland, NHS GDS contractual arrangements from 1 April 2022 had also been imposed rather than agreed. A few months prior to the meeting, the Northern Ireland Department of Health had expressed an interest to move from the interim Covid-19 contractual arrangements to an item of service with a global uplift of 35 percent. The Northern Ireland Dental Practice Committee (NIDPC) had made a case to the Rebuilding Support Group (RSG) that this uplift was not enough, but the Department had responded on 7 March in writing to announce that it would offer a global uplift of 25 percent, to be implemented from April. The downgraded offer had damaged the relationship between the NIDPC and the Department, and the NIDPC had withdrawn from the RSG.

3. In Scotland, the NHS GDS had been working to an item of service contract subject to a 1.7 multiplier since 1 April. These arrangements would be in place for three months, and the contractual arrangements after this date were still unknown.

4. Regarding the uptake of the £50 million offer for out of hours urgent care provision in quarter four of 2021/2022, NHS England had previously said the full budget would need to be spent as it would otherwise find it challenging to ask the Treasury to make more money available for the NHS GDS. I argued that this position was illogical, as it ignored that unreasonable quarter four UDA thresholds, Covid-19 absences, and the depleted dental workforce had made it incredibly difficult for practitioners to carry out additional work. We saw this additional funding as a short-term measure that could not have been spent in full given the context in which it was offered. Information regarding the level of uptake of the £50 million offer had not been made publicly available by NHS England.

Dental Contract Reform

5. I provided an update on Dental System Reform (DSR) negotiations with NHS England, with particular reference to the package of 'marginal changes' to the current contract. It was originally intended that these marginal changes would be implemented from 1 April 2022, but progress had been far too slow. I believed this was likely due to constraints placed on NHS England by the Treasury. We are deeply concerned about NHS England's pace of change; it was very cautious to commit to any timeline for long-term contract reform, and I doubt their ambition as a result. Nonetheless, we hoped that the political value of the access to NHS dentistry would motivate NHS England and the Government to act.

6. The Welsh General Dental Practice Committee and BDA continued to carry out work in relation to the new NHS GDS contract in Wales. Across Wales, three practices had handed back their contracts since the announcement of the new contractual offer, and more were actively looking to do so. It was believed that several practices would be carrying out a staged reduction in their contracted activity. No information about contractual arrangements in Wales after April 2023 was available.

DDRB and Remuneration

7. We thanked Tom King and Nicola Hawkey for the vast amount of evidence that they had drawn together for the 2022 submission to the Review Body for Doctors' and Dentists' Remuneration (DDRB). Peter Crooks updated us on the subsequent oral evidence session that the BDA engaged in. Peter had used quantitative and qualitative data from the BDA's most recent GDP survey, which included statistics on rates of wellbeing and morale in the workplace.

Integrated Care Systems

8. We were informed that, from 1 July 2022, the Southeast region ICS would adopt commissioning responsibilities for dentistry, and reassurance was given that checks and balances would remain in place. ICSs did not replace NHS England, but Clinical Commissioning Groups. NHS England would therefore retain significant functions related to national contract variations and guidelines, which ICSs would have to follow. Furthermore, NHS England would continue to be the overarching body leading on contract negotiations. The BDA, along with other primary care associations, had been lobbying for LDCs to be recognised and accepted as part of Integrated Care Boards.

British Dental Guild Managers

9. Hari Lal was elected as a British Dental Guild Manager for a term of one year, and David Cottam was elected as a British Dental Guild Manager for a full four-year term.

Shawn Charlwood
Chair, GDPC
May 2022