General Dental Practice Committee meeting report
7 May 2021

1. The GDPC met via videoconference on Friday 7 May 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 providing 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.

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.

Contractual update - England

4. Since our last meeting, NHS England had imposed the 60 per cent target for quarters one and two of 2021-22. While we had opposed this, it was very positive that we had been able to ensure that the cliff edge remained at 36 per cent and that the arrangements were for two quarters to give a bit more security and stability to practices. We continue to press NHS England on the inadequacies of the PPE portal and on the abatement that is still applied. The 16.75 per cent was entirely arbitrary when applied to the period up to 8 June 2020 and it makes absolutely no sense for this to be continued now.

5. We have pressed the Office of the CDO (OCDO) on what would trigger changes to the Standard Operating Procedure (SOP). The Government's planned timeline is that all social distancing rules will be removed on 21 June and so this would seem a moment when the SOP should change. The SOP presented a hard upper limit on what activity levels could be achieved. We felt that there needed to be a clear rationale for maintaining the SOP, while other rules were relaxed. We thought that preparations should begin to have a new SOP in place ready to implement, rather than waiting until after 21 June to consider what changes could be made. Martin Woodrow, Eddie Crouch and I will be meeting with PHE shortly to discuss the SOP.

6. On dental contract reform, NHS England had now taken over responsibility from the DHSC. An Advisory Group with representation from the BDA, DHSC, OCDO, CQC and others was being formed and we were determined that this would have a significant voice from practising GDPs on it. This Group will consider options and propose a model for reform later this year. We have said that there is a need to make rapid progress with reform and that, while contractual change is complex, it is entirely achievable.

7. Ahead of long-term reform, NHS England had made a flexible commissioning toolkit available to commissioners, who had been asked to take up the schemes.

8. We noted that clawback was likely to be much lower this year as a result of the support measures we had been able to secure, with 8.4 per cent of practices being subject to clawback based on claims submitted until March. However, for orthodontic contracts the proportion subject to clawback had increased from 9.5 per cent in 2019-20 to 13 per cent in 2020-21 (based on claims submitted in March). These figures will reduce by the time all claims have been submitted.

Updates from across the UK

9. In Northern Ireland, the contractual and financial support arrangements will remain in place until at least the end of June, but could be extended into quarter two. The contractual arrangements did not work for orthodontic practices, so this was being looked at. The Department of Health was being reformed, with the Health Boards set to be abolished. The NIDPC would be pushing for a dedicated dental unit within the DH. It was also reported that the loss of the normal out-of-hours care was putting pressure on practices to provide this themselves. It had been intended that practice inspections would move to every two years, but this was yet to happen and so the NIDPC was pursuing this.

10. In Scotland, the pre-election period had limited the discussions between the SDPC and the Scottish Government. The BDA Scotland manifesto ahead of that election had called for action to deal with the patient backlog, enhance prevention, safeguard practice sustainability, and improve access. There is a debate in Scotland around patient charges, with the SNP proposing to abolish them, but some dentists are calling for charges to rise to increase funding for dentistry. However, there were concerns that even if patient charges were increased that this would just be used to reduce Government funding, as had been the case in England.

11. In Wales, it was reported that some Health Boards were implementing the contractual arrangements in different ways so that in some areas dentists would receive 100 per cent of their contract payments in exchange for meeting the requirements, whereas in others dentists were receiving only 90 per cent. The arrangements for quarters three and four had not yet been announced. The push to increase access and to implement risk-based recalls meant that dentists felt they would struggle to get back to seeing their 'green' rated patients for routine management.

DDRB

12. I along with Peter Crooks, Deputy Chair of the PEC, and other BDA committee chairs had given oral evidence to the DDRB in support of our call for a five per cent pay increase. We had spoken about the challenges of falling pay, practice financial sustainability, low morale and motivation, and difficulties with recruitment and retention.

13. The process was delayed, as in previous years, so that the oral evidence session was held after the pay increase should have been implemented. This was a result of governments delaying the start of the process and delays in some government and NHS bodies submitting written evidence to the DDRB. These repeated delays are unacceptable.

Associate pay and contracts

14. We noted that there are still concerns about associates not having been paid properly for the first three quarters of 2020-21 and that NHS England's proposed mechanism to deal with this through the year-end reconciliation process may not be strong enough. We had made proposals about this and would be discussing them with the NHS BSA.

Dental Foundation Training

15. COPDEND has put in place arrangements in expectation that some final year students will not graduate in time to start DFT in September. There would be a second intake in early 2022. This would inevitably have implications for some training practices. There was also discussion about the extra support that this cohort of Foundation Dentists will need and who was responsible for ensuring this is provided.

SNOMED

16. The Minister Jo Churchill had agreed to a delay in the implementation of SNOMED until September 2021 and asked the BDA to engage with NHSx, the NHS digital agency, on how this would be progressed. The initial conversation with NHSx had been very positive and there now appeared to be a much more pragmatic approach to SNOMED implementation. It had been agreed that a specific dental subset of SNOMED would be identified and developed for use in dentistry and the BDA would be engaged throughout this process.

Professional regulation

17. The DHSC was consulting on reforms to professional regulation which was looking at governance, registration, education, and fitness to practise. In changes made to the Council setup, we wanted to ensure that there was significant professional input. The consultation seeks to give regulators greater flexibility over how they exercise their functions, but we felt that part of the problem with the GDC was that it does not use its existing flexibilities enough.

British Dental Guild

18. Keith Percival and Dave Cottam were elected to the British Dental Guild's Board of Managers. It was reported that the Guild's portfolio has proven to be resilient during the pandemic.

Shawn Charlwood
Chair, GDPC
May 2021