



Report from the General Dental Practice Committee

1. The GDPC met on 8th October 2021 via videoconference. 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 (2021-2022) – England

3. I voiced the frustration and disbelief felt by myself and the GDPC regarding NHSE's 11th hour communication of their letter on the next steps to recover NHS dentistry. Increases to the NHS UDA threshold were announced less than one day prior to implementation.
4. The UDA threshold for the GDS had risen to 65 per cent of contracted UDAs, with a lower threshold of 52 per cent, whilst the lower threshold for orthodontics had been increased to 85 per cent. The abatement had been reduced from 16.75 per cent to 12.75 per cent from 1 October 2021. I felt that an even lower abatement would have been preferable, but NHS England had listened to the BDA's arguments to reduce it considerably.
5. The increase to the thresholds would only apply to Q3 of the financial year, and whilst a six-month arrangement would have been better, there was logic to this decision given the imminent changes to the IPC guidance. Nonetheless, we felt that arrangements for Q4 needed to be announced as soon as possible.
6. The moderate increase in the targets, reduction of the abatement and the introduction of free flu vaccines, proved that the GDPC's argument had been effective.
7. We felt there was a need for the BSA to ensure practices could accurately monitor figures given that at least two and probably three target metrics would be used over one financial year.

Dental system reform

8. I reported that the work of the Advisory and Technical Groups on dental system reform continued but were drawing to a close. There would now be movement into a design and negotiation phase, with suggestion that the phase would conclude in January.

9. I stressed that our stance on the matter was that only fundamental reform, not piecemeal changes, would do. NHS England therefore had a responsibility to decide what service it wanted to commission and show that it was serious about dental reform.
10. The BDA had made proposals as to a format for a remodelled NHS contract (based on weighted capitation) and had provided the NHS with a paper detailing this proposal. I expect NHS England to create an initial paper on their own ideas, and a negotiation discussion to develop from there.

Orthodontic procurement

11. We received an update regarding orthodontic procurement and the BDA's FOIA request on the abandoned procurement processes. The BDA still awaited a response to their complaint over the heavily redacted FOIA response that had been received. The ICO was now chasing the complaint, but this would take time.
12. The orthodontic agreements in the Midlands and East of England would be extended by another two years, and the procurement process could take an additional two and a half years. This meant that some practices would have a roll on of four and a half years of their agreement from next April. We were also informed that the NHS had committed to prioritising the first tranches of the procurement process in areas where there was the greatest need.

SNOMED

13. We were informed by Nick Stolls on how the implementation of SNOMED had unfolded over recent months. Nick had met with Deputy CDO Jason Wong and the OCDO communications team, and this was used as an opportunity to ensure the OCDO were aware that its action had been perceived as one of hostility by the dental profession. SNOMED's implementation should be delayed until greater stability in the dental sector had been achieved. Nick would continue to work towards establishing an appropriate code set for dentists to use, and a method of training dentists in using it.

Updates from around the UK

Northern Ireland

14. The greatest concern for the NIDPC was the introduction of FFP3, as a code had been brought into the SDR for level 2 PPE and an issue with practice software had caused some of these forms to be rejected. It was not yet known at the time how widespread this issue would be, and it would not be discovered until the payment run was carried out.

Scotland

15. The SDPC had pushed the Scottish government to recognise the volume of appointments that had been lost due to the pandemic and accept their responsibility to ensure public awareness of the fact that it was not business as usual for dentistry.
16. The Scottish government had signalled plans to reintroduce the SDR once covid payments ended. The SDPC had made it clear that such a move would not be acceptable. the SDPC was to seek a

meeting with the Scottish government to find a more sustainable funding method and activity measure for NHS dentistry.

17. The Scottish Government had implemented free dental care for all those under the age of 26, in a process which had been chaotic. It was originally stated that only those under 26 who had been in care were due to receive free dental care, and the policy change to include all under 26 was announced only 24 hours prior to its implementation. The SDPC disagreed with the Scottish Government's assertion that the move would reduce administration costs and make things easier for dental practices.

Wales

18. The dental sector was described as relatively stable in Wales; contract targets had been identified since April 2021 and were set to run for the next two years. There was a greater focus on access to dental treatment, with practices able to see green patient recalls, but prioritising red and amber. Practices were receiving 90 per cent of their contract value, and there were concerns from the WGDPC that this percentage could become the new normal, and that opportunities for practices to work to 100 per cent of their contract value might not return.
19. Dentists were concerned about the imposition of 80 per cent fluoride application targets to all children, regardless of their risk assessment rating. There had been calls to allow for flexibility with this target when it came to green children because of uncertainty over whether its application to this demographic would be beneficial considering the small risk of dental disease which they had
20. Overall, we felt that the update from Wales was a generally positive one. Calls to remove the requirement to use ACORN during urgent dental appointments had been accepted, and a full three per cent uplift to NHS contract values had been paid and backdated to April.

Associates

21. We were informed that discussions at the last GDPC Associates Sub-committee meeting touched on discussions airing their frustrations about contractual arrangements, a lack of dental system reform and the belief that those in power did not listen or understand the life of an NHS dentist.
22. Members felt the lack of incentive for associates to work for the NHS were born from the fact that newer graduates were leaving higher education with significantly more debt so had more financial incentives to work privately, coupled with the small offerings from the NHS for career development.
23. There had been discussion of self-employed and employed status for associates, following focus groups to gauge views from the profession on this matter. In general, there remained support for maintaining self-employment as the default. Concerns for the future of self-employed dentists in Wales were touched upon, as the changes to the Welsh dental system had made it difficult to find metrics on which to measure associates' pay.

Covid-19 vaccination

24. We were informed that the BDA's draft response to the Covid-19 vaccination consultation was broadly in favour of vaccination but hesitant of a move to make it compulsory. This was due to

worries that it would lead to a significant loss of valuable dental staff in an already depleted workforce.

PPE and IPC guidance

25. Most of the conversation regarding PPE centred around the proposed changes to the IPC guidance, which involved the adoption of a triage of patients for respiratory infection and a two-path process whereby level 2 PPE and fallow time was not necessary for those deemed not to have a respiratory infection. Some members were concerned that this system placed too much responsibility on dental practices, and it was questioned whether dentists wanted to give up protection in order to increase patient numbers, especially as we moved into the challenging winter period.

LDC Conference

26. We heard that the LDC Conference would be a one-day event on a Friday in 2022 and would be face-to-face but with some facilities for people to join online. It would be held at the ICC in Newport, Wales. There was a desire from the LDCs to hear more about what the GDPC were doing to act on their motions, and to ensure that newcomers were informed of the direction of travel between the GDPC and LDCs during the conference.

Health and Care Bill and Integrated Care Systems (ICS)

27. The BDA was working to find the best way to ensure representation of primary care dentists within the ICS structures. As part of this process, we were encouraged to advise our LDCs to contact their LMC counterparts, as well as opening lines of communication with their local commissioners and other people inside the ICS structure. It was established that the LDC was where the GDPC perspective should come from, and that whilst the BDA did not expect a dentist to gain a seat on the Integrated Care Board (ICB), it was making a case for a dentist to hold a position at the highest level possible under the ICS.

Equality, diversity and inclusion

28. The BDA's racism survey had found cases of racism from both patients and people within the dental profession, as well as incidences of racially motivated violence.
29. We were encouraged to look at the BDA training model that had been developed on equality, diversity and inclusion. It provides five hours of CPD to those who complete the course, and I hope all colleagues will make use of it: <https://cpd.bda.org/course/info.php?id=344>

Closing remarks

This was the final meeting of the GDPC for this term. I took the opportunity to thank those members who were standing down, some after admirably long periods as GDPC members, for their commitment, effort and good humour. Those retiring include Ruby Austin, Andrew Dale, Richard Graham, John Milne, Jane Moore, Keith Percival, Bruce Porteous, Jonathan Randall, Alan Ross, and Nick Stolls.

Shawn Charlwood
Chair, General Dental Practice Committee
October 2021