General Dental Practice Committee meeting report
17 April 2020

1. The GDPC met via videoconference on Friday 17 April to discuss the latest coronavirus developments. This report provides a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date. The BDA is providing live updates at www.bda.org/coronavirus

2. The BDA has been having regular meetings with NHS England/Improvement and the DHSC 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.

Private dentistry

4. The BDA has been strongly making the case for private dentistry to receive the financial support that will allow practices to remain viable throughout this crisis. Private dentists have very unfairly been left with access to little support compared to other small businesses and relative to the sustained income for NHS practices.

5. Repeated representations had been made to the Treasury and the DHSC on business rates and the £50,000 profit cut-off for the self-employed support scheme. This has included raising the issue with the health minister Jo Churchill on at least four occasions. The BDA had also worked with other professional bodies representing similarly affected groups, such as physiotherapists, to make the case to ministers. BDA members had provided clear evidence on the levels of dentists' incomes and the serious risks to private practice viability that have helped to support this argument.

6. The BDA has also launched an online tool for dentists to lobby their MP on business rates relief, the self-employed support scheme and business continuity loans. This has already seen more than 1,300 emails sent and has covered three-quarters of MPs. As a result, many MPs have themselves written to the Chancellor urging for changes to the support available to dentists. Please encourage colleagues to contact their MP: www.bda.eaction.org.uk/safetynet

7. The BDA will continue with this campaigning in the weeks ahead.

8. The BDA has also had positive discussions on the issue of private practices wishing to act as urgent care centres with the health minister. We are also seeking the use of honorary contracts in some centres so that private dentists are able to work in them without the need of a performer number.

9. The GDPC will form a new private dentistry sub-group to allow for specific and detailed discussions of these matters and to provide a steer to the Committee on the interests of private dentists. This has included discussions with the association of private dentists.

Urgent care

10. As of 16 April, there were 165 urgent care centres in operation and a further 91 are planned. There were some concerns that, even once all of these were up-and-running, this would not provide sufficient capacity, particularly given the additional time needed for cross-infection control. It was reported that the health minister had been very exercised about the slow progress made in establishing urgent care centres in England when compared with the rest of the UK.

11. We heard an overview from different regions on the development of their urgent care centres, the ways they had been set up and the issues that they were facing. It was clear that there was significant local variation in the arrangements for the centres. There was at least one example which we felt had put in place exemplary procedures for running an urgent care centre.

12. A consistent theme, however, were issues with PPE. There were different arrangements for supply locally and there were a number of areas without access to appropriate equipment. There was said to be a high failure rate in the fit testing of FFP3 masks. There was also some uncertainty as to whether PPE sourced from a non-NHS supply chain provider was acceptable and we will seek to clarify this.

13. In general, our view was to take a cautious approach in relation to PPE given the developing knowledge of the risks posed by this virus. Dentists are particularly likely to be exposed to aerosols, splatter and droplets due to the proximity to the oral cavity. The BDA has provided a risk assessment tool for members. Dentists and dental teams should not feel pressured into working in any environment in which they feel uncomfortable or unsafe. Members should contact the BDA for support and advice if they are concerned. There was a feeling that in Northern Ireland and Wales there was an implicit pressure to treat patients face-to-face with routine PPE.

14. The BDA had conducted a short survey on PPE and working conditions within urgent care centres to support media work the following week.

15. Some members reported concerns about indemnity coverage while working in urgent care, as it was said that some MDOs were not providing definitive answers. It should be the case that indemnity covers the practice of dentistry in these cases, but dentists are advised to contact their indemnity provider. Where dentists have deferred their membership, as some providers have offered, they will not be covered for dentistry performed in this period. Dentists redeployed to non-dental roles within the NHS will be covered by Crown indemnity.

NHS financial issues

16. As well as the work on private dentistry, we're continuing to seek resolution on a number of outstanding issues for NHS practices in England. Similar work is ongoing in Northern Ireland, Scotland and Wales.

17. Principal among these is working to agree a reasonable approach to any reduction in contract values in relation to laboratory and consumables costs. The BDA had put forward proposals that

would acknowledge that practices will still face a number of significant ongoing expenses this financial year.

18. For April, NHS contract payments would remain fixed at their normal levels, as should the subsequent payments to associates and staff. However, it was reported that some practices were reluctant to make agreements on associate pay before having seen the final details of the NHS payment provisions.

19. While we fully expect that most practice owners and associates will be able to reach a reasonable agreement on pay, the BDA has launched a pay dispute resolution services for those few instances where this does not prove possible.

20. We also discussed how long the special arrangements were likely to remain in place. It was expected that they would continue for as long as needed or until a suitable alternative had been agreed upon. It was acknowledged that there was an element of goodwill from NHS England/Improvement in continuing to pay practices while they were closed.

21. A legal firm had circulated a letter indicating that practices should seek individual negotiations with the NHS about contractual terms. The BDA is very concerned about this idea and would encourage practices to have patience and wait for national agreements. The BDA's full response can be found in the 17.25 update on Friday 17 April.

22. It was understood that the collection of patient charges would continue in urgent care centres, but there would be no need for the patient to sign the PR form. The BDA had raised whether patient charges and, in particular, fines could be suspended.

Exit strategy and the future

23. Discussions had also begun with the health minister and NHS England/Improvement on an exit strategy from the current lockdown. We did not feel that the previous UDA-based contract would be viable for dentistry for the foreseeable future and this provided an excellent opportunity to move to a contractual framework that was fit for managing this virus, but also would be to the benefit of dentists and patients in the long-term. The BDA was working to developing a set of proposals to put forward to the DHSC and NHS England/Improvement.

24. It was also acknowledged that there was likely to be a significant treatment back-log and this would require looking at new means of dealing with the recruitment crisis that predated coronavirus should it persist.

Telephone triage advice

25. The BDA had drafted telephone triage advice to serve as an aide-memoire for dentists providing consultations over the phone on issues such as safeguarding and data protection. This would be finalised and made available to members shortly.

Dave Cottam
Chair, GDPC
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