General Dental Practice Committee meeting report
19 March 2021

1. The GDPC met via videoconference on Friday 19 March to discuss the latest COVID-19 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a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date.

2. The BDA is providing live updates at www.bda.org/coronavirus

3. 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.

4. 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 updates - England

5. We have continued to meet with NHS England to discuss contractual issues, including raising our concerns about the arrangements for quarter four. NHS England was leaving it very late to present its proposals for quarter one of 2021-22. It was our understanding that senior figures within NHS England were seeking a higher target and the GDPC's representatives have consistently and strongly argued against this. We were also pushing to move away from a quarter-by-quarter approach to give practices and dentists the ability to plan their work and lives over a longer period. We have also argued that if the target is increased then the lower threshold should remain the same. We also wanted NHS England to prove a clear national instruction to commissioners that they are able to use flexible commissioning.

6. The abatement for quarter four would only apply to that proportion of the contract that was not delivered. It would use the same 16.75 per cent figure as in quarter one, but apply this to a totally different circumstance. We had made clear to NHS England that this was inappropriate and we were opposed to it.

7. The dental contract reform process has now been ongoing for 10 years. We felt that after such a protracted process it was necessary for NHS England, the DHSC and the OCDO to clearly recommit themselves to delivering reform.

Updates from across the UK

8. The NIDPC had secured £1.5 million funding for ventilation and other measures that can help increase patient throughput and the Committee continues to push for funding on PPE. The current contractual arrangements would continue for quarter one.

9. In Wales, the Government was providing a £735 bonus to health and care workers. Dental teams would be eligible for this, but it was not yet clear whether solely private dentists would receive the payment. The CDO had announced the contractual arrangements through to the end of quarter two of 2021-22. There was no UDA target. In the first quarter, practices would need to provide fluoride varnish to children and high needs adults and in the second quarter practices would need to provide access to a two new patients per week per £165,000 of contract value.

Associate pay

10. We remained deeply concerned about the significant minority of associates who were still not being treated fairly in relation to pay for quarters one, two and three of 2020-21. I had written to the DHSC and NHS England asking them to address this before the end of the financial year. The DHSC response was that it was not possible for it to retrospectively legislate to provide legal force to the requirement to pay associates. We had asked for this to be done last May and had provided draft legislative amendments. If this had been taken up at that point it would have been possible to resolve the matter then, so this was a very frustrating position.

11. Instead, NHS England would require contract holders to sign a declaration that they had complied with all of the requirements to receive contract payments, including the requirement to pay associates and practice staff at previous levels. Contractors making a false declaration may be investigated by NHS Counterfraud. Associates who have experienced an issue with their pay should report this through the BSA form and this should be done even if you have already raised an issue previously.

12. We also noted that there are some issues with associates not continuing to work once they had met their personal 45 per cent target. We were clear that associates should continue to work in these circumstances.

Integrated care

13. We discussed the DHSC's white paper on integrated care, which did not contain a lot of detail on how dentistry would be affected. However, it was expected that a national contract would remain, with commissioned handed over to the new Integrated Care Systems, which may have the ability to vary contractual arrangements to some degree to meet local needs.

SNOMED

14. We had now sought an extension to the implementation of SNOMED from the Minister Jo Churchill. There remained a number of unanswered questions as to what SNOMED data set practices are required to use, whether there is a need to rebase patients using SNOMED, and whether practices are required to implement it and to what extent.

Private Practice Group

15. The Private Practice Group meeting had discussed the financial challenges that continue to face private practices. We recognised that private dentistry makes a significant contribution to the provision of dentistry and that we fully support a mixed economy. The Group had elected Paul Mottram as its new Chair.

Shawn Charlwood
Chair, GDPC
March 2021