General Dental Practice Committee meeting report
24 June 2020

1. The GDPC met via videoconference on Wednesday 24 June 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a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date.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 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.

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.

Health and Social Care Select Committee

5. Mick Armstrong, Chair of the BDA's PEC, had given evidence to the House of Commons Health and Social Care Select Committee and had stressed the threats to the long-term viability of practices. He had told MPs that coronavirus had simply brought into sharp relief the long-standing issues in dentistry. At the meeting, the Committee's Chair Jeremy Hunt MP had confirmed their plans to revive the specific inquiry into dentistry that had been paused due to the December election. The Committee meeting had also led to a further meeting with Rosie Cooper MP, who had taken a particular interest and had arranged a meeting with the CDO. The BDA had also submitted evidence to the Treasury Select Committee. We noted that the BDA had been able to achieve a significant increase in the media profile of dentistry during this period.

Resumption of dental services

6. The BDA had been meeting regularly with NHS England and the OCDO to discuss the resumption of dental services in England. Recently, these had discussed how flexible commissioning could be used later in this financial year to support practices to deliver NHS services. Jason Wong, the newly appointed Deputy CDO, had been tasked to consider the issues affecting mixed practices.

7. A recent meeting had confirmed that the dental team were considered key workers. However, this still had not been stated clearly in the public domain and we continue to call for this.

8. We discussed those deemed to be at particularly high risk from the virus and there was a need for clear guidance on how they should be treated. There was reference to whether some might be able to take early retirement.

GDC

9. We were extremely frustrated that the GDC had not taken measures to reduce the ARF or allow for it to be paid by installment. The BDA had written to the GDC about this matter. There were also questions about how wisely the GDC was spending its money.

10. The GDC had said it did not know how many registrants there would be at the end of the year and therefore there was uncertainty about its income. It had also said that the number of complaints had not changed significantly during the pandemic.

Fit testing and PPE

6. HEE was organising for 560 fit testers to be trained over a two-week period, although the dates this would take place had not yet been announced. This would then be able to fit test the entire workforce of around 70,000 in around eight weeks. Some regions were said to be asking FDs to act as fit testers, given the limitations on the clinical work they could do at present. It was said that because of slow progress in some NHS regions, dentists were taking matters into their own hands and coordinating fit testing locally.

7. There were still issues with maintaining a reliable supply of the same masks to avoid repeated need for fit testing.

8. It was noted that fit testing was a HSE requirement in the UK, despite other international examples of different approaches being taken.

Contractual issues

9. I had written to Matt Neligan, NHS England's Director of Primary Care Commissioning Transformation, to express our absolute frustration with the lack of progress being made on the abatement and a future contractual framework.

10. We had opposed the idea of a significant abatement from the outset but had also tried to negotiate the best possible outcome for the profession. There had been a disagreement between the BDA and NHS England on the basis to calculate the abatement. We had sought to use detailed breakdowns of expenses to isolate those that would have been reduced by coronavirus, whereas NHS England were using broad categories to arrive at a higher figure. We had also insisted that UDCs should have no abatement. It was understood that these two positions were to be put to an internal NHS England finance committee on Friday 26 June for decision.

11. In Wales, practices had their contract values abated by 20 per cent for April, May and June and would see this reduced to 10 per cent for July, August and September. In Scotland, practices were receiving 80 per cent of a 12-month average.

Associates

12. There had been 318 pay disputes lodged by BDA members and a further 94 from non-members. The main issues had been termination with or without notice, sometimes in reaction to associates raising a dispute, the level of payment and application of abatement, not being paid for not providing triaging, shielding or vulnerable associates, or those living with vulnerable people, and sickness payments being passed down.

13. The GDPC had requested amendments to the SFE to ensure that associate incomes were protected and that NHS England guidance was enforceable in this regard. The DHSC was yet to provide an update on this. A group of associates were seeking a legal view on whether the existing

guidance and regulations provided a basis for legal enforcement. The BDA was also looking at this.

14. There was concern about the future of associateships, particularly under UDA/item of service arrangements. The current workforce capacity was likely to well-exceed the possible clinical output and therefore it was likely that associates would be let go.

15. There was also discussion of self-employed status and whether this traditionally-favoured relationship between associates and practices now looked less favourable as the risks increased. It was suggested that we could be moving towards a situation where dentists are employed for their NHS work, while being self-employed for their private work. However, it was likely that the business model for many corporates would not be viable under an employed model.

BAME dentists

16. We discussed the evidence of the disproportionate impact of COVID-19 on BAME people and BAME healthcare workers, in particular. The initial PHE report had not set out clear recommendations and we felt that there was a need for clear evidence, guidance and, if necessary, protective measures for BAME dentists. We were concerned that there didn't seem to be the political will to adequately grasp and deal with these issues.

Dental Foundation Training

17. It was expected that every UK graduate would get a DFT place this year and that reserve practices probably wouldn't be needed. This might cause an issue for those practices as many had previously been DFT practices and would now be losing this income.

LDC Conference

18. We were reminded that LDC Conference was taking place virtually on 25 July. The Conference Chair Leah Farrell urged LDCs to respond promptly to changes to motions due to the shorter turnaround time and encouraged delegates to debate motions vigorously and submit questions to the speakers.

Extension of the GDPC's term

19. The GDPC agreed to extend the terms of its sub-committees and groups to the end of 2021, in line with the extension of the GDPC's term.

Dave Cottam
Chair, GDPC
July 2020