



General Dental Practice Committee

Report of the meeting held on 6 October 2017

GDPC triennial elections 2017

1. The GDPC's triennial elections are taking place this autumn. Nominations for the election are open until 20 October 2017. This year the process will take place entirely online and more information can be found at <http://bda.org/elections>. After the close of nominations, voting will take place in November.

Contract reform - England

2. While it had been expected that a final prototype evaluation report would be published this autumn ahead of a roll-out from April 2018, the DH now intend to continue prototype practices until 2020 and might bring in a further 20 practices as prototypes next financial year. There was a clear view from the GDPC that changes needed to be made to the prototypes to test possible improvements, but there was concern that the DH did not intend to do this.
3. An evaluation report would be published later this year and a number of events had recently been held for prototype practices to assess data that would be included in the report. Members reported that some wave three prototypes were still struggling to achieve targets, despite having the learning from the pilots and time to prepare in advance. Prototype practices were reported to have invested additional time, money and effort in order to meet targets, yet still a significant number were performing below 96 per cent. This was particularly concerning given that this group of practices had volunteered to participate and were therefore enthusiastic about the reform process. As before, we felt it was clear that the business model did not work and that changes should be made to the prototype to deliver a financially viable model.
4. Given the problems prototypes are experiencing maintaining patient numbers, we discussed the most appropriate definition of access. Our view was that access should refer to the accessibility of services, rather than regular attendance.
5. Along with the Chair of the BDA's PEC, Mick Armstrong, I will be meeting with the minister responsible for dentistry shortly. In light of this, we felt it was important to use this opportunity to raise our concerns about the current prototypes and set out possible alternatives.

6. Overall, we restated our view that we wanted to see a prevention-centred contract based predominately on capitation with dental reference officers (DROs) and as limited an activity target as possible. In this context, there was a view that Blend A was not a viable option and that the GDPC should advocate for it being withdrawn. There was also a discussion as to how activity could be measured including using item of service or moving endodontics and oral surgery into band three. We felt that there was a need to consider greater weighting on capitation payments for high needs patients.
7. We discussed whether, given the problems with the prototypes, we should continue to support and engage with the contract reform process. The DH has made clear that if contract reform is rejected by the profession, the 2006 contract will continue and there is a risk the DH will also seek to impose oral health assessments within the UDA system. We agreed that the GDPC should continue to engage with contract reform, while advocating robustly for the need to make significant changes to the prototypes before they could be rolled out.

Contract reform - Wales

8. The Chair of the WGDPC, Katrina Clarke, reported on contract reform in Wales, where participating practices are having UDA targets reduced by 10 per cent in order to complete oral health assessments. It was hoped that if this proves to be successful it can be increased to a 30 or 40 per cent reduction in UDA target.

DDRB submission

9. A motion from LDC Conference had called for a policy of non-engagement with the DDRB process until the public sector pay cap was lifted. The Welsh, Scottish and Northern Ireland general dental practice committees had each considered this matter and agreed to continue to submit evidence to the DDRB. Other craft committees were not considering withdrawing from the DDRB process.
10. The motion passing at LDC Conference was a clear indication of the frustration felt by the profession about the prolonged period of pay restraint and of the decline in dentists' incomes over the last decade.
11. Following the election result, the Government's public sector pay policy had been changed and therefore it was felt to be of greater importance to submit evidence to attempt to ensure the best pay uplift possible. It was possible for the DDRB to target uplifts and this could mean that dentists receive an uplift below one per cent.
12. The GDPC voted overwhelmingly in favour of continuing to submit evidence to the DDRB in England, with two members abstaining.

Tier two accreditation

13. There was discussion of the draft tier two accreditation documents for performers and providers and the BDA's response to them. Throughout the development of these documents the GDPC has not been in favour of tier two accreditation, however, we have continued to engage sceptically and have been able to secure some improvements.
14. GDPC representatives had pushed for accreditation to be valid nationally and it appeared that this had been accepted. Representatives had also pushed for a national assessment panel, however, given the volume of applications expected initially, there will be local panels in the first instance and, once there are fewer applications to process, a national panel might emerge. The final document was expected shortly.
15. We feel that there is a risk that this accreditation will be used as another regulatory stick with which to beat the profession.
16. There were also concerns about how this structure would fit in with the reformed contract and that a needs assessment for this treatment had not been conducted to support the development of accreditation or future commissioning of services.

Dental Check by One

17. The CDO-backed 'Dental Check by One' initiative has now been launched. This is clearly clinically correct and could act as a practice-builder. However, it is disappointing that, having asked for confirmation that dentists would be entitled to claim a UDA for a check-up on a pre-cooperative patient in autumn 2016, this guidance was not published in advance of the launch. This confirmation has now been published and practices with capacity should consider taking part. There remain concerns around those practices with limited capacity, as the decision as to whether payment would be made for over-delivery as a result of seeing children under one are to be made at a local level.

PCSE

18. Despite assurances from NHS England that providers' cases for relief in relation to Capita's failings would be looked at sympathetically, this was not the case in some areas and local offices were clawing back money. There are concerns as to whether those practices carrying over activity into the 2017-18 financial year would be able to increase delivery sufficiently in order to avoid receiving a breach notice and having money clawed back. We will be raising this with David Geddes at the next GDPC-LDC Regional Liaison Group meeting at the end of October.
19. It might be necessary to consider pursuing cases through NHS Resolution (formerly the NHS Litigation Authority). The BDA was continuing to explore whether the NHS Ombudsman had a remit for these issues.

NHS England

20. The BDA had secured significant media coverage highlighting access problems within the NHS and the issues are well-summarised in this [article by Kevin Lewis](#).

21. At a recent meeting, NHS England representatives had suggested that they were considering negotiating a new GDS contract. This might involve transferring responsibility for pensions, parental leave payments, sickness payments and other costs to providers. There was discussion as to how likely NHS England would be to pursue this, but we would clearly be opposed to this and would fight any attempt to move in this direction. The BDA Pensions Committee have recently agreed not to pursue including all practice staff in the NHS pension scheme, as it was likely that this would lead to a transfer of all employer pension costs to practices.
22. NHS England had also stated an intention to increase patient charge revenue by £200 million 'over the course of this parliament' (it is not clear whether this refers to the period until 2020, or 2022). This would likely mean above inflation increases in patient charges each year, which will have a particular impact on those with financial circumstances meaning they are just above the threshold for exemptions. It will also make it even harder for those practices struggling with clawback to be able to meet their UDA targets. These increases will also mean even more practices will have a UDA value below the band one patient charge. In the West Midlands, UDA values were being increased so they are at least the band one charge. The GDPC will continue to highlight to the public that dentists do not receive the patient charge and that dentists are, in effect, acting as tax collectors for the Treasury.

Clawback

23. We also discussed BDA analysis of clawback in England and noted that further work was being undertaken by the BDA to understand the reasons why clawback is taking place. It was also suggested that the treatment undertaken might be changing, a possible increase in private work causing an offset, which may be having an effect.
24. In 2015/16, clawback across England (according to the BSA) was £54,505,326, higher than in both of the previous two years and the equivalent of around two per cent of the total dental spend. In this year, the number of contracts with money clawed back also increased from 18.1 per cent in 2014/15 to 21.9 per cent.

Working practices

25. At recent meetings, we have considered how we can ensure that younger dentists want to get involved with the GDPC and how we make sure that newly elected members next year feel welcomed and are encouraged to participate fully in the committee's business. We have approved a range of changes including a new welcome pack, a buddy system for new members and a refresh of the GDPC Associates Group. We will continue to keep this under review and assess the impact of these changes over the coming years.

Henrik Overgaard-Nielsen
Chair, General Dental Practice Committee

Get in touch

If you would like more information on any of the areas on which we are working or if you wish to raise an issue for the GDPC to discuss, please contact Tom King, BDA Policy Adviser - Tom.king@bda.org or 020 7563 4579.