



General Dental Practice Committee meeting report 4 December 2020

1. The GDPC met via videoconference on Friday 4 December 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a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date.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. It had been hoped that this meeting would provide an opportunity to provide news on the contractual arrangements, but NHS England had cancelled the most recent planned meeting and progress had stalled. At the previous meeting with NHS England, the GDPC's representatives had challenged the figures and proposals that had previously been put forward by NHS England. NHS England was still pushing for increased activity targets and for this to be measured in UDAs. The GDPC's representatives had made clear that UDAs were completely inappropriate and that the activity target must be achievable within the clinical guidance.
6. At present, it appeared that activity was plateauing as practices reached the limits of what could safely be achieved. Where practices are unable to reach targets, they should not be treated harshly and there should not be cliff-edges in payments where activity falls below the threshold. NHS England plan for such mitigation to be handled locally, but the GDPC has pointed out that local commissioners would likely be overwhelmed by requests for mitigation and that a national position was required.
7. The BDA has met with the Minister Jo Churchill to raise issues with NHS England's proposals. The Office of the Chief Dental Officer for England was generally supportive of the GDPC's position.
8. It was clear that there had been a number of leaks from the negotiations and a number of rumours were circulating among GDPs, but no agreement had yet been reached at the time of the meeting.
9. We also discussed the arrangements from April 2021. The protracted discussions over the framework for the second half of 2020 has now reduced the time available for discussions on 2020-21. The indication from NHS England was that it did not have the capacity to negotiate a significant change, which is incredibly disappointing and we will continue to press them on this.

Devolved updates

10. In Northern Ireland, the Department of Health are reluctant to commit to negotiations on contractual changes but accept that further financial support will be required from April 2021 onwards. However, negotiations have not yet begun. The Health Board was said to be concerned about some dentists having very low activity levels and these dentists would be subject to an abatement in the second iteration of the Financial Support Scheme, with the ability to apply for mitigation where this was the result of exceptional circumstances. Dentists in Northern Ireland were required to fund their own PPE and therefore there were much higher costs to restoring activity. This meant that it would simply be uneconomical to increase activity beyond a certain level.
11. In Wales, there had been no further developments on the arrangements for 2021-22. During the pandemic, the routine ACORN form had been supplemented with an urgent ACORN form. In most cases, dentists would need to conduct an urgent ACORN during an urgent appointment and then to conduct a routine ACORN when the patient reattends for a routine appointment.

Transition to a better future for dental care and oral health

12. The Office of the Chief Dental Officer for England had been consulting on its document 'Transition to a better future for dental care and oral health' and the BDA had responded to this. It was felt that this was the CDO's attempt to shift the narrative away from UDAs. While there were issues with the document, it provided an opportunity that should be seized. There were concerns that the document suggested that access should be increased by reallocating funds away from existing patients. Additional funding would be required to deliver increased access. The development of the proposals needed a strong GDP input.
13. We discussed how this document linked to contract reform and whether it was intended to replace or complement it. The regulations that permit the prototypes to exist will expire in April 2022 and it was not expected that they would be extended beyond this point. The workforce capacity in NHS England to engage in negotiations was a major barrier to making progress.

Integrated care

14. NHS England had set out proposals on integration, Integrated Care Systems and procurement and was consulting on them. It was felt that there was a threat that dentistry could lose funding and autonomy in commissioning if it were to be brought into some of the arrangements proposed.
15. There had been previous discussion of the particular concerns relating to health devolution in Greater Manchester. Eddie Crouch had arranged to meet with local commissioners to raise these issues. There was particular concern that in Greater Manchester the focus of professional engagement was the LDN and not LDCs. This was felt to be a wider issue and there was a far greater need for GDP input via LDCs in commissioning decisions. This point had been made in the BDA's response to the CDO's recent consultation.

Associates

16. We remained concerned about those associates who were not having NHS pay passed on to them. A meeting of the CDO for England's 'Getting Ahead of the Curve' group had been devoted to this issue of associates not being paid and Associates Group Chair Sarah Canavan had presented on the subject.

17. While only a minority of associates were affected, it was still a considerable number with at least 600 being left with no income. The numbers raised to both the BDA and BSA were likely to be under-reporting of the real problem as some associates are too afraid to come forward. There was also the issue of associates that had been let go. The lack of ability to enforce NHS England's instruction to contract holders was at the root of the problem, but the DHSC had not yet been persuaded to act with an amendment to the Statement of Financial Entitlement that would facilitate this. The GDPC and BDA will continue to push on this. Practice owners that had done the right thing must be annoyed at those that are failing to uphold their responsibilities. It was terrible that the different parts of the profession had been turned against one another by the crisis.
18. There was also discussion of the wider issue of associate pay and that the uplift to contracts is rarely passed on. NHS incomes were lower for associates than they had been a decade ago in real terms.

Dave Cottam
Chair, GDPC
December 2020