



## General Dental Practice Committee meeting report 5 June 2020

1. The GDPC met via videoconference on Friday 5 June 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a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date.
2. The BDA is providing live updates at [www.bda.org/coronavirus](http://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.

### Resumption of dental services

5. The BDA had been meeting regularly with NHS England and the OCDO to discuss the resumption of dental services in England. The UK was still in a sustained community transmission period and therefore there was a need for all steps to be taken cautiously. The OCDO and NHS England had written to contractors on 28 May to say that NHS dental practices can reopen from 8 June.
6. It had been reported to NHS England that there was a need to stress to patients that the resumption of care was not a return to normal, but we lacked confidence that this was being effectively communicated. The BDA's survey of practice owners in England, which had underpinned national media coverage, had found that 35 per cent would be ready to open on 8 June. Only 15 per cent planned to provide AGPs immediately upon opening. The main barriers to opening were PPE availability, financial issues, childcare and implementing new procedures and processes. Eighty-three per cent expected activity to be less than half of pre-COVID-19 levels.
7. From 8 June, practices will continue to receive 1/12<sup>th</sup> of their annual contract value per month. There was expected to be continued remote triage and use of the 'three As'. There would still need to be referrals to the UDCs. There were a number of questions about claiming that we were seeking clarity from NHS England and the BSA. Practices are still required to submit FP17s, but this was not to count UDAs towards a target.
8. We were concerned that a wider re-opening would lead to increased pressure on UDCs and there was unlikely to be sufficient capacity. Practices operating as UDCs will also be looking to see their own patients. These issues were for regional NHS England teams to address.

9. There were questions around what happens if a member of the dental team was identified as a contact as part of the NHS Track and Trace, and we will raise this with NHS England so that there can be greater clarity for practices.

### **Personal Protective Equipment (PPE)**

10. Edmund Proffitt, Chief Executive of the British Dental Industry Association (BDIA), attended the meeting to provide us with an update on PPE. The BDIA had been working closely with NHS England, the DHSC and the BDA over the course of the pandemic to try to ensure supply, but the level of demand has obviously been unprecedented. Supplies remained tight, but the industry was doing all it could to ensure that new supplies of FFP2 were made available. There had been a release of stocks from the central NHS pandemic stockpile and it was anticipated that there would be further stocks of FFP2 masks becoming available in the very near future. FFP3 masks were more-or-less unavailable within dentistry at present.
11. There was frustration with NHS England and the OCDO that they had not better aligned the announcement of resumption of services with the release of additional central supplies. Many dentists had bought PPE at higher prices in the interim. It had been made clear to NHS England and the OCDO that commercial supplies of PPE were likely to improve later in June and, self-evidently, the availability of PPE is the main constraint on the resumption of dental services in practice.
12. The industry was making significant effort to ensure that supplies are safe and not counterfeits. A large number of the manufacturers of PPE were new, having opened during the pandemic, and so there was a need to assure that their products were genuine.
13. The need to ensure that supplies were genuine combined with the demand and a range of other inflationary pressures in the supply chain were driving substantial increases in the end-user price of PPE. The price of 'standard' PPE had increased by around 6 or 7 times.
14. There was a further issue around the availability of fit testing for masks. The BDIA has been working to disseminate the information from the British Safety Industry Federation on its accredited fit testers and fit testing training. Both FFP2 and FFP3 masks need to be fit tested. The variation of masks created further issues for fit testing. Under normal circumstances, practices would have a continuity of supply of the same masks, but this might not be possible in the immediate future. As GDPC Chair, I have had conversations with HEE on the provision of fit test training to rapidly increase capacity and it is looking at if and how it can provide this. We are also asking for Crown indemnity for fit testers and in the meantime it is recommended that dentists discuss cover with their existing indemnity provider.

### **Abatement**

6. NHS England was yet to finalise its approach to abatement and had not provided the BDA with a breakdown of the figures underpinning its plans. It did appear that NHS England was looking at including items beyond consumables and lab bills. The BDA had been pushing for an approach that took into account the additional new costs of PPE. We are also saying that UDCs should not have an abatement.

### **Contractual framework**

7. NHS England was looking to find a way to measure some form of activity to be able to justify ongoing contractual payments. The Executive had met to consider options and would be meeting with NHS England to discuss this in more detail. It was anticipated that these measures would apply from quarter three of the current financial year.

## **Private practice**

8. The BDA was continuing its campaign for private dentists to be included in financial support schemes, but the Treasury had not yet indicated it would expand the eligibility for the schemes.
9. NHS England was concerned that mixed practices would look to 'upsell' private work during this period and we were mindful of the impact this would have on the professional reputation. Dentists should be sure that mixed courses of treatment were based on clear consent and accurate recording in patient notes and complied with the terms of the NHS contract.

## **Business interruption insurance**

10. The BDA has asked a firm of solicitors to review a number of common dental business interruption insurance policies, due to the issues the profession was experiencing in making claims. This firm was also advising the BDA on its engagement with the Financial Conduct Authority's review of the issue.

## **LDC Conference**

11. The LDC Conference was to be held virtually on Saturday 25 July and there would be motions and elections as normal, alongside speaker presentations. It was expected to last for around five hours with a break for lunch. Plans for special observers to encourage new attendees would still go ahead. Further details would be communicated to LDCs shortly.

## **Extension of the GDPC's term**

12. The Executive had looked at the options for how to handle our internal elections following the extension of the GDPC's term until the end of 2021 by the BDA's Principal Executive Committee (PEC). Under the circumstances, we felt that the extension of the GDPC's term was the right thing to do. Ordinarily, we would hold internal elections to our sub-committees every three years and this would align with the start of the GDPC's term, so there was a need to work out how we ensure both that this cycle remained in sync for the future and that the process was fair and democratic.
13. We discussed two options that either the Executive be elected in January 2021 for one year and then again at the start of the next three-year term or that the Executive's term just be extended in line with that of the GDPC. These options would be discussed again at the next meeting.

**Dave Cottam**

Chair, GDPC

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