General Dental Practice Committee meeting report
21 May 2020

1. The GDPC met via videoconference on Thursday 21 May 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a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date.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. Since we met, a date has been announced for the resumption of dental services in England. We will continue to work with the CDO and NHS England about the implementation of this and the contractual and financial arrangements.

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

4. 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.

5. 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.

NHS finances

6. As agreed at the previous meeting, a letter had been sent to NHS England outlining proposals in relation to mechanisms to ensure that there is confirmation that UDAs are suspended during the current shut-down and there will be no clawback in respect of this period, that associates were paid reasonably, and that practices should not be penalised where associates do not volunteer for redeployment. We are still awaiting a response from NHS England.

7. NHS England had still yet to agree a figure for abatement. It had initially proposed 20 per cent and we had argued for a much lower figure. The debate centred on the definition of a 'variable cost'. We had also been clear that those practices operating as UDCs must be treated differently and not be subject to abatement.

8. There had been a meeting with the BSA to discuss the new pro forma that practices would need to complete on staff activity. This would be used to inform the approach if there was a second wave and lockdown, but was also there as a means to ensure practices were complying with guidance and to take action against those that were not.

UDCs

6. There remained a number of issues with the operation and financing of UDCs and it was reported that if local commissioners were not forthcoming with better arrangements then more might

withdraw. Nonetheless, in those areas where practices had been withdrawn, commissioners had been able to make alternative arrangements.

7. Access to sufficient and appropriate PPE remained a significant issue for the operation of UDCs. In particular, it was difficult to purchase FFP3 masks, to get these fit tested and to have enough staff who had passed the fit test. Stocks of standard PPE were reported to be mostly fine, but costs had increased significantly. It was felt that the expansion of activity in society in general would only increase demand for PPE.

8. As we return to practise there will also be increased demand for fit testing. It was felt that NHS England should maintain a list of fit testers and of approved fit testing training. There was also a question of indemnity cover for fit testing.

Private practice

9. The GDPC's Private Practice Group had held its inaugural meeting. The BDA continued to campaign forcefully for financial support to be put in place for private dentists. The Government was under significant pressure from all angles and had not yet yielded to this in relation to private dentistry. There would also be further meetings with the BAPD.

10. There were reports of a number of private practices establishing themselves as UDCs. Provided that the correct PPE was used and a standing operating procedure based on the official guidance was used, the CQC would not be able to prevent the practice operating.

11. There was significant anger with the CDO among private dentists in particular over the lack of clarity on their status. We noted that the BAPD had held a vote of no confidence in the Office of the Chief Dental Officer.

12. The GDPC, in its discussions with the CDO, NHS England and the DHSC, had been clear that the plan for return to work must include private dentistry.

Return to work

13. The GDPC's officers had been meeting with the CDO, NHS England, the DHSC and other dental stakeholders to discuss a plan for a return to practise. We felt that these discussions had been too slow and there was a risk that practices began to act in the absence of guidance. The GDPC's objective was to secure a prompt and safe return.

14. It was clear that the availability of PPE was likely to be a major constraint on a return to practise. Practices must have sufficient time to prepare for the new arrangements, including securing appropriate PPE.

15. The other parts of the UK were also working on their return to work. In Wales, the CDO was working towards a new system for paying practices that addressed the fact that UDAs would not be viable for the foreseeable future. In Scotland, there was now an indicative timeline in place, but some concern over the level of local discretion given to health boards. In Northern Ireland, there was already the ability to see patients for non-AGP treatment and it was reported that the Northern Ireland CDO wanted a UK-wide approach, which seemed unlikely.

Business interruption insurance

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

17. The issue of whether business had been legally required to close or not was likely to be an issue for claims and one that was being looked at.

Orthodontics

18. There had also been a meeting between the GDPC, NHS England and the British Orthodontic Society to discuss particular issues with orthodontic contracts. The BOS had written to NHS England outlining a number of its concerns but had not received a response. There was a strong case made against any abatement on orthodontic contracts. There was also discussion of the impact that would be had on contracts that had started in April 2020. It had been agreed that there would be reasonable flexibility for those turning 18 years old, where they had been unable to be referred by their dentist due to the shut-down. All further re-procurement had been halted. Those contractors that had signed their contract extension in dispute would need a meeting with NHS England to discuss their concerns, but the agreement would not expire if this did not take place within the previously agreed time period for the agreement. A number of Freedom of Information Act requests had been submitted in 2019 that had not been answered and it transpired at this meeting that none of these had been seen by the NHS England national team in the intervening six months.

Extension of the GDPC's term

19. The BDA's Principal Executive Committee (PEC) has agreed to extend the term of the GDPC and all other BDA committees by one year. This was out of a desire to ensure that there is continuity to deal with the many pressing issues facing the profession. There was also the issue that the BDA's governance review had necessarily been put on the back burner due to the focus on coronavirus and therefore an extension would allow for this to be returned to ahead of the election.

20. There was some disappointment that the GDPC had not been consulted on the extension of the term prior to the PEC's decision and there was acknowledgement from the PEC's representatives that the communication around the decision could have been handled better.

21. The GDPC's Chair and Vice Chairs would continue to be elected annually as normal, but the GDPC would need to consider how to handle the scheduled internal elections to its sub-committees. We agreed that the Executive Sub-committee would discuss the matter and bring back proposals to a future meeting for decision.

Dave Cottam
Chair, GDPC
May 2020