



NHS dentistry: Diagnosis & prescription

GDPC Update
LDC Conference Newcastle
5th June 2025

Shiv Pabary GDPC Chair

Newcastle trivia.....



Roman Roots: Started as a Roman fort called *Pons Aelius*, start of Hadrian's Wall



Newcastle has **seven bridges crossing the river in the space of half a mile**. Tyne Bridge is said to have inspired Sydney Harbour Bridge in Australia



Railway Pioneer: George Stephenson built the first steam locomotives here



Electric First: Mosley Street – first street lit by electricity (1879)



Lucozade was invented in Newcastle



Angel of the North: Iconic sculpture just outside the city



Also, has the
greatest football
team....

●

○

Background

- GDP 40 years mainly NHS dentistry in the NE
- Ex-Provider 7 NHS GDS & 2 NHS orthodontic practices
- Currently provider NHS GDS practice, Urgent Access Centre, HCL Restorative Dept
- VT/FD trainer 33 yrs 1989-2022
- LDC 1989 GDPC 1996
- Previous roles GDC (FTPP & QA Inspector) /Local NHSE Adviser, Dento-legal Adviser Dental Protection

Update....

Main issue: Contract Reform...

What are the current challenges?

What inquiries have there been in the state of NHS dentistry?

Where are we currently with the reform process?

What is the BDA/GDPC ask in a reformed NHS contract?

How GDPC works....

x 3 GDPC meetings (Jan/Feb, May and Oct)

Exec meetings (at least x 5 times/yr)

Regular meetings with NHSE & DHSC

3 types of meetings

- Operational meetings – last Thurs of the month
- NHSE interim reform/scoping meetings
- DCR DHSC meetings – 3 meetings to date since last Oct



What is the presenting
complaint?

We all know the problem

Target driven and
underfunded

Perverse incentives-
HNP& Complex
patients/delivering
treatments at a loss

Small businesses-
Central problems are
financial sustainability
and workforce

Clawback

Current challenges and barriers

Access

Funding

Policy &
Reform
delays

Clawback

Workforce

Tipping point

Registration numbers

GDC registrant numbers

Dentist numbers up 3%: 44,412 to 45,772 (Feb 24 v Feb 25)





Dental nurses up 6%: 62,095 v 65,777 (Feb 24 v Feb 25)

Dental technicians down

But still widespread staff shortages, particularly NHS


Dentistry is topping voter concerns

A big political issue in election year

Dentistry		<input checked="" type="checkbox"/>
The High Street		<input type="checkbox"/>
Crime		<input type="checkbox"/>
Schools		<input type="checkbox"/>

- Dentistry a 'doorstep' issue in General Election for first time in history of NHS.
- Offers from all opposition parties on contract and funding.

Every party needs to offer a plan.



Winning the
argument for
change.

X 2 Health Select Committee hearings

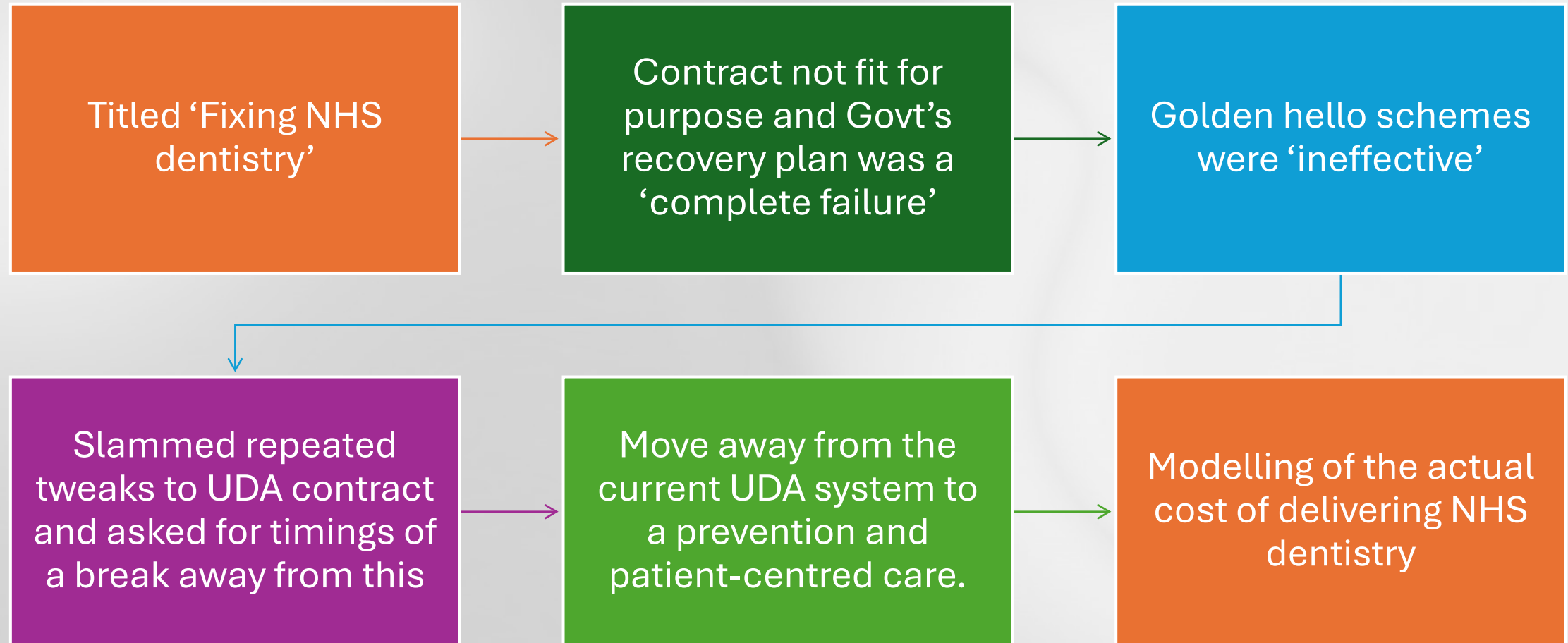
Nuffield Trust

National Audit report: Recovery plan

Lord Darzi

Public Accounts Committee hearing

PAC report published April 2025



So, what is
the
diagnosis?



Clear as
daylight...

The NHS contract is broken

It should be ripped up and we should start again – Amanda Pritchard –ex-CEO NHSE

Not fit for purpose


3 P's

Labour Manifesto Commitments

Rebuild dentistry for the long term, reforming the dental contract, with a shift to focusing on prevention.



Tackle the immediate crisis with a rescue plan to provide 700,000 more urgent dental appointments.



Recruit new dentists to areas that need them most.



Retention of NHS dentists.



Supervised tooth-brushing scheme for 3- to 5-year-olds, targeting the areas of highest need.

Urgent care

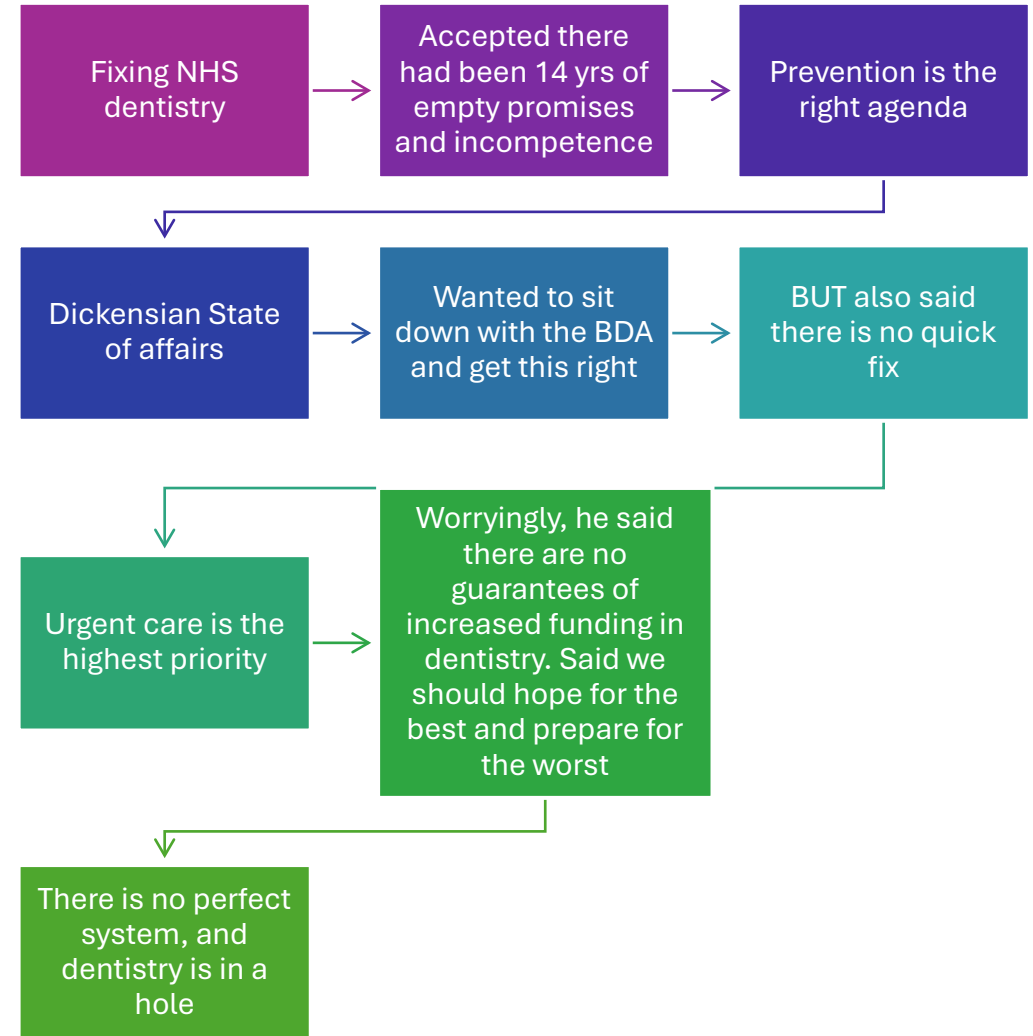
- Commissioning has begun.

- But 1/3 of what's needed.
- Recycling budget – new money dropped.
- North-East showed sessional model works – but no national framework has been offered.



*Official analysis of unmet need for urgent NHS dental care

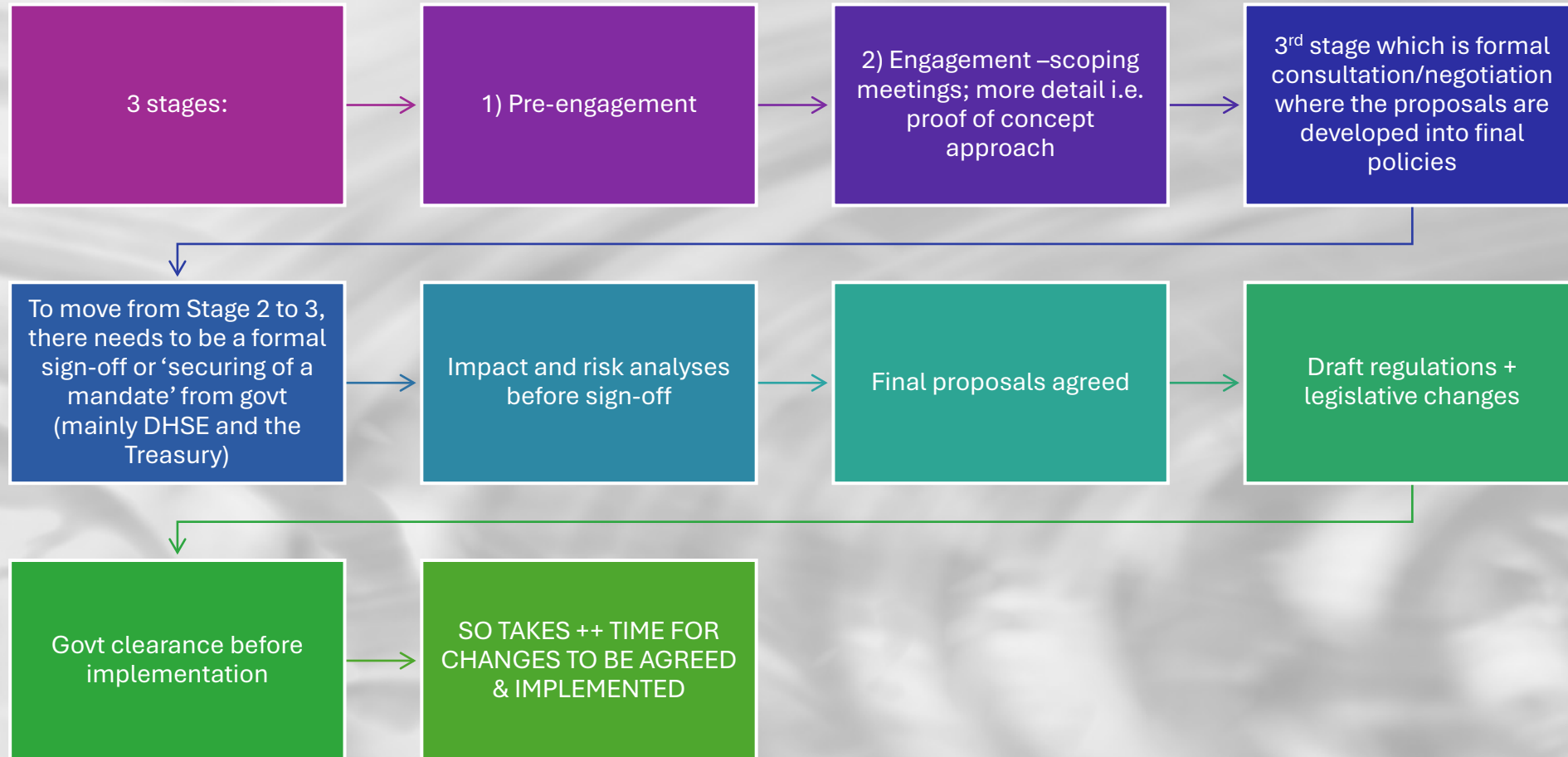
Ministerial view BDIA Showcase March 2025



Ministerial meeting



Understanding the political reform landscape



What sort of NHS dental service does the BDA envisage? What is its ethos/purpose/culture?

Prevention at the heart.

Trust dentists to do the right thing.

Long-term patient relationships.

Payments that cover the costs of treatments.

High-needs patients to be welcomed.

Reflect the needs of distinct patient cohorts.

A clear purpose – what is NHS dentistry trying to achieve?

Considers dentists' workloads and wellbeing.

Peer support, culture of collaboration and quality improvement, rather than compliance.

The NHS is attractive place for dentists to build and maintain a career.

Should be simple. We don't want an overly complicated contract.

Should work for single-handed practices and large corporate chains.

Greater clarity on NHS treatment offer.

Whole system should support best clinical practice.

Avoid 'targets', 'treadmill' and 'clawback'.

A fair balance of risk between NHS and dentist.

Practical and financially viable for practices and dentists.

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So, what is the
treatment plan?



Provisional Treatment plan

Since 2021....

Contract reform – as GDPC would understand it – has, at best, been on hold

NHS England's focus has been on 'modest and marginal changes' within the UDA contract- MC1& MC2

That has delivered one package of changes and we are now in advanced talks on MC2

MC1

Minimum UDA
value
+
Band 2 changes

- Increase from £25.33 to £28 to £29.30
- Impacted around 700 practices.
- Reducing the number of contracted UDAs, rather than increasing the contract value.
- Band 2 changes have helped practices deliver targets



MC2....Further reform within current financial envelope

High Needs patients

Urgent care

Incentivizing prevention

Quality initiatives – Non-clinical activities



Definitive Treatment plan

Long term: Fundamental Contract Reform



Options

UDA or UDA modified?/ MC1
& MC2

Fee per item ? Fairer but
derisory fees;

Core Service

? Defining what constitutes
“core” services can be
politically and clinically
contentious

? Everything for some? or
? Some treatments for all i.e.
restricted menu of
treatments

Capitation 100%

Blended Contract- Weighted
capitation patient focused
underpinned by prevention
but activity payments for high
needs and sessional funded
sessions for urgent care

There isn't a perfect
system.....

What approach does the profession support? ?

- Survey – to seek a consensus of professions views
- Initial findings-
 - The contract should be practical and financially viable for practices and dentists (99.4% agree)
 - Payments should reflect the costs of treatment, including both time and materials costs (98.7%)
 - The contract should be simple and easy for practices and dentists to administer (97.8%)
 - It should be clear to patients what treatment is, and isn't available on the NHS (97.8%)
 - The contract should work for any size of dental practice (97.7%)
 - Crucially, we also found high levels of agreement with the core planks of our policy position. i.e. weighted capitation and activity payments for high needs patients.
- Follow-up on some of the areas seeking a consensus

What is the state of Fundamental reform under the new Government

Labour committed to reform the contract in its manifesto.

Ministers have made positive noises in meetings.

DCR: Three meetings with civil servants in October , December 2024 and March 2025; MC2-meetings with NHSE- Dual approach

DHSC now in charge of DCR; NHSE dealing with MC2

There was learning from prototypes/pilots that should form part of the discussions

Clear obstacles about funding – Spending Review

We want to reach heads of terms by end of summer and to then rapidly negotiate the reformed contract

Dual Strategy

Long term
meaningful
reform

Sustainable
capitation based
blended model

Amplify voices

Restore pride

BDA ask

Get rid of the UDA

Blended contract, with a mix of payment currency that meet different patient needs

Capitation to deliver routine care for children and adults

Weighted capitation payments to reflect patient need

Why capitation? Supports prevention, long-term patient relationship, incentivises dentists to support oral health improvement for patients in their care

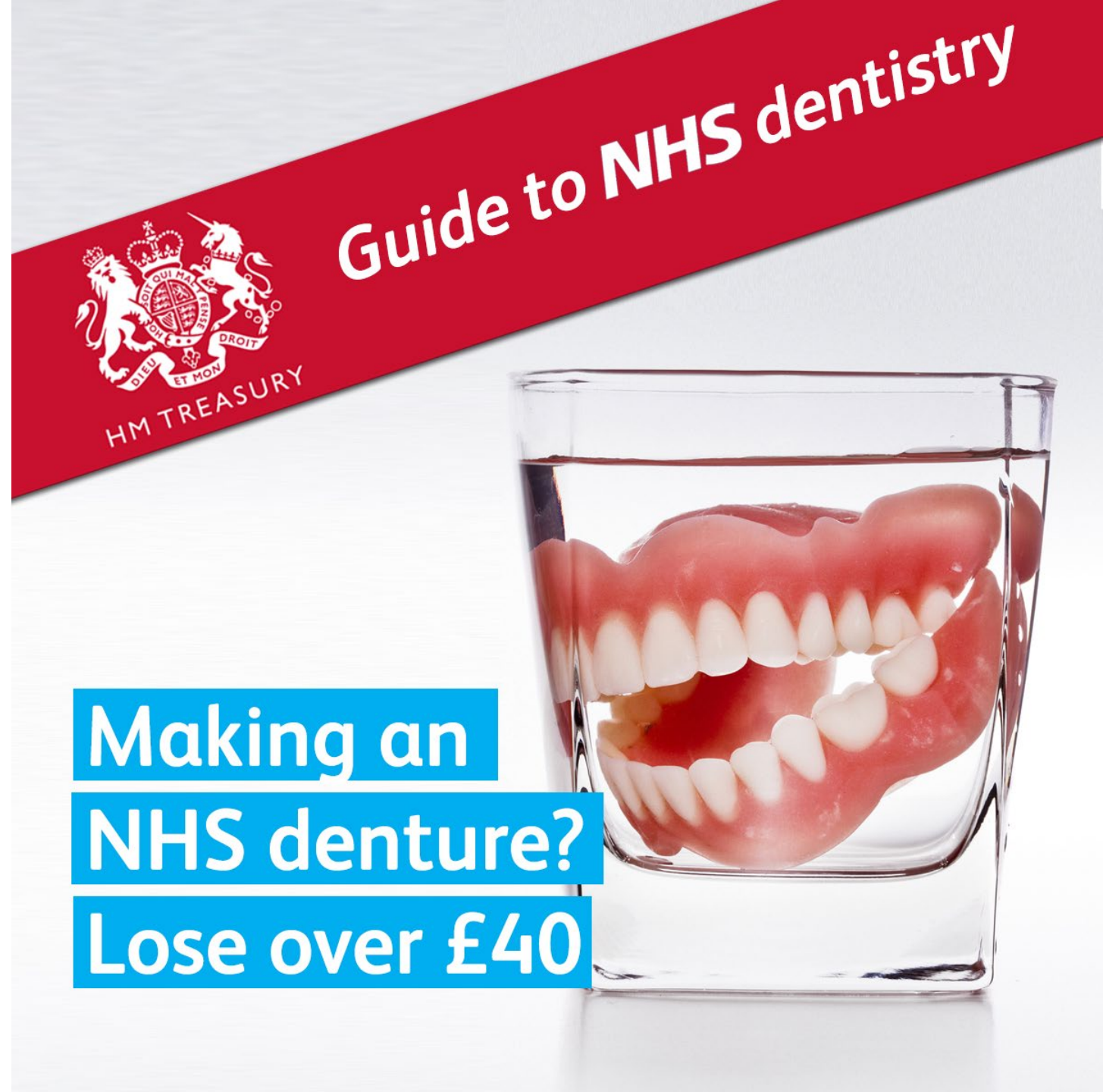
Activity payments for high needs patients

Urgent care provided on a sessional basis

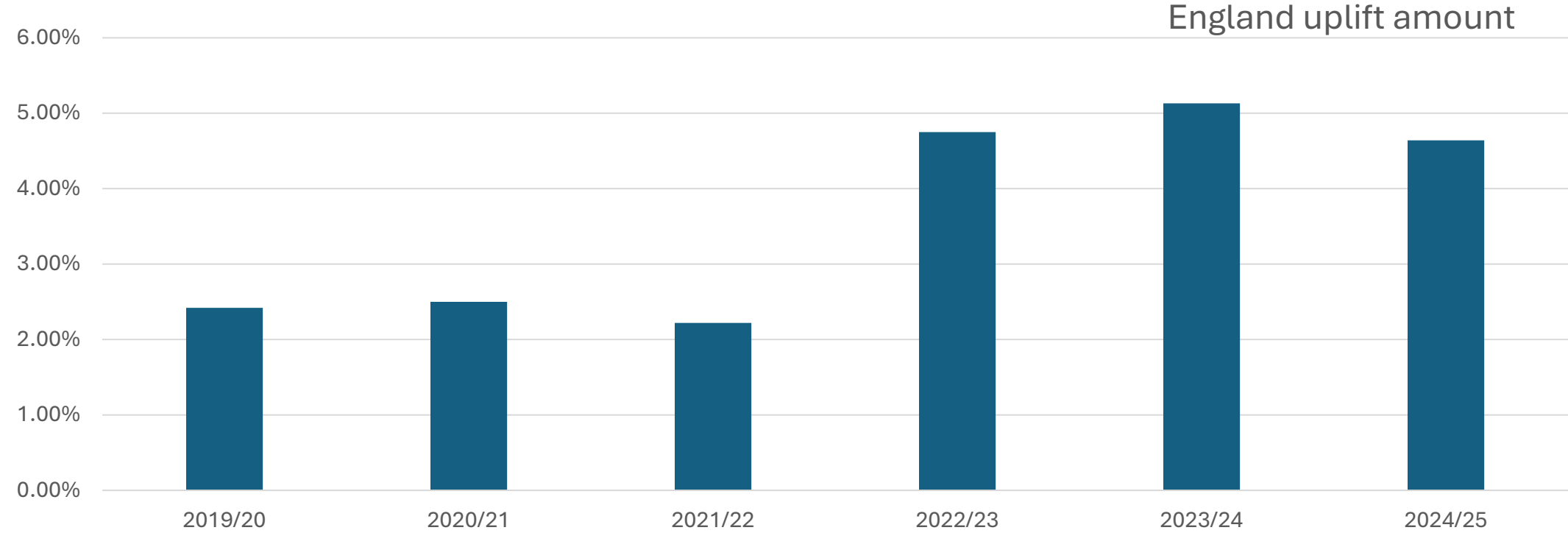
Quality underpinned by DROs, peer review and clinical audit

Fiscal picture

- Treasury biggest barrier to reform in dentistry
 - National Minimum Wage & National Insurance hike
 - Coming **NHS 10-year plan** tied to difficult choices in **Comprehensive Spending Review**



Pay & Contract Uplifts



Summary

There isn't one perfect payment model

Funding likely to be capped in any future system

Without additional funding, there can be no reform- know this will be challenging in the current climate. But need to argue the case or face an existential threat

Tweaking the failing UDA contract is not fundamental reform

Dentists who have left the NHS are unlikely to return

We still don't know what fundamental reform looks like to govt

Needs political will- being held to ransom by Treasury

BUT

PROMISE....



BDA/GDPC will continue to hold govt to account-
keep banging the drum on behalf of profession and
patients



THANK YOU