Report of the General Dental Practice Committee

The General Dental Practice Committee (GDPC) met on Friday, 2 February 2024.

Elections

1. I was honoured to be re-elected unopposed as Chair of the GDPC, and to be joined again by Shiv Pabary and Vijay Sudra as Vice-Chairs. I thanked the Committee and the BDA team for their support.

Dental Contract Reform and the Recovery Plan

2. I updated the Committee on contract reform discussions with NHS England. The scoping phase of identifying problems and potential solutions had concluded. NHS England was now seeking a mandate to begin formal negotiations on a package of reforms. This meant that there had been no further progress in recent weeks.

3. I have met with the new Dental Minister Andrea Leadsom on a number of occasions since her appointment. Much of this had been discussing the Dental Recovery Plan, where I have consistently made the case for a significantly higher minimum UDA value.

4. As a Committee, we discussed the benefit of uplifting the minimum UDA rates and how it could be a potential solution to stabilise NHS dentistry. It was further observed that there had been more success locally with some ICBs compared to the national drive of improving the contract. There was a consensus that the ICB engagement was good, but level of activity was low. Some members attributed this to different ICBs having different financial predicaments.

5. Since we met, the Government has now published its Dental Recovery Plan. This sets out plans for an increased minimum UDA value and a new patient payment, among other measures. You can read my take on what this means in practice and what we do and don't know about the detail.

6. While I'm glad that this long-awaited plan is now published, it falls far short of what is needed to turn NHS dentistry around. We have launched a petition alongside the Daily Mirror and the campaign group 38 Degrees calling on the Prime Minister to take decisive action to deal with the NHS dental crisis. Please sign the petition and share with colleagues and patients: https://you.38degrees.org.uk/petitions/save-nhs-dentistry-2

7. The Government's response to the Health and Social Care Select Committee report on NHS dentistry accepted most of the Committee's recommendation, but notably rejected the call to move away from a UDA-based system to a capitation-based one.

NHS finances

8. I informed the Committee that the clawback figures for 2022/23 were even higher than expected, and that UDA performance was at a constant 85% for 2023/24.

9. The guarantees around the ringfencing of the dental budget for 2023/24 had now been replaced by options for ICBs to use dental under-spends to plug gaps in other budgets. Fundamentally, there seemed to be a lack of clarity regarding the term 'ringfencing', and therefore, we expressed the need for an official definition of the term.

10. Ryan Barnett, Policy and Research Analyst, updated us on the varying UDA rates geographically, with the average UDA rate as of 2022/23 being £30.39. Ryan also provided us with an updated about the BDA's Timings Study, which had explored the time taken to complete various treatments, and the consequent work that was being taken forward to use the findings of this Study to develop costings for reform proposals.

Compass replacement

11. We received an updated on the project to replace the current Compass system. The NHS Business Services Authority (BSA) expressed its intention to engage with us in the design and commissioning process. Members were encouraged to provide feedback on the issues with the current system.

Reports from the Devolved Nations

12. In Northern Ireland, there had been no progress in the contract reform due to the lack of Government. It was mentioned that the budget was not ringfenced, and there was an underspend in dentistry. The success of the Life Beyond the SDR event was shared with us; the event was used to assist dentists who were making a transition into private practice.

13. In Scotland, we heard about the payment reform which had fewer items on the SDR and altered fees associated with them. We noted in particular that the revised SDR had a lower payment where patients were recalled within 12 months, which we understood was to encourage behaviour to be aligned with the NICE guidance.

14. In Wales, there were active ongoing negotiations regarding the contract, however no agreements were made. A 5% uplift had been imposed by the Welsh Government and, after extensive negotiations, it had been agreed that this would come with the expectation of practices completing two clinical audits. These audits would be 'funded' by a 0.5% reduction in targets.

Amalgam

15. Elaine Boylan, Head of the Health and Science Policy, briefed us about the amalgam phase-out in the EU. The EU Parliament had voted in favour of a proposal to introduce a total phase-out of the use of dental amalgam (except when deemed strictly necessary) from 1 January 2025. However, it was emphasised that the decision did not represent the final EU position and was subject to changes. There would be further negotiations between the EU institutions to agree the final position.

16. The BDA had written to the four CDOs to raise its concerns about the direct impact EU rules would have on Northern Ireland and the indirect implications for Great Britain.

DDRB

17. Peter Crooks, the Chair of the Review Body Evidence Committee (RBEC), highlighted the asks outlined in the DDRB evidence including above inflation uplifts and their timely implementations, and reinstatement of commitment payments. We noted that recommendations on the costs of delivering care had been made in the BDA's DDRB evidence.

Shawn Charlwood
Chair, General Dental Practice Committee
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