Report of the General Dental Practice Committee

The General Dental Practice Committee (GDPC) met on Friday 5 May 2023.

Media and political campaigning

1. As a result of the concerted efforts made by the BDA, we have been able to secure significant media coverage and political attention about the crisis facing NHS dentistry. I would struggle to think of another time during my career when the issues facing this profession have gained more attention. It's something the government is finding particularly hard to ignore. I am grateful to all colleagues who have helped us to get the message across.

2. There have also been a number of parliamentary debates in recent weeks. Our message seems to have got across to MPs and they now understand not just the problems, but many are advocating for the solutions that we know are really needed: contract reform and fair funding.

3. Since the last meeting of the GDPC, I had given oral evidence to the Health and Social Care Select Committee's inquiry into NHS dentistry. It was an honour to represent our profession. I set out to give honest and frank evidence to MPs about the pressures colleagues are facing. MPs were left under no illusions that NHS dentistry is a service hanging by a thread. I laid out clearly that it is not rocket science. The solutions are clear and well understood, but we need political will to implement them. We need urgent and ambitious action to move away from the UDA contract, a fair funding package, and changes to the system that make people want to work on the NHS, not dread it.

4. The Minister, CDO and NHS England also provided evidence to the Select Committee. Ahead of this, the Minister indicated his intention to bring forward a Dental Recovery Plan. It does not appear that there is detail behind this and we will be actively engaging with the Minister to seek a Plan that addresses that provides a clear indication that the Government is committed to NHS dentistry and that provides reasons for dentists to want to stay working on the NHS. We discussed the proposals that GDPC felt that we should be putting forward to make the NHS more attractive. Proposals were made around commitment payments, increased minimum UDA values, late career retention payments, improved parental leave arrangements among others.

5. We also held breakout group discussions to consider how we can sustain and enhance our campaigning activity to maintain political pressure in the coming months, with an eye on the next general election that is expected next year.

Dental Contract Reform

6. Despite the political pressure, talks with NHS England on contract reform have not made much progress since GDPC last met. We are still holding largely preliminary conversations about the

areas that have been identified as priorities; urgent care, new patients, high needs patients, workforce and prevention.

7. The only area where there have been more advanced conversations with NHS England is about how 'high needs patients' can be defined. This matter is being referred to a clinical reference group on which the GDPC will be represented.

8. The GDPC's elected officers continue to press for NHS England to move much more rapidly in making changes to the current contract and to argue for a real contract reform process that moves away from the UDA.

9. We heard particular concern from younger dentists that the persistent uncertainty about the future of the NHS and the contract was making it impossible to plan careers for the long-term.

Reports from the Devolved Nations

10. In Northern Ireland, the lack of an Executive had led to an imposed budget from the Secretary of State, which left the health service facing significant cuts. Ciara Gallagher, Chair of NIDPC, said that this would be potentially catastrophic for NHS dentistry in Northern Ireland. Many dentists in Northern Ireland were considering whether there was a future in the NHS. The contract is in need of reform, but little to no progress has been made since the process started in October. The item of service fees are very low and in many cases meant that treatments were being provided at a loss.

11. In Scotland, the Government was looking to revise the fee scale into a consolidated SDR, moving from around 400 items to 40. The BDA had not been invited in the process to generate a consolidated list of items. It would, however, be involved in discussions around setting new fees for each of the new items. The process for doing so had been delayed by the resignation of the First Minister and subsequent political instability.

12. In Wales, the volumetrics-based contract that had been imposed for the last financial year had resulted in delivery levels of around 70 per cent of pre-covid levels. There were some mitigation measures around year-end to ease the impact of the new system. The volumetrics had been adjusted for 2023, so that the new patient target had been revised from five new patients per dentist per week to two new patients and two urgent care patients. The Welsh Government had also initiated a process to negotiate a reformed contract, but despite an initially ambitious timetable for negotiations, the talks were yet to begin.

Clawback and year-end reconciliation

13. The GDPC's elected officers meet regularly with NHS England and we reported back on the conversations that we have had, which have focused on the low level of UDA delivery throughout 2022-23, the likelihood of very high levels of clawback as a result and the steps that we believe NHS England should take through the year-end reconciliation process to support practices.

14. There are various reasons why practices haven't been able to deliver their NHS activity, but at the heart of the problem is that they are unable to recruit dentists to deliver UDAs. There is also a suggestion from many that, as a result of delays reattending during the pandemic, patients are presenting with significantly higher treatment need and complexity. This means that even where practices have the same NHS capacity as pre-pandemic, they are not able to achieve the same UDA output.

15. We've urged NHS England to think imaginatively about what they can do to help support practices, but it does not appear that there is going to be any further action in relation to the situation for 2022-23. We will continue to press the argument at all opportunities. The GDPC was extremely concerned about the practices that will be left in severe financial difficulty as a result of clawback. Many would be subject to clawback for the first time. It was clear that many practices would leave the NHS as a result. The BDA is able to advise Extra and Expert members about how to approach commissioners about managing clawback.

16. We discussed talk of the 'ringfencing' the dental budget. It appeared that this would only apply from 2023-24, when ICBs take control of dental commissioning, but even then it remains unclear as to how this will operate in reality.

DDRB and Remuneration

17. The BDA had submitted evidence to the DDRB in January and called for an above inflation pay award to address the long-term underfunding, with a request for RPI+5%, to apply from 1st April 2023. An uplift on service costs to DFT practices had also been requested. The BDA had also given oral evidence to the DDRB, led by Peter Crooks, Deputy Chair of the PEC.

18. The DHSC had submitted in its evidence that there were affordability constraints that meant only a 3.5 per cent pay uplift was possible. In oral evidence, the BDA set out that this was a political choice, rather than a real constraint.

19. The BDA had also made clear to the DDRB the link between expenses and take-home pay. Despite direction from the DDRB, that the four UK health departments should negotiate with the BDA on expenses, this did not happen anywhere in the UK for 2022-23.

20. It is clear that the DDRB process at present was not working properly and there was discussion as to whether we should continue to engage with it. However, it is not clear that there is an obviously preferrable alternative to the pay review body process.

Integrated Care Systems

21. The Integrated Care Systems have now taken responsibility for commissioning NHS dentistry. Agi Tarnowski presented on local experience with her ICS and LDC and on the national picture. There was also a transition period as to how existing LDN priorities would be transferred into the new structures. There is a tension between local desire to do things differently and NHS wanting accountability. ICSs can intend to deliver transformation, but are hamstrung by broken national system. The NHS Confederation, which represents ICSs nationally, had said that now was a very challenging time for ICSs to take on dental commissioning.

22. We discussed the lack of dental representation on Integrated Care Boards and the need for LDCs to engage with ICSs to influence their direction. This had been successful in some areas, but some ICSs were not that open to LDC engagement. LDCs should work with ICSs to build the case for local flexible commissioning schemes and to ensure that existing schemes are not lost with the shift in NHS structures. There was some concern that some ICSs see LDCs as difficult, so there is a need to build relationships.

NHS tie-ins

23. There has been increased discussion among politicians about the prospect of tying in new graduates to NHS work for a given period. While there was a willingness to consider models that provided dental students with options for greater financial support in exchange for a commitment to the NHS, we were not in favour of applying a compulsory tie-in for all dental students, with no improvement to the student finance arrangements.

CQC

24. Robert Middlefell, National Professional Adviser at the CQC, provided us with an update on the CQC's activity regulating dental practices. He said that the CQC wanted to build and maintain a positive relationship with the profession and the BDA. Dentistry is generally considered to be generally low risk based on inspections undertaken.

Pensions

25. We received an update from the BDA's Head of Pensions Phil McEvoy on recent developments. The Government had recently made changes in relation to pensions taxation that had abolished the lifetime allowance ad increased the annual allowance. Labour had indicated it indented to reintroduce the lifetime allowance and the BDA would be working to influence the party to change this policy.

26. There had also been some changes to modernise the NHS Pension's rules, such as getting rid of the requirement for 24-hour retirement in order to draw pension and continue working. Partial retirement will now be an option. Contribution rates had changes mid-year and so therefore the annual reconciliation will have a mechanism to apply these to earnings.

27. Phil is available to talk at LDCs and can be contacted at Philip.mcevoy@bda.org

Shawn Charlwood
Chair, General Dental Practice Committee
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