Report of the General Dental Practice Committee

The General Dental Practice Committee (GDPC) met on Friday 6 October 2023.

Contract reform

1. There had been more meetings in recent months to progress discussions on contract reform. At these meetings, the Vice Chairs and I had strongly pressed the case for NHS England to engage with reforms that would move us away from the UDA and towards a capitation-based contract. We have presented detailed papers on both our preferred contract and the process we could use to deal with this alongside urgent actions to stabilise the NHS dental workforce. Regrettably, NHS England has insisted that this necessary, fundamental reform is not on the table at present and that it is only able to negotiate reforms within the UDA system.

2. The GDPC Executive had considered continued participation in this process at length and had agreed that engaging to get the best outcome possible was preferrable to walking away from negotiations. The GDPC was supportive of this approach, but was deeply concerned by the lack of ambition and urgency from NHS England.

3. As previously shared with the GDPC, the focus of the current discussions with NHS England were on high-needs patients and workforce issues. The details of these discussions remained confidential, but the discussions that the GDPC had in May on workforce policies were informing the stances we are taking.

Health Select Committee report

4. Since we last met, the Health and Social Care Select Committee had published the report of its inquiry into NHS dentistry. This report had said that the state of NHS dentistry "is totally unacceptable in the 21st Century". The Committee supported many of the BDA's recommendations, including abandoning the UDA, reforming the contract so that it is patient-centred and capitation-based, and introducing measures such as commitment payments to stabilise the workforce. The BDA had used the report to continue highlighting the crisis in NHS dentistry in the media.

Pay and contract uplifts

5. The DDRB had reported since the last meeting, recommending a 6% pay increase for dentists. This has been accepted for England and Scotland. The Welsh Government has not accepted the DDRB recommendation and to apply 5% to pay. In Northern Ireland, it has been indicated that there is no funding available for any uplift.

6. The DHSC had proposed a 3.23% uplift in respect of expenses in England. This clearly in no way reflects the level of dental inflation. The BDA provided evidence to the DHSC on levels of increases in practice costs and sought to instigate negotiations. The DHSC has insisted that 3.23% is all that can be afforded by the Government, and the Minister has imposed this figure. This will lead to an overall contract uplift of 5.13%.

7. In both Scotland and Wales, there has not been any engagement on expenses. The governments have opted to apply the pay recommendation to all aspects of the uplift, so the fee uplift for Scotland will be 6% and the contract uplift in Wales will be 5%.

NHS England issues

Clawback

8. In our meetings with NHS England over the course of the last year, we have been raising concerns about the likely impact of clawback on practices. The levels of delivery throughout the year have made significant clawback inevitable and we have urged NHS England to take steps to mitigate the impact and allow for the particular pressures that practices are facing in recovering from the pandemic and recruiting associates to do NHS work. We were able to secure a reduction in the delivery threshold from 96% to 90%, providing relief for some practices.

9. However, it is clear to us that this is not sufficient and therefore we proposed that NHS England introduce a minimum UDA value of £35 to provide short-term support to practices and then leave NHS dentistry on a more sustainable footing going forward. NHS England has rejected this proposal, and has instead issued guidance on flexible commissioning and the ability for commissioners to negotiate contract-specific UDA value changes.

10. We heard examples of where flexible commissioning was being used successfully to support NHS dentistry by retaining practices and dentists and meeting patients' needs. There were, however, mixed experiences as to how willing each ICS was to consider such local schemes and the extent to which they will engage with LDCs.

11. The former prototype practices have experienced particular difficulties in transitioning back to UDAs over the last year. Prototypes already had reduced delivery thresholds, but we asked that these be proportionally adjust in light of the move from 96% to 90% for other practices. Despite us sharing numerous personal accounts of how challenging the last year has been for prototype practices, NHS England was not willing to consider further adjustments. It is unacceptable that these practices that stepped up to test a new way of working on behalf of the profession have been left in this position.

Workforce data collection form

12. We discussed the introduction of the workforce data collection by NHS England and, while it was welcome that there would be improved workforce data, there were some concerns about the form itself and whether the data would be used for contract management. We would be meeting with NHS England to discuss these issues further.

Performers' list changes

13. NHS England has made a number of changes to the performers' list; a number of which are welcome reductions in bureaucracy, but there are some where we have concerns. In particular, we

are concerned about the introduction of an annual revalidation process where dentists would need to confirm that they still wish to be included in the performers' list. This seems likely to unnecessarily increase the risk that dentists will fall off the list and be unable to perform NHS work for a given period. We are also concerned about the equality impact of NHS England no longer collecting data on the sex of dentists.

NHS Long Term Workforce Plan

14. We discussed NHS England's Long Term Workforce Plan, noting proposals to increase the number of dental school places by 2038. We also heard that the Plan includes an assumption that the 'participation rate' of dentists (i.e. their NHS commitment) would increase over the period to the extent that it would increase the number of full-time equivalent NHS dentists by 7,100. This did not seem remotely feasible at a time when dentists are reducing their NHS commitment or leaving the NHS altogether. There is nothing in NHS England's current plans for reform that would lead to a substantial influx of dentists to the NHS.

Reports from the Devolved Nations

15. In Northern Ireland, the lack of an Executive at Stormont was severely impairing the ability to make any progress with contract reform. The budget decisions imposed by the Secretary of State for Northern Ireland mean that there are funding gaps in the health budget.

16. In Scotland, we heard about payment reform that had reduced the number of items on the SDR and altered the fees associated with them.

17. In Wales, initial talks have begun on a reformed contract. There continues to be concern about the current volumetric model being used since the pandemic. Some practices had withdrawn from this model and returned to UDAs. BDA Wales had also hosted a workforce seminar to bring together a range of stakeholders to discuss how reforms to contracts and workforce could be joined up.

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October 2023