General Dental Practice Committee meeting report
19 June 2019

Elections

1. Following Henrik Overgaard-Nielsen's election to the European Parliament and consequent resignation as Chair of the GDPC, this additional meeting of the GDPC was called to elect a new Chair. We recorded our thanks to Henrik for his commitment to, and hardwork on behalf of, the profession and the skill with which he had led the Committee over the last four and a half years.

2. Dave Cottam was elected as Chair and Vijay Sudra was elected to replace him as Vice Chair. Shawn Charlwood remains as Vice Chair and the Executive Sub-committee members all also remain in place.

Sustainability

3. We discussed the role of dentistry in helping to deliver environmental sustainability. It was clear that focusing on prevention, to reduce the need for treatment and the associated resource use, and making patient travel more sustainable were the two key areas for dentistry. The BDA could build arguments around environmental issues into its case around other policy areas. There was clearly a sustainability issue if patients were making 90-mile round trips to access the nearest NHS dentist.

4. The BDA was involved in working with Brett Duane, Associate Professor in Dental Public Health at Trinity College, Dublin, to review the requirements of HTM 01-05 and whether they could be implemented in a more environmentally sustainable way.

5. We did, however, think that changes that practices could make would be relatively expensive for a relatively low impact and there were wider system changes that would have a bigger impact.

Devolution and Primary Care Networks

6. We heard about the development of the Greater Manchester Primary Care Strategy, which under the auspices of 'Devo Manc' was working towards greater integration in primary care. We felt that the strategy was largely focused on GPs and did not acknowledge the different setup of general dental practice. If there was to be some form of integration in Greater Manchester, or elsewhere, this needed to ensure that dentistry remained autonomous and that others did not control the dental budget. Concerns were expressed by Greater Manchester representatives that the legislative framework for the 'Devo Manc' allowed for pooled budgets and full integration of NHS dentistry, so that practice would be sub-contracting from a commissioning body and with the patient belonging to the commissioning body, not the practice. The BDA had previously taken legal advice that had found that there was not a risk of this sort of integration, but it was agreed

that new advice should be sought. There were concerns that these changes were being medically led, without a good understanding of the national dental regulations. We reiterated our view that general dental services should be commissioned via a nationally negotiated contract and not those that were locally determined and dentistry should continue to be commissioned by NHS England.

7. We also discussed Primary Care Networks (PCNs), which were part of a wider move towards integration and which GPs would be mandated to participate in under their new contract. There was a lack of clarity about exactly how dentists were expected to be involved in PCNs. We did feel that there was a degree of risk that the PCNs would be based on the NHS Standard Contract and that dentists could lose the benefits of the GDS contracts and PDS agreements, such as pension entitlements. Given the lack of clarity, we thought it was best for us to continue to engage and seek more information before reaching a firm policy position.

Digital

8. We received a presentation from Tashfeen Kholasi, Clinical Lead for Digital Dentistry, NHSx, on the work being done to better integrate dentistry into the wider NHS digital systems.

9. NHSx had developed a roadmap for dentistry, which included in the short-term introducing NHSMail, dealing with regional variation in dental electronic referral systems, providing dental input for NHS.uk and developing the directory of services. There was also work to give dentists smartcard-free access to the N3 network. Dentists needed to have access to the Summary Care Record and the Child Protection Information Service. Consideration was being given to direct booking for urgent care and a Digital Dental Record. Exemption eligibility checking was currently being considered and this would be explored at the upcoming Digitally Transforming Dentistry conference. In the long term, there would be work on Artificial Intelligence (AI), Augmented Reality (AR) and predictive analytics. The overall aim was to integrate dentistry into wider systems.

10. There were questions as to why this push for digital integration was necessary. Tashfeen said that it was about making NHS dentistry more streamlined and efficient, more patient-centred and addressing some patient safety issues. She acknowledged that, at present, much of the digitisation of NHS dentistry had been funded by dentists and said that the creation of digital dental programmes would help to make the case for funding for dental practices. She also acknowledged the need to ensure that private practices were included in the scope.

General anaesthetics

11. The Chair of the Scottish Dental Practice Committee had attended a meeting on general anaesthetics and this led to a discussion about the quality and accuracy of data on child general anaesthetic data. It was felt that general anaesthetic lists were the first to be cancelled when pressures arise, and therefore the statistics would record a fall in the number taking place, when in fact this just reflects a delay in treatment rather than a reduction in a need. Concerns were also raised that, due to capacity pressures, some child general anaesthetics were just dealing with acute issues, without a full assessment of the case and dealing with all issues at once.

Contract reform

12. We discussed the latest developments on contract reform and felt that with changes in personnel at NHS England and the DHSC, we should make a renewed push on our objectives around securing the maximum level of capitation, a commitment to scrap UDAs, sustainable transitional arrangements and other areas.

13. Our Shadow Evaluation Group had met to bring together perspectives from current and former prototypes. The BDA was also working with the BSA and dental software suppliers on ensuring systems are in place to make associate remuneration work more easily than has been the case in the prototypes.

14. There was also discussion of the need for interim measures to deal with the recruitment and retention problems, stress and burnout in NHS dentistry. It was suggested that flexible commissioning should be part of this.

Orthodontic procurement

15. We continued to have significant concerns about the orthodontic procurement taking place across England. In the South and London, where procurement had concluded, the process was widely considered to have been chaotic and there remained outstanding issues with mobilisation in some areas, mostly due to planning permission problems. Most legal challenges had now been resolved, but there remained two outstanding cases in the South and one in London. Two contracts in the South had been pulled from the winner due to mobilisation issues.

16. NHS England had agreed that the issue with patients would be accepted for NHS treatment if they were under 18 at the point of referral, rather than at the start of treatment.

17. Practices that had lost contracts were completely lacking support from NHS England, which had effectively passed responsibility for this to the BDA and the BOS.

18. NHS England continued to insist that there would be no DDRB uplift applied to the close-down agreement, but the BDA had not accepted this. NHS England said that the UOA figure used as the basis for the close-down arrangements was the previous higher average UOA value that it was not reasonable to apply an uplift. Most practices had accepted close-down arrangements for now, but, as the arrangements became less financially viable, it was not clear that practices would continue to participate going forward.

Dave Cottam
Chair, GDPC

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