



## Report of the General Dental Practice Committee

The General Dental Practice Committee (GDPC) met on 3 February 2023.

### Elections

1. I was very 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.

### Chair's report

2. I updated the Committee on my political engagements since the last GDPC meeting, including my meeting with Neil O'Brien MP, Parliamentary Under Secretary of State at the Department of Health and Social Care; attendance at the All Party Parliamentary Group in early December, where I had spoken with several MPs including the new Chair of that Group; and LDC Officials Day, at which I had given a speech on the GDPC's recent activities. I had also regularly updated the PEC on matters that had risen during GDPC meetings. I promised to continue to maintain a high-profile for dentistry in the media wherever possible.

### Dental Contract Reform

3. I presented on a range of policy issues with regards to DCR. Based on observations from the prototypes, it had been agreed that some of GDPC's long standing positions revolve around a prevention-focused capitated-based system, away from the inequalities of the UDA system, with a different approach to high-needs patients to the one that had been in place. Unfortunately, NHS England had continued to focus on smaller changes to the current framework. The Committee was informed that continuous efforts were in place to engage with NHS England on these marginal changes, while also pressing for more ambitious alternatives to the UDA system.
4. I updated the Committee on the contract reform discussions that had taken place with NHS England following the conclusion of last year's marginal changes. During our meeting with them before Christmas, NHS England had informed us that the focus group studies had concluded, and they had remained focused on urgent care and new patient issues. I shared my frustration with the Committee of the slow progress and lack of urgency, which stood in contrast to the high-profile dentistry has had in the media and in politics.
5. The meeting discussed the new Timings Study that the BDA is undertaking, as well as the merits of conducting it, and Tom reflected on its usefulness in negotiations and putting more realistic hourly rates in perspective. Committee members shared their thoughts and made

some suggestions on adding elements to the study which would make it all-encompassing, such as orthodontics, differing UDA values and operating costs.

6. The meeting considered the possible responses of dentists, and the BDA more widely, on the ongoing underfunding of NHS dentistry. We discussed the BDA's positions regarding strike action and the increasing volume of private work undertaken by practices. The BDA would continue to support practices in NHS, mixed and private practice and to offer advice and support to those looking to transition the balance of their income.

## **Reports from the Devolved Nations**

7. In Northern Ireland, there had been no progress on contract reform. The Covid-related fee multiplier support was due to end. During a governmental meeting to try mitigate the forthcoming cliff edge, the BDA had expressed that dentists are being forced out of NHS dentistry, and the meeting had concluded on a disappointing note.
8. In Scotland, the Government was looking to revise the fee scale into a consolidated SDR and was meeting with the BDA to discuss the fee setting concerning this. Multiple members shared their concerns of the rising lab costs and the challenges this had posed.
9. In Wales, a volumetrics contract had been introduced to without sufficient consultation for the last financial year, and many practices had been underdelivering on activity targets. It was expected that many practices will be either leaving the NHS or handing back their contracts. The Welsh Government was continuing to pursue a modified volumetric approach for the next financial year, again with little consultation. An open letter had been sent to the Welsh CDO outlining concerns about this.

## **NHS England**

10. Members partook in a wider discussion on UDA delivery against targets, which was understood to be well below pre-pandemic levels. We had brought up at the last meeting with NHS England, that these practices were working at their maximum capacity, and yet still not meeting targets. NHS England had responded by agreeing to investigate if the increased need was the cause for the under-delivery. Members shared this had been due to difficulties recruiting associates and dental nurses and higher burden of disease. Members reported there had been a variation in how regional commissioning structures had been treating the interplay between recruitment retention, and under-delivery.
11. We shared our thoughts on the mid-year review that had been sent out to practices, and we agreed that questions asked by NHS England regarding the nature of the mixed economy of the practices were inappropriate.

## **DDRB and Remuneration**

12. 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 1<sup>st</sup> April 2023. An uplift on service costs to DFT practices had also been requested.
13. Eddie Crouch updated the committee on his meeting with the Secretary of State, along with the BMA, to discuss the pay of dentists and doctors. At this he had challenged the insufficient

uplift applied this year for expenses, which had fallen far below the rate of inflation dental practices were experiencing.

### **Dental Foundation Training**

14. Shiv informed the Committee that in September 2021, the Advancing Dental Care report had been published and it identified the gap between workforce capacity and patient need in certain areas. During the study, a correlation had been noted between training practices and higher affluence areas, and other areas that had been labelled as high needs did not have sufficient training practices. The report had promoted policy changes to diversify the geographical locations of the DFTs. While this redistribution would be more beneficial to some, Shiv explained it would be essential for dentists to be interested in becoming training practices, which depended heavily on the progress made with making the NHS more attractive through DCR, as it had spoken to the underlying underfunding of NHS dentistry.

### **Integrated Care Systems**

15. Mark Green updated on the submissions to the Hewitt Review on ICSs, and there was some discussion of the usefulness of the ICS reforms, given they'd be operating under the same funding constraints.
16. Members agreed on the importance of dental representation in the ICS and shared their concerns on the current lack of this representation on many ICS boards.

### **LDC Conference motions**

17. We considered the drafted responses to the motions from the last LDC Conference and approved them. These will be relayed back to the Conference in June to update them on the actions taken as a result of the motions carried.

Shawn Charlwood

**Chair, General Dental Practice Committee**

**February 2023**