



General Dental Practice Committee meeting report 6 November 2020

1. The GDPC met via videoconference on Friday 6 November to discuss the latest COVID-19 developments. This report provides a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date.
2. The BDA is providing live updates at www.bda.org/coronavirus
3. The BDA has been having regular meetings with NHS England/Improvement (NHSE/I) and the OCDO throughout this period in order to address the issues the profession is facing and to ensure that adequate support and resources are in place.
4. Our discussions focused largely on issues in England, as the devolved dental practice committees have been leading the response in Northern Ireland, Scotland and Wales.

Contractual updates - England

5. NHS England had now moved its pandemic alert status back up to level four. Discussions with NHS England are ongoing over the contractual arrangements for quarter three and four. In the meantime, practices should continue to work according to the SOP and to maximum NHS capacity, with a minimum of 20 per cent of previous activity levels. NHS England was seeking through the negotiations to move the minimum activity threshold upwards. The GDPC's negotiating position remained unchanged in that it was opposed to UDAs being used at all and did not think that there was a case that increasing the minimum threshold was appropriate at a time when there is a wider effort to reduce social contact. Remote triage is still a significant resource commitment for practices and should continue to be counted as activity. It would also be very unfair to retrospectively impose any changes on quarter three. Practices need to be given proper notice in advance of any changes to the contractual framework to which they are required to work.
6. Activity figures NHS England had shared with the GDPC negotiators seemed to suggest that practices were struggling to increase capacity. These figures did not include the remote triaging that practices were doing so do not capture the full activity being undertaken. It tended to be practices with small NHS contracts that were able to increase their activity to the highest levels.
7. There remained questions about how over-delivery from 2019-20 was being dealt with. It had been said this would be 'rolled over', but it was not clear what this meant in practice.
8. NHS England was looking at how it could reimburse providers for PPE costs, but it had not yet been confirmed how this would occur. Mark Green was a member of a working group in relation to the new DHSC PPE portal and sought feedback as to what PPE it would like to see included on the portal.

9. We discussed the ventilation of surgeries and the practical and financial support practices would need. In particular, practices require capital investment support from NHS England to meet the installation costs. There was also a need to understand the current air changes per hour in the surgery through an audit. Practices needed the reassurance that if they make an investment in ventilation then they will not be told in few months that it was not needed.
10. We have significant concerns about the financial situation for practices and that there was significant precarity for NHS practices about the impact of 2019-20's clawback being taken this financial year.

Devolved updates

11. In Northern Ireland, there are high levels of COVID-19 transmission and as a result the Health Board had dropped its activity target for now. However, there remained efforts to engage with those performing little or no activity to seek to address this and increase their clinical output. There still remained no financial support package for private practices from the Department of the Economy, despite an offer from the Department of Health to administer any scheme.
12. In Scotland, dentists could now offer the full range of NHS treatments – including AGPs for routine care – from 1 November, with the full SDR in use. Financial support to dentists increased from 80 per cent of their pre-pandemic NHS payments to 85 per cent. From March 2021, practices will be required to meet an activity threshold in return for these payments. The BDA had argued that this was not the time to reintroduce the full SDR, which is recognised as being unfit for purpose. The SDPC had established a working group to develop alternative long-term contractual proposals, including a new funding model.
13. Wales had been in a national lockdown until Monday 9 November. Practices were receiving 80 per cent of their contract value if delivering non-AGP treatment, 90 per cent if providing AGPs and 100 per cent if providing AGPs and participating in access schemes. It was not yet clear what arrangements would be in place from April 2021 and how this would relate to the overall contract reform process.

CQC strategy

14. The CQC is conducting a review of dental inspections for its new strategy and was open to views from the profession. The CQC was understood to have an open mind on introducing ratings for dental practices and had received positive feedback on an increased use of technology and telephone calls in inspections. The process was currently at an informal stage, but there would be a formal consultation on the new strategy in 2021.
15. It was possible that the current transitional methodology, involving telephone interviews, could form the basis of the new approach to smarter regulation that went beyond just checking policies were in place to assessing whether these influenced safe behaviour in practice. There was also a desire from the CQC to increase the proportion of practices inspected each year from the current 10 per cent, but for the length of inspections to be reduced. It was suggested that there should be some form of patient input into inspectors' considerations.

Private Practice Group

16. The GDPC's Private Practice Group continued to meet. At its last meeting issues around the impact of corporation and personal tax payments being due were discussed as a potential challenge for private practices. There had also been discussion of the risks of insolvency for private and mixed practices in relation to the OCDO report. There was also a risk of personal insolvency within a practice partnership.

17. The Group was next scheduled to meet on Friday 13 November.

Dave Cottam
Chair, GDPC
November 2020