General Dental Practice Committee

Report of the meeting held on 2nd October 2015

Chair's report

1. The Chair reported on some recent meetings that he had attended. He had met with DDU and MDDUS following an LDC Conference motion on dentists being refused indemnity cover. A further meeting was planned with DPL.

2. A short meeting had also been held with Simon Stevens, the Chief Executive of NHS England. The meeting had demonstrated clearly the low priority given to NHS dentistry at the moment, the Chair had made the point about diminishing NHS spend on dental services but Simon Stevens said that there is no interest in keeping money within specific services. The need to retain an essentially national contract for dentistry was emphasised by the BDA but the other-side supported service devolution. The Chair would be meeting Alistair Burt, the Minister for Dentistry, in the next few weeks.

Contract reform

3. Keith Ellis from the Department of Health presented to the Committee on the remuneration mechanisms that will be used in the contract prototypes (attached as Appendix A). He then answered questions along with Peter Howitt from the DH who is the lead for contract reform at the Department.

4. Key points of the presentation and question and answer session included:

- All prototype practices will be expected to deliver all necessary care to each capitated patient on their list – if more treatment than the minimum level is required, practices will be expected to deliver this within their overall contract value.
- Patients who received private care within an NHS course of treatment will have to sign their agreement for this information to be shared anonymously with the NHS otherwise the patient cannot receive NHS care at the practice
- DH is allowing for a fall of up to 20 per cent in Band 2 and 30 per cent for Band 3 activity for the 2014/15 out-turn for non-pilot practices
- If prototypes are running behind in their UDA targets they are able to take on new patients with commissioner agreement
- The DH intended to look at another way to measure activity and would work with the profession to produce it there was also a clear recognition that the current patient charge system does not fit with a prevention

based care delivery model although in the pilots PCR didn't fall as much as the volume of treatment undertaken

- Prototypes that are repeatedly failing to meet patient numbers and/or UDAs (that is achieving less than 90 per cent) may well find themselves receiving three months' notice from the commissioner to exit the programme

5. Pilot practices and non-pilot practices that have been offered places on the prototypes are being trained and will then be told which Blend they are being offered as well as their UDA and patient targets. The BSA portal will contain information for prototypes on their up to date and projected performance, but it was still to be confirmed whether patient numbers, UDA performance and DQUF performance would all be available at performer level. Data for the DQOF was not yet reliable so it would not be used for payment purposes for 2015/16.

6. The DH accepted that the payment system seemed complicated but stated that they had to achieve a balance between simplicity, fairness and accuracy. When asked about the difficulty practices may find in recruiting new patients, particularly those with static populations or those in rural areas, the response was that surveys tell us that there are still patients wanting to find an NHS dentist.

GDPC constitution and standing orders

7. Some minor technical amendments were made to the GDPC constitution and some more major changes to the standing orders regarding elections to sub-committees, voting processes and confidentiality of papers.

NHS commissioning guides

8. NHS England has published the four specialist commissioning guides and the implementation process is underway. The Restorative Guide is still awaited. NHS England failed to take any of the detailed comments submitted by the BDA into account. Some regional teams appear to be forging ahead with implementation without doing the necessary needs assessment.

28-day re-attendance

9. The Committee received correspondence between the Chair and the BSA regarding concerns held by the BDA on the current BSA initiative. There are concerns about BSA picking up claims that are within the regulations and delays in obtaining data for practices who wish to self-audit. GDPC members will meet relevant BSA personnel to discuss the issues in more detail. The Committee's belief was that under-claiming was the real issue rather than over-claiming.

DDRB and efficiencies for 2016/17

10. BDA evidence to DDRB was currently being finalised, Public sector pay policy has been set for the next four years with Review Bodies being instructed not to exceed a 1 per cent uplift in pay across their remit groups. The Treasury had instructed the Review Bodies to target awards to deal with recruitment and retention issues. This left a real possibility that the DDRB would target its award to GMPs. The DDRB was also clear that it would not make a recommendation on contract uplifts/fee rises for GDPs this year and would, if asked by the Health Departments, make a recommendation solely on pay.

11. Discussions had also begun with NHS England on efficiencies for 2016/17. Four per cent efficiencies were required again this year and NHS England had some ideas for possible measures. At the end of the meeting it had been floated (by NHS England and DH) that the GDPC might want to explore the option of agreeing an efficiency package in return for the one per cent pay uplift and an additional amount for expenses, This was only an option at this stage and subject to agreement by both DH and NHS England. NHS England and the BDA would have to ask DDRB not to recommend an uplift for this year.

12. The Committee considered its position on the issue and agreed that the Executive should explore the options with NHS England but not make any approach to DDRB unless the efficiencies were acceptable. The Executive would come back to GDPC with any proposals that it felt may be suitable.

FDs' clinical confidence

13. The results of recent BDA research into the clinical confidence of FDs finishing their training year was considered. The research had been written up for the October BDJ in Practice. The research showed that in response to the question "Overall, how confident are you in your ability to carry out clinical work in dentistry**?"** 25 per cent had responded that they were not very confident or moderately confident. There was a significant lack of confidence with molar endodontics, minor oral surgery and crown and bridgework.

14. Members of GDPC expressed concern about the situation and the experience some students received at dental school and within their FD year. It was acknowledged that it was difficult to train more complex skills within a stressful practice environment. There was a clear role for NHS England and MCNs to provide training and experience. The issue would be considered by the BDA's Education, Ethics and the Dental Team Working Group and actions that could be taken by the BDA.

Local Dental Committee issues

15. The Committee considered draft responses to LDC Conference Motions. Many of the motions were being followed up and a full report would be given to LDCs at Officials Day and LDC Conference. The method of voting was also going to be considered by the LDC Conference Agenda Committee: cards, electronic and other methods.

16. The use of the statutory levy was considered. It was generally agreed that GDPC members could be reimbursed loss of earnings from the statutory levy given that they were an important channel of communication between the centre and the LDCs. Otherwise the NHS Act specified that levies could be spent on "administration" including reimbursement of members' travel expenses.

Radiographs used to age young refugees

17. The BDA's currently policy statement regarding dentists being asked, by the State, to take radiographs of young refugees in order to establish their ages was discussed. The practice was not ethical and in contravention of the IRMER regulations. The margin of error was also more than a year so the procedure was not reliable. The current policy statement was endorsed.

Orthodontic commissioning

18. Colin Wallis (British Orthodontic Society representative) reported on difficulties orthodontic practices were experiencing in England with commissioners putting

contracts out to tender for one, two and three years. Short-term contracts resulted in problems for the business in forward planning and investment and also ethical issues given the need to inform patients at the outset that the practice may not be able to complete their treatment. NHS England has asked for BOS input into finding better quality metrics for the standard orthodontic agreement.

Christmas opening

19. NHS England had agreed a protocol with GDPC for managing Christmas opening. Buddying arrangements would be allowed, without the need for formal sub-contracting. A letter had been sent to all NHS England dental commissioning teams giving details of the arrangements.

Local Dental Networks/DEVOMANC

20. With the merging of Area Teams, LDNs were also merging in many areas. There was still the issue of scant resources and lack of LDC involvement. NHS England had suggested that LDCs and LDNs could draw up Memorandums of Understanding and it was agreed the BDA would produce a model for distribution to LDCs.

21. The LDN would be taking the lead with commissioning in Greater Manchester under the new devolution arrangements. Other northern cities would follow Greater Manchester and this model was clearly the way forward as far as the NHS England leadership is concerned.

Primary Care Support Services

22. Capita had won the contract to provide PCSS functions for area teams. For dentistry this was primarily performer list administration. Capita had promised to make arrangements so that dentists didn't have to travel too far to provide the personal identification information needed for admission to the list. Capita was due to present at the LDC Officials Day in December.

Summary Care Record

23. Allowing dental practices access to patients' summary care records was currently being investigated and costed by NHS England. We have met them to discuss the benefits to dental practices.

Scotland

24. The Scottish Dental Practice Committee had formed a working group to develop ways to support practices in Scotland in shifting the balance of their practices away from the NHS. The Committee had been surveying dentists in Scotland to canvass opinions on important issues including the GDC. A meeting was trying to be arranged with the GDC Chair but this was proving difficult.

Northern Ireland

25. It had taken 12 months to implement the 2014/15 uplift for GDPs in Northern Ireland and there was no sign when or if the 2015/16 uplift would take effect.

Wales

26. Health Inspectorate Wales had so far inspected a quarter of practices in Wales and there were still issues of inspectors referring trivial matters to the GDC. The CDO

had written to the Minister asking for amendments to the UDA bands and a core contract.