GDPC 2012 004

General Dental Practice Committee

Draft minutes of the meeting held on

07 October 2011

held at 64 Wimpole Street London W1G 8YS **Chair: John Milne**

List of attendees:

Mick Armstrong	Richard Elvin	Sarah May	Stephen Shimberg
Michael Arthur	Richard Emms	Graham McKirdy	Brett Sinson
Ruby Austin	Malcolm Farr	Paul Mellings	Eamonn Toner
Nick Barker	Mark Haigh	Ian Mills	Amy Vickers
David Barke	Derek Harper	John Milne	Pradeep Vohra
Graham Brown	Clive Harris	John Mooney	Mark Wilkins
Tom Bysouth	Peter Hodgkinson	Jane Moore	Colin Wallis
Katrina Clarke	Howard Jones	Pamela Noon	
Matt Clover	Paul Kelly	Henrik Overgaard-Nielsen	
David Cooper	Robert Kinloch	Shiv Pabary	
David Cottam	Joseph Kroukamp	Nik Palmer	
Peter Crooks	Jim Lafferty	Keith Percival	
Eddie Crouch	Roger Levy	Jonathan Randal	
Philip Davenport	Richard Lindsay	Susie Sanderson	
John Edwards	Gareth Lloyd		

British Orthodontic Society – Colin Wallace

1. Staff in attendance

Will Newport, Rachel Noble, Martin Skipper, Linda Wallace, Penny Whitehead

2. Apologies for absence

Nasir Ahmad, Noreen Akram, Graham Bishop, Simran Chana, Suresh Chande, Shawn Charlwood, Andrew Dale, Robert Donald, John Drummond, Rouzbeh Elahi, Sai Gathani, Catherine Gizzi, Sarah Greig, Stuart Johnston, Barry Kinshuck, Derek Manson, Colin Miller, Tariq Mushtaq, Maria Papavergos, Mahendra Patel, Roger Pratley, Dix Prasath, Thomas Robson, Jason Stokes, Jennifer Vesey, Caroline Westwood, Andrew Dearden

3. Minutes (GDPC 2011 043)

The minutes of the meeting held on 06 March were approved.

4. Declaration of interests

Paul Kelly announced that he was providing some remunerated work for NCAS.

5. Chair's report

Received: written report

The Chair provided a written update on the meetings he had attended on behalf of the GDPC since the last meeting in March. He commented that it had been a very busy time and that many of the meetings related to on-going issues such as seniority pay, superannuation and the contract pilots.

6. Contract pilots

Update on contract pilots from the Department of Health

The Chief Dental Officer and Elizabeth Lynam (Head of Dental, Optical and Pharmaceutical Services at the Department of Health) spoke to the GDPC about the contract pilots and other issues of concern to the profession.

The Chair informed the CDO that GDPC was concerned that the Secretary of State had recently appeared at a local meeting to be providing new information about how dental contracts were to be developed which appeared to pre-empt future negotiations. The Committee considered that this undermined the Committee's co-operation in and support for the development of the contract pilots and NHS reforms. The DH representatives suggested that the Secretary of State had attended an LDC meeting in his capacity as a constituency MP, not as the Secretary of State. A detailed brief had not been sought from the CDO or his team. On the particular issue of child-only contracts, the CDO considered the Secretary of State to have been saying that no new child-only contracts would be issued, which would be consistent with what had been discussed previously.

Elizabeth Lynam welcomed the opportunity to meet the Committee. She explained that 69 sites were piloting aspects of a new contract by the start date of 01 September and that a total of 70 had now been established. One of the most important aspects of the pilots would be to establish the Oral Health Assessment which was reliant on software and to date, there had been no serious reported problems with this. The pathways, which were also automated, had also been free from problems so far. Time spent on the Oral Health Assessment was variable and had been discussed at the Health Service Journal conference. A regular telephone surgery had been established by Sue Gregory and Primary Care Commissioning to assist pilot sites. PCC had also provided regional consultants to support practices and PCTs.

Indications from the first month of piloting were that the OHA was taking longer than a regular consultation. The Department of Health accepted that initially there would appear to be a drop in access, but that as dentists became more familiar with the system, the process would speed up.

The CDO was confident that access could improve, especially for those with higher needs as, although the absolute dental budget was not increasing, the new system would be more efficient and free up money for treatment. He noted that an important aspect of improving access was to increase awareness amongst the public of the importance of good oral health. It was hoped that the new system would allow for more effective targeting of resources. As the NHS Commissioning Board would be responsible for providing access to dental services

it would be their role to ensure that budgets were fairly distributed based on need. In the interim period before the introduction of a new contract, PCTs would need to reassess their UDA values. It was more likely that they would be reduced than increased at this point, although some UDA values had been increasing since their introduction in 2006. The NHSCB would also follow the Outcomes Framework which would assess patient-reported experience measures, including satisfaction with waiting times. The NHSCB would also take over responsibilities for superannuation and pensionable earnings. The pilots would be independently evaluated. Tenders had been issued and the Department of Health with the National Steering Group was in the process of evaluating which organisation would undertake the full evaluation. Information would be constantly assessed throughout the piloting process.

The CDO urged the profession to work with the Department of Health over the development of the new contract to ensure that there was no loss of provision as there had been in 2006. He confirmed that, as per the Secretary of State's comments to his constituents, any qualified provider would apply to secondary care, and suggested that, if the Committee had any further questions, it should submit them formally in writing and he would respond. Existing contracts would mostly be safe as most were open-ended and it would be too costly for a PCT to terminate or alter them.

The CDO acknowledged that the provision of orthodontic contracts was not being well handled by all PCTs. The preferred route for the provision of orthodontic care in the future would be through managed clinical networks which would be supported by guidance, making the role of dentists with a special interest in orthodontics clear.

Seniority pay had been stopped and would not be resumed as it was contrary to the law following the passing of the Equality Act. The CDO suggested that DH would explore the possibility of developing a new scheme based on a different set of criteria, but that the money allocated to the scheme would not be lost to dentistry. It was noted that the money was in the system so the problem was not a lack of funds but of how to access it.

There did not appear to be any political will or intention to reintroduce charges for non-attendance and it was too early to tell if there would be an adverse or positive effect on attendance as a result of the proposals in the new contract. There was no suggestion that funding would be available for computer or software upgrades.

Action: BDA to write to the Secretary of State about his meeting with Peterborough LDC.

Local Professional Networks Proposals from DH (GDPC 2011 044) and Local Professional Networks items for further consideration (GDPC 2011 045)

The NHSCB would provide standard contracts for dental services that could be adapted by the LPN to take account of local variations and needs. LDCs and other parties should be able to provide information to LPNs which they would use to make the decisions. The proposed number of LPNs appeared to be fairly small and so might not be able to provide the local information and detail required. The LDCs would be in a good position to offer this support.

The Committee was keen to ensure that the profession was involved in the LPNs and considered that some level of NHS commitment was required as it would not be reasonable for someone with no stake to make recommendations on NHS services, nor would the profession be happy to be represented by someone who was not representative. It was suggested that the level of NHS commitment should be determined by the LPN based on the amount of NHS work in its area and that the chair of the LDC should sit on any appointments panel to ensure that the LDC's voice was heard. Another suggestion was that LDCs should

have the power to appoint to LPNs to ensure that the representatives of dentists were heard. It was anticipated that this would solve any problems with conflicts of interest. An alternative was that the LDC could draw up the shortlist from which the LPN would have to appoint.

LPN pilots would help to establish what level of input clinicians would have and how local LPNs would function.

It was anticipated that the funding would be met by existing budgets and savings made by the reduction in the number of manager posts. The clustering of PCTs had already resulted in the merger of some small LDCs.

Action: BDA to re-word the draft responses to Sam Illingworth's questions to reflect the Committee's considerations.

7. Report of the Executive Sub-Committee (GDPC 2011 046)

The report of the sub-committee was received.

8. LDC Conference (GDPC 2011 047)

The Chair reported that he intended to provide a written response to each LDC that had submitted a motion that had been adopted.

In relation to motion 3 on the cost of computerisation, the Deputy Chief Dental Officer had suggested that funding might be available for "practice modernisation" but not for IT specifically. There had been no recent mention of this, however.

Action: Jim Lafferty to ascertain what levels of funding might be available.

Motion 5 was explained as an attempt to equalize the playing field for associates as they lacked the experience of holding an NHS contract which made it harder for them to establish a practice.

Action: The response to be amended to include the statement "including non-exclusion from the tendering process".

Action: Motion 14 to be amended to make reference to the treatment of dentists by PCTs.

It was noted that at the LDC Conference, IDH had been approached about arranging for levies to be paid to the LDCs. This had not been taken further, but corporate contributions to the LDC would be discussed in the new contract.

Action: Amendments to be made to the motions and circulated to the Executive Sub-Committee for final approval.

9. Pensions update (GDPC 2011 048)

Discussions between DH and the health service unions were not going well and this was evidenced by the planned "Day of Action". The matter had been discussed at the Representative Body where it was agreed that no formal industrial action should be contemplated at this stage, although general support for the unions would, however, be provided.

Direct action would require a ballot of BDA members. Full legal advice was being sought to establish the limits of any industrial action and the process to be followed should a ballot be held.

There would be an increase in the level of NHS pension contributions from April 2012 which would continue for three years. Most people would face an increase of between 2 and 2.4 per cent next year. The amount was dependent on earnings.

The Department of Health's response to the issues facing the pensionable earnings of incorporated associates was a success for GDPC. A window to allow incorporated associates to unincorporate had been granted and there would be no retrospective clawback. It was noted that GDPC members should make it clear to any incorporated associates they knew that they should seek formal advice from their accountants before making any decisions.

690 practices were being investigated where zero or small pension contributions were being made but the associate had provided significant numbers of UDAs. The Department of Health would be investigating the situation back to 2008. If a practice was found to be at fault it would be invited to correct it and no further action would be taken

10. Seniority pay (GDPC 2011 049)

The Chair had written to The Minister requesting a meeting to discuss this issue, which had been accepted. At the meeting, the Chair would renew calls for seniority pay to be reinstated, and, failing that, for a compensation scheme to be established on a sliding scale based on years of NHS commitment.

The BDA had sought independent legal advice about the status of seniority pay. The advice was that it was contrary to the Equality Act and thus unsustainable. It was felt, however, that should a suitable case arise that a member was willing to take to court, that the BDA should support them.

The Department of Health had not made a decision on the replacement of seniority pay despite frequent requests from the BDA. It was noted that since the scheme was under threat in England, it could eventually come under threat in the devolved administrations.

11. Remuneration sub-committee (GDPC 2011 050, GDPC 2011 051)

The Committee acknowledged the Government's decision of a pay freeze for doctors and dentists and argued that a failure to meet rises in expenses represented a pay cut in real terms, which would be contrary to government policy. There would be no acceptance of efficiency savings.

GDPC supported the remuneration sub-committee's approach.

12. CQC (GDPC 2011 052, GDPC 2011 053)

The Committee welcomed the recent House of Commons Health Select Committee's findings on CQC.

Peter Hodgkinson reported on CQC developments. It was noted that there had been 8421 applications to CQC, and most had received responses. 281 providers had not supplied an enhanced CRB check and had 60 days to comply. 2012 fees would be the same as for 2011. Compliance inspections would start in 2012, except in the case of practices that CQC had identified as being of concern and private practices, which would be inspected earlier. Practices which had been brought to the attention of CQC by whistleblowing would be

subject to unannounced visits. The Committee considered that six weeks' notice should be given of inspections as this period of notice was normally given by PCTs.

Dentist inspectors would not be involved in routine assessments and CQC was still formalising the processes whereby their expertise would be brought in. Inspectors would be unable to offer advice on how to comply but would be able to point practices in the right direction and to people who could help. So far inspectors had proven to be sensible and proportionate in their approach.

Action: Peter Hodgkinson to argue for six weeks' notice on inspections.

13. Reports from Committees

The following reports were received:

13.1 Wales Dental Practice Committee (GDPC 2011 054)

Pilots in Wales had been running for six months. Problems with software had meant that there was a lack of data to analyse.

13.2 Scottish Dental Practice Committee (GDPC 2011 055)

IOTN 3.6 had been introduced.

13.3 Northern Ireland Dental Practice Committee (GDPC 2011 056)

In the previous year's pay negotiations, the BDA in Northern Ireland had calculated that a seven per cent increase in expenses was required to result in a pay freeze. The NHS Information Centre had calculated a similar figure independently. IOTN was being increased to four and the interval between a scale and polish was being extended. There were discussions about running oral surgery pilots.

13.4 BMA General Committee (GDPC 2011 057)

13.5 English Healthcare Policy Group

GDPC was reminded that the social marketing work was continuing, although timeframes had shifted because of the PCT mergers. EHPG was interested in taking forward work on the role of health visitors in oral health information. The majority of the meeting had been taken up with discussions about LPNs that had been reported on during the earlier discussion.

13.6 Young Dentists Committee (GDPC 2011 058)

The YD representative explained that attendance at committee meetings continued to be a problem. He asked members of GDPC to encourage young dentists in their areas to be involved and to provide assistance.

13.7 Key Stakeholder Group (GDPC 2011 059)

The National Steering Group for the pilots had taken over most of the work that the KSG had been addressing and KSG was used to report developments to a wider audience. BDA representatives were pressing for KSG to look at the problem of the sale of practices.

13.8 British Dental Guild

Donations had increased to £153,626. Despite this, the Treasurer had been forced to use £70,000 of the fund in addition and there was a deficit of £202,626. Part of the increased expenses covered by the Guild was being caused by more trustees attending meetings. The balance of the account at the time of the meeting was £18,000, investments remaining steady at £1 million.

14.9 Associates Group

The Group was functioning well, but met only twice a year. It would be meeting next in November when NASDAL would give a presentation as would the CDO.

14. Any other business

Henrik Overgaard-Nielsen reported that he had received information from a Freedom of Information request about the cost of developing PDS+. Only 118 contracts had been issued and the Department of Health was unable to provide exact information. £427,000 had been spent on the development of the contracts, but this figure did not include any infrastructure costs or tendering.

The Chair thanked the Committee for its work over the last three years and provided a short summary of developments during the period. An unpopular contract was on the way out and the commissioning of services was no longer to be subject to local and variable skills of commissioners. The Chair wished people luck in the elections and thanked those who would not be standing for their time and commitment. These included Mike Arthur, Phil Davenport, Clive Harris, Sarah May, John Mooney, Pam Noon and Roger Pratley.

15. Date of next meeting

26/27 January 2012