Cross Rep Report

GDPC met at BDA HQ on 29th January 2016

Elections

Henrik Overgaard-Nielsen was re-elected as chair with Richard Emms and Dave Cottam being re-elected as vice chairs.

Indemnity Organisations

The chair had recently met with the main indemnity organisations regarding dentists being refused indemnity. All organisations said they would not leave dentists to "hang out to dry", however the DDU reserved the right to increase fees with reports of one dentist being charged £64,000. Dental Protection reported that fees could increase to £10-15,000. Caution was raised to indemnity products offered by commercial organisations as they often have high excess levels and only cover you whilst you are paying your subscription fees.

Chief Dental Officer

The new CDO for England, Sara Hurley spoke at length on a wide range of subjects. Key points are outlined below.

- CDO emphasised on many occasions that her role was advisory, not policy making and that she acts as an advocate for patients and the profession. She does not commission, nor "hold the money".
- She was happy to go against NHS England if she felt their principals were wrong. She wanted to engage with the "new blood" at the GDC and CQC, and felt that the role of the BDA was vital in being a critical friend.
- CDO was keen to see dentistry being included as part of general health and not a standalone issue. She felt that when dentistry is referred to as Oral Health it will be noticed more by commissioners and NHS England.
- CDO reported that 3% of the NHS budget is spent on Dentistry, but this is not replicated in the number of UDA's which are commissioned; she wanted to find out why not all of the UDA's available were allocated and emphasised that she wanted to see dental money staying in dentistry. She stated that she does not like UDA's and is keen to see alternative methods used (although did not say what this may be).
- CDO stated that she does not want to see NHS Dentistry disappear and that she did not like the way that dental practices collected dental charges on behalf of the state, she felt this financial relationship was not ideal.
- CDO spoke of wanting to achieve "high quality oral health outcomes" and questioned how on earth it was possible to provide a quality oral health assessment, radiographs and scaling for £13 (which is the gross UDA value in some areas).
- CDO stated that she was concerned that DoH had already decided what the reformed dental contract will contain. She did not think that the current prototypes were the best answer but could give no guarantee that UDA's would not be used as an activity measure. She did not want to see time limited contracts but instead contracts which would roll over should certain quality indicators be met.
- There was a need for education of GMP's of how dental practices are run.

- CDO stated that she felt that commissioners saw dentistry as a cash cow for other things and that there should be a good commissioning guide to encourage standardisation amongst commissioners. She believed that money was being wasted on tendering.
- CDO felt that whilst commissioning guides were a good idea they were not being applied critically, she felt that there is no such thing as a level 1, 2 or 3 practitioners, merely a patient difficulty of level 1, 2 or 3.
- CDO felt that DQoF must be assessed with clinical input, as commissioners could have no idea what data they were analysing.
- CDO believes that breach notices should have a time limit in the same sense as points on the driving licence.
- CDO stated that she has asked DoH on three occasions for a definitive list on what is and what is not allowed on the NHS. She will not be pushing this further as believes we should maintain our clinical freedom.
- CDO felt that young dentists wished to pursue a portfolio career and not follow the traditional route of practice ownership.

Collection of DMF data

GDPC was not supportive of the plans for GDP's to collect DMF data on all patients. There was to be no funding for this; unless there was calibration of dentists then the data would be unreliable; where would the time come from? Additionally oral health is not just DMF, what about perio or soft tissues? Yet another example of having to do more for less.

28 day review

NHS England were still applying the outcome of the Powys case in an inappropriate manor, in some cases claims were being downgraded from 3 to 1.2 UDA's. This is abhorrent and is being challenged by the BDA.

Contract Reform

At time of writing 29 practices had signed up, well short of the numbers hoped for by DoH. Many non pilot practices declined entry to prototypes due to the risk to their contract values. The usual problems remain; how do you pay associates? There are still no incentives for the software manufacturers. Many practices are now finding they cannot make their activity targets using therapists. GDPC voiced their support to non time limited contracts.

The next meeting is Friday 6th May.

Tom Bysouth

January 2016