

GDPC Report

GDPC met on Friday 5th May at BDA in London, key points included:

1. A question was raised as to whether it was GDPC policy to have a list of the items of treatment available under the NHS. It was policy that clarity is sought but DH refuses to provide this clarity.
2. The NHS standard contract is not legal for primary care dentistry. It is unclear if such contracts will have to be re-tendered.
3. Government are funding increases indemnity and CQC fees for GMPs. It was suggested this was due to the general practice recruitment crisis. GDPC would press for this to be extended to include GDPs and will continue to highlight the recruitment crisis in many parts of the country. Contact BDA if you have been unable to recruit associates to help build the evidence base.
4. Following a literature search little evidence was available for the occupational cancer risk of dentistry. Further work will be carried out and practitioners are requested to get in touch with the BDA if they have relevant information.
5. A proposal to move to electronic voting for GDPC triennial elections in 2018 was passed.
6. DDRB recommendations were reviewed. Wales has 1.44% uplift with England at 1%, backdated to April 2017. Again no recommendation was made on expenses. DDRB suggest that the 1% cap on pay uplifts may be inappropriate going forward.
7. There was support for the uplifts to be passed on to performers but emphasised the importance of local negotiation for those who operate as self employed.
8. Results were being awaited on the judicial review of the legality of the implementation of the dynamic purchasing system for the procurement of orthodontic services in southern England. As a result such proposals have been put on hold in other parts of the country.
9. NHS England are not prepared to offer compensation to those affected by Capita's failing to maintain the performers list. There is the potential for a good will payment for those who show they have suffered genuine loss or the opportunity to carry uncompleted UDAs over to the following year. The ombudsman has stated they don't know if they can help in this situation. DH won't say how much Capita were fined as a result of this as they claim the data is commercially sensitive.
10. GDPC had won gains over the future implementation of breach notices but the document was stuck in purdah.
11. GDPC would continue to press for access to the summary care record.
12. DH wished to talk to BDA regarding over performance of UDAs with subsequent deduction of the patient charge. This is in contrast to their previous view which was along the lines of some things are better sorted out via a legal process.
13. English contract reform. The clinical pathways remain acceptable but huge problems remain with the business model. Many prototype practices are unable to maintain activity levels.
14. Amalgam use will be continued to be allowed with a view to a phase down rather than phase out. The use will be restricted in certain groups, for example children and pregnant women. Note that no scientific evidence was found to support this.

The next meeting is October 2017.

Tom Bysouth