

GDPC Meeting 25 January 2013

GDPC Officials and Executive re-elected.

This report will only consider items that are relevant, even in a minor way, to Wales.

Concerns about LDCs as Statutory Bodies in England. The new arrangements do not take account of this and this has serious consequences initially on LDC funding if no arrangements are in place to collect levies.

Seniority Pay - The Department of Health has indicated that while they intend to look at alternative ways for the profession to access the money set aside for seniority pay, this will be part of the design of the new contract as they do not have the resources in the team to undertake a separate project. GDPC has made it clear that it expected action to be taken sooner, as had been suggested by the Minister, but it has not received any further information.

CQC - GDPC still objecting to method of working and fees charged by CQC.

Direct Access - The response clearly reflects the concerns of the profession that direct access to DCPs outside of a dentist managed environment is not in patients' best interests. The evidence cited by the GDC does not support the implementation of direct access that is being proposed and a thorough review is required before such a change to dentistry is brought in. The BDA also made it clear that it considers the GDC's main function is to protect patients and that this proposal does not support this objective.

DDRB - As for the last two years, this year DDRB's role in making recommendations on contract value uplifts for England was again suspended. This was because a maximum average one per cent pay uplift for public sector workers had already been announced by the Chancellor of the Exchequer for this and next year. As a result, DDRB was only considering evidence on morale, motivation, recruitment and retention for England, Wales and Northern Ireland.

Debate on the Future of Associates in General Dental Practice - Considerable debate took place on the future of associates in the 'new' NHS in England and much that was debated is relevant to Wales. Some questions are evident about the future and these can be summarised thus, bearing in mind that changes to working patterns are likely:

- How will associates fit into the new way of working in England and Wales?
- Will the preventive way of working be a threat to associates?
- Is it inevitable that associates will be replaced with DCPs?
- Career progression – what is this likely to look like?

The reports of the BDA Pensions Committee and Welsh GDPC are produced here in their entirety.

Roger Pratley
GDPC Member SW Wales

Report of the BDA Pensions Committee

1. The BDA Pensions Committee met on 8 November 2012 and discussed the following issues among others.

2. The Public Service Pensions Bill has been published and was making its progress through the House of Commons. This bill is an umbrella bill that gives effect to the proposed changes to public service pensions ,including NHS pensions, as per the final 'agreement ' with the Government published on 9 March 2012.This is the primary legislation required to allow the introduction of the new 2015 NHS Pension Scheme.

The opportunity was taken to formulate a memorandum of observations on the bill with a view to securing amendments to the bill during its passage through Westminster. The bill has now passed through the House of Commons with only minor amendments but there is greater hope of securing amendments at committee stage in the House of Lords in January 2013 .

3. Health Trade Unions , including the BDA, co-operated to produce a jointly worded letter protesting about the Government's decision to utilise State Pension Age as the new normal retirement age in the 2015 NHS Scheme. The letter was published in the Times Newspaper.

4. The draft NHS England and Wales AVC and Injury Benefits (Amendment) Regulations 2013 were published soon after the meeting took place. One of the principal purposes of these regulations is to introduce increased tiered contribution rates for 2012-13 and 2013-14.A copy of both tables is attached at the end of this report.

5. NHS Pension Choice arising from the 2008 NHS Pension review is effectively completed in England and Wales but is still on-going in Northern Ireland. Second chance choice is likely to be rolled out for those who transferred their benefits to the 2008 scheme prior to the negotiations that took place leading to the introduction of the 2015 NHS Pension scheme.

6. Separate NHS Pension negotiations are taking place in Scotland over the future shape of the NHS Pension scheme there. These talks have been severely restricted by HM Treasury which has limited the Scottish Government's freedom of movement. A meeting of the negotiating group on which the BDA is represented by Wallace Mair meets on 14 January 2013.

Pensionable Pay in 2012/13	Contribution Rate in 2012/13
Up to £21,175.99	5.0%
£21,176.00 to £26,557.99	6.5%
£26,558.00 to £48,982.99	8.0%
£48,983.00 to £69,931.99	8.9%
£69,932.00 to £110,273.99	9.9%
£110,274.00 and over	10.9%

Pensionable Pay in 2013/14	Contribution Rate in 2013/14
Up to £15,278.99	5.0%
£15,279.00 to £21,175.99	5.3%
£21,176.00 to £26,557.99	6.8%
£26,558.00 to £48,982.99	9.0%
£48,983.00 to £69,931.99	11.3%
£69,932.00 to £110,273.99	12.3%
£110,274.00 and over	13.3%

Report from the Welsh General Dental Practice Committee

1. Meetings:

WGDPC has not met since last October but some members were able to take part in a meeting of Welsh Council at which Dr David Thomas, CDO Wales was present. He was able to inform the committee that progress was being made with Wales' National Oral Health Action Plan. A large number of responses to the consultation had been received and these have been analysed. It is hoped to publish the responses document, with Welsh Government comments shortly and the final NOHAP will follow in the summer.

It is anticipated that the final plan will focus on Welsh Government priorities which are for access, people' responsibility for their own health, the Designed to Smile programme and affordability of and access to specialist services. In addition services including the Welsh pilots will be assessed and quality and safety issues will be identified. However, the funding for improving services has not been identified.

A Welsh edition of the 'Colgate' document 'Delivering Better Oral Health' will link to D2S. This was originally designed as a CDS initiative and it will be difficult to expand it into GDS although the pilots have shown that it can be done. But, at present, the GDS is working at capacity so additional resources will be needed if Welsh Government wants the GDS to do other things in addition to its present workload – time, workforce, funding. Pilots are showing that GDS practices can do different things but it's a balance between ensuring access, routine maintenance and also providing preventive care. The population group that is causing problems is the 40-70 year olds who need significant amounts of treatment which they have now got used to receiving at low cost to themselves.

There is a patchy distribution of specialist care across Wales. Cardiff and Vale HB, where the dental hospital is sited is generally fine but in other areas access to specialities is poor and this is compounded by recent individual health boards' restrictions on referrals out of area. Health Boards must be prioritising the development of specialist services.

2. Welsh GDS Pilots

There are two pilots running at present. The child / D2S pilot, whilst deemed successful is being terminated and two of the practices involved are transferring to the 'Quality and Outcome' pilot. This is being modified as the present participants are struggling with the oral health assessment in its current form. Another problem yet to be addressed is the patient charge revenue which has fallen significantly in the pilot practices.

3. IT

A pilot project is being tested to link GDPs to the NHS Wales Net. If this is shown to be of value it will be extended to other practices and would allow processing of payments in Wales through NHS Wales Shared Services. A further benefit would be access to the summary health record which will be introduced next year. This will mean that every practice in Wales will have to be connected to the NHS Wales Net and there will be a cost estimated at around £100pa per practice.

4. Patient charges in Wales

Patient charges were increased by 2 per cent last October. This is not bringing in much additional revenue but was restrained by Welsh Government ministers.

5. Other items discussed

A new practice appraisal scheme is being developed by Public Health Wales. This will be linked to existing quality checks.

There is likely to be a consultation on new regulations governing Healthcare Inspectorate Wales.

Health Boards are still ignoring their statutory responsibility to consult with LDCs when changes to services are being proposed.

WGDPC is next due to meet in April.

**Gareth Lloyd, Chair
Stuart Geddes, Director.**