

Report from GDPC meeting

May 2018

1. Contract Reform (England): It was felt that contract reform was entering a key stage and GPDC needed to set out a public position. Members stated that dentists were fed up with the current system and wanted things to change soon. Do we want to perceive with UDAs within any system? Is it time to try to flex UDAs in England? Welsh members clarified that the 10% UDA reduction in Wales was for paperwork only at this stage, whilst noting it is unclear what happens next in Wales. DH have intimated that they do not want to see the money follow the patient and are being incredibly slow within the reform process. A workshop is planned with DH to discuss contract reform. It was noted that 29% of UDA practices experienced clawback in 2016/17, with more contracts being handed back.
2. National Patient Tariff: Discussion was held as to whether GDPC supported the idea of a national patient tariff (regardless of weighted capitation) in any reformed contract – that a given patient should attract the same fee for the same treatment, regardless of where they would be treated? This was voted on and agreed.
3. Amalgam: What is the GDC position on this? Will there be an increase in GDC complaints as there is a lack of evidence base? A good record of consent and justification is key. It should not be left to dentists to deal with the outfall from the change in regulations. GDPC will continue to push the CDOs to lead on this.
4. Position on patient charges: GDPC supported the assertions that ideally there would be no patient charges, but to lose them would result in a substantial drop in the dental budget. That it should not be the responsibility of the practice to collect charges and that any increases are no higher than inflation.
5. DDRB: Oral evidence had been submitted in April 2018. It was noted that NHS England have finally admitted that there is a recruitment and retention problem. A result on any uplift will be expected in June.
6. GDC Fees consultation: Open until May 15th, and individual responses are requested in addition to the BDA response. GDC still do not justify their need for the collection of reserves, and appear to show a desire to use discretionary activities – but what exactly to they mean? It would be better if the GDC focused on doing their statutory work well. There was a 3% reduction in the number of dentists on the register going into 2018. GDC had a recent annual underspend of £8.3million.
7. Dental Foundation Training: 40 students are without a DFT place for 2018/19 at present. It is expected that these students will secure a place through clearing. Special circumstances have been extended to include parental responsibility.
8. LDC Levy: Some LDCs in England have reported problems with Levy collection. Are we experiencing any problems with this in Wales?
9. Mental Health: Plans are underway for a dental mental health helpline which won't be affiliated to any particular organisation.

The next meeting is October 2018.

Tom Bysouth

Copies to Bro Morgannwg LDC, Dyfed Powys LDC, BDA Wales.