



## General Dental Practice Committee meeting report 14 August 2020

1. The GDPC met via videoconference on Friday 14 August to discuss the latest COVID-19 developments. This report provides a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date.
2. The BDA is providing live updates at [www.bda.org/coronavirus](http://www.bda.org/coronavirus)
3. The BDA has been having regular meetings with NHS England/Improvement and the DHSC throughout this period in order to address the issues the profession is facing and to ensure that adequate support and resources are in place.
4. Our discussions focused largely on issues in England, as the devolved dental practice committees have been leading the response in Northern Ireland, Scotland and Wales.

### Executive by-election

5. A vacancy had arisen on the Executive Sub-committee as a result of Leah Farrell's decision to step down and we expressed our gratitude for her contribution to the GDPC over many years. Mark Green was elected in the by-election.

### Contractual updates

6. It was disappointing that discussions on the contractual framework for quarters three and four had slowed and little progress had been made recently. At this point, it seemed very unlikely that arrangements would be agreed in time for the scheduled start date in September.
7. NHS England had provided a draft proposal of measures that could be used to provide assurance that appropriate clinical activity continues to take place. The GDPC negotiators had made clear that the contractual framework must be simple and allow practices to provide appropriate patient care. The lesson from the Dental Contract Reform was that the less complicated the framework the better. NHS England must prioritise those measures it feels are most important. It was very positive that NHS England had not proposed the restoration of UDA targets this financial year.
8. It was felt that the push to introduce multiple measures of dentists' activity was fundamentally the result of NHS England's lack of trust in the profession.

### Associate pay and employment status

9. The BDA's recommendation was that associates were paid for NHS work on the basis of their net pensionable earnings from the previous year. Some practices were said to be calculating it on the

basis of gross income and then deducting the abatement, which would be similar but more complicated to calculate.

10. The BDA had received 500 associate pay disputes and these issues continued. The resolution had been paused for outstanding cases as there was no obvious means to resolve them. Legal advice had indicated that the enforcement of the current arrangements would require a change to the Statement of Financial Entitlement (SFE). The GDPC had asked the DHSC to amend the SFE, but the DHSC had yet to make a decision on this.
11. There was also discussion of associate self-employed status. There are now a number of advertised salaried roles in general dental practice. Prior to the pandemic, HMRC had been conducting a review of its position on associate's self-employed status and it had intended to withdraw its generic advice and instead ask associates to complete an individual assessment. This was not expected to have a significant impact on associates' status in practice. The change in advice had been delayed by coronavirus. HMRC had made clear that the temporary payment arrangements for associates due to the pandemic will not be used to indicate associates are employed.

### **Private practice**

6. The biggest issue facing private practices was the length of fallow time, which was significantly decreasing the amount of clinical activity possible. There was currently an SDCEP review of the evidence base on fallow time for aerosol-generating procedures, which it was hoped might reduce the fallow time.
7. It was also reported that private practices were experiencing issues with accessing local financial support schemes.
8. The Jason Wong report on mixed practices was expected to be published shortly, after the Health Minister had had chance to review it. The BDA had surveyed 3,000 practice owners to provide evidence for this report on the financial challenges practices are facing.

### **PPE**

9. The British Dental Industry was reporting that PPE supplies were improving, with new lines and suppliers being introduced. Dentists had now been given access to the NHS portal for free, emergency PPE supplies when necessary.
10. Across the UK, there were reported issues with use-by dates on PPE being stickered over. There were very serious concerns about the safety of this.
11. There was also discussion of how stressful and difficult it is to wear high-grade PPE all day. Members reported feeling physically and mentally exhausted by it. There was a risk that as clinical activity increased, dentists would be expected to spend even more time in this PPE.

### **Flu vaccines**

12. It was vital that this year dentists and their teams had access to free flu vaccination. The GDPC had long called for this and would press NHS England to ensure that this was introduced this year.
13. In Greater Manchester, there was a proposal for dentists to be part of delivering the flu vaccination programme, either in practice or as part of a redeployment. The GDPC felt that this could be a positive way for the profession to make a contribution to the pandemic response, but that it would have to be part of a reasonable contractual arrangement.

## **Orthodontics**

14. A BOS survey had found that orthodontic practices had returned to 70-80 per cent of previous activity. NHS England was therefore looking for 80 per cent case starts for quarters three and four. This will be for formal negotiation with the BDA.

## **Devolved updates**

15. In Northern Ireland, the NIDPC was negotiating on the financial and contractual framework for the remainder of the financial year. The Department had provided additional money to fund PPE for practices. However, the loss of patient charge revenue was presenting a significant funding issue. Unlike in England where non-UDA activity was counting towards the current target, only item of service activity was being counted. The Department wanted practices to see the same mix of exempt and non-exempt patients as before. The NIDPC have pointed out that, even if practices saw exactly the same patient cohort, the proportion who are exempt is very likely to change during a significant recession, and therefore that this expectation was unreasonable. The RQIA was re-starting on-site inspections, which NIDPC was concerned about. Overall, there were significant concerns about the stress and strain being placed on dentists.
16. In Wales, it was said that the promised free PPE for practices was not available consistently and this would be raised with the Government. The WGDC had raised the fact that practices in Wales had received less funding than those in England while being required to do more work during lockdown. The CDO had dismissed this. Wales was the only part of the UK where practices were required to leave a fallow time after non-AGPs.

## **Career associate position on the Executive Sub-committee**

17. The recent LDC Conference had passed a motion calling for the creation of a career associate position to be created on the GDPC Executive. Career associate was defined as an associate that hadn't previously owned a practice. This issue was discussed extensively by the Committee, with a range of views expressed. Some felt that all positions should be elected on merit, but it was also noted that there are already reserved seats on the Executive for Northern Ireland, Wales and Scotland. There was also concern that if specific representation was given to one group then it might need to be extended to others. The motion had clearly been based on a perception that associates are under-represented and not heard as loudly. We agreed to audit our membership to establish the balance between associates and practice owners. Some felt that the GDPC was no longer dominated by practice owners in the way it once was. It was felt there was a need to reach out and encourage more associates to stand for election. It was felt that having a career associate on the executive would bring a different perspective to its discussions.
18. After this discussion, the GDPC voted to reject the proposal to create a career associate position on the Executive.

**Dave Cottam**  
Chair, GDPC  
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