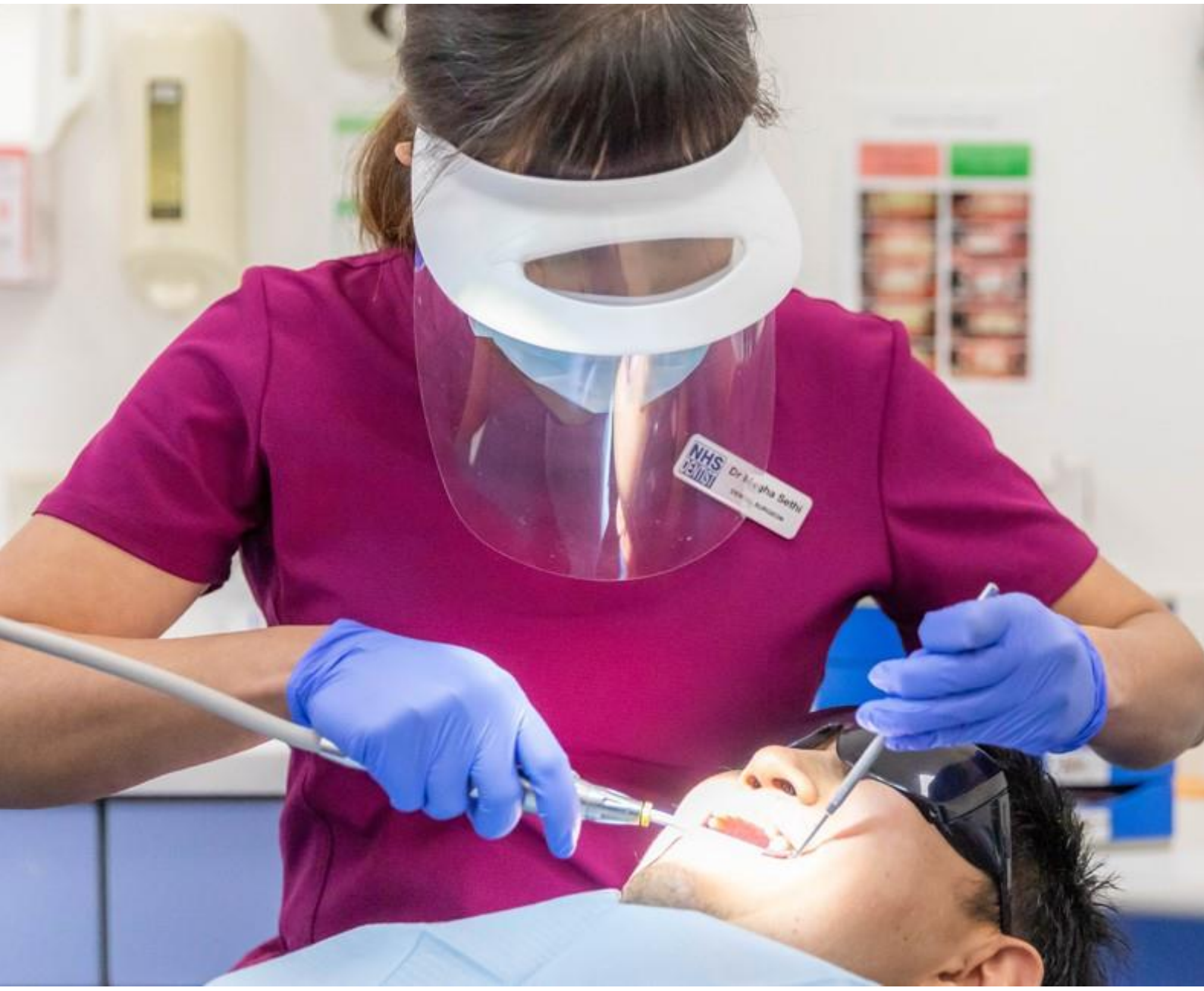
BDA

British Dental Association

General Dental Practice Committee

Policy document

February 2024



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Executive summary

Since its inception in 2003, the General Dental Practice Committee (GDPC) has continued to develop and agree policy positions on all areas affecting general dental practitioners (GDPs). This has often been done as a result of discussions that have taken place and motions that have been passed at LDC Conferences over the years.

The GDPC is a UK-wide committee, however, matters relating to devolved health policy in Northern Ireland, Scotland and Wales fall to the national dental practice committees; NIDPC, SDPC and WGDPC. As such, this document focuses on UK-wide and England-only policy issues.

The policies agreed by the GDPC underpin the work which the Chair and the Executive Sub-committee do on behalf of GDPs. The Executive Sub-committee will also develop policy on minor areas as necessary and these would not be formally agreed by the GDPC, and are therefore not recorded in this document.

This document outlines a summary of the policies agreed by GDPC since 2003 that retain contemporary relevance. It is intended that this will help to inform LDCs as they consider the motions they will submit to LDC Conference 2020. It should be read in conjunction with the GDPC responses to the motions passed at last year's Conference and the record of motions passed in recent years.

Clearly, not all of the areas of policy discussed by LDC Conference fall within the remit of the GDPC and therefore matters that relate solely to the positions of other BDA committees are not included within this document. There are also areas, for example, procurement or education and training, where the views of the GDPC form only part of the BDA's wider position and approach.

The details of the GDPC's policy positions are detailed below, but to highlight a few key issues.

- The GDPC supports a comprehensive NHS dental service, but that this is not possible within the existing resources. The responsibility for any decisions on rationing should lie with the Department of Health and Social Care and not dentists.

- Dental contract reform should be prevention-focused and based on a system of weighted capitation. The UDA is not fit for purpose and must be replaced.

- Patient charges should not be used as a means for funding NHS dentistry and dentists should not act as tax collectors.

- The GDPC is opposed to the use of time-limited contracts.

- Patients and dentists should have choices in the provision of dental care, including in the private sector.

- Competitive procurement should not be used in dentistry.

- The ARF should take account of dentists' different circumstances, reduced rates for part-time dentists and reimbursed for dentists who retire mid-year.

NHS contracts and funding

NHS dentistry

As a general principle, the GDPC will work towards an improved system of NHS dentistry, and believes that practitioners working within the NHS deserve fair terms and conditions of service.

The GDPC supports the principle of comprehensive NHS primary care dentistry available to all rather than a 'core' NHS service, in terms of patients treated and/or treatment available. However, the GDPC acknowledges that this is an aspiration and, with current Government policy and levels of funding, is unrealistic. A comprehensive NHS dental service is dependent on adequate resources and the Government should not pretend that current resources were sufficient to deliver a comprehensive service for all patients.

If the Government isn't willing to invest more, then it must decide how to target funding appropriately. It is not for the profession to detail how an under-funded service might be rationed; this is a decision for elected politicians to take and debate with the public. If the Government were to pursue it, any 'core' system would also need adequate funding.

Nonetheless, the GDPC believes that there needs to be clear definition of the extent and limitations of what patients have access to on the NHS. The GDPC had called for a list of NHS treatment when previous contract reform discussions began in 2003 and had stated that if limitations on NHS care were to be in place then it was for the Department of Health and Social Care to define this.

Consultation and negotiation with the dental profession

When the GDPC negotiates with the Government it does so on behalf of the front-line clinicians who are general dental practitioners. The GDPC is mandated to speak and act on GDPs' behalf, but in order to do so, the GDPC needs appropriate time to consult with them. The GDPC position is that the Government and NHS England must therefore adhere to their own codes of practice regarding consultation, as well as common-sense principles of good governance.

UDAs and the 2006 contract

The 2006 contract is not fit for purpose and must be reformed. The GDPC believes that the UDA is an extremely poor measure for achieving good oral health, particularly if used as the sole currency of the contract. It fails both patients and the profession.

Contract reform

The GDPC supports a prevention-focused and patient-centred dental contract reform process. The reformed contract's remuneration system should be based on weighted capitation at the highest possible level, underpinned by the use of Dental Reference Officers.

Where an activity measure is used in a reformed contract, this should not be the UDA and a different measure should be developed. A national tariff for capitation and activity should be introduced in a reformed contract so that practices receive the same payment for providing the same treatment to the same patient. The capitation payment should be weighted according to patient need. The GDPC favours at least a three-year capitation period.

The GDPC does not wish to see any reformed NHS dental contract implemented on the profession without appropriate testing and piloting, such that any repeats of the forced implementation of the 2006 contract be avoided. Buy-in from the dental profession is key to making any future contract work.

Similarly, the GDPC was dismayed by both the lack of support for former 'prototype' practices, and the squandering by Government of important insights arising from that process, hard-won by the clinicians who agreed to take part.

Patients failing to attend

The GDPC believes that the financial burden of patients failing to attend appointments should not fall on dental practices, as is the case currently. Despite the removal of the ability to charge patients for failure to attend on the NHS in England from 2006, the GDPC continues to favour the ability of practices to be able to do so. The GDPC also believes that practices should be credited UDAs by NHS England where patients have failed to attend.

High needs patients

The GDPC has long supported a prevention-focused reform to the GDS contract. However, GDPs must be supported to treat disease where it exists and, despite overall improvements in oral health, there remain significant numbers of high needs patients. The GDPC has consistently argued for a contractual arrangement that supports dentists to treat high needs patients. It is also important that it is acknowledged that treatment is prevention of further disease.

Research and innovation

Research and innovation (R&I) can lead to new advances in dentistry, both in the development of new treatments and changes to working practices. The BDA has been able to confirm that dental practices in England are eligible for the same payments for undertaking research as medical practices, but that medical practices have contractually facilitated payments to cover service costs related to research, which dental practices do not. The GDPC is aware of NIHR Clinical Research Networks' efforts to facilitate and promote research in dental practices. Consideration could be given to suitable and appropriate engagement with NIHR on support for research-related activities.

DFT service cost remuneration

The GDPC believes that the failure of NHS England and DHSC to appropriately remunerate DFT service cost payments is leading experienced trainers to re-evaluate their commitment to dental foundation training, as well as limiting the ability of those who would otherwise be interested in acting as trainers from doing so. The service cost payments should be uplifted to make up for the years in which they have been frozen and then uplifted annually.

Flexible commissioning

The GDPC has been supportive of flexible commissioning as a short-term support for struggling practices, while contract reform is delivered. Flexible commissioning should not be used to replace contract reform.

ICB guidance for commissioners can be found here: https://www.england.nhs.uk/long-read/opportunities-for-flexible-commissioning-in-primary-care-dentistry-a-framework-for-commissioners/

Patient charges

The GDPC's position on patient charges is:

- That, ideally, patient charges would not exist as they deter patients from seeking necessary dental care.
- That as long as patient charges exist, dentists should not be required to collect them.
- That any increases in patient charges should be no more than inflation.

Dental tourism

With the increasing popularity of patients traveling abroad for dental treatments, it is the GDPC view that it is reasonable for NHS dentists to decline to replace treatments that would not normally be provided on the NHS, and that patients should not have an expectation that treatment should be replaced like-for-like. However, dentists have an obligation to treat patients, particularly where there is an immediate risk to a patient's oral health, subject to practice capacity.

When patients present with issues resulting from treatment abroad, the likelihood is that the necessary care will be quite complex and may often be beyond a general dental practitioner's usual competence. As no registrant should work out with their competence, it is appropriate to deal with issues of acute or spreading infection and immediate risk to the patient's oral health, but to refer them on or advise them to return to the initial clinician for more extensive remedial work.

The Office of the Chief Dental Officer in England is currently looking at this issue and is expected to issue guidance on the responsibilities of NHS practices in this context. The GDPC is represented in relation to this work.

Digital

IT capital costs

The GDPC has consistently called for the capital costs of any new IT requirement to be met by NHS England and/or the Department of Health and Social Care.

Digital integration

The GDPC calls for greater digital integration so that NHS dentistry becomes part of the NHS Digital mainstream, and for dentists get access to Summary Care Records among other digital services.

Electronic prescribing

The GDPC believes that primary care dentists should have access to electronic prescribing.

Commissioning and procurement

Procurement

The GDPC has called for an end to the use of competitive procurement in dentistry and has supported proposals by NHS England to legislate for this. It favours the development of a best value test with BDA input into the design for dentistry.

The new Provider Selection Regime is now in place, and the GDPC is supportive of the move away from the use of competitive procurement processes in all instances. In general dental practice, the experience of competitive procurement has been disastrous. It has led to unnecessary disruption to services for patients, costly processes for both bidders and commissioners, and the loss of experienced dentists from the provision of NHS services.

The GDPC has asked that dental commissioners be required to develop specific provider selection criteria drawn from this general guidance. The GDPC believes that these criteria should be developed nationally and in collaboration and consultation with the BDA. This will ensure that there is a consistent basis for decision-making to avoid unnecessary local variation or duplication of work. It may be appropriate to develop specific guidance for dental specialties, for example, orthodontics or Intermediate and Minor Oral Surgery, so that the criteria for provider selection are aligned to the specific clinical service.

Time-limited contracts

The GDPC is opposed to the use of time-limited contracts.

Needs assessments

The GDPC believes that local primary care organisations, such as Integrated Care Systems (ICSs), should map oral health needs within their populations to inform decision-making. This should be led by Dental Public Health consultants.

Integrated care boards

The GDPC supports the principle of integration in primary care.

The commitments given by NHS England and the DHSC on the continuation of commissioning arrangements and funding within the national contractual framework for dental services - as

reflected in the draft Delegation Agreement – give the GDPC the reassurance that integration would be supported efficiently, effectively and economically, and would avoid the risk of local variation and postcode lottery in the care provided to patients. Core primary care services designed at national level and delivered locally provide a stable foundation for ICSs to build on in delivering the Triple Aim. As local leaders have already recognised, the delivery of the Triple Aim is however threatened by years of underinvestment in NHS Dentistry and the nature of the current primary care contract.

The BDA believes that dentistry should be represented and involved in decision-making at all levels of the Integrated Care Systems, including strategic decision-making forums, with LDC nominations for these roles. Though the Government did not accept the amendments for Integrated Care Boards (ICBs) to be required to work with primary care services, in his response the Minister said he was "open to further conversations in this area'.

The BDA's submission to the Health and Social Care Committee's Inquiry into NHS dentistry in 2023 resulted in the following recommendation: 'The dental profession should be represented on ICBs to ensure they have the necessary expertise to inform decision-making around contracting and flexible commissioning. This should include wider engagement with the profession locally, for example through Local Dental Committees'.

The GDPC will continue to take every opportunity both to encourage engagement and press for an LDC place on ICBs. The BDA wrote to all ICB leads in 2023 to encourage engagement with LDCs in the development of local commissioning schemes.

Domiciliary care

Domiciliary care is significantly under-commissioned relative to need, with BDA estimates suggesting it is sufficient only to provide care to 1.3 per cent of those likely to require it. The GDPC believes that far greater levels of domiciliary care need to be commissioned and that there is a number of successful models which could be adapted and used more widely. Flexible commissioning schemes offer one means to achieve this, but the GDPC believes that there is a need for new investment to meet the scale of unmet need, rather than recycling existing funds. The GDPC would welcome collaborative working with NHS England on a commissioning standard for domiciliary care.

The GDPC believes there is a need to develop a commissioning standard to ensure that dentistry can also be appropriately delivered to homeless people and others in vulnerable and socially marginalised groups. There are a number of schemes already in operation, such as Design to Smile in Wales, aimed at young people, from which learning could be drawn to support this. This care can be delivered across primary care by both GDS and CDS providers.

Pay, conditions and benefits

DDRB (Review Body on Doctors' and Dentists' Remuneration)

The GDPC believes that the DDRB has not been sufficiently independent since at least 2002. There has been a great deal of frustration at its failure to make recommendations that adequately remunerate dentists, and its failure to address the ongoing crisis in the recruitment, retention, morale and motivation in the dental sector. Whilst the DDRB makes a recommendation on pay, the national governments are themselves responsible for delivering a negotiation process regarding the costs of delivering care. This negotiation process should occur with the BDA as the negotiating body for the dental profession, yet has consistently failed to meaningfully take place.

Nonetheless, the GDPC has favoured continuing to engage with and submit evidence to the DDRB.

Associate pay

While the DDRB recommendation does not relate directly to the pay of associate dentists in England and Wales, associates might reasonably look to the award for an indication of an expected uplift in their own income. The GDPC recognises that practice income has been under enormous pressure for a number of years and therefore any decision on pay increases for associates will inevitably reflect local business circumstances, and will be a matter for direct negotiation between the parties. However, the GDPC would expect practices to recognise that associate income has also declined significantly in real terms, and to reflect the DDRB award in associate pay wherever possible. Associates are encouraged to engage with practice owners to discuss their contractual arrangements in light of the DDRB uplift.

Occupational health

The GDPC believes that GDPs should have full access to occupational health services. The GDPC has pressed NHS England to make free flu vaccinations available to GDPs, as frontline NHS workers. The GDPC has successfully gained access to the Practitioner Health Programme, which provides mental health services, for all dentists in England.

The GDPC also believes that providing access to occupational health services funded by the NHS to all members of the dental team is a means to improve recruitment and retention, and continues to raise this with the NHS.

Pensions for practice staff

The GDPC supports the principle of providing access to the NHS Pensions Scheme for members of the dental and practice team who are involved with NHS work. However, it is important that funding for such arrangements comes via the NHS, and is not simply a financial burden on employers. It might also be a challenge to ascertain how much work of each individual staff member is apportioned to NHS work.

Education and regulation

Dental Foundation Training (DFT)

When there was a proposal to cut the Foundation Dentist salary, the GDPC was opposed to this and would continue to be so.

The GDPC is opposed to the setting of UDA targets for Foundation Dentists, even where these are notional.

Performer List Validation by Experience (PLVE)

The GDPC's policy position is that that there is no obvious viable alternative in the current system to the Performers List. The GDPC would not support the removal of the England Dental Performers List.

The GDPC supports the stated policy intent (the reduction of bureaucracy and the speeding up of applicants' inclusion on the PL) behind the recent changes (the move to adopt the same approach for all applicants and to curtail the PLVE scheme) but has concerns at the way in which these changes were implemented and the lack of guidance about the operational arrangements.

GDC – Annual Retention Fee

The GDPC believes that the GDC needs to keep its annual retention fee (ARF) as low as possible. The ARF was reduced for 2024, which was welcome, as is the policy to explain what it is being used for and setting it ostensibly for three years. However, the fact that high levels of uncertainty are continuously used to caveat the setting of the fee with the intention of having options to increase it in future years, possibly substantially, is unhelpful and does not foster trust. The GDC needs to ensure that its activities stay in its remit, that its policies are transparent and that timeliness in fitness-to-practice is greatly improved.

The BDA will continue to contribute to ongoing work on regulatory reform.

The GDPC supports the introduction of reduced registration fees for those working part-time, and a register for retired practitioners.

Skillmix and Dental Care Professionals

From 2021, NHS England has allowed DCPs to submit claims for NHS work, under the performer number of a dentist. DCPs must be properly trained, indemnified and supported to undertake the treatments that they are completing. The GDPC believes that the use of skillmix in the NHS needs to be properly thought through and the UDA system is a fundamental impediment to effective team working.

The GDPC believes that it is best practice for dental hygienists and dental therapists should be supported by a dental nurse, but acknowledges that there is a severe shortage of dental nurses that makes this challenging and it may not be always be practical for this support to be provided.

Career pathways

The GDPC believes that there is a need for developing skill-enhancing training pathways and providing a system that would allow the delivery of enhanced services in a primary care setting for all general dental practitioners. However, the lack of career pathways is just one aspect of issues with the current system and a whole system reform is needed to ensure dental practices can continue providing NHS services. The GDPC has consistently raised the need for greater career and professional development support in negotiations with NHS England.

Miscellaneous

Local Dental Committees (LDCs)

The GDPC is supportive of LDCs engaging with all GDPs, including those in private practice, and would encourage LDCs to do. The BDA's model constitution for LDCs includes the ability for private practices to pay a voluntary levy to the LDC. Private dentistry represents, by spend, the majority of dentistry delivered, and most practices and dentists provide both NHS and private treatment. The GDPC is supportive of this mixed economy and wants to ensure that private dentists are properly represented.

The GDPC supports the engagement of LDCs with Dental Care Professionals and to ensure that their voices are heard. Although DCPs are not currently levy payers their engagement can only strengthen the LDCs. How Committees wish to engage DCPs is for them, but the GDPC would encourage this to happen.

BSA Dental Assurance Reviews (DARs)

During the 28-day reattendance reviews, the GDPC opposed the disproportionate and heavy-handed approach used by the BSA and felt that many practices with claiming behaviour that was not significantly outside of a normal range were being subject to scrutiny. The GDPC believes that the BSA's approach has led to significant levels of under-claiming within the NHS to avoid accusations of inappropriate claiming.

More recently, the GDPC has constructively engaged with the BSA to seek significant improvements to the new round of DARs. This includes only looking at extreme outliers and a more proportionate process.

Private dentistry

The GDPC recognises the need for patients and dentists to have choices in the provision of dental care, and sees a significant role in actively supporting practitioners who wish to develop alternative funding streams for their practices in the private sector.

Independent contractor status

The GDPC believes that the current independent contractual status of General Dental Practitioners should be maintained.

Equality, Diversity & Inclusion

The GDPC believes that all forms of discrimination have no place within dentistry, and further, that the NHS needs to address the racial inequalities within the profession that were highlighted during the Coronavirus pandemic.

The BDA has established an Equality, Diversity and Inclusion Committee in 2020, to lead its work to tackle discrimination within dentistry. To date, the BDA has held an ethnic minority dentists' forum, undertaken research into racism and racial inequalities in dentistry, developed EDI

training, begun to consider implementation of diversity monitoring for BDA members, and produced guidance on inclusive language.