

# LDC OFFICIALS' DAY

26/11/21 on line

## Updates

- Eddie Crouch (chair of BDA Principal Executive Committee)

Morale is at its lowest level, and anger at its highest recorded level.

The BDA has pushed for ventilation capital funding with some success outside England.

The BDA has raised awareness of the reduction of funding to try to reverse a decade of cuts by lobbying MP's.

There has been 35 million appointments missed due to the impact of restrictions due to Covid.

Engagement with Health Watch, but there will be no extra funding in the spending review. The BDA believe there is an opportunity for the NHS to prioritise dentistry.

Access to NHS dentistry is an issue throughout the whole country.

Time limited contracts are not attractive.

Young Associates do not wish to stay in the NHS.

There is a genuine interest in fluoridation.

Remote orthodontics is under scrutiny over concerns about patient safety.

Watchdog (the TV programme) has a programme due to be aired on the topic, but is being held up by lawyers.

Hygienists and dental nurses are concerned about overseas dentists registering as hygienists and DSA's.

The BDA has fewer resources due to lower expenditure on advertising which has decreased its income.

A new website has been developed and is hoped to be launched in the spring.

- Shaun Charlwood ( Chair GDPC)

No indication yet of what the next quarter (after Xmas till March 2022) levels of activity need to be achieved, which is poor .There are 2 pathways and a return to more routine PPE for non-respiratory patients.

What will be the impact of the new Omnicron variant?

There will be an impact on the workforce with enforced vaccinations, the first job needs to take place by February.

The prototype programme is ending in March.

There has been an increase in monitoring from the BSA .which is not great for morale, Many practices handing back their contracts at levels not seen since 2005,

Early retirement and young dentists no longer interested in working for the NHS. There needs to be a substantial change to the contract to make NHS dentistry more attractive. Overseas dentists need an easier route to join the Performers list.

- Shareena Ilyas ( Co chair Equality, Diversity and Inclusion Committee)

Pakistani dentists are more likely to report prejudices. The BDA has produced CPD on this topic at the following website [cpd.bda/ilearn](http://cpd.bda/ilearn).

- Rebecca Harris ( Deputy chief dental officer)

Need cross parliamentary agreement for a change in the dental contract. The prototypes showed that fewer patients were seen, but there wasn't a huge increase in the amount of prevention given to their patients compared to the standard GDS patients. There was also longer recall for the prototypes in line with the NICE guidelines.

No change in the dental contract is not an option.

The new contract needs the following:

1. Access
2. Care for high needs patients (need to remunerate properly)
3. Affordability
4. Patient Charge revenue
5. Fairness (difference in UDA rates)
6. Skill mix
7. Re orientating system towards prevention
8. Monitoring quality
9. Feeling valued

It was noted that feeling valued was at the bottom of the list especially when the NHS were trying to retain staff.

There is no additional funding needing a core service is being discussed. There are no plans to turn the NHS dental service into an emergency only service. Change will be done incrementally. Contract Reform has been more successful in Wales. It was asked whether nurses could be part of the NHS pension scheme, the answer was this was difficult due to the contracted status of practices.

- Howard Jones (Treasurer for the British Dental Guild)

£200 K needed each year to fund our dental negotiators

- BDA Advice Team Update

The self-employed status remains for associates especially if a BDA approved contract is used. The UDA is good for the status of being self-employed. Associates can charge

what they like for private work, but if lower than the practice owner wishes them to charge, then the owner can take their full percentage which could leave the associate out-of-pocket.

Vicarious Liability - Dental practice owners can insure against being sued for poor work produced by their associates. Try to reduce number of claims by monitoring work by doing audits. If the associate is producing sub-standard work, advise them to find a course to upgrade their skills .If no improvement in 3/12 then give them notice. Also they should be reported to the GDC if they fail the 'Mother Test'.

James Goldman (Associate Director of the Advisory Service)

5% of the dental team have not been vaccinated, staff may be forced to leave and recruiting is challenging .The BDA model contract allows immediate termination, not being vaccinated will threaten your CQC registration.

Are FD trainers liable for work provided by their FD's? This maybe an issue especially when the trainer is not on site for the whole of their trainee's clinical time. In Wales the FD's are no longer employed by the practice but by the NHS.

- Jason Wong (clinical update from the office of the CDO)

Discussed various initiatives:

1. Putting the mouth back into the body
2. Making every contact count (smoking ,OH, diet advice ,life style choices)
3. Periodontal Disease in relation to HbA1C levels
4. CV disease (monitoring high blood pressure)
5. Care homes ( Smiling matters ,new strategy 2022to see if any improvements in accessing dental care )
6. Wrong tooth extraction – no longer a never event
7. GIRFT (Getting It Right First Time)

- John Milne ( Senior Advisor for the CQC)

CQC will concentrate on whether the practice is well led, effective and caring .Their hope is that the visit will lead to improvements. A letter will be sent out 2 weeks prior to the visit. There will be a lengthy telephone call to the registered CQC manager, requesting various documents including evidence of staff training. There will be an increase in technology, use of zoom calls. The actual visits will be more focused and shorter in length.

Aligner Treatment is a regulated activity. Once these services are registered they will be having CQC visits .CQC is looking into sustainability due to huge amount of waste in dentistry, 3 in 1 tips which can be autoclaved should be used instead of disposable ones.