

LDC Conference 25/7/20 via zoom

Dave Cottam (Chair OF GDPC)

At start of Covid 19 lockdown there was poor communication, several conflicting Standard Operating Procedures and we relied on PHE advice which conflicted with other countries.

In Covid 19 lockdown there were 1.6 million telephone triages .In June 2020 there was only 13% of courses of treatment of treatment in comparison to the same period of time last year.

The communication with the CDO has improved.

Different parts of the country operate different SOP's

-Wales -Is in Amber phase, No AGP's are taking place. There is no UDA target

-England – AGP's can be carried out if there has been a risk assessment. If 20 % of contract is being carried out, by telephone triage and face to face 100% of contract is being awarded. The practices need to make no priority of private patients over NHS patients. No time frame yet as when this is being reviewed, but abatement will be over several months.

- Scotland – in phase 3 since 13 th July .Practices face huge financial problems and UDC are totally overwhelmed

- Northern Ireland – practices are facing financial crisis. There may be industrial action. There is 20 % abatement, and no immediate return to work.

BDA

There have been more than 400 associate disputes. Many insurance problems. Foundation training have produced inexperienced and incompetent dentists.

Mental health has decreased, and the BDA is offering 24/7 counselling.

There has been a 2.8% pay increase back dated to 1/4/20.

There has been heavy lobbying to help Private Practices, but no extra funding has been made available. Also they have tried to get the GDC to lower ARF especially for younger dentists, but to no avail. Advice on the website for BAME dentists who are suffering extreme hardship.

Fit testing has been provided by HEE and NHSE

PPE is still an issue .3M Aura masks are no longer being produced. Nitrile gloves are becoming difficult to source.

UDC – these are continuing but there numbers may decrease with increased activity in General Practice.

Ongoing negotiations - Trying to get rid of UDA 's ,but whatever system that replaces them will still need to measure activity.

Len D'Cruz (Head of Indemnity at BDA)

Neither GDC or CQC Are interested in penalising dentists at the present time. The individual needs to weigh up the risks, be trained, competent and indemnified. Ensure there are good clinical records. Guidance from PHE takes precedence .

Shawn Charlwood (vice chair GDPC)

He is heading NHS Contract Developments for England. He has asked for ideas that could be implemented for future contracts. From the 8 th June the NHS contracts are to be continued with 1/12 th of the contracted payment. There will be no abatement as there is recognition of the higher cost of PPE .Telephone triaging and video consultations are included in activity. There is a high level of trust being given to dentists at the present time.

In quarter 3 and 4 (remainder of the year) payment will be based on patient numbers. Patients with high dental needs (requiring several visits) need to be accommodated .but payment yet to be established. A contract needs to be able to increase access and decrease oral health inequality. Capitation can lead to supervised neglect and as a result RDO's maybe reinstated.

Sara Hurley (Chief Dental Officer)

Private Dentistry is part of patient's choice. She is working closely with the Department of Health to maximise sustainability of all practices, as many practices are mixed. There is a need for treasury commitment. There is an independent report being commissioned into how many High Street Practices are closing. NHS England recognized the important role LDC's and LDN's played during Covid 19 lockdown ,in disseminating information from and to their members from the Area Teams.

Jo Churchill (Under-secretary of state for Health)

Praise was given to the LDC 's and LDN's who rose to the challenge during Covid 19 lockdown. 600 UDC s were set up and provided excellent care in exceptional circumstances. The Health Minister are aware of the increased time and cost of PPE and leaving surgeries fallow.

Sandra White (National PHE Lead)

Not always possible to have evidence based decisions as the virus is so new, and their main concern is to keep people safe

All motions were carried apart from the following one which was rejected .Conference calls on the BDA to act when it uncovers during dispute resolution regulations evidence of unscrupulous behaviour with regards to unfair treatment of associates .It calls for a referral to the necessary regulator .It was felt that the GDC would start looking into patient notes and felt the outcome could be uncertain.

Motion 17 was amended to the following PHE and other bodies that impose restrictions on practices should rely on appropriate evidence where ever possible but in the absence of high level evidence apply a risk based approach which was passed