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LDC Conference 2016

Henrik Overgaard-Nielsen
Chairman GDPC

- Response to motions from Conference 2015
- Prototypes
- Reformed NHS contract

- **Motion 10 (Trafford - Mark Barratt)**
- This conference urges Indemnity organisations to take a more sympathetic view in dealing with dentists who have made mistakes. Such dentists should not be thrown to the wolves i.e refused further cover other than in the most extreme cases.

- **Motion 16 (Northumberland - Duncan Thomas)**
- This conference urges NHS England to adopt a greater degree of flexibility in relation to small practices in rural areas closing for dentists' and staff holidays.

- **Motion 15 (Northumberland - Duncan Thomas)**
- This conference believes that confidentiality and security of data is a well- established aspect of a dental professional's role, but that the IG Toolkit, as currently mandated by NHS England, is far too onerous and wide-ranging an instrument for the needs and risks of a dental practice. We ask that the Department leaves enforcement on data security to the other bodies already regulating compliance.

- **Motion 20 (Birmingham - Eddie Crouch)**
- Stress levels are now dangerously high for primary care dentists. Conference demands that GDPC take a firmer line with the Department/CQC/GDC in defence of the profession.

- **Motion 26 (Lincolnshire - Jason Wong)**
- This conference calls for some of the prototypes to be on a full capitation model thus dispensing with the discredited and despised UDA system.

- **Motion 42 (West Sussex - Toby Hancock)**
- This conference believes that any managed clinical network (MCN) must have adequate funding supplied from NHS England.

Dental contract reform

- 82 Prototypes
- 3 salaried services
- 58 Pilots to Proto
- 21 UDA to Proto

Blend A & B

- Capitation and activity = 90% of contract value
- DQOF 10% of contract value at risk
- Further 10% at risk on capitation/activity
- Over-delivery on capitation but not on activity
- 20% reduction in band 2 and 30% in band 3



Blend A

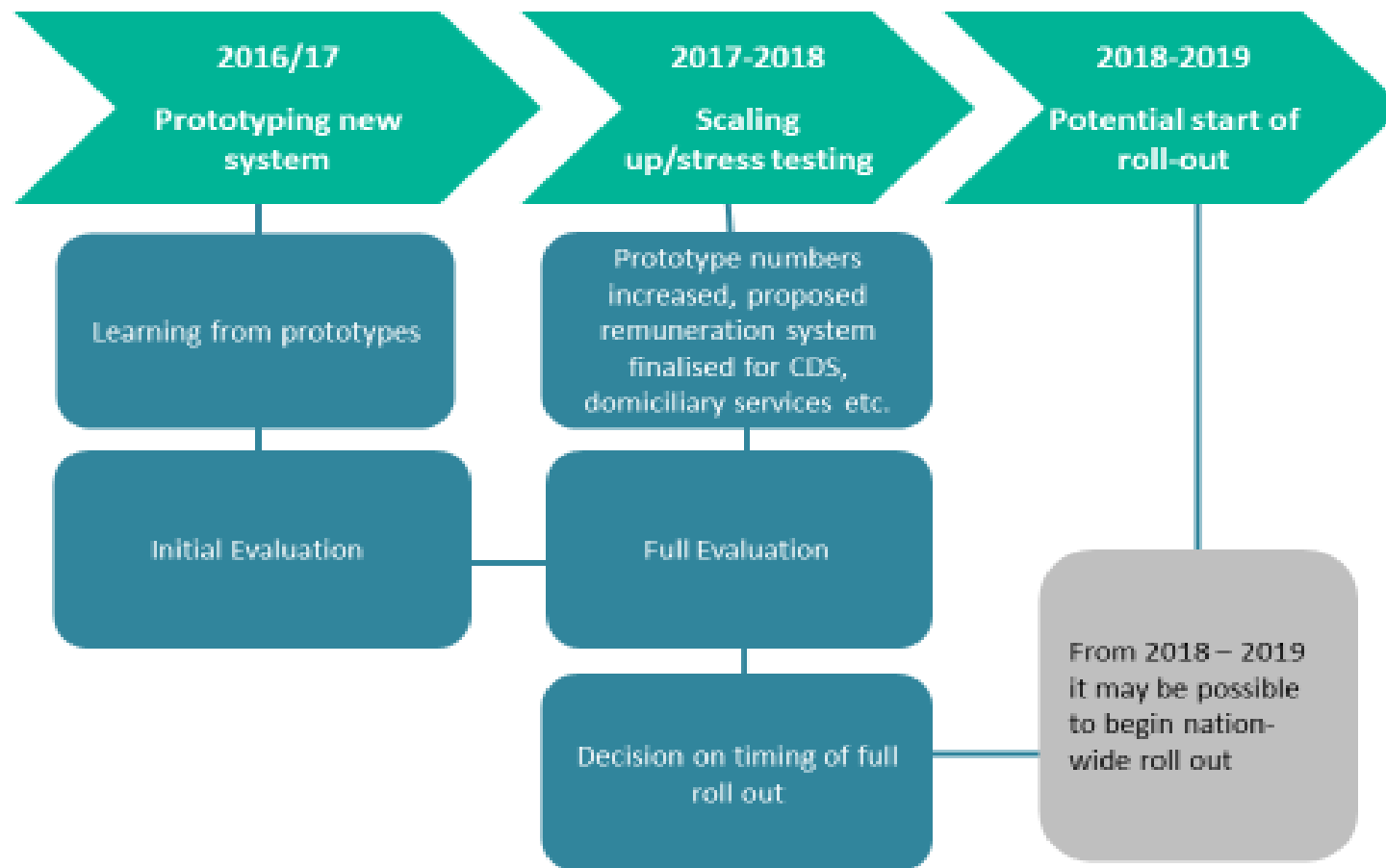
- Band 1 = capitation
- Band 2 & 3 = UDAs

Blend B

- Band 1 & 2 = capitation
- Band 3 = UDAs

Dental Contract Reform

High level timeline for reform

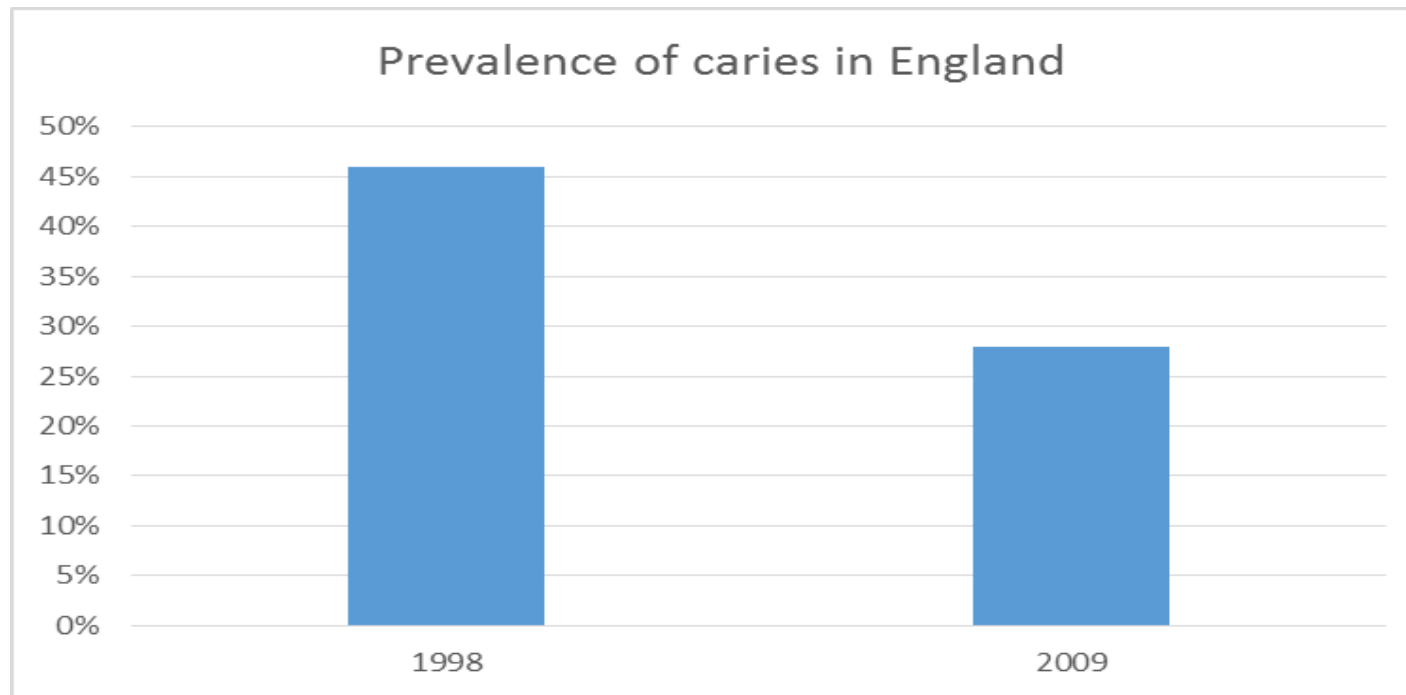


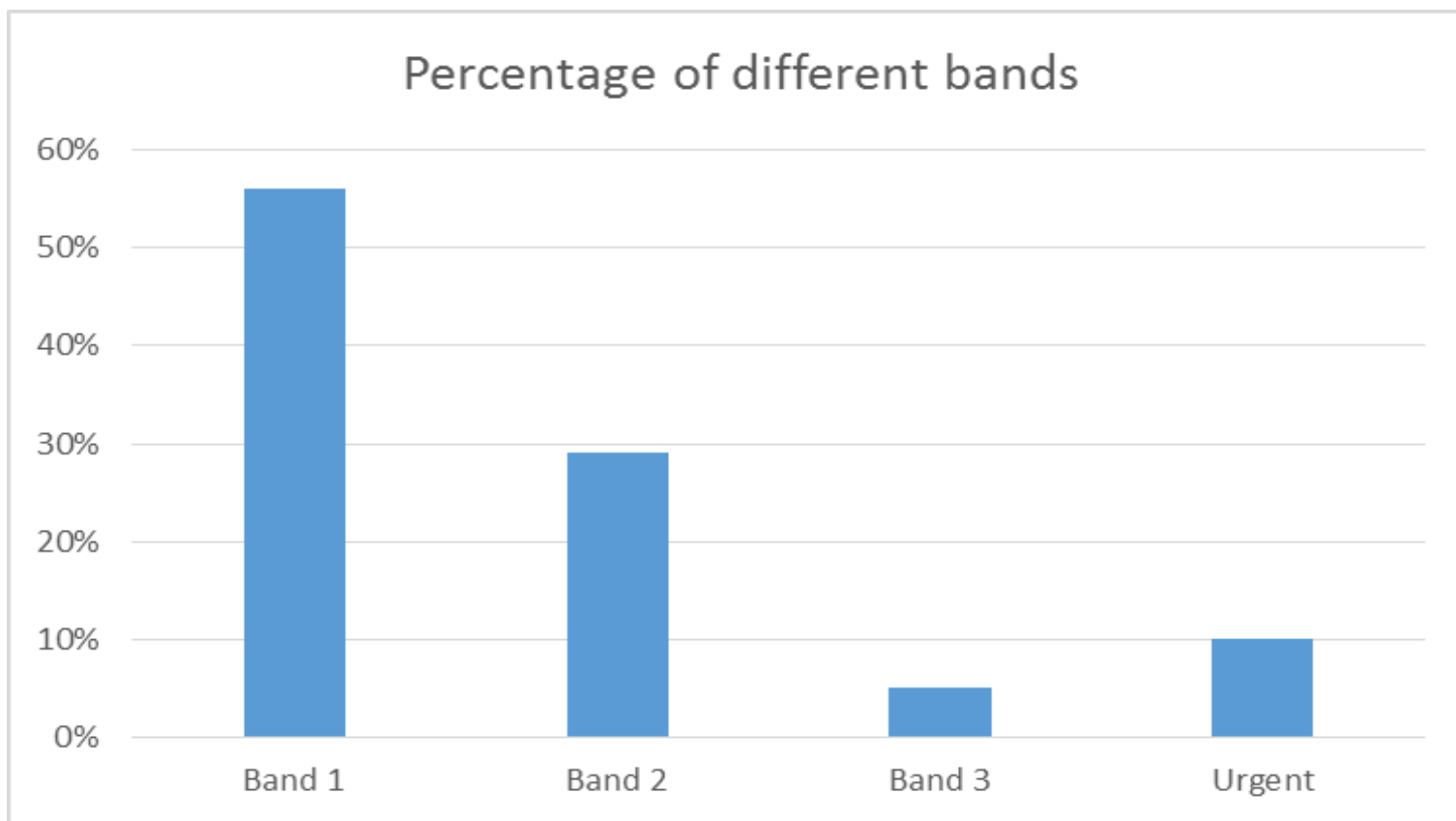


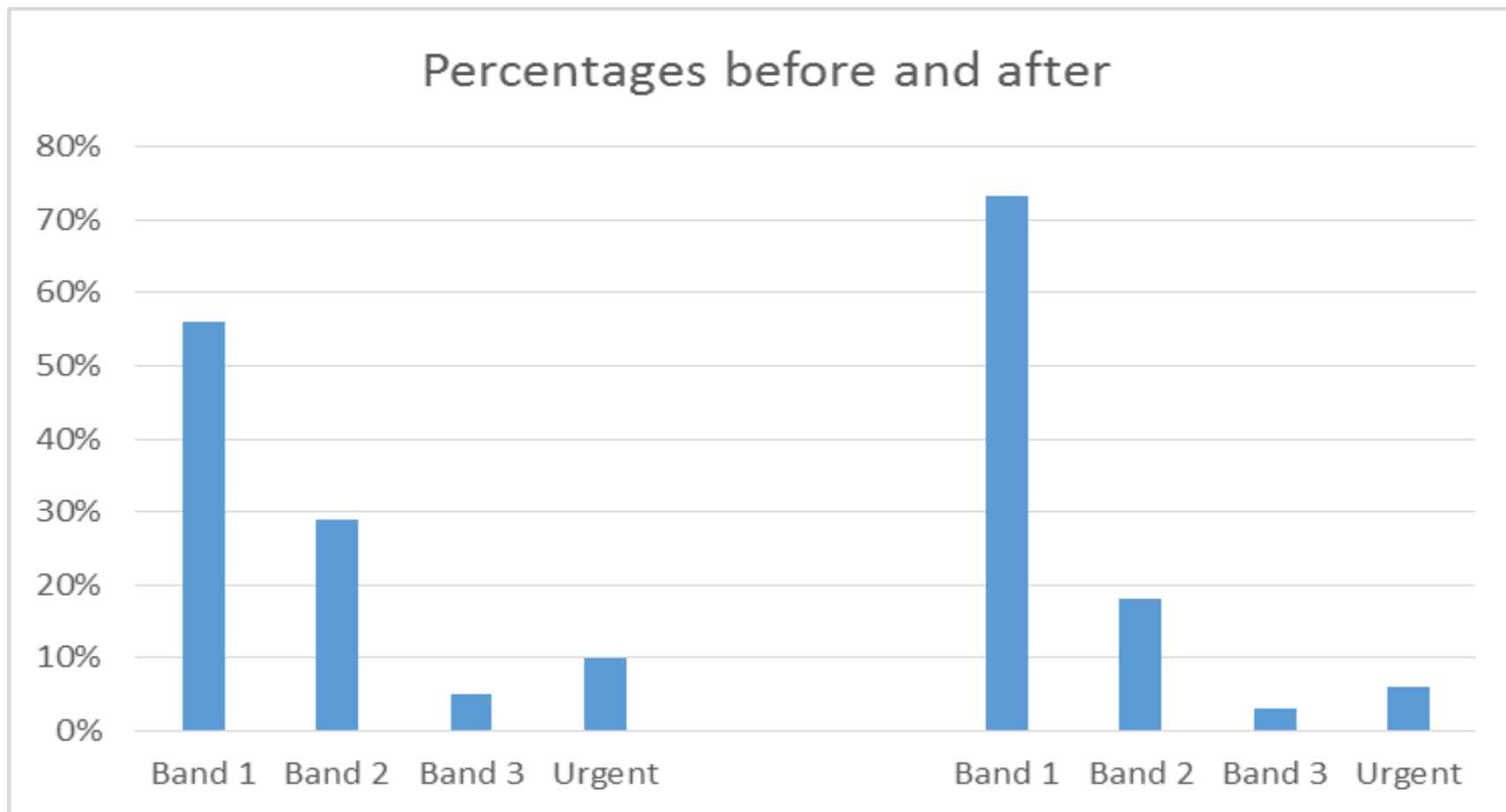
Why capitation?

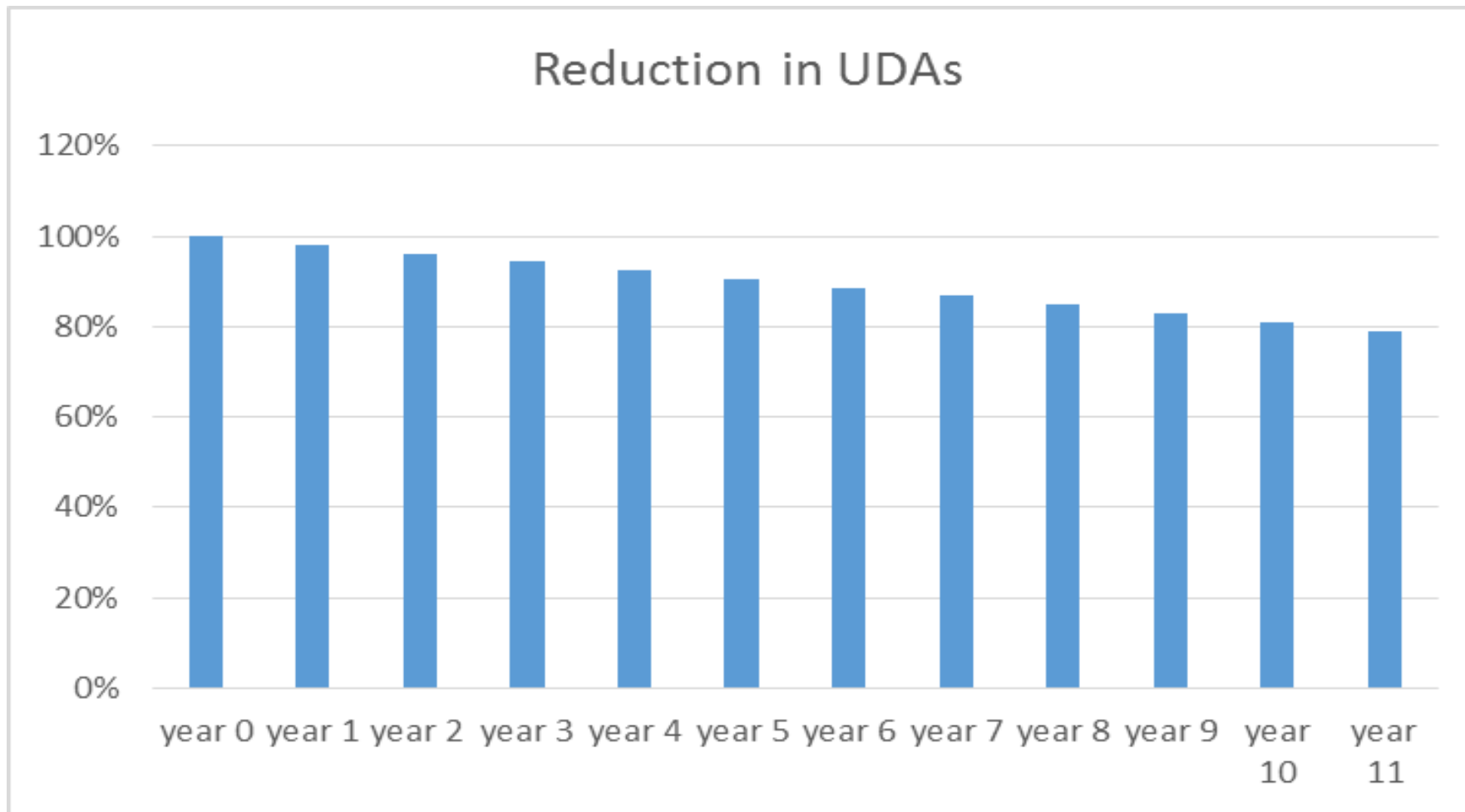
- Prevention
- Fewer tick boxes and targets
- Improve access
- Professionalism
- Decreasing treatment need

Reduction in treatment need









What do we want?

- 100% capitation not an option
- Capitation centred
- Weighting has to be right
- Properly monitored
- Activity=items of service

What more do we want?

- Minimum Practice Income Guarantee (MPIG)
- Remove cap on dentistry
- Remove restrictions for new practices

Prevention is activity

What!!!

A reformed contract based on
capitation?