

Questions for government



Dr Shawn Charlwood

- Chair, BDA General Dental Practice Committee
- Graduated 1986
- Practice owner 1994
- Foundation trainer 20+ FDs
- Lincolnshire LDC 1995
- GDPC 2009



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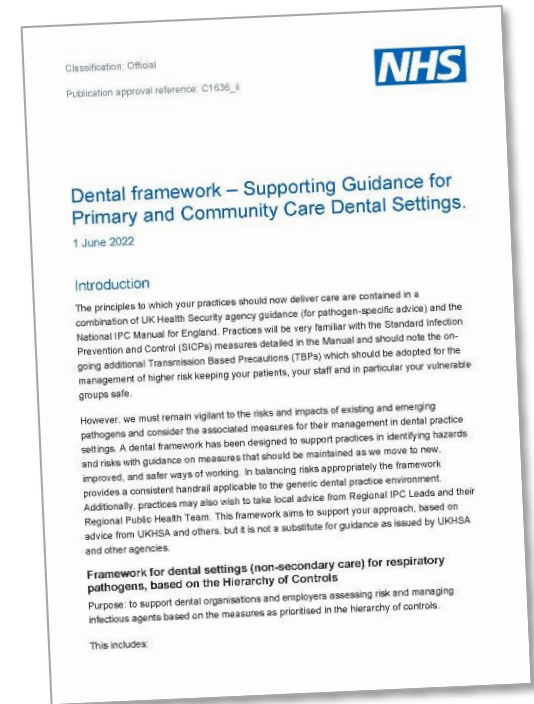


“Have we returned to
‘business as usual’?”

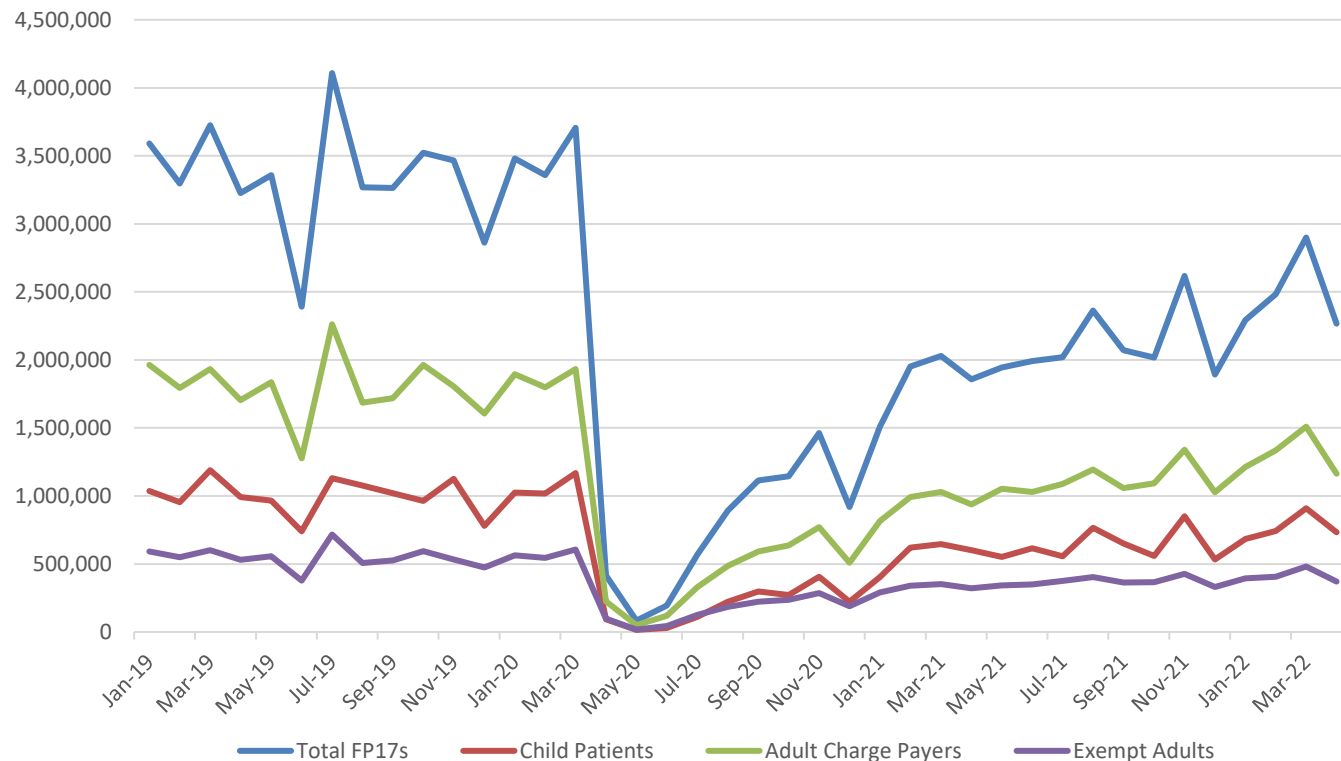


The 'New Normal'

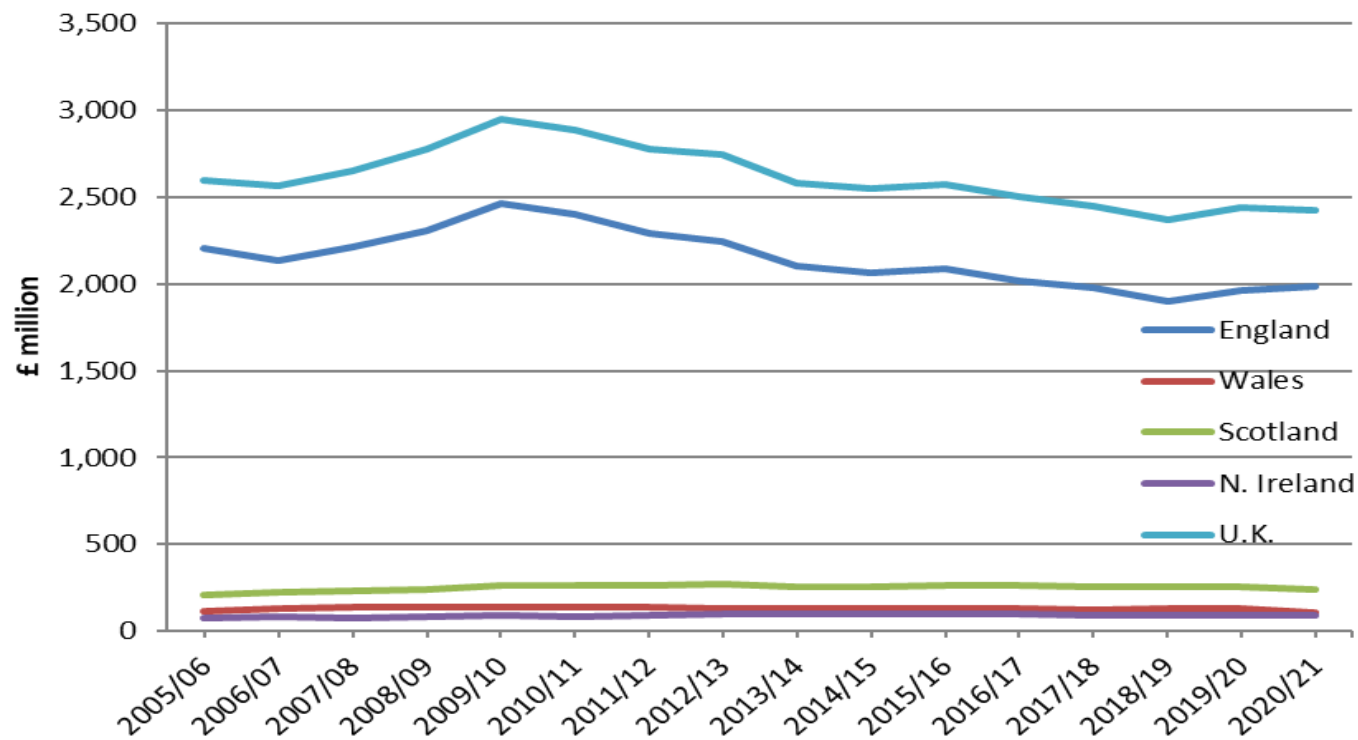
- We are seeing what the 'new normal' looks like in a post-pandemic world
- All practices – NHS and private - will continue to face real burdens, but without corresponding government support.
- Practices still working significantly under capacity.
- But high chance government will use as pretext to return to 100% activity.



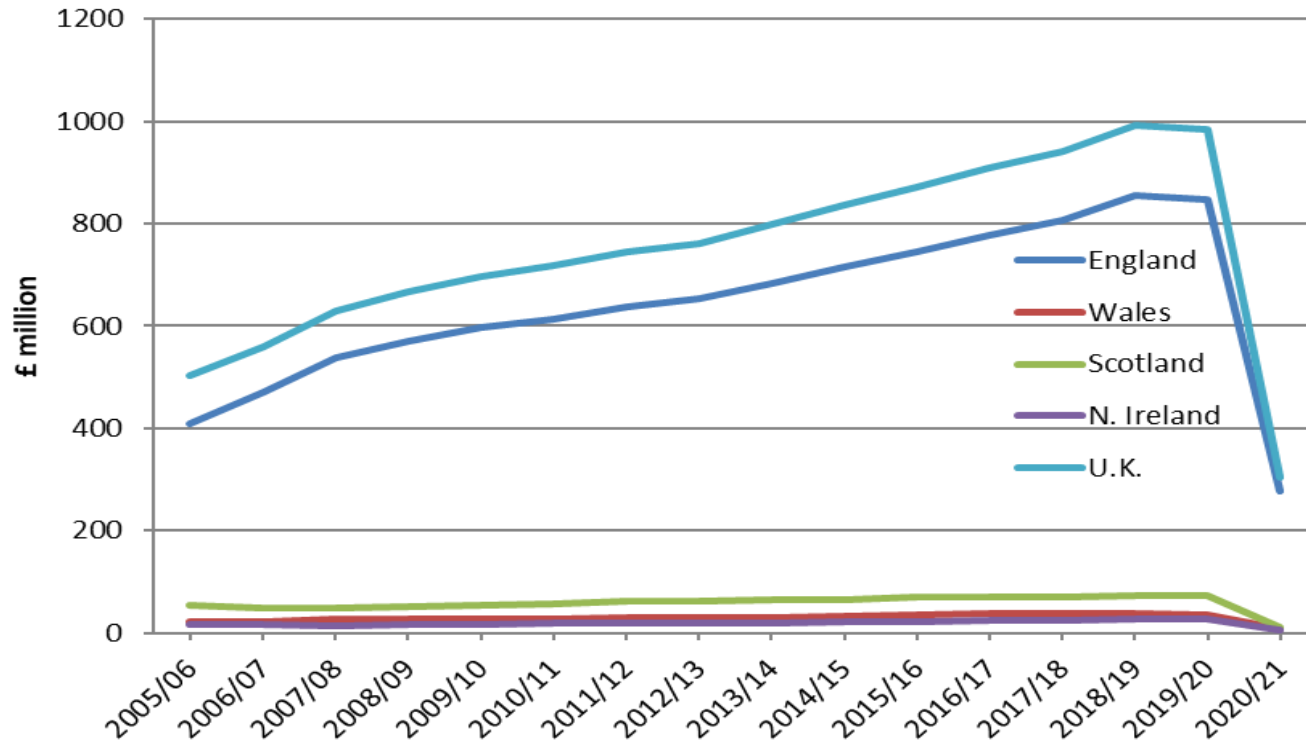
Course of treatment delivered by NHS General Dental Services (England)



Real terms spending GDS/PDS



Patient charge revenue



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“Why is government
still talking about the
£50m?”



Short term fix vs long term commitment

- Funds landing late in the day, with practices already facing unrealistic targets in face of Omicron Wave.
- Uptake modest across the piece.

£50m to fight NHS dental backlog crisis

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“What does ‘levelling-up’
dentistry even mean?”



Pressure is building

- Week in, week out the stories are piling up about the state of the service.
- Cross party MPs/ debates
- Healthwatch
- Health Select Committee
- But we are constantly getting tired soundbites in place of a coherent strategic response

**NHS dentistry
'hangs by thread'**

“Does government feel vindicated for the choices made in the last year?”



2020-22

- Threshold in England of 20% of activity for full contract value from June 2020
- 45% UDAs for Q4 2020/21 (70% UOAs)
- Moved up to 65% from October 2021 (85% UOAs)
- Adjustment reduced to 12.75% in Q3
- Q4 85% from January 2022
- **Loss of lower threshold as a buffer, but retrospective introduction of 75%**

Performance levels

- High levels of threshold achievement in 2020/21
- Levels of UDA delivery across 2021/22 fluctuating around fairly consistent levels:
 - 67% in April 2021
 - 71% October 2021
 - 70% January 2022
- **Much more challenging to reach 85% in Q4, majority of practices simply did not get there.**

Targets for 2022/23

- Threshold for Q1 is 95%, despite many practices failing to hit even 85%
- Early indicators are that this is proving very challenging
- No clarity on arrangements after Q1

“So, where next?”



'Marginal changes'

- Fresh commitment to reform back in March 2021
- Process being led by NHS England and supported by the Minister and Office of the CDO, working with the BDA
- Felt like renewed, genuine intent for progress at the time, but slow progress
- Commitment to short term, marginal changes to make improvements as soon as possible
- Then work on more substantive reform

Marginal changes

- Stated intention to announce those marginal changes by the start of April...
- Intention that those come in during the current year
- Areas being discussed won't surprise
- But also stated no new money this year

“Where’s the
government’s
ambition?”



NHS England's six aims

Reform should:

1. Be designed with and enjoy the support of the profession
2. Improve oral health outcomes (or, where sufficient data are not yet available, credibly be on track to do so)
3. Increase incentives to undertake preventive dentistry, prioritise evidence-based care for patients with the most needs and reduce incentives to deliver care that is of low clinical value
4. Improve patient access to NHS care, with a specific focus on addressing inequalities, particularly deprivation and ethnicity
5. Demonstrate that patients are not having to pay privately for dental care that was previously commissioned NHS dental care
6. **Be affordable within NHS resources made available by Government, including taking account of dental charge income.**

Slow progress...

- Advisory and Technical Groups met May to September 2021
- Looked at a range of issues:
 - The NHS care offer
 - Strengths and weaknesses of different contracting models
 - Role of contractual forms in promoting quality
 - Prototype performance
- Since then, scoping discussions running between NHS England and the BDA
- Now have a mandate for negotiations and the BDA wants to start these as soon as possible

LDC Conference motions 2021



Contract reform must reflect and sustain a changing workforce and allow for a future with a real chance of career progression while staying in NHS primary dental care – **West Sussex LDC**

Conference asks that following the recent commitment by NHS England and the government minister to contract reform, it is essential that the UDA treadmill is not replaced by another one in disguise – **Wakefield LDC**

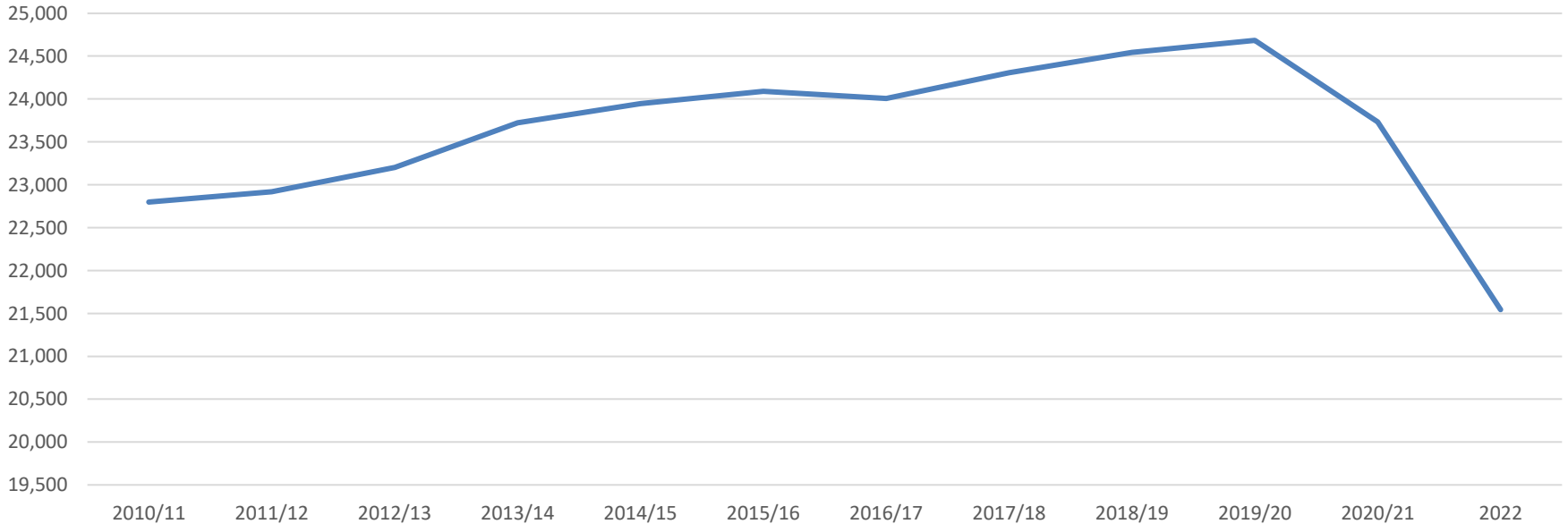
Conference demands that for the profession to flourish and for a high standard of care to be delivered, any future NHS contract must recognise that more time needs to be spent with each patient encounter – **Northumberland LDC**

“Does NHS dentistry
have a future?”



An exodus in motion

Dentists with NHS activity (England)



An exodus in motion

- Existential threat for NHS dentistry
- Dentists & dental care professionals have choices
- Recruitment and retention problems spreading: no longer just rural and coastal
- Private dentistry is thriving
- Practice owners making decisions to attract and retain staff
- Shift to private care impacts on viability of remaining NHS practices; balance of treatment shift to urgent and high needs care

**'This is how
dentistry on
NHS will die'**

Our position



- Need to make NHS dentistry an attractive environment
- The UDA is discredited and cannot form part of a long-term framework
- Prevention-focused, capitation-based framework
- Those who need more care need to be more welcome
- Recognition of high needs treatment and stabilisation
- **Investment, or recognise limitations of current budget**

Thank you

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