



**SCOTTISH DENTAL PRACTICE COMMITTEE
10 FEBRUARY 2021
REPORT**

The Scottish Dental Practice Committee (SDPC) held a meeting by videoconference on Wednesday 10 February 2021, to discuss the latest Covid-19 developments. This report provides a contemporary record of that meeting, but as this is a fast-moving situation, its content is likely to become rapidly out of date. The BDA provides live updates at <https://www.bda.org/coronavirus>

1. SDPC Executive Sub-Committee Elections

The Chair took nominations from the floor for four available seats on the SDPC Executive Sub-Committee. J Ellis self-nominated and was seconded by D Morrison; D Morrison self-nominated and was seconded by J Ellis; C Murphy was proposed by K McDonald and seconded by J Frederick; J Weir self-nominated and was seconded by the Chair. There were no further nominations and The Chair welcomed the new sub-committee: J Ellis, D Morrison, C Murphy and J Weir.

2. NES Doctors and Dentists in Training (DDiT) Dental Subgroup

P Grigor updated the committee that the DDiT Dental Subgroup had met for the first time this month since March 2020, and the next meeting would take place on 16 March 2021. At the February meeting he was informed that plans to move trainees to NES as the main employer had been pushed back by one year. Core and Specialty trainees will transfer to NES in September 2021, and VDPs will transfer in August 2022.

3. Covid Vaccinations

The Chair reported that the majority of GDPs have now received their first dose of the Covid vaccine. The committee subsequently reported issues they were experiencing in relation to dentists participation in the Covid vaccination programme. It was reported that the training required to allow dentists to begin vaccinating was still very lengthy and time consuming in NHS Grampian, although they worked quickly to note dentists interest initially. It was reported that approximately 40-50 associates in Ayrshire & Arran were now vaccinating and that around 90 dentists in Lanarkshire had signed up with many now deployed. Lanarkshire reported that the vaccinator shift length in their area had been reduced to 4-5 hours, after receiving feedback that 12 hours was too long, and that the self-certification system was working well for them. Communication in Greater Glasgow and Clyde health board had been poor initially, however the process was slowly improving. The committee agreed to raise these issues with SG at the next meeting.

4. Measuring Activity

It was reported that SG's preference is that a single measure (such as gross IoS) should be used to measure practice activity. The committee discussed the 'GDS activity measurement' paper which collated their views on the topic, and it was agreed that more than one measurement would be necessary to capture all practice activity as practices are now

expected to carry out additional time-consuming tasks that they cannot submit a claim for. It was suggested that the four-point approach included in the paper (gross IoS; number of courses of treatment; number of items in each course of treatment; and exceptional circumstances such as staff isolating or shielding) would be easy for SG to implement as this information is already captured by PSD as part of Practitioner Profiles data.

A discussion took place about the advantages/disadvantages of measuring activity and parallels were drawn between the Scottish GMP and English GDS systems. It was reported that the GP sector is considering adopting a salaried approach for the new GP contract, which would negatively impact higher grossing practices, and that GDS in England is measured against a UDA target of 45%, rather than gross IoS, which could cause issues if practitioners choose to prioritise treatments which generate activity quickly (such as checkups) instead focusing on longer, more complex courses of treatment. The committee agreed it would still be valuable to measure relevant activity to accurately reflect the work undertaken by practices. It was noted that SG had previously suggested that non-grossing activity measures, such as triaging, may be too difficult to measure in relation to Covid financial support payments, and suggested it may be easier to consider these types of measurements as part of the long-term funding model. It was agreed the paper collating SDPC's views on GDS activity would be sent to SG and discussed further at the upcoming BDA / SDPC / SG activity measurement meeting.

5. Ventilation

A letter had been sent to the Cabinet Secretary for Health and Sport in November 2020 raising concerns about the ongoing challenges facing dental services and to seek capital funding for ventilation to reduce fallow time between patients as dentists were continuing to operate at a fraction of their former capacity. A disappointing response had recently been received from Mairi Gougeon, the new Minister for Public Health and Sport in January, indicating that there were no plans to provide support funding for bespoke ventilation solutions in dental practices. At the most recent SG meeting, the CDO advised he was arranging a meeting with Health Facilities Scotland to discuss the topic further, and after the discussion he would feedback to SDPC and the wider profession. The committee agreed to continue to press the CDO for clear guidance on ventilation.

6. PPE

Some issues with PPE supply in specific health boards were reported. NHS Grampian reported an incident where a practice was not supplied enough PPE based on their approved number of active surgeries and NHS Lanarkshire/Fife raised two incidents where incorrect PPE was delivered, which they were unable to return, resulting in the goods having to be stored. The committee also discussed the price of PPE, which had increased by 200-300% recently. It was noted this would be a concern after June, when the free supply by NES could stop. It was agreed that these issues would be taken forward with SG/NSS.

7. New associates – support payments, patient lists

It was reported that SG had no further plans to provide financial support for new associates who had reported low income levels. There was an issue where some practices did not transfer registered patients to new associates, resulting in low levels of income for these associates. However, PSD had advised that this type of issue had reduced recently, and SG agreed to refer any new cases to the appropriate NHS board for resolution.

8. Locum cover for associates on maternity leave

At the last SG meeting, SDPC representatives suggested that Covid financial support payments should follow the locum who is providing cover in a practice, rather than the associate going on maternity leave. SG acknowledged there are issues relating to Covid financial support and how it is applied. They advised this was a short-term solution implemented in early 2020 to cope with the emergency phase of the pandemic, however

they did not expect it to be in place for as long as it has been. They advised there was not a simple solution at present, and instead would need to take time to examine the long-term suitability of the payments currently in place. This topic will be discussed again with SG at further meetings.

9. SDPC New Funding Model Working Group

The committee were updated on the progress of the NFMWG, summarising the work undertaken so far to produce the 'New Funding Model Outcomes' paper. It was stressed that moving to a more adequately funded system is necessary and, in the absence of increased SG funding, a suggestion of how to do this was to increase patient charges. Suggested methods of doing this included: removing free dental examinations and allowing patients to pay 50 per cent of the cost of an OHA; treating low-risk patients on a capitation basis and treating high-risk patients via a slimmed down SDR. It was suggested that increasing patient charges would probably not be a popular decision with the current Government and could result in overall contributions either remaining the same or decreasing. It was also advised that increasing patient charges may lead to lower attendance levels therefore it would be beneficial to continue to push for increased funding from SG. It was agreed that the next step would be to ask SG about their progress on the new funding model.

10. DDRB

It was advised that the DDRB oral evidence session has been postponed from February to April 2021. There is usually a delay in the process each year, resulting in the pay uplift having to be backdated at the detriment of the GDS budget. At the most recent meeting, SG were unsure how the 2021/2022 pay uplift would be applied, taking into consideration Covid support funding, and were making enquiries to feed back to SDPC at the next meeting. The Chair reiterated that the previous 2.8% uplift was not based on 'take home' pay and did not apply to all allowances and commitment payments. It was advised that the BDA's DDRB written evidence document for this year had now been submitted and their recommendation was for the uplift to be applied to full 'take home pay'. SG's written evidence is still to be submitted.

11. Scottish Orthodontic Specialist Group

As the representative for SOSG was unable to attend the meeting, The Chair asked the SDPC Secretary to request a written update from the representative to feed back to SDPC.

12. SDPC Ayrshire & Arran, Dumfries & Galloway and Lanarkshire Seats

At the recent Scottish LDC Conference Agenda Committee meeting, one of the members asked SDPC to reconsider the number of seats allocated to the Ayrshire and Arran, Dumfries and Galloway and Lanarkshire constituencies on SDPC. Currently there are 2 seats for 3 areas. It was agreed that BDA staff and the Chair would review the SDPC constitution and feed back to the committee to discuss further.

13. £500 Covid payment

The committee was advised about a response received to a query regarding the £500 Covid payment for GDPs in relation to PCA(D)(2021)01. Clarity was sought around abatement and whether there were any considerations for mixed NHS/private practices. The response from PSD advised that as long as practices provide a degree of NHS treatment, that the ratio of NHS/private work would not affect payment eligibility. All NHS dentists and dental teams are eligible for the payment, including administrative staff, practice managers and cleaners, assuming they are employed by the practice. Only practice employees are eligible to receive the £68 National Insurance contribution; this is not available for those who are self-employed.

The Chair also advised the committee of another query regarding the statement that GDPs would be classed as full time if they work 40 hours per week and salaried dentists would be classed as full time if they work 37.5 hours per week. SG had already been contacted for

clarity on this discrepancy and once received, the response would be circulated to the committee.

14. Dental school graduations

At the latest SG meeting, the CDO commented that BDA/SDPC's recent letter to the Cabinet Secretary on disruption to dental schools was poorly timed and raised stress levels among the sector but advised that they should be able to announce plans regarding the schools soon. David Felix (NES) had also confirmed that there was no update yet on a possible extension to vocational training. The committee agreed that plans for dental students, VTs and VT trainers needs to be issued soon. It was agreed this would be raised again at the next SG meeting if no guidance were released beforehand.

15. Scottish Council Manifesto Working Group

It was reported that the BDA Scottish Council Manifesto Working Group had met for the first time yesterday. The purpose of the group is to develop a BDA Scotland Manifesto ahead of the Scottish Parliamentary elections due to take place in May. The group reviewed the 2016 BDA Scotland manifesto, and as most of the issues were still relevant, agreed to use this as a basis for the 2021 manifesto under the overarching theme of 'Reducing Health Inequalities'. The group agreed to produce a draft manifesto for the upcoming Scottish Council meeting on 18 March. It was also noted that discussions had started with representatives from opposition political parties ahead of the election.

16. Date of next meeting

Wednesday 12 May 2021 at 13:30 by videoconference.