Dear GDPC Member and LDC Officer,

The BDA’s new Principal Executive Committee has been formally established and I would like to extend my warm congratulations to Martin Fallowfield on his election to the Chair, and to Robert Kinloch on his election as Deputy Chair. Martin outlines the vision for the PEC in a new podcast on the BDA website http://www.bda.org/news-centre/podcasts/podcast-2012-07.aspx.

We must also extend our thanks to Eddie Crouch, who is leaving GDPC Executive Sub-committee following his successful election to the PEC. I would like to thank both him and Robert for all their hard work on the sub-committee over the last four years. I am looking forward to a close working relationship with the new PEC which will be crucial if the profession is to flourish in these tough times.

At a meeting with Jane Moore and me at the end of July, Earl Howe acknowledged that it is important for dentists to be able to realise the full financial benefits of their practices if they are to have the confidence to continue to invest in them. Meetings like this with the Minister are important so that we can continue to work constructively towards our objective: a better quality of working life for those we represent. Part of this engagement took place at the Summer Reception of the All Party Parliamentary Group on Dentistry, about which you can find more below.

Martin Fallowfield and I also participated in a Westminster Forum debate on dentistry, covering the dental contract pilots, regulation and the OFT’s investigation into the UK dentistry market. More details can be found here: http://www.bda.org/news-centre/latest-news-articles/37468-bda-representatives-speak-up-for-dentistry-at-westminster-forum.aspx

John Milne, Chair GDPC
Care Quality Commission

Peter Hodgkinson

The CQC’s inspections are proceeding and the subsequent reports are published weekly on the CQC website:


A round-up of the main issues was discussed at the last GDPC meeting and you can listen to a short podcast of the highlights here: http://www.bda.org/audio/gdpc-may-01.mp3 (7mins 17 seconds in).

CQC has now inspected over 20 per cent of registered dental providers - over 1700 dentists up to July 2012. Eighty-eight per cent of locations inspected met all the essential standards, and this figure is considerably higher than the other sectors already inspected.

The key areas of non-compliance related to safeguarding (seven per cent), cleanliness and infection control (six per cent), care and welfare (two per cent), and respect and involvement (one per cent). Only one per cent have required enforcement action, showing that the vast majority of providers have acted quickly and efficiently where non-compliance has been highlighted.

CQC inspectors have reported an overwhelmingly positive reception from the majority of dental providers they have inspected, as well as general support for the regulatory approach.

The process of registering 8,500 general medical providers has commenced with the validation process in early July. Medical providers will have the choice of one of four deadlines between the beginning of September and the end of December 2012 in which to submit their application.

CQC decided that a consistent approach was needed to engage clinicians and professionals to access expert advice. Professor Deirdre Kelly, one of the CQC commissioners, was asked to convene a ‘task and finish’ group to advise on how to achieve consistency and develop a single, easy-to-understand framework. As a result of her report, CQC has developed a bank of specialist advisers across all sectors. Ten dental advisers have been recruited to the ‘bank’, all of whom have considerable experience in practice appraisal, postgraduate education and life in general practice.

The ‘bank’ has been set up to ensure that clinical and professional advice can easily be accessed by CQC inspectors and assessors when they need it.

The new Chief Executive of CQC is David Behan, who assumed office at the end of July, replacing Cynthia Bower. David’s previous position was Director General for Social Care, Local Government and Care Partnerships at the Department of Health.
Dental contract pilots

Henrik Overgaard-Nielsen

GDPC has established an Evaluation Group to provide independent monitoring and assessment of the contract pilots. Its members include Richard Emms, Eddie Crouch, Jane Moore, John Milne, Paul Kelly, Mark Shackell, Amy Vickers and Paul Batchelor. The Group met in August to discuss the development of the contract pilots. Central to this discussion were the reports from the BDA’s contract pilot evidence gathering events held in May and June, and one-to-one interviews with a selection of pilot practices. The Group will check that evidence gathered and used by DH in evaluating the pilots is consistent with our own intelligence to ensure that all aspects of the pilots are being properly considered. The Group will continue to progress thinking on transitional arrangements and suitable levels of capitation.

Updates can be found on the BDA Website: http://www.bda.org/dentists/policy-campaigns/research/nat-init/pilots.aspx

Paul Kelly talks about his experience of a BDA contract pilot focus group session in the West Midlands at http://www.bda.org/audio/gdpc-may-01.mp3 (2mins 39 seconds in).

NHS Choices

Paul Kelly

Publicity of the NHS Choices site

The OFT report suggests that, in future, the NHS charges poster might contain some wording to promote NHS Choices. The position we have adopted is that GDPC should be involved in the drafting of any wording designed to publicise the site. The intention of NHS Choices is to promote the use of the nhs.uk web address as the portal for all information available to patients. It also recommended that NHS treatment plans might contain wording that referred to NHS Choices. It was pointed out to NHS Choices that the treatment plan form is already quite complex and does not lend itself well to the inclusion of additional information that is not absolutely necessary and that is not aligned with the main functions of the form.

Aspects of the OFT report that relate to a call for an increase in the content on NHS Choices pages for dental practices

OFT also suggests the future publishing of BSA survey data on practice profile pages. NHS Choices have told us that they will have data from the BSA in September and hope to publish this on the site in the autumn. We are continuing our discussions with them about which parts of the data set they will publish and how it will be presented. There was also a suggestion to incorporate DQOF data into the information available on NHS Choices. I pointed out to NHS Choices that DQOF is a pilot within a pilot and that usage of DQOF would therefore make little sense. This appears to have been accepted by NHS Choices.
The ability for practices to edit their profiles
We have had some success in this area of negotiations and NHS Choices now agree that dentists should be able to obtain their login credentials from their helpdesk. I have continued to reiterate our position that we would be happy to use our channels to help practices understand how they can obtain editing capability for their profiles directly, without going via the PCT. We anticipate them making this facility available for dentists by the end of this year.

The BDA’s press release on the OFT report is available at: http://www.bda.org/oft


Health Education England

Richard Emms
As part of the NHS reforms the government has established Health Education England (HEE) as the new national body leading on education, training and the development of the healthcare workforce. HEE was established in June this year to work as a shadow Special Health Authority from October, prior to taking over its full responsibilities in April 2013. HEE will work with the NHS Commissioning Board and Public Health England to ensure that national education and training strategies are responsive and complementary to national workforce plans. Part of this new organisation’s role will be assisting in the establishment of Local Education and Training Boards (LETBs). The 14 LETBs’ membership will be drawn from local healthcare and education providers. They will work in collaboration with local authorities and others with the remit of meeting local needs for training and education. LETBs will be approved by and accountable to HEE and will be responsible for investments in education and training delivery; delivery against national priorities; and achieving value for money and financial savings.

DDRBB

Jane Moore
It was announced in July that DDRB would, yet again, be suspended for England and Wales. This means that direct negotiations will take place with the Department of Health, with morale, motivation, recruitment and retention evidence going to DDRB. We await confirmation of the negotiation process for Northern Ireland and Scotland. Responses to the BDA’s Dental Business Trends Survey have been coming in thick and fast. The evidence collected in these surveys will provide the basis of much of the evidence submission to DDRB and the Department of Health. Members
were encouraged to fill in and return the surveys by the Chairs of the Northern Ireland, Scotland and Wales Dental Practice Committees and the General Dental Practice Committee (http://www.bda.org/news-centre/latest-news-articles/37537-bda-chairs-urge-members-to-fill-in-dental-business-trends-survey.aspx) It is important that our evidence is as robust as possible and every response is for the benefit of the profession as a whole so thank you for taking the time to respond.

As well as the survey data, a key part of the evidence submission comes from the focus groups that are held across the UK for practice owners. The events, five in total, were well attended. There was one event in Scotland with eight attendees, one in Wales with eight attendees, one in Northern Ireland where seven practice owners attended and two in England where a total of 13 practice owners shared their views on how dentistry is faring at the coalface. Thank you to everyone who gave their valuable time to help us.

The NHS Information Centre has released data showing that average taxable income in England and Wales has fallen by an average of 8.2 per cent in the last year. The main cause appears to be spiralling cost of providing care, including the cost of premises, equipment, materials and staff. We will be taking this message forcefully to the Department of Health as a demonstration that our arguments that “efficiency savings” in primary dental care are not possible. The BDA press release can be found here: http://www.bda.org/news-centre/press-releases/37842-report-reveals-deep-decay-to-dentists-pay-says-bda.aspx

**NHS 111**

**Jane Moore**

NHS 111 is the new non-urgent number for when medical help is needed quickly, but is not a 999 emergency number and will replace NHS Direct. The new integrated system has been designed so that one call handler directs the caller to the local service that best suits their needs. Part of the specification to improve the caller/patient experience is that the caller only speaks to one person and is not transferred or called back. Should a call come in that requires a 999 response, the NHS 111 call handler becomes the 999 operator and they can dispatch an emergency vehicle. If the call is non-urgent, the call handler further triages the patient to find the most appropriate service on the Directory of Services within or near the caller’s location.

The NHS 111 service will be commissioned by Clinical Commissioning Groups (CCGs) from 1 April 2013, and pilots are being run by PCTs and SHAs. Local commissioners and, where appropriate, some service providers, are responsible for populating the Directory of Services which is a ‘live’ system that tells the call handler that the most appropriate service for a caller is open and whether they are able to see patients. We are keeping a close watch on how the NHS 111 pilots are engaging with dentistry and talking to the Department of Health on issues that arise, particularly on issues such as out-of-hours care.

Currently there are pilots in
County Durham and Darlington
Great Yarmouth and Waveney
Lancashire (excluding West Lancashire)
Lincolnshire
London boroughs of Croydon, Hammersmith and Fulham, Hillingdon, Kensington and Chelsea, and Westminster
Luton
North Derbyshire and Nottingham City
the Isle of Wight.

More pilots continue to be rolled out although CCGs can apply for an extension to the 1 April deadline where they have concerns about the service.

If you have been involved in NHS 111 in your area, please do get in touch and share your experiences with us: n.hawkey@bda.org. The BDA webpage is http://bda.org/dentists/policy-campaigns/research/nat-init/nhs_111_number.aspx.

**APPG Summer Reception**

**John Milne**

Dr Martin Fallowfield, recently-elected chair of the BDA’s Principal Executive Committee, addressed the All-Party Parliamentary Group for Dentistry’s Summer Reception on 4 July. The reception – which brought together Members of Parliament, Peers and representatives from the dental profession – focused on the Office of Fair Trading’s (OFT) recent market study of dentistry, specifically the issues of communication between dentists and their patients that were raised in the study.

Dr Fallowfield highlighted to the attending Parliamentarians that the OFT’s research showed very positive findings of patient satisfaction. He regretted that this did not figure more prominently in the OFT’s presentation of its work, describing their pursuit of media coverage as ‘sensationalist’ and ‘unhelpful’. He also criticised the way in which the report treated dentistry as a commodity, reminding the politicians present that it is healthcare delivered to real patients.

Dr Fallowfield also emphasised that good communication is the responsibility of patients as well as dentists, urging the MPs present to encourage their constituents to ask questions at the practices they attend if they are at all unsure about any aspect of their care.
The BDA has updated RQIA-specific information on radiology and safeguarding for members in preparation for the next round of RQIA inspections in Northern Ireland. The updated advice aims to enable practices to easily complete the forms and assist in ensuring members demonstrate the necessary compliance with key themed areas.

This year, the RQIA has identified radiography and radiation safety and the safeguarding of children, young people and vulnerable adults as key themed areas. All dental practices will receive a primary inspection during the inspection year and be given six weeks’ notice of the inspection. The updated RQIA guidance is available at: http://northernireland.bda.org/dentists/advice/practice-mgt/laws/qs/rqia/rqia-inspections/rti.aspx

In November 2011 the DHSSPS made proposals substantially to cut funding to the GDS budget in Northern Ireland to compensate for overspends. The proposals include ceasing the dedicated QIS funding, changes to the statement of dental remuneration and restricting the claim conditions for some items. Such dramatic changes represent severe restrictions to the budget for health service dentistry and so could have fundamental impacts on the provision of health service dental care. The BDA has undertaken case studies to assess the potential effect of the proposals. These demonstrate that:

- The proposals are likely severely to impact on dentists’ turnover and income after expenses and consequently on their ability to provide NHS services for the public.
- In significantly reducing the budget for dental services, there would be ramifications for patients, the service, practice viability, dentists and practice staff and these cannot be fully anticipated or quantified.
- The proposals have the potential to impact severely upon the oral health of the population, current dental capacity and morale within the profession.

The public consultation on the DHSSPS proposals due in May 2012 has still not been published.

In a short audio clip on the BDA website, I discuss the proposed budget restrictions, how they might affect Northern Ireland’s ability to combat poor oral health, and the political lobbying work the BDA is undertaking to persuade politicians not to adopt the proposals. Visit http://ow.ly/bbOgR. Join our Facebook campaign and show your support at http://www.facebook.com/NiDentalCuts
Scotland

Robert Donald
Chair, SDPC
Scottish Dental Practice Committee

The Scottish Dental Practice Committee (SDPC) Executive and BDA staff met with civil servants on Thursday 16 August 2012. The main item concerned the on-going confidential discussions on the funding of non-salaried general dental services. These discussions have been on-going since May and continue.

The other main topics included: the Combined Practice Inspection Document and Patient Experience Questionnaire, DDRB and the deadline of December 2012 whereby dental practices must confirm to their NHS Board that their decontamination arrangements are in place, compliant and fully functional.

The date of the next meeting has been provisionally arranged for Thursday 29 November 2012 at the Scottish Government office in Edinburgh.

Wales

Gareth Lloyd
Chair, Welsh Dental Practice Committee

An announcement of a consultation on a National Oral health Action Plan was made at the end of July. Hidden in this was an increase in patients’ charges with effect from 01 September. Band 1 goes up by 40p (£12.40) and band 2 by £1.20 (£40.20) so practices will need to get in lots of small change. Band 3 does not change (£177).

At this time of the year VDPs have ended their year and are looking for jobs. Not all of those in Welsh places are able or want to stay in Wales and we hear that it is taking up to three months for a Welsh VDP to obtain a Performer number whilst those from England are accepted into Wales automatically. We have raised this with both the English and Welsh CDOs.

Wales has a budget of £100,000 for occupational health services but uptake has always been low and the money has not usually been spent. A concerted effort is being made to ensure that HBs have a service available to dental practitioners and staff that will provide any necessary inoculations, including seasonal flu and post exposure counselling (needlestick incidents). The Primary Care Support Service which has provided psychological / stress advice seems to have been disbanded without any consultation and replaced by a ‘Health for Health Professionals’ service. Unfortunately this seems to be for doctors only.
The Welsh Government has also announced a consultation on creating a ‘Compact’ with the people of Wales in relation to their health and health services. This is in response to manifesto pledges made prior to the last Assembly elections. This and the Oral health Plan can be found on the ‘HOWIS’ (Health in Wales) website. http://www.bda.org/news-centre/latest-news-articles/37521-oral-health-action-plan-for-wales-launched.aspx