



Wednesday, 05 January 2022

Ali Sparke
NHS England and Improvement

By email
cc: Sara Hurley, Chief Dental Officer for England

Dear Ali,

Following our conversation on 22nd December and ahead of our meeting tomorrow, I am writing about the approach to contractual thresholds for quarter four 2021/22.

As you will recall, when we spoke I expressed our significant anger and disappointment at the decision to proceed with a threshold of 85% for general dental practice (and 90% for orthodontics) and conveyed our genuine anxiety about the impact that these thresholds could have on both the short and long-term viability of NHS dentistry. The past two weeks have reinforced my view that the approach adopted by NHS England is completely inappropriate.

The spread of the Omicron variant across society was already underway when these thresholds were set in December and the subsequent impact of the variant on the provision of healthcare, including dentistry, was entirely predictable. As anticipated, we are seeing a significant rise in dental staff absence, whether those staff are directly unwell with COVID, as a consequence of isolation requirements and/or an inability to access testing in a timely manner. In addition, we know that many patients are also cancelling at short notice given the prevalence of COVID-19. All of these factors are predictably having a significant and ongoing impact on practices' ability to reach the 85% threshold. Further, the insistence that practices prioritise non-regular patients at the expense of regular attenders is making the achievement of an 85% UDA threshold ever more challenging. Such patients, whilst entirely deserving of care, are not a good fit for the current UDA system.

I know that you have emphasised the potential for practices to make use of the exceptional circumstances provisions where they are unable to meet the thresholds for reasons beyond their control. However, the impact of Omicron is now so widespread across all regions of England that it must be accepted that this is no longer an exception, but something that applies across the board. As discussed, we have little faith in a locally implemented process for determining what is likely to be a large number of cases where practices are struggling to meet these unreasonable thresholds.

So once again, I urge you to reconsider the approach to quarter four and instead of insisting on an unreasonable 85% threshold for UDAs, revert to the more reasonable and manageable quarter three threshold of 65%. We have seen other NHS sectors recognise the impact of Omicron, with GP targets being relaxed and hospitals now suspending some non-urgent surgery and other appointments. Such logic should apply across the service.

I have made the point in the context of our discussions on dental system reform that we are seeing goodwill in NHS dentistry eroded, and that dentists and their teams have a choice about the sector in which they practise. I reiterate that we are committed to seeing NHS dentistry survive and thrive, but at the moment, the profession feels battered and entirely unsupported. The damage that is being done now to NHS dentistry is immense and potentially irreparable unless you make the right decision to change course as a matter of urgency.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Shawn Charlwood'.

Shawn Charlwood
Chair, General Dental Practice Committee