

# HAMPSHIRE AND ISLE OF WIGHT LOCAL DENTAL COMMITTEE

## Secretary's Report

6<sup>th</sup> November 2024

**National Update:** We have received the new Labour Government's first budget with an injection of £22.6bn into the day-to-day health budget and £3.1bn increase in the capital budget. However, this will only be released once the 10-year plan is released next spring. On a positive note this Government is dedicated to NHS reform but so far very little mention of NHS dentistry. The huge hike in NIC will impact on NHS primary care service provider businesses and these include dental practices together with other elements of primary care and care provision within the private sector. So far, Wes Streeting has engaged in gathering information with consultations but with little direct action to solve the crisis in the provision of NHS dentistry within primary care. The NHS has had countless plans set over periods of years and hopefully this plan will encompass all the elements of health and social care.

GDPC has met with Wes Streeting and Stephen Kinnock over the summer and this continues on a regular basis including monthly meetings with Ali Sparke. The Government's main focus is on the provision of 700,000 extra appointments to deal with urgent care, supervised toothbrushing and the 240 Golden Hellos. It is hoped that there will be a contract reform Heads of Terms agreement by next summer. The Secretary of State is interested in reform with prevention at its heart. The Health Minister Stephen Kinnock is aware of the decay crisis amongst England's children and he has admitted that there is no quick or easy solution.

The Minister is keen to overhaul the current contract and work with BDA to prioritise prevention and to retain those dentists that provide and perform NHS dentistry within a primary care setting. Currently, 28% (13 million) of the population are in desperate need of NHS dental services. He is aware that the main reason for children of five to nine years old being admitted to hospital is for tooth decay, 19,381 in 2023/24. The governmental representatives are disparaging about the dental vans and are looking for an alternative in the shorter term. The Darzi Report picked up on the shortage of dentists prepared to work under an NHS contract not that there is a shortage of dentists. Furthermore, the Darzi Report recognised that if NHS dentistry is to survive as a core NHS service the contract reform issue must be urgently addressed with activity and prevention balanced in such a way that the NHS offer is attractive to the dental profession.

The GDC is awaiting guidance from the Government before they move forward on provisional registration. Clearly, the Long-Term Workforce Plan requires investment if it is to be delivered so we are awaiting developments in this area too. The latest calculation of a full time working equivalent dentist is 6,000 UDAs which is significantly below the old figure of 7,000 to 7,500 UDAs. Sheffield and Liverpool Dental Schools are at financial risk with a deficit of £150 million. There needs to be a move from the quick fixes culture that is inherent in the current working practices of the ICBs and NHSE. There is an urgent need for consistency across the 42 ICBs.

GDPC met face to face on the 4<sup>th</sup> October for its final meeting of the triennium and the report from that meeting has been circulated. Shawn Charlwood was given a standing ovation by the committee and many longstanding members who were retiring at the end of this triennium were also thanked for their dedicated service to the profession and to the GDPC. David Cottam past Chairman of GDPC is the BDA President-elect and he would be happy to talk to the H&IOW LDC and the Wessex Branch Council. The current BDA President is Richard Graham.

**Regionally:** The GDPC/LDC Regional Liaison Group (RLG) met face to face on Friday the 18<sup>th</sup> of October and the agenda items included a report from the GDPC that picked up on the political and contract reform activity points mentioned earlier in this report. The RLG received updates on recent flexible commissioning initiatives and the BDA article on flexible commissioning. There was a general discussion about the national and local engagement with ICSs and ICBs. The NHSE's Policy on managing Performers Lists in England was received and the Secretary was pleased to give a local update since July 2024 and this is also mentioned elsewhere (Local Update) within this report. There was a discussion on the future funding of LDCs in line with the Conference Motion 33 ie *this conference calls for LDCs collectively at Officials' Day to consider how LDCs may be funded, as fewer and fewer levy-payers are supporting them.* There were other updates on the NHS Tie-ins consultation, Amalgam, LDC Conference and Officials' Day. Noted were Education and Regulatory matters (GDC provisional registration). Reports from the 13 regional representatives were spoken to and questions answered in turn. Across the South East there are some interesting procurement and piloting initiatives such as: Hypertension Case Finding, Domiciliary Dental Care, Special Education for children in special care settings.

**Local Update:** The number of contract handbacks has slowed down to two within H&IOW and a reduced total number (11) of permanent contract reductions over the SE Region (60,000 UDAs and 6 contracts handed back). Also, over the SE thirteen (11 permanent and 2 temporary) contracts have reduced totalling 44,000 UDAs. Rebasement of contracts that have underperformed over three consecutive years (not including the Covid years) will be actioned under the NHS Recovery Plan. The New Patient Premium (NPP) has not fulfilled its promise with a disappointing uptake and the South East Recovery Implementation Group is evaluating this unexpected outcome. This NPP is viewed as a short-term solution until Dental System Reform provides a better solution. To date there has been silence on the possibility of 110% overperformance within H&IOW. Thirteen Golden Hellos have been awarded within H&IOW some going to Special Care services/CDS with three going to dental desert areas.

Within the current procurement pipeline the commissioning of new contracts within special care, MOS, restorative dentistry and urgent care have been delayed to April 2026 under the single tender waiver arrangement endorsed by the Commissioning Support Unit (CSU). We are currently in MDS 5 initially using Rapid Commissioning (RC) followed by a full procurement exercise where Rapid Commissioning/dispersal opportunities have been exhausted. The H&IOW ICB have preferred dispersal over rapid commissioning which is a relatively recent process applied to the new procurement of services as opposed to handed-back activity. Within Rapid Commissioning across the South East the UDA rate is determined by using an average and then by applying an uplift for practices located in areas of moderate and high deprivation the range extends from £28.

DERs has been recommissioned and we are awaiting more details. It is likely to be NEC but as the award was in standstill we have not been updated further.

Some practices are conditionally offering new patient appointments during restricted times. These are single courses of treatment (New Patient Premium) with any further courses of treatment to be carried out under a private contract arrangement.

Dentaid is operating from mobile sites (IOW, Portsmouth and Southampton) by appointment only for individuals that are in the category of hard to reach groups and it is increasing its clinics from 569 to 745.

The new policy for the management of the Performers List Regulations was implemented from the 1<sup>st</sup> October with very little change to the day to day running of PSGs and PLDPs. Under the Dental Recovery Plan, applications to join the list are processed within 48 hours, well under the 3-week deadline) but unfortunately the knock-on effect is a growing number of applicants left on a spreadsheet unable to practice until they have met all of the necessary requirements eg DBS check.

Shabir Shivji is the new regional Chief Dental Officer.

The above information emanated from the NHSE/ICB/LDC Liaison Meeting that was held on the 8<sup>th</sup> October.

LDCs are no longer invited to dental contract discussions under the transformation changes that took place before Covid and are now expected to pick up the issues when they are invited to get involved by contract providers in difficulty. This is clearly an omission and re-engagement with the LDC could be an advantage to all concerned. The Hampshire and IOW ICB does regularly contact the LDC and vice versa but contracting responsibilities still lie with the NHS Frimley Dental Commissioning Hub. The Secretary attends the South East Dental Re-commissioning SCPD and UDC Steering Group meetings together with another LDC representative from the South East. The H&IOW LDC Secretary now sits on the Frimley ICB Primary Care Board; Pharmacy, Optometry and Dental (POD). This arrangement has been generated to replace the Committees in Common to which primary care representatives were not invited. On the 1<sup>st</sup> April 2025 the Primary Care Board General Practice and the Primary Care Board POD will join to become one Board. The purpose is to integrate all 4 disciplines of primary care to explore new ways of working and to understand the complexities and overarching governance for the delivery of these individual services.

The H&IOW ICB has circulated a letter from Lena Samuels Chair NHS H&IOW ICB inviting nominations for 2 Partner Members to the unitary board that governs the NHSH&IOW ICB. One of these members will be a current provider of general medical services (minimum two sessions a week) and the other will be a current provider of primary care services (minimum two sessions a week) within primary medical, pharmacy, optometry, dental to include nursing and allied professionals. Closing date was the 11<sup>th</sup> October.

The appointment is initially for one year with a minimum monthly commitment of two to three days, £12,000 per annum.

The PASS Decisions Group (LDC Sub-Committee) met on the 16<sup>th</sup> October to consider the current cases, the financial implications to the LDC and to discuss any proposed changes to the core document. The updated Dore document has been circulated to the LDC membership for approval of its latest iteration at the LDC meeting on the 6<sup>th</sup> November. PASS continues to go well with most of the four cases three of which have now been signed off and awaiting submission to the Performance Screening Group (PSG).

The Vice-Chairman requested sight of the roles and responsibilities of the executive officers to thereby understand her new role. The Secretary, Treasurer and the Administrator/Media/Web Manager have worked up or refreshed these descriptors. These documents detail the current status quo and also reflect the current modus operandi of the H&IOW LDC and clearly all the executive roles inter-relate. Four have been circulated for information to committee members and may aid future recruitment to these posts. For information:

The Seven Principles of Public Life also known as the Nolan Principles are:

1. Selflessness
2. Integrity
3. Objectivity
4. Accountability
5. Openness
6. Honesty
7. Leadership

At the recent Executive Sub-Committee meeting held on the 29<sup>th</sup> October there was some discussion about the format of future LDC meetings (virtual/Face to Face) and a possible programme of CPD provision by the H&IOW LDC in 2025. The suggestions were:

- Prof Peter Brennan – Human Factors
- Prof Farida Fortune – Oral Medicine
- DERs – Training
- HIV and the HIV Friendly Chartermark – Prof Jane Anderson and others
- PASS – The LDC PASS Decisions Group

- Targeting young dentists through social media sites such as dentists for dentists to understand their CPD requirements and their views on the local dental committee.
- The March LDC Meeting P1 as an Open Meeting (limited numbers)
- Evening virtual meet the committee meetings for 60 minutes.

The H&IOW LDC met with the South Central Ambulance Service (SCAS) and the Dental Advisory Service (DAS) together with the Secretary of the Dorset LDC on the 28<sup>th</sup> October to discuss the current pathway through 111 and the relations with those practices working within additional urgent care and contracted urgent care sessions. This was an introductory meeting that highlighted concerns from all the stakeholders and essentially the Ambulance Service are seeking to improve and reduce the administrative burden on their service.

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