HAMPSHIRE AND ISLE OF WIGHT LOCAL DENTAL COMMITTEE

Secretary's Report

19th March 2025

National Overall Update: NHS England has been labelled as the world's largest quasi-autonomous non-governmental organisation with an annual budget of around £190billion and approximately 15,000 staff. In the next two years it's functions will be taken over by the Department of Health with 9,000 to 10,000 jobs lost and ICBs expected to halve their workforce with a loss of 12,500 jobs. NHS England will be abolished and the service brought under democratic control. Very recently the NHSE Chief executive Amanda Pritchard and the national Medical Director both resigned. Government hope to save hundreds of millions of pounds (around £500million) and save duplication of effort, although these far-reaching changes may also impact on the provision of patient care.
The extensive Andrew Lansley reorganisation in 2012 through the Health and Social Care Act took politics out of the day-to-day running of the NHS and is held responsible for long waiting times, lowest patient satisfaction and the most expensive and bureaucratic NHS in history. The expectation is to avoid duplication across two organisations with more frontline doers and less checkers and devolvement of resources and responsibilities to those working within the frontline. There will be the necessary primary legislation to facilitate these proposed changes.

Local and National Update: Little has changed since the last Secretary's Report with reduced numbers of dentists working within the failed 2006 NHS contract with a year on year underspend in England of £460 million. The LDC has requested details of the projected clawback figure within H&IOW but to no avail. We are aware that very few contracts have been rebased due to a lack of commissioning hub staff but it is likely that future rebased contract monies and clawback funds will be used to fund overperformance in 2025/26. Clearly, Contract Reform is long overdue with the Recovery Plan and marginal changes a 'side show' as they were put in place for a limited period of time. The New Patient Premium (NPP) ends this month and ideally needs to be extended. However, the ICBs are not convinced that this Recovery Plan initiative has been effective and if available workforce exists they will consider the data and if positive will consider introducing their own scheme in the years ahead but not during 2025/26. Four new Golden Hellos have been awarded within H&IOW.

The new Chairman of GDPC is Shive Pabary MBE and at the recent GDPC/LDC Regional Liaison Group (RLG) meeting he stated that the GDPC meetings with the Minister have not, as yet, been particularly proactive within the necessary agenda for the generation of the changes that the profession and patients need with little progress on what future contract reform might look like. During the RLG meeting the regional representatives considered their priorities. The delivery methodology for the 700,000 extra urgent care appointments (Manifesto commitment) has now been communicated together with a requirement for the H&IOW ICB to provide just over 30,000 urgent care appointments between now and October 2025 which is an increase from the 23,000+ expected. These urgent care appointments will come from any area where urgent care is provided eg Dentaid and flexibly commissioned additional hours. It is difficult to expect hard working dental teams to provide and perform more activity without significant incentives. It is imperative to remember that additional hours will only be offered to those contracts that are operating at 96% or above. The ICBs will be looking to introduce more additional hours sessions and stabilisation sessions at incentivised sessional rates in 2025/26 and these are currently going through the ICB's Finance Directors. New MDS contracts are currently being awarded on the IOW with urgent sessions written into the contracts.

The ICBs and NHSE are highlighting and creating opportunities to improve the REGO referral pathway especially notifications to all those associated with electronic patient referrals – training in the correct

use of the system to improve the patient experience is essential. A recent orthodontic case, once again, highlighted the shortcomings of the current REGO system with the lack of awareness of the referring practitioner (note box) as to the referred treatment direction of travel of their patient. The NHSE Commissioning Hub has taken this on board with a view to solving this discrepancy, however, this is not an easy change to enact and will need a programme rewrite to solve the problem. There will be practical DERs training sessions offered by senior DPA Huw Winstone (lunch and Learn type) and through Focus Groups and Review Groups. The new two-year contract with NEC has only just been signed although the LDC was aware that the contract had been awarded in October 2024.

Unfortunately, and worryingly it is harder to see a GDP working under an NHS contract than a GMP. Dental practice inflation is running at 9% and the minimum UDA value of £35 highlighted by BDA is essential to secure contract viability and long-term sustainability. Unhelpfully, NHS dental patient charges are increasing by 2.3% with no benefit to the provision of primary dental care. H&IOW ICB has not allowed willing practices to over-perform up to 110% during 2024/25 however this likely to be addressed during 2025 to 2026 but will be subject to availability of funds and other selection criteria. The ICB's consider that in future the dental budget will be ring fenced and will ensure that where overperformance can be allowed/justified contract providers will be advised of overperformance opportunities much earlier in the contract year and will no longer await the mid-year review. This will ensure that practices can more appropriately plan to take up more activity up to 110%.

The ICBs are in regular contact with the H&IOW LDC and intend to strengthen the already facilitative relationship that is being developed. The Frimley ICB POD Board has now met three times and is proactively offsetting the constant reduction in dental care provision by engaging with their dental contractors/LDC and for example, allowing practices to overperform up to 110%.

The need to consider the access to routine dental treatment and/or urgent treatment is a dilemma and the focus on urgent care does nothing to solve the pressing problem of access to routine care that would, in the longer term, significantly reduce the pressures on urgent care provision.

The LDC will be hosting two FOC Saturday morning to early afternoon CPD events in the Chilworth Manor Hotel, Southampton covering the topics of digital dentistry (10th May) and communication (20th September) with an extended AGM held virtually on Wednesday the 7th May commencing at 7.00pm and finishing at 8.00pm. We have four speakers (two for each event) and there will be an opportunity for the LDC to give a short presentation on the representative functions of the LDC at one or possibly both of these events. Networking will be of paramount importance so please register to attend if you can. Both topics are exciting and will enhance your PDP identified CPD.

Biennial H&IOW LDC elections are taking place this year and the relevant notices have been circulated together with a list of all those committee members whose term of office ends this year. The AGM notice will be circulated shortly.

The number of dentists that the H&IOW LDC represents now number between 918 and 983 with differing figures from BDA and NHSE (PCSE). As this is a significant discrepancy we will be checking the veracity of these two figures and additionally we need to receive confirmation that there are still 186 contracts. We regularly receive updates from PCSE covering additions to the Performer list and those that wish to receive contact from the LDC. Unfortunately, we have not been given email addresses only postal addresses and this is a significant piece of work for the LDC Administrator over the coming weeks.

The GDPC/LDC Regional Liaison Group (RLG) met on the 28th February and my report can be found at the end of this report as an addendum. The report was loosely based on my Secretary's January report so my apologies for any repetition.
The agenda covered many of the topics already mentioned above but from different regional perspectives and in the RLG meeting I highlighted the necessity for consistency and the need for the 42 ICBs to share initiatives that are working well.

The agenda consisted of an update from the new Chair of the GDPC and the latest GDPC Report from February has been circulated to the committee.

Written and verbal updates were given by all of the regional representatives with questions fielded. There were updates on engagement with local ICB's and any flexible commissioning initiatives. There were discussions on the future of LDCs, future funding and PASS. In particular DPASS was given the opportunity to highlight their scheme that differs markedly from the H&IOW LDC Scheme being generally (but not exclusively) set at a pastoral level. However, one of the merits of the northern scheme is the reduced financial burden for those dentists seeking help and advice. It should be noted that the H&IOW LDC PASS does not charge for pastoral support and/or signposting provided by the Secretary. There were two lengthy papers on Securing the future of LDCs and the results of the LDC Treasurer's Survey 2024/25. The papers highlighted the challenges facing LDCs such as engagement, funding, private practitioners, corporate dental providers, younger dentists. The RLG identified several actions:

- Encourage open dialogue about funding challenges and formulate potential solutions
- Make Treasurers aware of a network (WhatsApp group QR Code available) for LDC Treasurers to share ideas and support each other
- Continue to facilitate the sharing of best practices in communications, funding and financial management among LDCs
- Work with the BSA to provide accurate and timely data on the number of levy payers
- Consider mechanisms to support LDC funding in areas with declining NHS provision
- Explore the possibility of ICB/other funding for specific LDC projects and share any guidance that results.

Before the meeting we all participated in a Wish List of contract reform priorities and compared this to the GDPC priorities and surprisingly the lists did not entirely match up. GDPC has always maintained that the reformed contract should be prevention-focused and patient centred. It should have a blend of currencies, with capitation forming a major component. The priorities are listed below in their order of perceived importance as presented to the RLG after the survey had been completed. The reformed contract should:

1. Be practical and financially viable for practices and dentists
2. Have payments that cover the costs of treatments
3. Make sure that the NHS is attractive place for dentists to build and maintain a career
4. Have a clear purpose-what is NHS dentistry trying to achieve
5. Have prevention at the heart
6. Avoid targets, treadmill and clawback
7. Give greater clarity on the NHS treatment offer
8. Be simple. We don't want an overly complicated contract
9. Consider dentists' workloads and wellbeing
10. Be a whole system and should support best clinical practice
11. Trust dentists to do the right thing
12. Ensure that high-needs patients are welcome
13. Work for solo practitioners and large corporate chains
14. Have a fair balance of risk between the NHS and dentists
15. Facilitate long-term patient relationships
16. Encourage peer support, culture of collaboration and quality improvement, rather than compliance
17. Reflect the needs of distinct patient cohorts

The Chair of GDPC has requested that LDC's feed back their visions of what contract reform might look like and the Secretary would be delighted to receive comment from the LDC membership and the wider community of dentists performing within the H&IOW LDC constituency as a matter of urgency.

The RLG received an update from Charlie Daniels the Chair of Conference 5th and 6th June in Newcastle. The Secretary would be pleased to receive any motion ideas from the committee members with a deadline of the 31st March 2025.

The Health and Science Committee update touched on:

1. Dental amalgam – the EU adopted a revised regulation with the introduction of a complete phase-out on the use of dental amalgam in its member states from January of this year. However, a decision was made to allow a 10-year derogation for Northern Ireland.
2. Infective Endocarditis – NICE have considered their guidance 2016 specifically for those at high risk when undergoing dental treatment. The review of evidence has been inconclusive when considering the effectiveness of antibiotic prophylaxis and the guidance remains that AB prophylaxis against infective endocarditis is not recommended routinely for patients undergoing dental procedures. However NICE did recognise the usefulness of the SDCEP implementation advice in providing further clarification and signposted to this advice within their recommendation. This has been endorsed by the CDOs of the UK. An SDCEP review of the advice is underway and comprises 2 areas; the terms describing the cardiac condition and the medication and dosage used. The current SDCEP advice stands.
3. Oral Cancer – BDA are working with Cancer Research UK to update the oral cancer toolkit. The new toolkit will now cover cancers of the head and neck, including oral cancer. There will be a refresh of some of the videos and the content to ensure that the latest research is included. The office for Health Improvement and disparities have published an atlas of health variation in head and neck cancer in England. This usefully identifies trends, geographical variation, incidence and mortality of head and neck cancer and the associated risk factors.
4. Reducing sugar consumption – a recent House of Lords Food, Diet and Obesity Committee report set out several recommendations across the food system including targets for the reduction of salt, sugar and calories. Also, an expansion of the Soft Drinks Industry Levy and legislation to ban sponsorship of sports events and celebrity endorsements of large food businesses that fail to reach mandatory health targets.

This was the last major representative meeting to be held face to face in BDA HQ Wimpole Street.

ADDENDUM:

Hampshire and IOW (formerly South Central/Wessex) Report to the GDPC/LDC RLG
28.02.25

Mobilisation of new contracts within special care, MOS, restorative etc are targeted for April 2026. We are currently in MDS 5C (Portsmouth, Havant and Waterlooville) initially using Rapid Commissioning (RC) followed by a full procurement exercise where Rapid Commissioning/dispersal opportunities have been exhausted. The commissioners are looking to contract services under PDS Agreements for up to 10 years.

DERs has been recommissioned and NEC was the successful bidder once more. We are awaiting invitations to enter discussions with them at stakeholder service focus discussion meetings headed by the specialist-led MCNs who have wish-lists to improve the DERs system. There are significant disconnect problems with referrals for levels 3a/3b orthodontic and MOS services with an underlying push to move as much treatment as possible into primary care. A small number of practices are receiving patient complaints about long waiting lists and lack of feedback about their treatment. There will be free training sessions for REGO throughout 2025.

Dentaid is operating from 4 mobile sites (IOW, Portsmouth, Southampton and Andover) 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. Basingstoke will be the next site. Dentaid have offered to discuss their future plans and answer the LDC's concerns eg performers list issues but so far a meeting has not been arranged.

Shabir Shivji regional Chief Dental Officer very recently held a well-received Direct Access event in Slough as part of the Dental Therapy Forum that has been set up to understand how to effectively utilise a Dental Therapist working in the NHS. There was a reference to the new business workforce model for an effective NHS Dental Practice. NHSE WT&E are looking at how to implement the NHS Long Term Workforce Plan (June 2023) and are working with LDNs, MCNs and ICBs to develop appropriate training opportunities for the whole dental team. Also, in discussions with the ICBs looking at the review and redesign of care pathways.

The Special Care Service has a recruitment crisis with a 25% vacancy rate for dentists and waiting times for new patients is from 10 months to 31 months. GA waiting times are up to 66 weeks for adults and 59 weeks for children.

LDCs are not invited to dental contract discussions and are expected to pick up the issues when they are invited to get involved by contract providers in difficulty.

Five members of the H&IOW LDC PASS attended the National Association of Dental Advisers (NADA) Conference 22nd November 2024 for a training day.

Practices requiring Action Plans (APs) as a result of the mid-year review where activity is sub 30% have been notified to ensure that these are submitted in good time. Where the APs do not demonstrate sufficient detail the relevant contract manager will contact the contract holder for more information. The ICBs are looking for any possible overperformance and in Frimley (ICB) only, contractors may overperform up to 110% but regrettably to date this does not apply to the H&IOW ICB.
Rapid commissioning (up to 25% of the contract) is being employed where the 3-month time limit to dispersal has been exhausted. Rapid commissioning is sometimes not very rapid but should be carried out over a 6 to 8-week period. It is now considered that formal procurement of a minimum of 21,000 UDAs represents a viable NHS contract activity requirement.

ICBs in the SE Region are working collaboratively with NHSE to understand the implications of the 2024/25 budget commitments following national concerns around the ring -fenced dental budget and in particular the contentious issue of allowing 110% over-activity. The ICB will be considering any new governmental rescue plan whilst considering how the extra 700,000 appointments might be delivered.

The Golden Hello scheme will end in early 2025 and there will be renewed focus on the New Patient Premium activity. There will be a rebasing of contracts following the mid-year review of persistent under-performers. The Additional Hours Scheme will be reviewed with a possibility of an extension into 25/26.

Procurement will continue in MDS5C for mandatory dental services. The Frimley ICB Primary Care Board met on the 7th January with Terms of Reference consolidated and approved. On the 15th November 2024 the H&IOW ICB and the BOB ICB advised providers of the intention to procure additional MDS in the IOW and Oxfordshire. The tender is live on the Atamis portal – NHSE Commissioning Hub circulated a Dear Colleague letter concerning the use of Atamis for public sector procurement on the 11th November 2024

The NHSE WT&E Directorate is currently recruiting new dental practices and dentists for the 25/26 Dental Foundation (DFT) and Dental Therapy Foundation Training (DTFT) Schemes. The LDC has been stood down from attending meetings that discuss SCPD and UDC Re-Commissioning Steering Group Meetings on the grounds of consistency and standardisation of membership. The LDC is dismayed that after many years of collaborative working we no longer have a voice in these discussions.

The H&IOW ICB is proactively considering its delegated responsibilities by taking-into account the Darzi Report (Treatment to Prevention, Hospital to Community and Analogue to Digital) and preparing a case for change. With an ageing population, disjointed services, workforce recruitment/retention challenges, over-spending of budgets, falling productivity the health of the population has worsened. ICSs are looking at system scale, provider collaboration, Place based partnerships and integrated neighbourhood working to reflect Darzi's findings and drivers for change. Improvement of a complex system is the challenge by changing the culture and working in new ways.

Finally, the H&IOW PASS has one outstanding case that is nearing completion.

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