GDPC Meeting Videoconference

3rd April 2020

David Cottam chaired the meeting and 66 members dialled in.

BDA are taking meetings with Eric Rooney and Carol Reece every other day

The BDA has received over 1200 questions; these have been addressed or adjusted and forwarded onto NHS England for replies.

Financials

Practices will retain NHS income based on March 2019's figures and then 1/12th of total NHS contract value per month, on the basis that this funding is passed onto associates and staff. Associates having difficulties getting paid by a practice provider can contract the BDA for assistance.

Furloughing staff can occur on the basis of a proportion of practices' private earnings.

NHS England will negotiate with BDA in regards to contract delivery for 2020/2021. At this stage it is unknown how many months will be written off due to COVID19 restrictions. It is likely that percentage bases of UDA production will be introduced once the number of months restricted are known.

If there is clawback due for 2019/20 then this is to be negotiated between NHS England and BDA, the hope is that NHSE will write it off, however a repayment of any clawback over 12 months might be required.

There is no national steerage in regards to payments for working within a urgent dental clinic (UDC), there is a vague understanding that those being paid via their NHS contract are expected to volunteer with no sessional payments.

PPE

Update on PPE; a diagrammatic chart has been published.

There is a Nebraska study which looks into how far droplets travel; shown to be further than the previously thought 6 foot and can hang in the air in the corridor outside. Thus BDA has concerns over the latest PPE guidance as being inadequate.

The availability is still the greatest issue. Single use visor, gloves, FFP3 (fitted, tested and passed) and fitted gowns. 3 surgeries needed to allow 1 dentist/ nurse team to work; 1 surgery for putting on PPE, 1 surgery for AGPs/extractions and 1 surgery being deep cleaned. The surgeries then rotate.

The definition of a Cold site is becoming less and less relevant. The assumption is getting closer that all patients should be seen as Hot.

A lot of members do not feel comfortable with currently published guidance on PPE from NHSE, WHO or OCDO.

Urgent Care scenario

Nowhere is properly up and running. No written agreements with LATs either.

Some areas have CDS and hospital setting working but not as Hot sites and not with AGPs

A large number of volunteers are failing FFP3 mask fitting. Some makes of mask more available than others.

Crown indemnity covers COVID19 efforts but not to replace individuals indemnity, uncertain to whether crown indemnity will assist specifically in regards to urgent dental centres.

Any dentist in a high risk position (eg pregnant or poorly controlled asthmatic) could self-risk assess, explain their circumstance and not be required to work on the front line. Practices can determine which dentist/staff are suitable to be redeployed to maintain their NHS income. However it is felt there will be very little pressure to push practices into making staff available.

Clinical

Most practices are using rotas and skeleton staff. Dentists can work remotely (diverted calls to home numbers) and remote prescription issue (via nhs.net) to pharmacies; hardcopy prescriptions are delivered to the pharmacies later. Alternative options are to use buddying arrangements with other practices.

Private practices

As with optometrists, vets and other professionals are beyond governmental assistance unless a private individual earns below £50,000 and qualifies for self-employed assistance. BDA lobbying is continuing.

A further summary will be released by the BDA at which point I will forward it to you.

A further meeting is to be organised soon, to be able to update as things change.

Toby Hancock