BDA
Cymru Wales

20 January 2023

Prof Andrew Dickenson
Chief Dental Officer Wales
Government Buildings
Cathays Park
Cardiff CF10 3NQ

Dear Prof Dickenson

OPEN LETTER TO THE CDO OF WALES, PROF ANDREW DICKENSON

This is an open letter culminating from recent developments with respect to end-of-year guidance for GDS contract reform practices. It includes commentary on the forthcoming volumetrics for 2023-24. We also reflect on the progress and future of contract reform and specifically our engagement with it.

We appreciate that you have undertaken a series of engagement events with LDCs, LHBs and stakeholder groups in the last six months with your stated intention to develop a pathway leading to a new GDS contract in 2024. However, oftentimes these stakeholder events have avoided the meat of the volumetrics and reform conditions by asking tangential questions for discussion. As a result, we consider that instead of receiving the unvarnished feedback needed, the picture emerging is often blurred and, dare we say, skewed towards the government's agenda. For example, skills-mix is repeatedly pushed, although it would take years to come to fruition, whilst avoiding the really pressing issues that DCPs and especially associates are already voting with their feet.

Crucially, the profession has not been privy to the data on which contract reform measures are predicated. Engagement events have sometimes included presentations of certain data in rather obscure formats, but there has been no open sharing of the data sets to allow independent scrutiny by the BDA. We certainly want to avoid going down the path of multiple FOIs as these are time consuming for all parties and not good use of precious resource.

Conversely, the BDA has shared the results of our two surveys of GDPs undertaken in 2022 and published a digest in our evidence to the Senedd Health committee. The results from these surveys have made plain that there are large numbers of practitioners with misgivings about the effectiveness of the targets and real worries about the financial outcomes.

End of year guidance 2022-23

We are disappointed to have received only an acknowledgement of receipt of our letter of the 21 December 2022 in response to draft end-of-year reconciliation proposals. No further response was forthcoming prior to the formalised end-of-year reconciliation guidance ('the guidance') being sent to the LHBs on Friday 13th January. We only received this same guidance on Monday 16th January.

We are very concerned that our advice was not heeded in finalising the guidance. For convenience our advice is reiterated in the Appendix. We therefore respectfully request detailed reasons for ignoring our recommendations. We furthermore request sight of the data upon which the government guidance was predicated, and to have this presented in an intelligible format. (It is our understanding that these various data sets are still under analysis by Contract Reform workstream 1 and workstream 2. Perhaps you could clarify whether this is correct please.)

It is deeply troubling to see the final guidance issued to the LHBs. Our concern stems partly from knowing how LHBs tend to apply a strict interpretation of both rules and guidance issued by government without using levels of discretion advocated by dental branch. We expect to see large numbers of contracts handed back or reduced as a direct result of the guidance. It can be taken as a certainty that many practices who have strived through uncertainty to provide the best care for their patients will face financial sanctions as these 'mitigations' are applied by HBs.

Any practice that is below target faces up to six months of financial uncertainty until they learn what difference these 'mitigations' will make, and what further discretion the Health Board may consider. Practice owners could be living under the threat of tens or hundreds of thousands of pounds of financial penalty.

Simply put, the government's failure to examine the real-world impact of these new, untested targets will force many practices to withdraw partially or wholly from NHS dentistry, given the unreasonable business risks they alone are having to bear as result of the experimental contract reform conditions. Public accountability is not just spending as little money as possible per unit of activity. It is, we believe, procuring a needed public service for fair remuneration. Let's not forget that the 2022-23 financial uplift to GDS contracts was less than half current RPI.

Volumetrics 2023-24

The volumetrics for 2023-24 were published before Christmas to give reasonable notice for the next financial year and we recognise the efforts made by dental branch to deliver these in a timely manner. We also recognise that some changes were made to the new patient targets for next year which have clearly been challenging in the 2022-23 period. Why that learning could not be applied in a timely manner for this year's targets remains unanswered.

However, the modest changes to the volumetrics for 2023-24 do not address many of the underlying problems with NHS dentistry. Further, these changes are made

without any effort to reflect on the real-world attrition of continuing care in dentistry that has arisen from the drive to see new patients in a post pandemic climate. These fundamental changes in what is "NHS Dentistry" must be identified, reflected on and openly discussed as part of the reform process.

We are disheartened as we have seen no real attempt to address the inequalities that have plagued all dental contracts. There is STILL no provision for practices with higher percentages of red patients – the targets are the same across the board. This is despite several years of ACORN data being amassed. There is no obvious mechanism to distinguish between one triple green patient and a triple red patient where the clinical time required is vastly greater for the red patient.

The retrospective application of complicated mitigation tests of practice data against Health Board averages for red patients, for example, provides little to no basis on which to track progress throughout the next financial year, and until advised otherwise we must assume the end of year reconciliation for 2023-24 will follow similar rubric to that issued for 2022-23.

The problems with recruitment and retention of associates who do the bulk of NHS work has been flagged repeatedly. They are voting with their feet and leaving NHS work for private work. Indeed, newly qualified dentists are increasingly avoiding NHS work from the outset. There is nothing in the 'new' (tweaked) set of metrics to stem the haemorrhage.

Currently, the workforce data collection has no way to measure WTEs in GDS practice, so diminution of the workforce is masked by crude headcounts. We are encouraged that this latter issue is being address by NWSSP (NHS Wales Shared Services Partnership) and look forward to effective implementation of the new system being developed when the challenges of collecting meaningful data in independent dental practices has been addressed.

Progress with GDS contract reform

This leads us to reflect on progress with contract reform and looking ahead with the fate of NHS dentistry in the balance.

We keep hearing in various meetings - both public and private - that contract reform measures are borne out of the principles of 'action learning' and 'co-production' but the reality falls far too short and the government's rate of response to real-world conditions is abysmal.

In contrast, over the last two years the BDA and the profession have been given almost no time to respond to various draft proposals before they have been issued by Welsh Government – expecting us to drop our drills at a moment's notice to convene our democratic processes and give you our considered opinions.

We have engaged with you and your officials at every turn to represent the views of the profession and to give you our insight into the real-world impacts that your proposals would have and are having.

We have warned repeatedly over the last year that we face potential catastrophic collapse of NHS dentistry in Wales directly because of the way contract reform has emerged from the pandemic, and the lack of responsiveness by government.

It is becoming apparent that scant regard has been given to our considered advice on any aspect of contract reform in the last two years. Many of our members have told us they feel the government does not care for the wellbeing of NHS dentistry, of those who provide it, and those who receive it.

We have kept the government abreast of our published research into the mental health of dentists working on the NHS; and yet all the evidence of the stress endured by practitioners including contract holders appears to gain very little traction within government's dental policy.

It is one thing to provide a counselling service during the pandemic to deal with the acute mental health impacts, but the contractual terms and conditions of NHS general dentistry are having a chronic and long-lasting negative impact on many highly experienced and committed practitioners. This has been evidenced by the BDA over several years.

It is hardly surprising then that more and more practices are turning towards private dentistry in order to a) keep their practices financially viable and b) preserve their staff's mental health. We are certain that this trend will become even more apparent through the reconciliation of this financial year.

We are therefore convening another urgent meeting of WGDPC to decide how and whether we continue to engage with the contract reform process going forward, and no doubt will be consulting with the profession in short order too on this matter.

Yours sincerely

Dr Russell Gidney

Chair, WGDPC

APPENDIX

To recap our key points on end of 2022-23 year guidance, this is what we advised you following an emergency meeting of WGDPC held on the Monday before Christmas:

A) The WGDPC felt that this guidance is akin to further contract variation. Fundamentally it betrays the guidance we have received through the year and the underlying principle we have been given to understand - that a practice which can demonstrate an equivalent amount of NHS provision should not be subject to clawback.

B) Attempting to provide one set of guidance on mitigation that works for all LHBs and which provides an equitable all-Wales outcome is inherently problematic. Notably this is being performed without understanding of the patterns of data, nor the numbers or situations of the practices it will affect. Anywhere where mass clawback is applied you are likely to see mass hand-back/reductions of contracts as a direct result.

C) We asked you to see the following principles and issues addressed and reflected in the guidance:

i. The high trust environment does not seem to be reflected in the draft document and the default position seems to be that clawback will likely occur if single elements of conditions are not met, rather than taking a holistic approach.

ii. This is an experimental year and the volumetrics being tested are unproven in terms of attainability – each volumetric singly and their combination in concert.

iii. Practices that appear to be more successful in meeting targets are "treating targets not treating patients". They are also putting in additional resources, which is not sustainable. Conversely, practices that are following the 'ethical approach of treating patients not targets' are being penalised.

iv. The learning so far from this year has only been applied to next year's volumetrics; it shows the NPs target has been too stretching (distorting in fact) and so for next year is being amended to fit more closely the clinical needs of the population (urgent care for more patients to be made available) and to recognise the practice work done for urgent and new patients. However, this begs the obvious question why has the learning not been fully applied to this year's metrics? The mitigation proposed does not achieve this. If the new patient target is too high, then a flat reduction should be applied.

v. A complaint we have levelled throughout contract reform since its latest inception in 2017 is the lack of attention to the real-life business models of practices. This includes that practices have fixed costs and variable costs. This distinction is never made when considering the treatment costs per patient. If clawback occurs there is no recognition of the fixed or sunk costs which then become a loss to the practice owner. If clawback was only applied to the variable costs that might be considered a more equitable approach, within that frame of reference.

vi. DNAs are largely beyond the control of practices and represent a double loss to the practice – a loss of clinical time as well as the risk of clawback. Moreover, associates and DCPs find themselves losing out and this contributes to their reasons for withdrawal from NHS dentistry. This has been raised through the year as a mitigation but it appears has now been dropped.

vii. When the volumetrics were devised a year ago galloping inflation and a below inflation contract uplift were not in scope. There seems to be no mitigation applied in the guidance to allow for the magnified financial impact that clawback will have on practices which are already struggling to balance the books and may not survive intact. This is not hyperbole – there are many very concerned practice owners who have put everything on the line to make NHS dentistry work.

viii. The spectre of clawback and measurements against multiple targets flies in the face of your vision to get away from target-driven dentistry. Far better to look at an amnesty (with rare exceptions) this year to demonstrate fidelity with that principle, than wait for the other shoe to drop as it surely will if your office goes ahead with the current approach, which can be summed up: "Colette's idea was simplicity, but we are now back to counting widgets."

D) In summary – committee members consider that any formulaic approach to clawback is going to unfairly affect practices. Where a formula is produced some will undoubtedly suffer without further consideration. We have called since April for Welsh Government to provide clear guidance on how year-end should be managed. The advice given by Welsh Government to this point has been to support practices where possible and look at the overall delivery of the contract. It is that advice that now that needs formalising, not guidance to penalise practices by.