FEDERATION OF LONDON LOCAL DENTAL COMMITTEES

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Dr W Moyes
Chair, General Dental Council
37 Wimpole Street
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(Via E-mail)

12 July 2016

Dear Dr Moyes,

Re: GDC and the NHS

Many thanks for your letter of 15 March 2016. Please accept my apologies for the delay in replying but I wanted to take your points to each LDC meeting and the Federation Council meeting in May.

I welcome the seriousness with which you and the other bodies concerned with dental regulation and contract management are working together to simplify systems, improve information sharing and speed up the resolution of concerns raised. In light of the GDC's engagement with the Regulation of Dental Services Programme Board, with which NHS England and Healthwatch are both involved, I was surprised by your statement that the GDC does not have the expertise or resources to raise issues of tension which will undoubtedly have impact on dental regulation. It would seem that this forum would provide the ideal environment to raise and resolve the tensions between the standards expected by the regulators of dentistry on the one hand and other interested parties on the other.

Dental care does not take place in a vacuum, but in a complex environment. While no professional would consider that financial drivers can be an excuse for poor patient care, it must be recognised that unresponsive contract management exercises and an increasingly difficult business environment will have a negative effect on practitioners by increasing stress and distracting dentists from focusing on clinical care. The contractual arrangements under which dentists work will affect patients which is why we urge the GDC to work with other bodies to ensure that systems support dentists in the delivery of high quality care.

We believe that it is very much in the GDC's interest to focus on ensuring that patients are safe by using resources wisely and focussing on fitness to practise issues. Clarity of

expectation is what is needed and what appears to be so badly lacking in NHS dentistry today. The expectations of the NHS, patients, clinicians and regulators all need to be clear. The GDC has a key role to play in championing this to protect the profession and support it in delivering the care it is trained for to the benefit of patients.

In your letter of 15 March You asked for examples of our concerns. Having discussed some of the perceived tensions between the competing expectations that exist for dentists at the Federation Council we would like to raise the items below as examples where there may be a lack of consistency in views and achievement which could cause unnecessary pressure on the regulator.

a. Lack of clarity on the NHS “offer” to patients (e.g. disputes about whether or not treatments (on certain) teeth are clinically necessary).

b. Lack of consistency in referral criteria and lack of support from the NHS in these circumstances.

c. GDC standards state that clinicians are required to make all charges and costs clear to patients ahead of treatment. This is not possible in a referral scenario in the NHS. Nor can the referring clinician make it clear what changes may be made to the referral by an NHS triage service.

d. Increasing patient charges and a lack of communication from the Department of Health about why they are increasing and who the money goes to, giving rise to changing expectation and possible frustration.

e. Changing messages about dental recall intervals which are not publicised by the Department of Health as we discussed before. Guidance from the National Institute for Health and Care Excellence require dentists to set recalls of up to 24 months, which is contrary to our training and experience. At a recent Federation event, a leading member of the Mouth Cancer Foundation agreed that it is important for every adult over the age of 16 to have an annual checkup as 25 per cent of mouth cancer sufferers have no identifiable risk factors. The system must support dentists in the provision of care in a way which results in the best outcomes.

f. Messages from public bodies focusing on complaints, creating an atmosphere of fear where patients may begin to expect poor quality service and assume that most dentists do not provide high quality care.

g. Inconsistent messages suggesting that everyone can access NHS dental care despite there being a capped budget which will never meet demand for everyone to access care. As mentioned before the funding available for many treatments within the GDS especially periodontal and endodontic work is totally inadequate yet patient expectation is high when the treatment available will necessarily be limited. There is always a lack of specialist provision, so many patients get left in limbo and the blame comes back to referring practitioners.

h. The use of automated care pathways as tested in the dental contract reform pilots and prototypes risks undermining clinical autonomy and is in danger of creating a culture of fear

where clinical professionals are discouraged from exercising their clinical judgement as highly trained professionals.

i. An NHS led accreditation process seriously risks deskilling highly trained general dentists at great cost to patient care and the taxpayer (not to mention the profession, itself). Whilst additional investment in primary care services is desperately needed, accrediting dentists with some form of qualification other than that recognised by the GDC would set a dangerous precedent for professional regulation.

j. The NHS Performers' List duplicates the GDC register. It is perverse that a clinician could be judged competent to provide care by the regulator but not by the NHS. This increases jeopardy and bureaucracy and is undoubtedly confusing for patients.

The General Dental Council, working with the British Dental Association, must be cognisant of these tensions and use its power and authority to establish clarity which will make it easier for dentists to treat patients appropriately. The above are an example of some of the inconsistencies and tensions that we see in dentistry that need to be resolved if the regulators, NHS and clinicians are to ensure that patients receive the highest quality care in the safest possible environment.

Yours sincerely

Nick Patsias
Chair, Bromley Local Dental Committee

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08 August 2016

Dear Mr Patsias

Thank you for your letter of 12 July 2016, and for taking the time to raise our points at the LDC meetings and Federation Council meeting. We welcome any opportunity for discussion about how the dental industry can be improved for professionals and patients, and you have outlined a number of interesting and constructive points in your letter.

At the GDC, we are committed to improving the way in which we work with our partners, including the Department of Health and NHS England. The examples you gave present excellent discussion points for us to take up with these partners, to ensure we are doing everything we can within our remit to support patients and professionals. I agree with you when you say that dentistry doesn't take place in a vacuum. The industry is in a time of great change, and we need to work together with our partners now more than ever to ensure we are fit for future, and to provide professionals and patients with the support they need.

Here at the GDC, it is our responsibility to ensure efficient regulation of dental professionals to enhance patient safety, improve the quality of dental care and help ensure public confidence in dental regulation. Patient safety is always our highest priority, and fitness to practise is certainly an integral part of this. However, I believe that it is time for the GDC to move on from being seen as a 'complaints' organisation. That is why we are influencing the public debate about professional healthcare regulation more widely, drawing attention effectively to the growing weight – with all the accompanying stress for registrants – of fitness to practise processes and the need to find better alternatives.

We intend later in the year to consult widely on a range of potential measures for ensuring that the right issues are addressed in the right place at the right time for the right cost (in terms of financial cost and burden on registrants). This involves extensive engagement with our partners- including NHS England and equivalent bodies in the devolved nations, and the Care Quality Commission – and of course, the profession itself.

As I mentioned in my last letter of 15 March 2016, we work in a legal framework that determines the extent of our remit, limiting our power on issues that fall within the remit of our partners. This is the case with regard to contract negotiations or representing professionals in discussions about tariffs for NHS work. Though we have no remit in this area, we are certainly committed to working with our partners to improve the current regulation for professionals. As such, the examples you raised will be used in learning and as discussion points with our partners. However, we are not a lobbying body and I therefore suggest that you also raise these points with NHS England and the Department of Health.

As I stated in my last letter, we see local professional committees as providing a key foundation for dialogue with the profession. I genuinely appreciate any opportunity for constructive discussion with the profession, as it's only when points like this are raised that we can work together to improve our processes for the benefit of professionals and patients.

Yours sincerely

William Moyes

Chair, General Dental Council