

Are dentists in Europe working with the same levels of PPE?

There has been general agreement for PPE during AGPs, but less so with non AGPs. FFP2/FFP3/N95 masks were recommended in 16/30 countries and FFP2/FFP3 25/30 countries with face shields recommended in 24/30 countries. About 50% were also utilising fallow time.

Does anybody know what is happening in Q3/Q4 2020/2021 with respect to UDA targets? Not sure we could cope with any further increase.

Answered in the webinar, no decision has been made but without a change in SOPs and IPC any increase could not be justified, and NHS England have assured they will review the current target based on data analysis of how many contracts are achieving.

Does the CDO/NHSE realise that part of hitting the 60% target means sacrificing our private work which means we are taking a massive hit in our incomes. The private income is the only thing that allows us to continue with the NHS work, it subsidises it.

Such representation is made by Shawn Charlwood at his regular meetings with the CDO and NHSE.

We are getting a lot of abuse from patients who don't understand they cannot bring their children with them when booking for a lost filling appt because of AGPs and cannot get them to engage. We get a lot of shouting out that it is ok for them to come with their children but they have to come on their own. After today we are about ready to throw in the towel, any suggestions as we don't particularly want to give NHS contract back, but I cannot carry on with this?

Such problems can be raised by your local LDC to NHS England but recent communication from OCDO indicates no change to the SOPs.

Dentists have always moaned about, and been critical of, the GDS contract. We have never come up with any options where there has been consensus within the profession.

GDPC have presented a paper to NHS England on proposals for contract reforms which is being utilised in the work streams along with input from other stakeholders

What will happen to all the patients who need NHS dentistry?

Health Inequalities are certainly high on the agenda and MP email volumes are high with regards to access. Again, the work-streams are looking at these issues

How can the trade help dental professionals in the best way?

Not sure of the question but BDA and GDPC have regular dialogue with trade companies including Edmund Proffit of the British Dental Industries Association

Many young dentists look around the world and see other dentists involved in digital dentistry, surgery and more advanced cases and they will never have access to that whilst involved in NHS work.

There have been despite the falling income of NHS practice remarkable investment by colleagues in such technology which I understand is being used across the patient cohort, including some NHS care. I work in an orthodontic practice where scanning for records is now our normal delivery for NHS patients.

Does the average person have sufficient disposable income to afford private dentistry?

It would seem so based on feedback from colleagues but there is clearly a cohort that are eligible for free care that may not be able to access and those above the benefit level that clearly cannot afford even NHS care and the case against 5% Patient charge increases annually has been repeatedly made by GDPC/BDA.

Do you think there will ever be a climb down on the new PPE/SOPs since covid? As this level of PPE may be seen as the baseline new standard needed?

There has to be for a return to levels of care we were delivering pre pandemic, but the ventilation issues raised by the pandemic may be something that affects the profession in the future.

What are thoughts on the flexible commissioning? Is this an opportunity for NHS dentistry and does this include things like screening?

Flexible commissioning may be part of the solution for the “quick wins” that NHS England and the Minister wish to see, there has been a toolkit provided to local area teams but there are issues with capacity of delivering that within NHS England. The ICS developments may offer opportunity for dental practice to be used differently with whole health approach’s and we will make the case for additional commissioning of such services from primary dental care