

**Please note, any answers within this Q&A document are Eddie Crouch's personal views and opinions and were given on Tuesday 23<sup>rd</sup> August 2022.**

**When will this contract start? Is there a date?**

As explained last night the uncertainty of politics and a new Prime Minister and Ministerial appointments makes this difficult to gauge. But it looks less likely that a 1st October suggested date for the marginal changes will happen. There needs to be a change in legislation related to UDA levels and course of treatment UDA levels, there needs to be software alteration and all of that points to a delay from a proposed midyear start.

**Are some dentists favouring a salaried GDS position?**

There are some significant changes on the horizon brought about by recent rulings in employment tribunals and whilst the move away from self-employment will have significant effects on take home pay, the BDA are looking at developing contractual models to match the changing landscape. There is no doubt the pandemic raised concerns with pay and the expectations of pay being protected with the various contractual arrangements and certainly some evidence that salaried posts have become more popular.

**Would it make sense to charge and get just 1 UDA for an exam, 3 UDA for exam + s/p, maybe 5UDA for perio. In addition to the proposed changes to the UDA system.**

The direction of travel we would hope to see from the BDA is a move away from the UDA as a metric for care and appropriate funding for the holistic care of the patient. You are right that these latest marginal changes seemed kiltered to those with high restorative not periodontal need, albeit the indicator for the highest BPE being recorded. There is indication from NHS England that they believe a staged approach to contract reform may be the preferred model for them, although we disagree. There may therefore be further amendments along those lines.

**Do you think practice UDA values will ever be standardised across the board? The UDA value needs to be standardised, it is demoralising when we are doing the same treatments but being paid different fees.**

This has often been discussed and the real problem with the logic of a UDA being related to similar treatments is that apart from Band 1 the UDA is not a measure of clinical treatment. Courses of treatment will vary depending on the population and the funding for the practice should be right dependent on the risk of those patients being seen. The historic valuation of UDAs based a test year in 2005 was flawed and the population base of patients has altered, and prescribing changed. I hope we get rid of the UDA as soon as possible to make the question irrelevant.

**What provision do NHS dentists have if they contract Covid and need to isolate hence unable to achieve the contract?**

NHS England have stated that such exceptional circumstances for dentists and staff issues will be addressed if flagged. They have promised mitigation, we shall see.

**Do you think that the tide of public opinion has shifted from the greedy dentists only want to go private to earn more money stance to - we understand that the working conditions for dentists mean it is not viable for them to continue in the NHS stance, and can this be used to pressure the government into real reform?**

I would hope that the BDA spokespeople have done their very best to educate the media and the public what the issues are related to sustainability of NHS dental practice. Both Healthwatch and other public groups like the Toothless Campaigners have come on board to understand the contractual issues need changing.

**Will the 4.5% pay award be passed onto associates?**

The BDA has for many years encouraged dialogue and conversation between practice owners and associates on this matter and indeed the DDRB have picked up on that in their latest report. It is clear that without adequate rises in practice expenses outside of any pay award, it is incredibly difficult for practices to pass on this award when running costs are outstripping any contractual uplift. DDRB have asked for a more robust discussion on expenses this year and it will be interesting to see if that happening.

**Why don't we have paid, trained negotiators, rather than rely on GDPC ?**

This has been debated both at the BDA and through LDC Conference and whilst the logic seems there, the problem is not with the negotiators but an intransigence for negotiation. GDPC also believes in the main that the negotiations must involve those at the coal face that understand the ramifications of any such negotiation.

**Have NHS considered compensating the cost of inflation and high energy cost to practices? The small business association have asked for it a few days ago.**

Not as yet but as stated above the DDRB have stated their desire for proper expense remuneration to ensure a pay uplift.