NORTH WALES
LOCAL DENTAL COMMITTEE

24th February 2025

Via email Rachael.Page@wales.nhs.uk

Dear Rachael

LDC concerns around 24/25 uplift and 25/26 contract variation

Further to our meeting earlier in the month we have, as requested, put in writing our thoughts and concerns around the uplift for 24/25 and the contract variation for 25/26.

A factual point first about the uplift letter. The second paragraph of the letter states that WGDPC rejected the proposed 6% uplift offer on the basis that it was not sufficient to meet the DDRB's recommendation. This is correct. It is however **incorrect** to say that we were not willing to negotiate further, and the BDA have written to the Cabinet Secretary asking him to correct the record.

Uplift

You may well be aware that the GP's unanimously rejected their 6% offer in a referendum and after further negotiation, a revised offer of an **11% uplift** was made to the BMA's WGPC, announced on 31 January 2025. As explained on the BMA website; £10.6m is allocated to the GP pay uplift of 6%; and £12.7m is allocated to the contract element. The BMA makes clear that the increased uplift recognises the increased practice costs including statutory staff pay increases. It also recognises pay awards to other parts of the health workforce, including in secondary care. **Dentists have been treated less favourably,** and the BDA has made clear our displeasure and have asked the Cabinet Secretary Jeremy Miles, reconsiders our offer to negotiate further on the uplift.

Uplift Conditions

It would be fair to say that the dentists in North Wales, and indeed all over Wales, have responded with universal disappointment to the uplift offer and for many this extends to downright anger. For many this could be the proverbial straw.

Quite simply **contractual conditions should not be applied to a back-dated uplift**. The uplift is to reflect the inflationary costs in delivering our services and to allow for staff to receive a much-needed increase in salaries to reflect the inflationary pressures on their cost of living. In addition, several of the "strings" will incur unfunded additional

monetary costs to practices and ALL will incur time costs. **We are being asked to do more for the uplift so can this really be seen as an uplift?**

Regarding the conditions themselves:

Redoing the **antimicrobial audit** after 12 months makes little sense when the cycle is normally 3 years. As a result, Health Education Improvement Wales (HEIW) are not going to validate the audits.

The **transfer of the patient waiting lists** by the end of June 2025, as the contract offer is worded, will require a tremendous effort from practices to collect all the relevant information and to ensure we satisfy GDPR requirements in handling and handing over patient information. We note that in your email to contractors on 3rd February 2025 you appear to recognise this and suggest we signpost patients to the DAP as an alternative. You do however go further and state we can continue to use our waiting lists only until the end June 2025. As this is not what the variation letter states we assume this is an example of the LHB acting autonomously? We would welcome your reasoning for this.

In the view of our LDC **the uplift and strings represent a risk to the LHB of significant disengagement** from providing NHS dentistry and a further increase in returned contracts with all the pressures this brings to the LHB and to the remaining practices.

Metrics for 25/26

Having looked at the metrics in detail we have a number of concerns as to whether they are achievable for practices.

Patient Numbers

Using the contract value of £197,725.

	23/24	24/25	25/26	Increase/decrease from 24/25
NP	98.8	49.4	153.62	+104.22
NUP	148.2	98.8	74.61	-24.16
HP	1216	1434.5	1316.7	-117.8

Using 2.5:1 ratio for NP:HP

NP	+104.22	*2.5	+260.55
NUP	-24.16		-24.16
HP	-117.8		-117.8
TOTAL			+118.59

You can see that the **pressure on practices is only likely to increase** as the numbers of patients to be seen has increased for the MCV.

When you consider that in year 23/24, 35 of 55 (64%) contracts on contract reform were subject to financial recovery after application of the WG mitigation then you will understand our concern. This number was reduced to 15 of 55 (27%) of contracts after the additional mitigation was applied by the LHB but nevertheless **it is impossible to suggest that the metrics were in anyway achievable when so many fell short**.

The additional burden on practices of increasing the NP target threefold is ludicrous. It is **setting practices up to fail**.

Regarding the above points on mitigation, we recognise that in North Wales we did at least benefit from additional LHB mitigation which cannot be said for All-Wales, but 1) as primary care practitioners in North Wales we do not have the benefit of a fully-functioning CDS to refer to, nor a hospital (particularly Restorative) service to refer to; **we therefore find ourselves doing more much complex, lengthy work which our colleagues in South Wales are able to refer**; secondly, 2) without additional LHB mitigation, I think it is clear that NHS GDS in North Wales would have been decimated overnight.

NUP Access

There have been numerous times through the year where the LHB have made a request for additional support for the helpline managing urgent access.
There is a significant reduction in the numbers of NUP in the metrics this year and contract funding attached to NUP has been reduced significantly.

Any incentive to overperform on this metric has been removed by the simple fact that the 2.5:1 ratio has been removed. Over-performance therefore results in a reduction in a 1:1 with HP which represents a further reduction in remuneration once the metric is met. Additionally, NUP above our target will not benefit from the failed to attend guarantee and if we exceed the NUP (and have hit the minimal threshold for HP) we must individually agree with the LHB the increase in NUP and the HB will more than likely require NP to be seen for a full course of treatment. This is all stated in the contract letter.

All this in our view represents a significant risk that NUP will simply not be able to access basic urgent care. This in turn will put pressure on GP and hospital services. The access issues we have in North Wales is the worst in Wales and will only worsen. It is therefore essential that the LHB **recognise this as a risk and looks to vary the agreement** with practices in North Wales.

Dental Access Portal

We would welcome further discussion over the resources the LHB intends to put in place to manage the portal. This is extremely important as demand will be very high given your requirement that from end of June 2025 we must all use the DAP to access NP. If the LHB are not able to supply the requisite number of new patients contract holders demand, then **we need to be reassured that this metric requirement will be waived**.

Our ask therefore is:

1. The LHB looks at how it can use its autonomy to **mitigate for the ill-thought through impacts of an uplift** which is insufficient to cover rising costs and additionally asks practitioners to do more to receive it.
2. The LHB takes a detailed look at the metrics for 25/26 and **recognises the significant risk of underperformance** based, if nothing else, on the position at EOY 23/24. Mitigation will be required and sensibly this should be applied at year start to reduce the pressure and the risk for practices.
3. The LHB recognises the risk that NUP will not be able to access the care they require and that the additional burden of the NP for many practices will be impossible when they are already overwhelmed. We would suggest that **full transferability is reinstated between the NP and NUP and that the 2.5:1 ratio is reinstated** with the HP for both.
4. The LHB immediately write out to practices and reassure them that they recognise the anxiety and concern these new metrics have brought and that you are working with the LDC to mitigate for the risks we have identified together.

We are 12 months away from a new contract for NHS dentistry and it is essential that we have a workforce at the start of 2026. The risk of further hand backs cannot be overstated.

With regard to the other elements that we have raised previously:

1. We are still waiting for confirmation of the funding awarded following the recent procurement exercise. This is already **well beyond** the timescale indicated in the tender document. Can you please advise where this process is up to and when contracts will be awarded.
2. We would welcome **access to the results of the dental deep dive** as soon as possible. We are keen to understand your findings and proposals and work with you to develop an action plan. In our view this needs to be done in partnership with you drawing on all available expertise. We were advised by Chris Stockport that he had the draft copy over a month ago and that he had recommended to the CEO that we have access to as much of it as possible as soon as possible. We also know that he was strongly of the view that we require **overarching clinical dental leadership**.

3. We continue to push for action on ensuring patients and general practitioners in North Wales are adequately supported by a **Consultant in Restorative Dentistry** and would welcome information on where this process is up to now. We had raised with Chris the concerns over the latest job advert. Ben Lewis had meticulously prepared an advert which was then not used.
4. As we enter the last week of February, we still have no idea regarding **how EOY for this current year 24/25 will be managed**. From the point of view of running a small business this makes financial planning almost impossible and is a significant source of anxiety. We have been advised that additional mitigation has been discussed but have no detail beyond that – some urgent clarification would be much appreciated.

We look forward to your reply.

Yours sincerely,

Dr Jeremy Williams
Chair, North Wales Local Dental Committee (LDC)

Dr Mike Strother
Secretary, North Wales Local Dental Committee (LDC)