LDC ANNUAL CONFERENCE Belfast 7/8th June 2018.

The Conference, as ever, was impeccably well organised and the warm welcome and sunshine that greeted delegates as they arrived meant that the efficiency savings of returning to a show of cards voting system was tolerated with good humour as BDA staff did the necessary counting of green (very Irish) cards. Joe Hendron, Chair of Conference, reminded us that UDA means something entirely different in Northern Ireland!

The opening motion for debate was about care homes and the elderly and set the tone for a public health orientated conference.
"*Conference urges the Government to commit the NHS to design and commission appropriate care for those in care homes or receiving support to live in their own home*". This was passed unanimously, along with a motion calling for dental practices to be dementia friendly. Other motions relating to working together to provide appropriate care for the elderly and asking the BDA to work with APPG on Ageing and Older people were also carried.

Next up, and very topical with Brexit looming, was recruitment issues and the potential short fall ahead.

This was followed by contract reform where suggestions were made about funding: Why is clawback not ringfenced to keep the money in dentistry? Why can't some of the "sugar tax" be directed into dentistry and eating disorders instead of all being allocated to the nations obesity issues? Why can we not introduce more granularity into the UDA system with immediate effect? Why have patient charges increased above the rate of inflation? Patient charges were labelled as "tooth tax" and the fining of patients for incorrectly claiming exemption caused a lot of debate.

From the elderly we went to the other end of the spectrum where Prof Stephen Fayle discussed "how we solve a problem like … child tooth decay". The statistics for number of teeth extracted under GA has not really improved as inequalities exist. The recent 5 Yearly results show that those with decay have a lot of it! In NI 19% of 5-year olds have tooth decay. What are we doing about it? All four nations have programmes in place, England has DCby1. Hypo-mineralisation and fluoridation also made their way into the discussion.

Question time involved a debate on "Getting prevention back into the dental contract". In the hot seat were Collette Bridgeman - CDO Wales; Stephen Fayle – Consultant; Henrik Overgaard-Nielsen - GDPC Chair; Claudia Peace - prototype performer, and; Eric Rooney- deputy CDO. Topics discussed were the Welsh Tool Kit, needs assessments, prototypes from an associates point of view, clawback and business models, DQOF, value-based health care, outcome related payments and the use of out of date data!

The day closed with John Milne, Senior National Dental Advisor to the CQC, giving a short presentation on the renewal of PASS (Practitioner Advice and Support Schemes) in dentistry.

At dinner, Callum Youngson, the former Dean of Liverpool Dental School, provided an insight into overseeing a dental school and left us with a thought of his own…. has he left the same legacy as thirty years ago with regards to children's extractions under GA?

The next morning Henrik Overgaard-Nielsen updated us on the work of GDPC and how last years conference motions have steered the committee. There were presentations from a panel of speakers followed by a lively discussion entitled "*Can devolution improve dental care or are they taking the "N" out of the NHS?*

One message from each of them:
Colette Bridgeman, CDO Wales - transformation not contract reform.
Margie Taylor, CDO Scotland – evolution not revolution.
Simon Reid, CDO Northern Ireland – flexibility is paramount in planning dental care.
Eric Rooney, deputy CDO England – the need to develop integration
Ben Squires, Head of Primary Care Operation DevoManc – a more personalised approach.
Michael Donaldson, Head of Dental Services, (NI Health and Social Care) – Power of patients and dentists collectively can subdue the power of the commissioners.

More debates followed – the Dynamic Purchasing System was deemed not fit for purpose when motion 22 was passed…. "*The current DPS in Orthodontics is not fit for purpose. This conference demands that it should be abandoned, and sensible commissioning adopted*."
A freeze on indemnity charges was called for, as was fluoridation and a review of what scientific criteria are used by HTM01-15 to classify waste. (This was inspired by Sir David Attenborough highlighting plastic waste in his recent TV documentaries.)

Thirty-four motions were carried and those defeated included – standardisation of the UDA rate, rejecting UDAs in contract reform, GDPC to disengage from negotiations with DHSC and NHSE, LDC representatives to be paid by NHS to attend NHSE meetings, monthly updates from GDPC and moving the conference date to December!

Next year LDC Conference returns to Birmingham under the stewardship of Vijay Sudra.

Elizabeth Hartle.
KLDC & GDPC Member for Kent
June 2018
Attached - Conference Motions that were carried.

Motions carried at LDC Conference 2018

WORKFORCE/RECRUITMENT ISSUES

Norfolk LDC, Nick Stolls

This conference demands that Commissioners and DHSC fully investigate the reasons for the recruitment crisis in general dental practice and provide appropriate funding to address this looming disaster.

Wakefield LDC, Zoe Connelly

LDC Conference deplores the fact that Community Dental Services across the United Kingdom are inadequately resourced and face difficulties in recruiting staff in some areas. Morale is often low. These dedicated clinicians deserve better, and conference calls on Commissioners to provide the structure and funding for the Community Dental Services to continue looking after some of the most vulnerable members of society.

CONTRACT REFORM

Wakefield LDC, Zoe Connelly

LDC conference calls on government to reinvigorate the reform process, enabling adequate care to be available to the public and for practices providing NHS care to be sustainable financially.

Hants IOW LDC, Keith Percival

This Conference demands that any reformed contract must not only enhance the quality of care to patients but also enhance the well-being and quality of the working lives of dentists and their teams.

Durham and Darlington LDC, Siobhan Grant

This Conference believes that the current dental contract in England disproportionately fails patients in areas of deprivation due to the overwhelming requirements of high needs populations and further widens health inequality.

South Humber LDC, Samuel Watson

This Conference calls for the implementation of an Interim NHS Dental Contract Proposal while GDPC continues to engage with DH in the pursuit of positive Contract Reform - providing a transitional phase aimed at reducing pressures on the NHS dental workforce and improving its morale and improving the quality of patient care - until such time as Contract Reform is ready for national roll-out.

Dyfed Powys LDC, Tom Bysouth

This conference calls for Welsh contract reform to continue and not settle with the current pilot arrangements to create a truly prevention-based contract to empower dentists to reduce oral health inequalities.

Kingston and Richmond LDC, John Sheldon

This conference deplores the manner in which the government, whilst publicly advocating wider dental access, is covertly reducing treatment availability by diminishing the dental budget through claw back.

Norfolk LDC, Nick Stolls

Recent events have demonstrated that a target driven and heavily stressed environment for healthcare provision is antipathetic to quality, patient care and safety of registered professionals. Conference demands that Commissioners and DHSC address the causes as a matter of urgency.

PUBLIC HEALTH ISSUES

Hull and East Riding LDC, Simon Hearnshaw

This Conference supports the reallocation of the recurrent costs of Water Fluoridation Schemes away from Local Authorities and towards the NHS (the main financial beneficiary) where a Scheme is feasible and the Return on Investment is apparent.

Kensington, Chelsea & Westminster LDC, Saagar Patel

This Conference commends the initiative being run by Westminster City Council to tackle the appalling and preventable level of children's tooth decay in the borough and calls on all local authorities to build on the example set by making use of the resources made available by Westminster City Council.

Wakefield LDC, John Milne

LDC conference welcome the initiatives of Dental check by 1 and Starting Well. However, conference urges DHSC and NHS England to make resources available to implement Starting Well across the whole of England.

Wakefield LDC, John Milne

Conference urges the government to commit the NHS to design and commission appropriate care for those in care homes or receiving support to live in their own home.

Brent and Harrow LDC, Pratik Patel

To ensure that patients in residential care settings receive oral health care, this Conference moves that NHS England and Borough Councils ensure that there is adequate provision for every social care provider to access appropriate care and treatment and that social care providers work together with GDPs, CDS and Special Needs Departments to meet the needs of patients to be treated on an appropriate care pathway.

Brent and Harrow LDC, Pratik Patel

This Conference proposes that the BDA work with the All Party Parliamentary Group on Ageing and Older People (APPG) to hold an event bringing together key stakeholders to highlight the oral health challenges facing older adults in care. This event should lead to clear recommendations and a consensus among all stakeholders taken to the Department of Health, with regular feedback and monitoring of the implementation and effectiveness of the recommendations taken back to the APPG.

Lincolnshire LDC, Jason Wong

This conference calls for Dental practices to be Dementia friendly.

Kensington, Chelsea & Westminster LDC, Saagar Patel

This Conference calls on the Government to remove spending restrictions on the money raised by the tax on sugary drinks so that a reasonable proportion of it can be used to fund children's oral health initiatives, as determined by local need.

Croydon LDC, Ian Duthie

This Conference calls for adequate training for GDPs and all primary care clinicians on eating disorders, and the development of clear care pathways to ensure that these patients receive timely care in the right setting.

North Yorkshire LDC, Ian Gordon

This conference requires that the disposable nature implied by HTM01-05 be reviewed scientifically.

REGULATION

Norfolk LDC, Nick Stolls

Given that the GDC's enhanced CPD scheme requires all registrants to have a personal development plan, this conference believes that such plans and any reflective learning must be private to the individual registrant and not available to third parties unless explicit consent has been given.

West Sussex LDC, Ashkan Pitchforth

This conference calls for the government to ease the burden of practice management by covering the costs of regulatory bodies such as CQC, RQIA and HIW and professional indemnity.

Southern LDC, James Kelly

This conference believes that it is unnecessary over regulation to regulate dental practices in Northern Ireland as independent hospitals.

INDEMNITY

Southern LDC, Seamus Hughes

This conference believes that indemnity fees are now set at an unsustainable level. We believe there should be a two-year moratorium on fee increases and demand that NHS general dental practitioners across the UK be granted access to an indemnity scheme equivalent to that provided to primary care medical practitioners in England.

COMMISSIONING/CONTRACTUAL

Bexley & Greenwich LDC, Harmail Bassi

Conference demands that the GDPC works with NHS England to improve the procurement process, making sure that it supports the sustainable provision of services for the benefit of patients.

Hants IOW LDC, Philip Gowers

This Conference deplores the recent orthodontic procurement and DPS in the South of England and demands that non-time limited contracts are not subjected to unilateral variation that can potentially destroy continuity of quality care to patients based on a postcode lottery.

Birmingham LDC, Gillian Cottam

The current DPS in Orthodontics is not fit for purpose. This conference demands that it should be abandoned and sensible commissioning adopted.

Birmingham LDC, Eddie Crouch

This Conference believes that dialogue with NHS England has produced very little benefit and calls on GDPC to investigate all forms of potential industrial action that will assist those of the profession affected by the intransigence, to support via a ballot.

Southern LDC, Seamus Hughes

This conference believes that the delays in implementation of the pay awards, particularly in Northern Ireland, every year are unacceptable.

Bedfordshire LDC, Anthony Lipschitz

This conference demands dentists be allowed to fine patients for failure to attend or cancelling with insufficient time to reallocate the time booked.

Hants and IOW, Keith Percival

This conference deplores the lack of guidance over the contractual arrangements between potential Performer List Validation by Experience (PLVE) candidates and providers and demands NHSE and HEE work with the BDA to develop a more structured approach to such contracts that takes into account the needs and responsibilities of all parties involved under PLVE arrangements.

Durham and Darlington LDC, Siobhan Grant

The Conference opposes the introduction by COPDEND of the new National Charging Structure for England for dentists with conditions imposed, because it is understood that working with these dentists is part of its role and therefore funded already.

GOVERNMENT POLICY

Hertfordshire LDC, Smita Rajani

This conference deplores the 2018 above inflation increase in patient charges that amounts to a tax on the dental health of patients!

Norfolk LDC, Nick Stolls

This conference demands that dentists cease to be tax collectors on behalf of the government and that the Treasury find an alternative mechanism for collecting patient charges.

West Sussex LDC, Agnieszka Tarnowski

This conference urges NHS England and the BSA to find a solution that prevents the most vulnerable members of our society being unfairly fined when attending dental services.

END ~ June 2018