LDC conference 2022 Newport

Chair opening

Minute silence – Richard Elvin chair 2013 and those lost to COVID-19

Sponsors welcome – BDA indemnity

GDPC update – Shawn Charlwood

- Questions for government – minister pulled out of attendance 'urgent government business'
    - Crisis in dentistry is urgent
- Future is in doubt
- Have we returned to normal?
    - What does the new normal mean
    - 44 million apts lost
    - Still only doing 2/3rd pre-pandemic COTs
    - Recruitment crisis
- 50m PR stunt – recycled and clawback money
    - Uptake was minimal
- What does levelling up mean?
- Large number of practices failing to meet targets imposed
- BDA survey – nearly 50% reduced NHS commitment, 75% considering reducing over the next year

Marginal changes:

- Will not reverse the exodus from the profession
- Will not Improve renumeration for high need patient
- Skill mix is unlikely feasible

NHSE 6 aims:

- Designed with and supported by the profession
- Improve oral health outcomes
- Increase incentives to undertake preventive dentistry, prioritise evidence-based care for patients with the most needs and reduce incentives to deliver care that is of low clinical value
- Improve access – focussing on inequalities
- Demonstrate that patients are not paying privately for treatments that were previously commissioned NHS care
- Be affordable within NHS resources

Does NHS dentistry have a future?

- An exodus – 3000 NHS dentists lost
- For every dentist leaving 10 are reducing their activity
- Broken system, chronic underfunding
- There is currently a move for negotiation, need to act – contract change and investment needed

What should the new system try to address? Budget only provides for 50% population – is a core service more appropriate – more service requires more funding – how is best to spend their budget

Time frame – more info in next few months – hopefully this year
880million investment required to restore services back to 2010 services

John Milne – Senior National Dental Advisor, CQC

- Changing model from single point assessment to assessment framework – continuous monitoring
- 5 key questions – safe, effective, caring, responsive, well led
  currently visit 10%
- 6 evidence categories:
  - Peoples experience
  - Feedback from staff and leaders
  - Feedback from partners
  - Observation
  - Outcomes
  - Processes
- Assessing integrated care systems – from April 2023
  - What are they doing to resolve oral health care inequalities?

Stefan Czerniawski – Executive director GDC

- Published research – state of dentistry – reports on GDC website, BDA summary online

https://www.gdc-uk.org/about-us/what-we-do/research/detail/report/impact-covid-19-dental-professionals-2021
https://www.gdc-uk.org/about-us/what-we-do/research/detail/report/covid-19-dentistry-survey-public-2021

- Impacts on covid19 on oral health
  - Safety and confidence
    - Maintained patient confidence
    - As a profession we feel we are providing safe care
  - Access to services
    - Access is an issue
  - System overstretched
    - Stress is there
    - University places not governed by GDC
    - ORE places require changes in legislation – ongoing
- The role of the GDC
  - Public protection, wellbeing, safety, confidence, standards
- Fixing the legislation:
  - Making process on international registration
  - More flexible approach – legislation expected this year
- Setting the future direction:

    - Public protection through prevention of harm, rather than responding to the consequences of harm

Direct to consumer orthodontics – requires CQC registration, allows CQC to assess quality of care
If as GDPs you see harm as a result of the care provided under these systems to report them – makes it easier to take action

Andrew Dickenson – CDO Wales

- There is no one system that will solve the current issues within the NHS
- The NHS is a complex adaptive system
- Take an upstream look
- Challenges – many – access is one of the biggest, increased need for urgent care, retention, recruitment
- Change in such a complex system is difficult
- How does dentistry move forward after the pandemic?
- Staff morale is low and need to move forward

Dental guild – Keith

- Rely on donations from LDCs

The future of dentistry – does it lie inside or outside the NHS? Alan Suggett

- NASDAL survey:
    - Many clients thinking of leaving
    - Covid backlog
    - Associate enthusiasm for NHS work reduced
    - High 2021 NHS profit helps convert to private practice
    - High UDA rate practices will unlikely hand in their contracts
- Factors affecting financial viability:
    - UDA rate, geography, recruitment, local NHS commissioning strategy, principles attitude to risk, dental team clinical and entrepreneurial skills, financial reserves
- In real terms when adjusted for inflation wages down 50-60%

Confidental – Lauren Harrhy

- Emotional first aid for dentists in distress
- 03339875158
- www.confidental-helpline.co.uk

Motions:

1	95% for 0% against 5% abstain – carried
2	94% for, 3% 3% - carried
3	93% for 4% 3% - carried
4	91%, 2%, 6% - carried
5	81% 13% 6% - carried
6	49% 33% 18% - defeated (ringfenced)
7	86% 8% 6% - carried
8	29% 58% 13% - defeated (GDC not political)
9	24% 68% 8% - defeated (walk away)
10	97% 1% 2% - carried
11	45% 47% 8% - defeated
12	82% 13% 5% - carried
13	95% 4% 1% - carried
14	89% 6% 5% - carried
15	100% - unanimous
16	100% - unanimous
17	59% 31% 10% - carried
18	90% 4% 6% - carried
19	23% 68% 9% - defeated
20	94% 4% 2% - carried
21	35% 59% 6% - defeated
22	60% 33% 8% - carried
23	90% 6% 5% - carried
24	90% 6% 4% - carried
25	80% 11% 9% - carried
26	96% 3% 1% - carried
27	94% 3% 3% - carried
28	88% 5% 7% - carried
29	86% 10% 4% - carried
30	69% 24% 7% - carried
31	75% 0% 25% (Wales only) - carried
32	92% 2% 1% - carried
33	81% 11% 8% - carried
34	96% 25 2% - carried
35	96% 2% 2% - carried

Petition:
'Fix out Broken Dental Care System'
QR code into practice to get patient / staff feedback – 142,000 already signed – adding pressure to the system - QR code on the motions page – item 7