Report on the 2024 Annual Conference of Local Dental Committees
6th-7th June 2024 in Brighton

Summary

The 2024 LDC Conference was held at the Hilton Metropole Hotel in Brighton on the 6th and 7th of June. The attendees from KLDC were Caroline Batistoni, Shabir Shivji, Laura Smith and Huw Winstone with Hussam Lone attending as a Special Observer (non-voting). Also in attendance was Elizabeth Hartle in her capacity as GDPC rep.

The conference was held at a time of uncertainty, given that a General Election has been called but not yet taken place. With some hope of further negotiations and change on the horizon for NHS dental services, the theme of the conference, however, remained highly appropriate. It sought to address what "good" NHS dental services should look like and what is needed for those services to materialise. Whilst there is uncertainty on what the future holds, it is also clear that dentistry remains a top concern amongst the general public during this election period.

As always, the conference provided a good opportunity to network with colleagues from across the country and unite our voices on the many similar challenges we are facing.

The motions and their outcomes are listed at the end of this report.

Shawn Charlwood – Chair of GDPC

Shawn Charlwood once again opened the conference with a description of exactly where we are in dentistry: lack of access, a decade of progress going in reverse with a UDA system that is broken and has never worked effectively or fairly. Things remain incredibly tough for practices with morale at rock bottom and clawback off the charts. Recruitment and retention is almost impossible in to a system broken beyond repair. We desperately need to increase the attractiveness of NHS dentistry as graduates are simply choosing not to build a career within the NHS any longer. Many of the previous incentives such as seniority payments and funded audit and peer review have been removed. Ownership of an NHS practice is no longer an ambition shared by many.

GDPC continues trying to stand up for both colleagues and our patients, who deserve a better service. They continue to be honest and direct with those in power and have managed to make the struggles front page news. Arguing on the ability of practices to deliver services in the post-pandemic landscape helped to save practices over £50 million. Negotiations have also brought about the marginal changes we are all now familiar with and have contributed to the delivery of an extra 5.7 million UDAs.

The system has been starved of investment and support in a way that no other NHS sector has. Shawn believes it is so starved, it's a miracle it exists at all. Any future for NHS dentistry requires investment.

On the positive side: votes may well be won and lost in the General Election on this issue. The message is finally starting to percolate. The Health Select Committee Report could almost have been written by a dentist and presents an unequivocal case for fundamental change. It demands a patient-centred, prevention focused, capitation based contract and is an instruction manual to save NHS dentistry. GDPC will hold whoever becomes responsible for dentistry to account for bold, ambitious and prompt action following the election.

Shawn believes we can make rapid progress with political will – but the will is key. There is a real opportunity for dentistry to be in a better place by the time we meet for next year's conference. Could this be the last conference where we talk about the decline of NHS dentistry?

John Milne – What have we learned from contract reform?

It is shameful that despite so much effort over so many years, successive governments and two health select committee reports that reform still has not happened. The 2006 contract has been going wrong since 2006.

Oral health has always been at the back of the queue. The system creates a situation where those who are most in need are often the least welcome in dental practices due to the constraints of the contract and the need to make the books balance. Patients are evaluated on how much they will cost and how much they will generate.

Potential solutions that have been explored include the idea of weighted capitation. Needs are assessed based on disease risk and IMD scores of the area, meaning high needs areas see fewer patients than those in less deprived and hence lower needs areas. Evaluation of such systems concluded that access fell by 7-10% before pilots were halted. What really occurred? The judgement to pull the pilots was probably premature as things were levelling out. The financial envelope was also just too small.

So what would "good" look like moving forwards? It should be based on Steele's hierarchy of needs from the Steel Review. A prevention focused, capitation-based framework. No UDAS! Those who need higher levels of care need to be truly welcome. Recognition of the value of stabilisation. Investment is needed, but in its absence, recognition of the limitations of current budget.

Blended contracts with elements of capitation and some activity payments could be the answer. However, it's not just about money. We want a long-term future. Career pathways and development, workforce planning, sustainable practice and fair remuneration. This all requires open minds, constructive engagement, and willingness to compromise. But most of all, the government needs to provide resources and move quickly to stop dentists drifting away for good.

Jacob Lant – Chief Executive of National Voices

National Voices is a coalition of 200 health and social care organisation/charities

With regards to dentistry, there are several areas of focus.

1. Patients value information. They want to be able to find out which dentists have capacity to see them and how long they may need to wait. This starts a positive journey. finding out which dentists have capacity etc. how long they may need to wait. Start on a positive journey.
2. Registration – people want to be able to go back to a dentist they have found that they like. They prefer to know who their dentist is and lack of registration is hard to comprehend. People also want certainty that they can access the service when needed. This would help with extending recall rates – people often go as they are worried about losing out rather than adhering to genuine need-based recalls.
3. Charges – clarity is key for patients to help make informed decisions and maintain confidence in the NHS service. 1 in 5 people put off going to the dentist as they cannot afford NHS charges (never mind private charges).

Dentistry should be leading the NHS – putting the mouth back in the body – not pleading for funding or simply to be part of the NHS, but a gateway to prevention and management.

It appears that some people may simply have given up on finding a dentist. This could explain some of the drop in activity seen by health related charities with regard to dental services. The proportion of people who think it is just impossible to find an NHS dentist is up by 4% this year. Those giving up are most likely to be in in the areas of highest deprivation, experiencing inequalities and with the least ability to navigate the system, leading to worsening health inequality.

David Westgarth – What does the future have in store?

David provided an overview of how Artificial Intelligence (AI) may influence dentistry.

AI is moving at a ridiculous pace and offered endless possibilities especially for diagnosis, where it predictable and repeatable. However, it is not empathetic, can be misused and ethics may be an issue. It should really be called assisted intelligence as people will still need to be involved. There is plenty of opportunity for AI to reduce errors and reduce risk, empowering clinicians rather than replacing them.

Digital dentistry is also already embedded in many workflows. 3D printing has a wide range of possibilities, reducing lab time and cost. However, it is still in its infancy, there are sustainability concerns and it requires large up front expenditure. A particular value could be the ability to 3D print dentures in care homes to replace lost teeth – a common occurrence causing issues for elderly people who are unable to adapt to new conventionally made

dentures that differ from their previous ones, not to mention the time savings and ability to do it all on-site.

Currently many dentists are ill-prepared for the changes and rapid pace of advancements. Whilst AI is unlikely to replace dentists, those who do not use technology may be replaced by those who do.

Brett Duane – Sustainability in Dentistry

Brett provided his top tips on how to create a sustainable dental practice.

1. Buy green energy or install solar panels.
2. Appoint a lead person and empower them/give them time and access to education.
3. Measure your carbon footprint.
4. Find the hotspots – where most of your carbon is coming from e.g .energy, procurement, staff travel etc
5. Consult with your staff and patients on what they want and what will work.
6. Read and tap into education – green impact dentistry, sustainable dentistry resources FDI sustainability projects.
7. Make a policy – including all of the above, managing waste, energy etc, encourage sustainable travel etc. BUT, avoid greenwashing, don't claim to be "the greenest" – likely to be inaccurate. Say things like "being as sustainable as we can".
8. Then re-measure your footprint, show progress.
9. Influence the bigger picture.
10. Get rid of the lawn – environmental impact of caring for small lawn outside your practice outweighs its benefit!

Natalie Bradley – Chair of BDA Young Dentist Committee

Natalie provided an update on the realities facing young dentists joining the profession. They are now joining with record levels of debt and a strong feeling that they don't want to be handcuffed to the current NHS contract. Interestingly though, many would be happy to consider the NHS under a different contract, particularly with incentives such as waiving student loan debt. The lack of desire to work in the NHS is not just confined to general practice but affects all spheres of practice. Young dentists are seeking job satisfaction, portfolio careers, the ability to develop their skills and be mentored, work-life balance, proper remuneration, job security and an improved public perception of the job.

Many young dentists also feel pressured by social media. Both the element of patients complaining continually about the lack of NHS access and the problems they have with dentistry, along with the showcasing of cosmetic work. Many patients have a high demand for cosmetic dental work which is not taught at undergraduate level and young dentists feel under pressure to upskill.

Steve Brine

Steve Brine spoke about his time as the chair of the Health Select Committee which collected thousands of pieces of written evidence. His report found that the NHS contract was not fit for purpose. He highlighted how select committees can only work on the evidence, not the beliefs of the chair. This allows the committee to return findings that are critical of the government, so long as they are supported by the evidence.

He is very much in favour of LDC involvement with ICBs being mandated – which was rejected. This is the only way to ensure proper representation of dental voices. He admitted to knowing little about dentistry before this role and acknowledges the importance of listening to dentists to understand their viewpoints and realities. NHS leadership is also vitally important and work has begun on this which will hopefully continue.

Sadly, contract reform is now lost to the election, and it remains to be seen how high of a priority it will be for the new government. However, his desire would be for a combination of rescue and reform. Prevention being better than cure is truer in dentistry than any other area of medicine.

Motions

This year the motions were presented in two sessions on Friday morning. Those motions which were simply re-affirming current GDPC policy were not presented for debate, only to vote.

Motion 9 was presented by KLDC (to reaffirm current policy) based on discussions that arose during a leadership event hosted by the OCDO that I attended, as well as discussions at the last LDN meeting. The need to integrate NHS dentists fully with wider NHS digital services including electronic prescribing would have many benefits for patient safety in terms of accurate record keeping of medical histories and the ability for red-flags and prescribing support to be provided.

Motion 4, regarding GA access, is also particularly relevant and was strongly supported.

Thanks to Laura Smith for helping to collate the information for this report.

Motion	%For	%Against	%Abstain
MOTION 1 **West Sussex LDC, Mark O'Hara** This conference fully supports the joint BDA, Daily Mirror & 38 degrees petition to save NHS Dentistry and calls for the next government to: 1. Properly fund NHS dentistry, so everyone who needs care can secure it. 2. Scrap the failed contracts forcing dentists out of the NHS and rebuild a service with prevention at its heart. UK	99	0	1
MOTION 2 **Bedfordshire LDC, Laura Doherty** This Conference calls for a clear pathway for UK military veterans to access the NHS dental system on leaving the Service. UK	79	13	8
MOTION 3 **Wakefield LDC, John Milne** Conference supports the recommendations in the CQC's 'Smiling matters' report. In particular, it is vitally important that ICBs enable access to care for the vulnerable elderly population who need active treatment to maintain their oral health. England	92	2	6
MOTION 4 **Lancashire and South Cumbria LDC, Zoe Mack** Conference calls on NHS England to ensure central funding and system level solutions are urgently actioned to overcome barriers that prevent GA access for children in different regions. England	98	2	0
MOTION 5 **Northamptonshire LDC, Judith Husband** This conference urges non-cooperation with the Home Office on unscientific tests to establish the age of migrant children in partnership with other health professionals. UK	95	1	4
MOTION 6 **West Sussex LDC, Mary Green** Conference calls for the NHS to establish emergency drop-in clinics or access pathways for patients without regular dental care to tackle the high levels of un-met need caused by the current lack of access. England	61	19	20
MOTION 7 **Birmingham LDC, Ranjit Singh Chohan** This conference calls for NHS England (NHSE) to allocate additional remuneration for preventive measures in general dental practice with paediatric patients, including fissure sealants, fluoride varnish applications, and oral hygiene and diet advice. England, Policy	91	5	4
MOTION 8 **Coventry LDC, Paramjeet Bhandal** Continual Increase of Patient Charges are a deterrent to improving Oral Health of patients. England, Policy	86	11	4
MOTION 9	95	1	4

Kent LDC, Caroline Batistoni We call on negotiators to continue to raise the issue of a lack of digital integration with NHS Dentistry. UK, Policy			
MOTION 10 **Wakefield LDC, John Milne** Conference calls for an independent review of the pilots and prototypes to be carried out as a matter of urgency to enable meaningful reform to take place. England	44	45	11
MOTION 11 **Tees LDC, Charlie Daniels** This conference calls for a legal framework to ringfence funding set aside to commission NHS Dentistry. England	87	1	2
MOTION 12 **Wakefield LDC, Joe Hendron** If the current contract must remain, conference calls for a change in remuneration whereby practices are only paid for the activity delivered in each month. England	7	91	2
MOTION 13 **Birmingham LDC, Ahmad El-Toudmeri** This conference acknowledges the financial strain faced by dental practices providing NHS denture repairs and calls for an increase in UDAs allocated for this service to three (3) UDAs per repair to be (in the absence of contract reform) actioned immediately. England	97	2	1
MOTION 14 **Gwent LDC, Benjamin Payne** Conference calls for Welsh government to reduce the “historic patient” registration from the introduced 4 financial years to return to the previously accepted rolling 2 years. Wales	100	0	0
MOTION 15 **Liverpool LDC, Bill Powell** If funding per course of treatment is not increased, conference calls on government for a more defined set of items of treatment. England	84	10	6
MOTION 16 **West Sussex LDC, Jane Harris** In shaping a future NHS dental contract, conference calls for negotiators to consider factors beyond capitation alone. England	81	11	8
MOTION 17 **North Yorkshire LDC, Ian Gordon** If government are unwilling to reform the dental contract, conference calls that they recognise they must protect access to the most vulnerable. England	58	25	16

MOTION 18 **Leeds LDC, Munaf Qayyum** This conference calls for the minimum UDA rate to be raised to £35 immediately. England, Policy	98	2	0
MOTION 19 **Birmingham LDC, Abid Hussain** This conference calls for Integrated Care Boards to collaborate locally with Local Dental Committees (LDCs) before undertaking any procurement initiatives to leverage local expertise and increase the success rate of initiatives. England, Policy	97	3	0
MOTION 20 **North Wales LDC, Mike Strother** Conference calls on national governments to recognise the impact on practices of failed (including was not brought) appointments by compensating for clinical time lost. England and Wales, Policy	96	4	0
MOTION 21 **Oxfordshire LDC, Laurie Powell** This conference expects NHS England to provide the necessary support for dental practices to accommodate both foundation and overseas dentists to ensure patient safety and maintain good quality patient care. England and Wales	97	2	1
MOTION 22 **Devon LDC, Robert Mew** This Conference calls on the government to waive a student's tuition fees if they provide NHS dental care for an agreed number of years after graduation. UK	62	23	1
MOTION 23a **Cornwall and Isles of Scilly LDC, Jenna Murgatroyd** This conference calls on the government to uplift the Service Costs for Foundation Training, so practices hosting Foundation Dentists no longer have to pay out thousands of pounds per year to provide this service. England and Wales, Policy	97	0	3
MOTION 23b **Tees LDC, Charlie Daniels** This conference calls for the Foundation Training service element to be increased to a realistic value allowing practices to continue to invest in dental foundation training. England and Wales, Policy	98	1	1
MOTION 23c **Wigan and Bolton LDC, Shahram Mirtorabi** This Conference calls upon the GDPC and the BDA to request that the UDA activity of every FD be accredited towards the training practice's total UDA contract. England and Wales, Policy	86	11	3
MOTION 24 **North Yorkshire LDC, Ian Gordon** This conference supports the introduction of provisional GDC registration for suitably qualified overseas dentists. UK	44	51	6

MOTION 25 **West Sussex, Toby Hancock** We call for the establishment of a single central point of access to all guidelines applicable to those who practise in primary care, which can refresh and send out updates when reviewed or published. UK	95	1	4
MOTION 26 **North Yorkshire LDC, Mark Green** This conference calls for a more 'right touch' regulation to help with the recruitment and retention of NHS dental practitioners. UK	98	1	1
MOTION 27 **Liverpool LDC, Bill Powell** This conference asks for the re-instatement of the NHS Dental Reference Service in England to realign with Scotland. England	77	15	8
MOTION 28 **Lancashire Coastal & South Cumbria LDC, Stuart Johnson** LDC conference calls for a clearly worded NHS regulatory framework which is "fit for purpose" within modern GDS. England and Wales, Policy	98	2	0
MOTION 29 **Enfield & Haringey LDC, John Fenton** Conference urges that the next version of HTM 01-05 is formulated with as much concern for sustainability and the environment as for its primary remit of decontamination. UK, Policy	94	3	3
MOTION 30 **Tees LDC, Charlie Daniels** This conference calls for general dental practitioners to be covered by the Clinical Negligence Scheme for General Practice (CNSGP) when carrying out NHS Dental treatment. England and Wales	93	6	1
MOTION 31 **Northamptonshire LDC, Sarah Canavan** Conference calls on the BDA to utilise resource to research and publish different international economic models of dental healthcare delivery. UK	83	10	7
MOTION 32 **Cornwall and Isles of Scilly LDC, Jenna Murgatroyd** This conference calls on the GDPC and the BDA to encourage and facilitate ICBs and regional teams to make fast and significant changes to local dental policy, funding and structure. England	96	2	2
MOTION 33 **Cornwall and Isles of Scilly LDC, Adam Blake** This conference calls for LDCs collectively at Officials' Day to consider how LDCs may be funded, as fewer and fewer levy-payers are supporting them. England	97	2	1

MOTION 34 **Gateshead & South Tyneside LDC, Jen Owen** This Conference fully supports the proposals to expand water fluoridation in the North East of England. England	95	4	1

Caroline Batistoni June 2024