LDC conference 2025, Newcastle

The LDC Annual Conference for 2025 took place in Newcastle on June 5th and 6th, focusing on resilience and contract reform.

Key topics included the challenges facing the profession, financial instability with the current contract and workforce issues. The conference also featured discussions on burnout, well-being, and the importance of collaboration within the dental community.

With rising numbers of GDC registrants but no increase in numbers working within the NHS contract, what are the barriers?

Contract reform:
The sums just don't add up anymore, the uplifts are not keeping up with rising costs. Shiv Pabary called for participants to complete the BDA survey to ensure the true cost of delivering NHS dentistry is factored into contract negotiations. A second package of marginal change is being discussed but this won't fix the current crisis in NHS dentistry.

Jason Wong MBE focused on metal resilience and the concerning high levels of burnout within the profession. Changing the culture from the top down, change the blame culture to a learning from experience culture; things do go wrong, learn from it. Promotion of wellbeing enhances productivity.

The Minister of State for Care, Stephen Kinnock, joined virtually focusing on fixing NHS dentistry. The most common reason children are admitted to hospital is due to dental issues, this is not acceptable in modern society. No individual regardless of age should have to ensure pain, the 700,000 urgent appointments will help address the demand. We need flexibility within the system, use the skill mix available and consider supervised toothbrushing and community water fluoridation along-side contract reform.

There is no perfect payment system, will prioritise urgent and acute need, he also discussed the need to understand the real costs of delivering NHS dentistry.

The remaining speakers discussed resilience within the team, how we oscillate between performance and recovery; in high performance mode we can perform up to 30% higher or lower based on how we are feeling – confident relaxed and focused or anxious, stressed and under pressure.

Set goals, have realistic expectations, learn to live with less than perfect, plan and organise, continue to improve, learn to say no and to delegate.

There is help out there:

https://www.breathedentalwellness.org

www.confidental-helpline.org

Link to presentations:

https://ldcuk.org/documents/current-year?folder=Presentations

A motion was submitted by Kent LDC this year, presented by Liz Hartle:

MOTION 21
Kent LDC, Elizabeth Hartle
This conference calls upon the government to provide greater financial and administrative support to dental practices in obtaining skilled worker/health and care worker visa for overseas qualified dentists in order to help ease the current recruitment crisis.

Supporting statement:
There is currently a national dental recruitment crisis. Data from NHS England last year showed that one in five positions for NHS dentists were vacant which equates to almost half a million days of lost dental activity at a time when 97% of patients attempting to gain an NHS dental appointment fail to do so.
Dentists who have qualified overseas provide a potential source to fill some of these gaps. There is a huge pool of talented dentists, many keen to work in England and to work for the NHS. Unfortunately, they, and the practices seeking to recruit them, face many challenges before they can do so. This often includes the need to secure a skilled worker/health and care worker visa. This process is currently both costly for NHS practices to support, and can take a huge amount of time, especially for those unfamiliar with the process. This creates a barrier to recruiting overseas dentists and increases the time taken before they can start work. We therefore call upon the government to look at subsidising the cost of these applications for dentists whose skills we desperately need within the dental service, and to provide support to expedite the process for dental applicants so we can get them seeing patients sooner.

Following a lengthy discussion the motion was unfortunately defeated; representatives argued this was not the answer to a failing contract, however Liz took to the stage again to highlight this may not be a solution but would help ease the current recruitment crisis while contract reform is progressing.

Full motion list below.

LDC Conference report from a “Special Observer”

I was extremely grateful to be given the chance to attend my first LDC Conference in Newcastle on 5th-6th June.

The first afternoon consisted of various speakers including updates from the GDPC, Chief Dental Officer and Minister of State for Care Stephen Kinnock. This was via Zoom rather than in person but was apparently the first time for several years that a government minister had appeared. Despite some clearly well-rehearsed sound bites his appearance was generally well received with no slow clapping! Dentists are clearly more polite than the WI. This was one example of the very slow but hopefully genuine progress which has been going on behind the scenes with the government re reforming the NHS contract.

Last speech of the day was an interesting talk from a performance and sports psychology lifestyle coach to fit in with the conference's theme of resilience.

After a couple of hours to get ready we were back to the hotel for the black tie dinner where Steve Redgrave passed one of his gold medals around! This was also a nice chance to chat to and network with other attendees.

Day 2's morning session was largely taken up by a motion proposed from each LDC and subsequent vote. The debate occasionally got a little heated whilst remaining polite and orderly! When someone was speaking at conference for the first time they were obliged to announce the fact and everyone gave them a round of applause. I thought that this was a really nice touch as I'm sure I would find it quite intimidating!

The morning was concluded with voting for the LDC committee for 2027.

I really enjoyed the whole experience and everyone was very welcoming. I would highly recommend it!

Eleanor Hewitt

Motions:

Motion:	For	Against	Abstain
MOTION 1 **West Sussex LDC, Toby Hancock** **The Government has protected patients from increases in prescription charges. This Conference believes dental patients who experience deprivation – and have higher disease levels – deserve equal protection.** **England**	**87%**	**9%**	**4%**
MOTION 2 **Hampshire and Isle of Wight LDC, Phil Gowers** **We urge conference – and dental teams - to sign up to the BDA's campaign : Make Sugar the new Tobacco | 38 Degrees and call on the government to spearhead this change with urgency – and ringfence the tax collected to dentistry.** **UK**	**97%**	**1%**	**2%**
MOTION 3 **Norfolk LDC, Andrew Bell** **Conference calls on the DHSC to recognise the role of "minority providers" (such as domiciliary care providers etc) when designing any new NHS contract.** **England**	**95%**	**1%**	**4%**
MOTION 4 **Northamptonshire LDC, Judith Husband** **This conference believes that the interests of Private Equity providers are rarely aligned with this profession, and there is an urgent need for an assessment of the risks associated with their growing dominance of both private and NHS care.** **UK**	**70%**	**22%**	**9%**
MOTION 5 **Coastal LDC - Lancashire & South Cumbria, Zoe Mack** **LDC Conference calls on NHSE/The Government to urgently overhaul commissioning guidance to ICBs to ensure that small independent practices are not disadvantaged by commissioning processes.** **England**	**100%**		
MOTION 6 **North Yorkshire LDC, Ian Gordon** **This conference calls for the immediate introduction of provisional GDC registration for suitably qualified overseas dentists already living in the UK (or eligible to obtain a visa to work here) on the proviso that certain criteria are met and confirmed by the host practice.** **UK**	**27%**	**65%**	**8%**
MOTION 7 **Norfolk LDC, Andrew Bell**	**98%**	**1%**	**1%**

Conference calls on the GDC to have a better understanding of non-UK Dental School curriculums and communicate this with the wider dental community working to support these new entrants to the NHS workforce. UK			
MOTION 8 North Yorkshire LDC, Isobel Greenstreet This conference calls for equal and appropriate funding of Foundation Training schemes that is the same in all UK countries. UK	**98%**	**1%**	**1%**
MOTION 9 Leicester, Leicestershire and Rutland LDC, Hanish Chotai This conference notes that the grants provided to training practices for supporting Foundation Dentists have remained stagnant for several years. We propose that these grants be increased to an amount agreed upon by the General Dental Practice Committee (GDPC) that ensures practices do not need to subsidise the cost of training a Foundation Dentist. Furthermore, we call for these grants to be reviewed annually and adjusted in line with inflation to maintain financial sustainability for training practices. England and Wales	**100%**		
MOTION 10 Bedfordshire LDC, Gurpram Lidder This conference believes government must cover costs of dental care, by undertaking a robust cost of service exercise, that ensures future contracts can operate sustainably. UK	**97%**		**3%**
MOTION 11 Cornwall and IoS LDC, Mark Card This conference calls for reassessment of the division of NHS funds for priority groups that are inadvertently detracting away from other in-need groups such as older people and children. England	**89%**	**7%**	**4%**
MOTION 12 Tees LDC, Kamini Shaw This conference calls for continuing care payments for children (in addition to payments for activity). England	**95%**		**5%**
MOTION 13 Tees LDC, Ian Gordon This conference calls for a 3-year rolling UDA contract. England	**65%**	**18%**	**17%**
MOTION 14 Birmingham LDC, Ranjit Chohan This Conference calls for the BDA to lobby for the development of NHS dental contract adjustments that allow practices more flexibility in the event of maternity leave, including adjusted UDA targets and the return of	**96%**	**2%**	**2%**

any potential clawback monies resulting from reduced activity during that period, to ensure practices are financially protected and can support returning dentists. England and Wales			
MOTION 15 Cornwall and IoS LDC, Mark Card This conference calls for availability of a minimal PASS provision across all LDCs and BDA support to set up a quality assurance framework to include training. UK	**95%**	**2%**	**3%**
MOTION 16 Birmingham LDC, Ahmad Tadmory This conference calls for DHSC to mandate that any individual involved in the commissioning or procurement of NHS dental services must undertake at least one day of observation in a primary care dental setting as part of their induction or ongoing professional development. England	**68%**	**22%**	**10%**
MOTION 17 Birmingham LDC, Ranjit Chohan 17a This Conference believes that Integrated Care Boards have failed to accurately forecast clawback from under-delivered NHS dental contracts, despite real time access to activity data, and calls for a mechanism of accountability to ensure this funding is reinvested into dental services within the same financial year. England	**92%**	**2%**	**6%**
17b Furthermore, this Conference supports the equitable redistribution of any year-end underspend across all contract holders within the ICB, unless targeted reinvestment plans are transparently agreed in advance. England	**18%**	**52%**	**30%**
MOTION 18 Tees LDC, Charles Daniels This conference calls for clear, full and rapid mitigation of added costs from National Insurance and minimum wage increases in the last budget. UK	**97%**		**3%**
MOTION 19 Wakefield LDC, Rebekah Hadley In cases where Associates' retention fees are withheld for longer than three months, this conference calls for these sums to be protected in an Escrow account (or similar). UK	**60%**	**37%**	**3%**
MOTION 20 Hertfordshire LDC, Alison Chastell Conference calls for reforming the business rates rebate to reflect the exact percentage of NHS commitment undertaken. England	**56%**	**28%**	**16%**
MOTION 21 Kent LDC, Elizabeth Hartle	**42%**	**56%**	**2%**

This conference calls upon the government to provide greater financial and administrative support to dental practices in obtaining skilled worker/health and care worker visa for overseas qualified dentists in order to help ease the current recruitment crisis. UK			
MOTION 22 Tees LDC, Mike Barnett This Conference calls on the GDC and the DHSC to ensure significant improvements to the timeliness of fitness-to-practise processes are made urgently. UK	**100%**		
MOTION 23 North Yorkshire LDC, Mark Green This conference calls for the disbandment of the CQC and for it to be replaced with a more clinically-led regulatory body. England	**50%**	**46%**	**4%**
MOTION 24 Tees LDC, Charles Daniels This conference calls for a change in the indemnity model when clinicians are providing NHS dental treatment to a model where payouts are restricted to nationally agreed amounts that are solely used for corrective dental treatments. UK	**95%**	**4%**	**2%**
MOTION 25 West Sussex LDC, Matt Botha This Conference calls for the introduction of a no-fault compensation scheme within NHS indemnity for primary care dental practitioners, ensuring fair, timely, and transparent resolution of patient claims without the need to establish negligence. UK	**96%**	**2%**	**2%**
MOTION 26 Liverpool LDC, Bill Powell This Conference calls for Indemnity protection to help retain newly qualified dentists within the NHS. UK	**68%**	**25%**	**7%**
MOTION 27 Hertfordshire LDC, Alison Chastell Conference is disappointed that, unlike our medical colleagues, following foundation training, most dentists in the UK do not have a clear career pathway or access to formal mentoring, appraisal, or training. UK	**76%**	**19%**	**5%**
MOTION 28 Norfolk LDC, Andrew Bell Conference calls on government to focus on access to General Dental Services rather than Urgent Care. England and Wales	**92%**	**7%**	**1%**
MOTION 29 West Sussex LDC, Mark O Hara	**98%**	**2%**	

This Conference believes that NHS primary care dentistry must be recognised as providing far more than just urgent care and calls for a contract that recognises the need for delivering continuing care to patients. England and Wales			
MOTION 30 Cornwall and IoS LDC This conference calls on the ICBs to learn from each other with what works in different ICB areas. England			
MOTION 31a Liverpool LDC This Conference calls for financial protection for NHS dental practices against missed appointments. UK			
MOTION 31b Northamptonshire LDC Conference is appalled by the continued approach of penalising dentists and dental practices for patients failed appointments. We call on NHSE to urgently address this perverse situation. England			
MOTION 32 Leicester, Leicestershire and Rutland LDC This conference calls for a statutory requirement that all monies collected by Integrated Care Boards (ICBs) from NHS dental practices for undelivered Units of Dental Activity (UDAs) be ring fenced exclusively for the provision of dental services. These funds should be transparently allocated to improving patient access, workforce support, and service sustainability within NHS dentistry. England			
MOTION 33 Leicester, Leicestershire and Rutland LDC This conference proposes that all Integrated Care Boards (ICBs) be required to include at least one representative from the Local Dental Committee (LDC). This will ensure that oral health needs are effectively highlighted and addressed within local healthcare planning, improving access to and provision of dental services for the community. England			
MOTION 34 Tees LDC This conference calls for the NHS Pension scheme to be available to all members of the dental team providing NHS dental treatment including hygienists and therapists and other staff members. UK			
MOTION 35 Birmingham LDC This conference calls on DHSC to establish a streamlined national process for enabling the rapid adoption of			

successful flexible commissioning models across ICBs, removing unnecessary bureaucratic barriers and ensuring equitable access to innovation. **England**			
MOTION 36 **Birmingham LDC** **This conference calls for a formal mechanism to ensure that all unspent dental allocation within ICBs/Health Boards is ring fenced exclusively for reinvestment into local NHS primary care dental services. Furthermore, commissioners must be required to develop and publish a clear plan for how this funding will be utilised—whether through flexible commissioning or other mechanisms—no later than the end of the second financial quarter, to allow adequate time for effective implementation within the same financial year.** **England and Wales**			

Laura Smith, June 2025