



LDC Conference 2022 Motions for debate

Session One

NHS contract and funding

1.Wakefield LDC, Tejaswi Mellachervu

Access to NHS dental care is every citizen's right. NHS England must ensure that adequate funding is made available that this right can be exercised without delay.

England

Supporting statement:

The current dental contract claims it provides comprehensive dental care for all, but in reality, only funds the care for 50% of the population. It is a rationed contract where those in greatest need are least able to access care.

This has only been exacerbated by the pandemic and statistics show year on year investment in the NHS has been falling. Conference asks that the government now finally increases the funding which the system so desperately needs, and patients deserve so it truly is accessible to all.

2. West Sussex LDC, Aqi Tarnowski

This conference calls for governments in all four countries to build back a better NHS dental service that delivers to patients, clinicians, practices, and local communities as well as the Treasury and finance departments.

UK, Policy

Supporting statement:

The current system is flawed and failing but as a profession we need to advocate for a NHS dental service that is fit for purpose and that clinicians want to work in. The private path cannot be the only one available and desirable.

3.West Sussex LDC, Jane Harris

The current contractual funding arrangements are only fit for purpose as a minimum core service. To define this as a comprehensive offer is misleading to the public, unrealistic, unworkable, and not financially viable to dental practitioners. This conference calls for a contract fit for purpose.

England

Supporting statement:

The current NHS offer stating it to be a comprehensive service is misleading the public and creating problems with fulfilling patient expectations that are not compatible with the financial reality of the NHS offer to practices and practitioners.

4. Birmingham LDC, Ahmad El -Toudmeri

Conference demands that in the absence of additional financial support of the NHS dental system, a holistic reassessment of expenditure within the sector is considered.

England

Supporting statement

NHSE tells us there is no more money available to support GDP dentistry. If this is the case, then an honest appraisal of what it is that they want us to provide within the existing financial envelope is needed. This may mean questioning what level of clinical work is provided in the NHS dental specialist sectors and the tariff for these interventions. The volume of work carried out in secondary dental care compared to primary care needs reviewing too, certainly a disparity became obvious during the two years of the pandemic. If it is value for money that HMT and DHSC are looking for, then this needs to be considered across the sector.

5. Manchester LDC, Don McGrath

This conference believes that if significant funds are not invested by government in the NHS dental system the only way to run a satisfactory NHS dental system is to adopt a core service.

England

Supporting statement:

They imposed a contract in 2006 without agreement from the profession, have promised reform running prototypes and pilots which have all been abandoned, given politicians cover that reform was imminent all the time knowing it was designed to be a service for little more than half the population and have been happy for GDS dentists to take the blame for the shortcomings they imposed. Further the last 12 months they have adopted a tin eared approach to GDS providers setting unachievable quarterly targets, leaving a feast of clawback further undermining dental providers' budgets and their teams. Indeed, their promised dental reform has failed to give dental leadership either provider or LDC any roles at the top table of the new ICS system.

6. Derbyshire County LDC, Owen Msimango

The NHS budget for dentistry should be ring-fenced (and linked to inflation).

England, Policy

Supporting statement:

Ring fencing the NHS budget for dentistry is the minimum requirement to demonstrate support for NHS dentistry and will help sustain this service. The budget should rise above inflation to deliver a real terms investment.

7.North Yorkshire LDC, Mark Green

This conference calls for immediate changes to be implemented to the NHS dental contract. To enable prompt changes to occur we need to increase pressure on those that can make these changes. We need to engage with our staff and most importantly our patients via an online petition.



England

Supporting statement:

We have heard so many times that the current contract was not fit for purpose and that they are working on a new way of providing NHS dentistry! 15 years later and the perfect opportunity due to covid should have enabled a change and yet nothing has happened. If anything, it's worse than ever. We propose that by using an easy-to-use online petition we can mobilise our millions of patients and support staff to add a massive pressure on NHSE and the HMG that will hopefully invoke the necessary change that is needed urgently.

8.Birmingham LDC, Abid Hussain

Conference demands that the GDC weighs in on the call for urgent reform of the 2006 (GDS) dental contract.

England

Supporting statement

One of the GDC's remits is to ensure patients are protected. Patients experiencing dental problems must in any modern society be entitled to pain relief in a timely manner and certainly not having to resort to 'DIY dentistry.' The 2006 GDS contract has failed the patient. The GDC must stand up and say so.

9.Wakefield LDC, Tejaswi Mellachervu

This conference calls for the UDA to be abandoned as a measure of dental activity by March 2023. Without a substantial commitment to this from NHS England, we as a profession, walk away until they provide that commitment.

England

Supporting statement:

The UDA was enforced on the profession 16 years ago. It was an untested system that had dentists chasing crude targets which had no relevance to patient care and was completely unfit for purpose. Pilots have been going on and scrapped, the Steele Report has come and gone, contract reform is now a meaningless term without firm commitment and timeframes. We ask conference to support the motion that the government commits to ending the UDA by 31st March 2023 at the latest.

10. Manchester LDC, Don McGrath

This conference believes that the NHS dental service is in danger of falling over due to years of systemic failure by government DHSC and NHSE.

England

Supporting statement:

The DHSC and NHSE leadership has failed to engage with issues they imposed and had the levers to mitigate and current behaviour around quarterly targets and unfulfilled promises see the profession abandoning hope that they are acting in good faith rather than preying on the goodwill of dentists towards the NHS.

11. Northumberland LDC, Richard Grant

This conference believes that the manner in which NHS dental services are being run demonstrates that the Government is offering a comprehensive service in name only rather than a real determination to salvage the service from its currently catastrophic decline. In the light of the covert run-down of the service and to protect both patients and the financial viability of practices, Conference urges all practices to look to alternative methods of funding their businesses outside of the NHS.

UK

Supporting statement:

After over a decade of delays and procrastination, the profession is heartily sick of platitudes and a lack of momentum on negotiating a new contract that will take the emphasis off UDAs and offer a more realistic financial base for practices. This motion expresses our extreme displeasure at the current glacial speed of progress and the lack of willingness of the Department to make any progress and recommends practices to look to increase the private element of their work in order to ensure a long-term future for both the benefit of their patients and of the practice.

Patient Charge Revenue

12. Manchester LDC, Don McGrath

This conference believes that year on year increases in Patient Charge Revenue has been used as a tool to manage demand, pricing working families and the working poor out of NHS treatment.

England, Policy

Session 2

Recruitment and Retention

13. Devon LDC, Charles Pidgeon

This conference proposes that the government makes changes to the NHS GDS dental services, so that the service is a more attractive career proposition for newly qualified dentists and incentivises existing dentists currently working within the service to remain.

UK, Policy

Supporting statement:

Morale in dentistry is at an all-time low. Dentists feel undervalued and demoralised. Newly qualified dentists often discuss how soon they can leave the NHS following the FD year. NHS dentistry during the last couple of years has reached such a crisis point that many dentists have now discovered the better quality of working life available from very in-demand private practice. The NHS system needs to be competitive with the private sector to remain a viable option.

14. Coventry LDC, Jag Roop Virk

This Conference is concerned about the lack of dental workforce planning by the NHS given the number of dental colleagues leaving the NHS.

We demand that the NHS in all four countries undertake a workforce survey to establish the whole-time equivalent need for dentists and team members for NHS general dental practice and then fund the system appropriately for the resultant policy to be recruited to.

UK, Policy

Supporting statement:

The recruitment issues for dental practices into the NHS are well-documented. Morale is at an all-time low and dentists and other members of the dental team are leaving the service or the profession itself. This will continue unless and until dental system reform has achieved workable dental contracts. In addition, we demand that the NHS in all four countries undertake a workforce survey to establish the whole-time equivalent need for dentists and team members for NHS general dental practice and then fund the system appropriately for the resultant policy to be recruited to

Ministers have failed to understand that we can't have NHS dentistry without NHS dentists.

We know that the NHS dentistry can't survive without NHS dentists and adequate investment in the workforce. Earlier this year, the government rejected a motion by the Lords to place a duty on the Westminster to secure the same obligation, a move supported by more than 100 healthcare organisations and politicians from across party lines, in the House of Commons and the Lords. But the government said no.

An amendment was put forward to the Health and Care Bill put forward by Jeremy Hunt in the Commons, and again by peers including Lord Simon Stevens in the upper house, that would require government to publish workforce projections every two years, but the government declined.

15. Northampton LDC, Andrew Lamb

Conference calls on the NHS, GDC and BDA to find solutions to remove the barriers to dental nurse recruitment and retention.

UK, Policy

Supporting statement:

The dental nurse shortage is having a direct effect on practices ability to provide care to patients. All sectors in the UK economy are experiencing workforce shortages, wage growth alone as a recruitment tool cannot be sustained under a NHS fixed budget and with the existing workforce. Statutory registration and current qualifications carry a significant burden for individuals and practices, there are complex dynamics at play and conference calls on all parties to urgently address the growing dental nurse crisis in the profession.

16. Wirral LDC, Stephen Wright

Conference calls on government to finally acknowledge that the whole dental team is a part of the NHS. This would include being able to access similar benefits on offer to other NHS workers such as free flu jabs and early access to COVID boosters.

UK, Policy

Supporting statement:

A dental practice cannot function without a full complement of essential workers such as nurses, receptionists, therapists, and hygienists. These are the forgotten heroes, who throughout the pandemic contributed to the restart of primary care dental services. There is now a retention and recruitment crisis in the profession, and we need to make working in NHS primary dental care more attractive if we are to recover from the COVID pandemic. We are still waiting for contract reform but have been promised small changes are on the way. This must start by treating staff working in NHS dental practices as equals by offering these simple but essential benefits that are already available across the rest of the NHS and primary care.

17. Wirral LDC, Phill Brown

All members of the dental team should be able to access similar NHS Pension Scheme benefits (including maternity/adoption leave, paternity leave and parental leave).

UK

Supporting statement:

A dental practice cannot function without a full complement of essential workers such as nurses, receptionists, therapists, and hygienists. These are the forgotten heroes, who throughout the pandemic contributed to the restart of primary care dental services. There is now a retention and recruitment crisis in the profession, and we need to make working in NHS primary dental care more attractive if we are to recover from the COVID pandemic. We are still waiting for contract reform but have been promised small changes are on the way. This must start by treating staff working in NHS dental practices as equals by offering its essential workers a package that is consistent across the NHS and primary care.

18. Northampton LDC, Sarah Canavan

Conference calls on government to take urgent action to fully fund and support return to work and practitioner support programmes for dentists and dental care professionals.

UK, Policy

Supporting statement:

The dental workforce shortage is now impacting every region. The pandemic has seen record sickness with some suffering long term adverse health impacts, incomparable long-term stress compounded by the continued demands of working in a broken NHS contract. The loss of talent within NHS dentistry of DCP colleagues and dentists is a national disgrace, it disproportionately affects women, and risks the viability of dental practices. The government needs to demonstrate support to the profession after years of wilful neglect and stop expecting LDCs will pick up the pieces.

Overseas Qualifications

19. West Pennine LDC, Martin Longbottom

This conference calls for the automatic recognition of qualifications for future applicants from the European Economic Area (EEA).

UK

Supporting statement:

The UK is not self-sufficient in dental graduates and this cannot be rectified in the short or even medium term. As the EEA produces well trained dentists there is little point in putting additional hurdles in their way should they wish to practice here.

20.North Yorkshire LDC, Jeremy Boyles

This conference calls for NHS to properly fund and support Performer List Validation by Experience (PLVE) training. This should be along similar lines to the current Dental Foundation Training (DFT) system, including access to the local postgraduate deanery.

England and Wales

Supporting statement:

When the UK left the EU a supply of dentists particularly into the NHS service dried up. As a result, graduates from outside the EU have slowly started to fill this gap. However, to have a performer number they must undertake a Performer List Validation by Experience (PLVE). This isn't as regulated as the FD year and could lead to inadequately trained dentists at the end of the training period.

Dental Foundation Training

21.Enfield & Haringey LDC, John Fenton

Conference calls on all four governments to require post-qualification dentists to complete their training in an NHS Dental Foundation Training (DFT)/Vocational Training (VT) environment regardless of whether they intend later to work within the NHS.

UK

Supporting statement:

The cost of training a dental student is far in excess of their course fees. Primary care NHS dentistry is in desperate straits, and practitioner recruitment is becoming impossible, and not merely due to a shortage of numbers. Trainee dentists do not want to work in the NHS for the same reasons that many practices are withdrawing from it: remuneration, fear, and uncontrolled levels of governance. Nevertheless, students' training has been subsidised, and when they leave dental school, their training is still incomplete. They are no more than safe starters. The monitored Dental Foundation training is important both for themselves and their future patients and is a form of repayment to the NHS. But should they choose to go straight into non-NHS practice, any post-qualification completion of training would be optional, unstructured and unverified.

By committing to a period of post-qualification training within the NHS, the dentists will complete and benefit from proper training, and they will help to maintain an NHS primary care dental service that many practices and patients still rely upon

Dental Education

22.North Yorkshire LDC, Mark Green

This conference believes that newly qualified dentists from UK dental schools are less prepared for primary care dentistry than ever before with ever more reliance on the foundation year. To better serve our undergraduates, more funding is needed to develop centres outside of dental schools in areas of high need.

UK

Supporting statement

Outreach clinical teaching venues have been trialled in some areas with great success. It follows that the environment in which these clinics is set is more akin to the actual working place that many graduates will ultimately find themselves working in. Therefore, the experience gained in these clinics will be of greater value to the students than that which is currently achieved in the Dental schools.

23.Birmingham LDC, Ranjit Singh Chohan

Conference demands that dental schools are mandated to use generalists in all levels of the training and assessment of UK dental undergraduates

UK

Supporting statement:

The generalist is to be commended as a specialism, many academics and specialists could not do what we do on a daily basis, the pressures of running a dental practice with personal financial risks are unknown or understood in other spheres of the profession.

Dental undergraduate training has lost its way in the past two decades. Ask any FD trainer. Non-clinician educationalists have set curricula in good faith but with no appreciation of what a dentist does on a daily basis. GDPs must become involved in the selection, training and assessment of dental students.

Extra letters after the BDS does not necessarily mean you understand better what makes a good GDP?

24. West Pennine LDC, Stephen Shimberg

This conference calls on dental schools and the GDC to revisit the curriculum to ensure graduates study and are examined in the fundamental art and science of dental care so that Foundation Training may return to the task of teaching how that knowledge is applied in primary dental care.

UK, Policy

Supporting statement:

Since vocational/foundation training became compulsory some of the important skills training seem to have moved from the under graduate curriculum to the latter meaning that graduates may no longer be described as “safe beginners.”

Session 3

Contractual/commissioning issues

25. Norfolk LDC, Jason Stokes

This conference calls on government to appoint an independent body to manage the commissioning of primary care dental services in England. This body should be independent of NHSE but have membership from patient groups and the dental profession.

England

Supporting statement:

We are aware of the significant issues around orthodontic commissioning. The lessons learned from these failed processes have yet to be made public. In the Autumn of 2021, a process to procure 7 new lots of General Dental Services for the East of England Region started. The contracts that will be offered are time limited. The timescale for the contracts is 4 years and 9 months with the Commissioner allowing extensions of up to a further 3 years (total contract duration 7 years and 9 months). This means that any provider of services that require funding via a business loan will struggle to gain finance at competitive rates due to the short length of the contract. Business loans under 10 years for large sums of money can be very difficult to source. This will reduce the number of bidders to those with corporate funding or existing practices that can be expanded. Less bidders will reduce competition and will also exclude smaller business ventures who may be more committed to an area in the long term.

The contract will require service delivery from 8am to 8pm, 365 days per year. This sounds like a boon for patients but is irrelevant if this type of provision is impossible to deliver.

NHSE have demonstrated on several occasions that they cannot effectively commission dental services that meet the needs of the public. A pragmatic independent panel that balances the needs of the public and the realities of running a successful long-term dental service would improve outcomes for all stakeholders.

26.Devon LDC, Timothy Hodges

This conference calls on the GDPC and the BDA to demand that the service cost payments for Dental Foundation Training (DFT) contracts are increased immediately and to link the payments to inflation for future years.

England and Wales, Policy

Supporting statement:

The freeze on service costs since 2013 for FD contracts has had a dramatic effect on practices. Practices are experiencing vastly increased running costs due to the shortage of nurses, increased wages, cost of materials and consumables, costs of clinical waste. We have had to invest heavily in our practices to keep up-to-date, safe and useable. Lack of investment in service costs from HEE/Treasury threatens the current viability of providing a vital NHS service and will reduce training capacity for the next generation of dentists. Please support this motion.

27. North Yorkshire LDC, Mark Green

This conference calls for further retrospective changes to the 2021-22 annual reconciliation to allow delivery of 67.5% of annual UDA target and 83.75% of UOA regardless of what was delivered in each period within the year.

England

Supporting statement:

To control delivery over a three-month period is not only ludicrous but was unsafe. Dentists and their teams did all they could under very difficult conditions and to penalise those that did more in the earlier part of the year only to fall short due to staff shortages and patient cancellations is damaging to all involved.

Sustainability

28. Gwent LDC, Russell Gidney

This conference calls for the respective nations' governments to support dentistry to become carbon neutral.

UK

Supporting statement:

Dentistry needs to shoulder its responsibilities on delivering a sustainable service and reducing environmental costs. It cannot do this unless there is a radical change to the unnecessary and non-evidence-based protocols we are made to follow and financial support to allow investment in sustainability.

Fluoridation

29. Leicestershire LDC, Philip Martin

Conference requests that GDPC appoints a member to the Council of the British Fluoridation Society.

UK

Supporting statement:

In the Health and Care Bill the government has committed to the extension of water fluoridation. The British Fluoridation Society is a not-for-profit organisation which campaigns for the expansion of water fluoridation and provides expert advice and support to the dental profession and other advocates for this crucial public health intervention. The BFS has recently introduced a Council which will advise on the direction and operation of the society, they are requesting that GDPC appoint a representative to be a member of this Council.

30. North Tyne LDC, Stuart Eaborn

This Conference believes that an annual donation at a meaningful level should be made by LDCs to the British Fluoridation Society (BFS) to assist the BFS to be better funded in its fight for further water fluoridation in areas of the UK where fluoride in the water is less than 1ppm and also to maintain water fluoridation in areas where there is a threat to current fluoridation levels.

UK

Supporting statement:

There is no doubt that fluoridation is a safe, practical and cheap way of reducing caries. It is not mass-medication, it is a public health matter. Some areas are still immersed in a sea of caries. With the changes in legislation, and with public consultation going to be part of the process, the BFS needs proper funding to fight the anti-fluoridationists who still promote false and fake claims about its effect.

Funding will allow the BFS to increase the public's perception of the benefits of fluoridation. Clearly, there will be benefits for the profession in the long run as less time will be needed to treat caries.

GDP Representation

31. Gwent LDC, Lauren Harrhy

This conference calls for Welsh government to begin open and transparent negotiations that include fair representation of active general practitioners.

Wales, Policy

Supporting statement:

The 22/23 contract reform amendments were presented to the profession with one month's notice. The plans drawn up in isolation with no discussion with GDPs. Many of the issues and "unintended consequences" that exist could be ironed out by open and timely discussion with the profession.

32. Morgannwg LDC, Allison Walker

Conference believes that NHS GDPs deserve more funded representation on government committees that immediately affect the running and the future of the GDS.

England and Wales, Policy

Supporting statement:

The impact of the pandemic over the last two years on NHS GDS has been immense and immeasurable. GDPs and their teams have shown unity in the face of adversity; resilience and adaptability to the ever-changing impact the pandemic has had on their working environment. It has been widely acknowledged how hard all frontline healthcare staff have worked through this pandemic, dentistry being no exception. In Wales, the Clinical Leads Group is an independent body and has advised the CDO on matters relating to the pandemic, including the all-important SOPs. This group is ten in number including academics, CDS leads, HB dental leads, dental public health consultants. None of these currently work for any considerable time in NHS GDS. This is strange when the vast majority of NHS dentistry is carried out in the GDS. This situation might well be true in the other home nations.

We believe that it is essential to include GPs voices within such "advisory working groups" to provide invaluable feedback messages into the shaping of NHS GDS in the future.

33. Manchester LDC, Don McGrath

This conference has no confidence in the new Integrated care system to fix problems locally with the NHS dental service as their engagement with dentistry is designed to be low level, no new monies are identified and other NHS challenges will preoccupy management bandwidth with an assumption we are akin to the GP service.

England

34. Manchester LDC, Don McGrath

The new Integrated Care system cannot look to address issues of the dental service when it is institutionally designed to sideline the voice of Dental providers from all its senior boards and indeed those of wider primary care.

This conference calls on NHS England to ensure that LDCs have mandated roles in ICS structures.

England, Policy

Supporting statement:

None of the new boards ICB, ICP nor the Locality boards are affording any seats for dental representation in the latest legislation and the best we can hope for is the handful of GP primary care leaders to represent us and the needs of our patients. If we have no voice in the leadership of ICS it stands to reason we are not valued and can have little confidence in it as the capacity or bandwidth to help resolve our growing list of problems or indeed understand what the system is trying to achieve and articulate it to the service.

35. Leicestershire LDC, Hanif Moti

Conference asks that the BDA publishes guidance for LDCs on how they can interact with ICS bodies.

England

Supporting statement:

Integrated Care Systems are going live across England over the next twelve months and assuming responsibility for the commissioning and operation of NHS dental services. In some areas engagement with dentistry has progressed smoothly but in others LDCs have struggled to interact with ICS bodies. Written guidance on how to approach ICS would help LDCs who are experiencing difficulty engaging with ICS at local level.