



## **LDC Conference 2011 – motions for debate**

### **NEW CONTRACT**

#### **1. Barnet LDC (Alan Ross)**

This Conference recognises that the current contract, including UDAs, is fundamentally flawed. This Conference further notes the Government's recognition of the failings of the current dental contract and its intention to reform the contractual arrangements for NHS dentistry in England, but that this will not happen before 2014 or 2015, depending on the pilots and transition period.

Conference therefore calls upon the Government to scrap the UDA immediately and return to the old PDS system prior to the introduction of a properly piloted new contract.

#### **2. North Yorkshire LDC (Richard Emms)**

This Conference welcomes the new Government's recognition of the failings of the UDA-based contract and the overdue need for reform. Conference notes that the current pilots are exploring capitation-based contractual systems.

Conference further notes the wide variation in UDA values across England and that the variation does not necessarily reflect patient needs.

In order to prevent irreversible damage to practices and a subsequent reduction in the provision of NHS dental services, particularly in areas of high need, Conference insists that the DH ensures that no practice suffers a reduction in its current contract value as a result of the transition to a new contractual arrangement.

#### **3. Norfolk (Nick Stolls)**

This Conference notes the requirement for digital charting of tooth-surface level data within the oral healthcare pathways set out in the pilot contracts currently operating in England. It also notes the necessity to record and report on patient cohort characteristics under the pilot agreements.

This Conference further notes the new online portal, currently being rolled-out by NHS Dental Services and which provides a web-based account for providers and performers to monitor their contractual performance and pay electronically, is further evidence of the move to digitise and computerise NHS dentistry and NHS dental practices.

Conference therefore demands that all hardware, software and internet connection costs which become technical pre-requisites for practices providing dental services under a new contractual system, must be met by the NHS.

**4. Birmingham (TBC)**

This Conference demands GDPC ensure that, following the piloting of new contracts, advanced mandatory services are clearly defined clinically and are unambiguous to general dental practitioners when providing NHS dental treatments.

**5. Birmingham (TBC)**

This Conference notes the existing problems with the current dental contract.

Conference therefore demands that GDPC ensures any new contract makes provision for the development of associate dentists, and has systems in place so that they are not exploited by the contract and that any tendering exercise for new contracts does not preclude anyone who has yet to run their own practice.

**6. Birmingham (TBC)**

This Conference insists that GDPC demand any new contract will have provision for adequate additional capital investment that may be required to abide with any future new regulation and will not be hampered by fixed contract values that take no account of such changes.

**7. Birmingham (TBC)**

This Conference demands GDPC insist on independent evaluation of new contract pilots after an appropriate term of piloting.

**8. Birmingham (TBC)**

This Conference demands GDPC insist on a ballot of all performers of NHS contracts before any new contract is implemented by the Department of Health.

# REGULATION

## 9. North Yorkshire (Ian Gordon)

This conference believes that disproportionate regulation now interferes with what has been the traditional professional relationship between dentist and patient.

GDC stated values allege that:

- regulation is proportionate, targeted, consistent, transparent and accountable
- resources are managed effectively, efficiently and sustainably

And CQC priorities are that they will:

- regulate effectively, in partnership
- be sensitive to the requirements that we put on those we regulate.

This conference calls for these and the other regulatory authorities to start to apply some proportionality to their decisions and cease to pay mere lip service to their stated aims.

## 10. North Yorkshire (Ian Gordon)

This Conference calls for the patient charges regulations to be amended so that dentists can use high quality non-precious metal alloy (NPMA) for the manufacture of in-lays and on-lays without fear of a GDC referral for use of a regulatory inappropriate material, where it is clinically appropriate.

## 11. Birmingham (TBC)

This Conference demands GDPC negotiate with CQC, a standardised practice inspection protocol and for CQC to share this protocol with providers prior to practice inspections.

## 12. Salford LDC (Ben Atkins)

This Conference notes the confusion around the use of the title Doctor by dental practitioners and the absence of a definitive decision by the GDC.

This Conference believes that changes like this not only confuse the general public needlessly but also cause confusion within the dental community, since many dentists qualifying in Europe obtain doctorates in dentistry and use the title 'Doctor'.

This Conference therefore demands that the title 'Doctor' be retained by UK dentists, in order that patients are not misled about a sudden change in our apparent professional status and that we continue to use the title in line with our European colleagues.

## 13. Cumbria (Peter Pearson)

This Conference believes the restrictive transfer clauses within NHS dental contracts (sole trader contracts) to be unfair as such clauses prevent practitioners from realising the goodwill from the sale of their practices.

This Conference therefore insists that practice owners should be allowed to sell or change ownership arrangements of practices, without the imposition of "control clauses" and interference from the NHS.

This Conference calls for the GDPC to negotiate with the Department of Health the removal of such clauses from future dental contracts.

#### **14. Birmingham (TBC)**

This Conference demands GDPC negotiate with the Department of Health changes to the regulations which prevent PCTs or their successors terminating contracts of providers that have mitigating circumstances for the late payment of GDC registration fees.

## **REGULATORY COSTS**

#### **15. Devon (Ben Jones)**

This Conference supports dental nurse registration and training but deplores the additional burden placed on trainee dental nurses by the GDC, when taking the national certificate. This Conference notes that this burden was imposed without any consultation or funding to support it.

The Conference therefore demands that the GDC postpones enforcement of these changes to allow for a proper consultation with the profession.

#### **16. Cumbria (Peter Pearson)**

This Conference notes that the introduction of new regulations such as HTM 01 05 and CQC are bringing practice morale to an all-time low. Conference further notes that, with NHS practices on fixed budgets, any regulatory change must be cost-neutral, or practice owners will suffer real financial hardship which will ultimately damage their ability to provide dental services to the public.

Conference therefore demands that additional funding is urgently provided directly to practices, to cover the real and considerable costs associated with various regulatory changes to dental practice.

#### **17. North Tyne (David Rundle)**

This Conference notes the position of NHS dental practices as small and efficient NHS organisations. Conference further notes that as providers of NHS services, all costs associated with complying with the regulatory framework around dentistry should be met by the NHS, in order to allow practices to focus on investing on the quality of their service for patients.

This Conference therefore insists that all annual CQC registration fees to for NHS dental practices must be directly reimbursed in full by the NHS.

#### **18. Wakefield (TBC)**

This Conference believes that it is not appropriate to ask practitioners to bear the cost of increasing expenses through "efficiency savings".

Increasing expenses should be reimbursed fully by DDRB awards.

## **INFORMATION FROM PCTs**

### **19. Milton Keynes (Evean Chand)**

This Conference notes the Government's recent renewed emphasis on better information sharing across the NHS. In addition to providing better information to patients, the Conference believes that there is considerable value in providing more comprehensive information and NHS reporting to both LDCs and individual providers to inform their performance management.

This Conference therefore calls for PCTs to openly share information with providers. The information made available to LDCs and individual practices should include, but not be limited to:

- PCT meetings and minutes
- the local primary care dental budget
- patient referrals to specialists
- prescribing profiles
- patient complaints

## **LDC OFFICIALS' DAY**

### **20. Gwent (Nigel Jones)**

This Conference notes that the expenses for the BDA Officials Day (formerly known as the LDC Secretaries Day) are shared by the BDA and Conference with Conference being responsible for the reimbursement of the travel and accommodation expenses of one delegate per LDC. The 'one delegate rule' is a relic from the Secretaries Day when only one delegate per LDC was invited.

This Conference recognises that as more than one official from each LDC is entitled to attend these meetings, there is no need to restrict the expenses paid from Conference funds as before.

This Conference directs the Agenda Committee to reimburse the travel & accommodation expenses of all LDC delegates attending the BDA Officials Day.

## DENTAL EDUCATION

### 21. Norfolk (Jason Stokes)

This Conference welcomes the contract pilots, currently underway across England. Conference notes that the pilots require practitioners to work in a new way, such as through oral healthcare pathways. Conference further notes that the curriculum in dental schools needs to align with the principles of practising NHS dentistry, as set out under any new contract.

This Conference therefore, recommends that the Government undertake a full review of the dental curriculum provided to students at dental school, ensuring that the workforce is appropriately prepared for recent and forthcoming changes to the practise of NHS dentistry in England.

### 22. Glasgow (Roy McBurnie)

This Conference demands that registered dental nurses employed in NHS dental practices, be included in the NHS superannuation scheme.

## NHS REFORM AND THE ROLE FOR LDCs

### 23. Birmingham (TBC)

This Conference notes the expert local knowledge of dental services that LDCs are in possession of. Conference further notes that PCTs are in the process of being abolished.

Conference therefore demands that the NHS Commissioning Board consults with LDCs in any regional structure that is developed, or directly if no such structure is present, to ensure that the best local knowledge is available to commissioners and those with responsibility for commissioning decisions.

### 24. East Midlands (Philip Martin)

This conference notes that the Health & Social Care Bill requires healthcare organisations to consult “appropriate” healthcare professionals. Conference believes, as the democratically elected representatives of the profession, Local Dental Committees must be consulted and calls on the government to introduce a statutory requirement for LDCs to be recognised and consulted by healthcare bodies, in respect of dental issues.

### 25. Birmingham (TBC)

This Conference notes that the NHS Commissioning Board will be reliant on good local dental advice in the absence of PCTs.

Conference therefore insists that anyone offering advice to the NHS Commissioning Board should have no conflict of interest and, in the event of the NHS Commissioning Board having a regional structure, any dental advisers should be acceptable to the dentists within the locality and have no local conflict of interest that might undermine their ability to act and advise in an impartial manner.

## **26. Hampshire and Isle of Wight (Tony Lynn)**

This Conference deplores any governmental/DH interpretation of the recent White Paper that challenges the accepted statutory representative role of local dental committees.

This Conference recognises that LDCs are the only 'in statute' funded grass roots voice of salaried and general dental practitioners that provide a comprehensive support and advisory service to their constituents and primary care organisations. Furthermore it is recognised that LDCs are of fundamental importance in the provision of supporting funding streams for the national representation and health support of dentists through the British Dental Guild and other dentist support organisations and charities.

This Conference therefore, urgently calls for the Department of Health to immediately re-affirm the role for LDCs within the future commissioning of dental services.

## **27. Birmingham (TBC)**

This Conference deplores the perennial frustrations that some LDCs encounter in relation to the collection and payment of the statutory LDC levy by PCTs. Conference notes the opportunity to resolve such anomalies that presents itself at the introduction of the NHS Commissioning Board.

Conference therefore demands GDPC negotiate fair collection of statutory LDC levy by the NHS Commissioning Board.