Report of the 2014 LDC Conference 12 and 13 June 2014

The 2014 LDC Conference was held at the Hilton Manchester Deansgate on 12 and 13 June.

This report provides an outline of the discussions and summarises the main outcomes. The full programme for the event can be found at Annex 2.

Keynote address the Chair of Conference, Dr Tony Jacobs

In his keynote address the Chair of Conference, Dr Tony Jacobs, told delegates, guests and sponsors that the profession must work together to deal with the many issues that confronted it:

'We must unite. We must work together and we must use this power to solve the issues that we face'

He reflected on the many changes, both positive and negative, which he had seen in dentistry and the wider world since he qualified nearly forty years ago.

As the practice of dentistry had evolved so had the business of dentistry. Dr Jacobs said that dentists were skilled in delivering high quality services without any of the waste sometimes associated with other areas of the health sector. He argued that the NHS "efficiency savings" drive was therefore not relevant to dentistry - enforcing that reduction was unfair and a form of bullying.

Dr Jacobs urged the profession, for the sake of patients and the country as a whole, to challenge those that did not understand this and sought to introduce efficiency savings where there were no efficiencies to be made.

He urged the BDA – the profession's union of which he had been an active member in his forty years in the profession - to represent the profession strongly and reminded all those present of their responsibility in this regard.

He called for an end to the 'bullying' of a 'small supplier of services by a large buyer' which had resulted in 2006 in the introduction of a contract which had been bad for the profession.

He made the point that many practices had accepted a flawed contract because they wanted to ensure continuity of care for their loyal patients:

He cited more recent examples of 'thefts' from the profession – the removal of seniority pay and the reduction of occupational health services when there was clearly a need (for example. for Hepatitis B vaccinations as a minimum). He also asked why dentists were no longer permitted to charge for missed appointments and wasted NHS resources when this was inconsistent with policy for schools for example.

Dr Jacobs also talked about the over-regulation which blighted the profession: 'We have to jump through hoops to buy or sell our practices. We have to jump through more hoops to register or change registration with the CQC. We have to jump through further ridiculous hoops to enact our rightful retirements'

He then looked ahead to a different NHS - a more open and democratic NHS. He told delegates that a recently released survey by IPSOS Mori had revealed that when asked what made them most proud to be British the most popular answer was the NHS - ahead of the armed forces, royal family or the BBC.

This was a defining moment for the organisation with the appointment of a new CEO – a CEO who was clearly aware of its place in the NHS. Dr Jacobs reminded delegates of Simon Stevens' words in the Health Service Journal: "the money will buy you a comprehensive but non-universal service, or a universal non-comprehensive service. Which is it to be? At the moment we have neither - and chronic confusion and dissatisfaction."

Dr Jacobs expressed his hope that the profession would be able to challenge the new CEO and explain how efficient NHS dentistry is:

'Dentists work very hard. Dentists look for ways to be economically successful. Dentists retain a low cost base and despite the pressure of over-regulation there is no waste. There are no efficiency savings to be made'

He warned delegates that the ring-fencing of funds for the NHS had created a pressure cooker of distortions on other parts of the economy and there would be unpalatable cuts to be made in the years to come. He told delegates that other unions of NHS employees 'would be very strong when this time arrives and they would gain public sympathy'.

Dr Jacobs also sought support for a campaign for the removal of value-added tax from the sale of oral hygiene items to lower their cost and this was well received by delegates.

In summary, Dr Jacobs urged the profession to unite – and to use this power for the benefit of patients.

'Changes come and changes go. As a profession we can't be like Canute. We cannot hold back the tide but there are times when the profession must stand together with leadership and tell the Government: 'This is bad. This is bad for patients. Our patients are the people of Britain so it's bad for Britain''.

Dr Jacobs concluded his speech by urging the new Chair of PEC to remain true to himself.

The full text of Dr Jacobs' speech can be found at Annex 3.

Update from the Chair of GDPC, Dr John Milne

In his last update to LDC Conference as chair of GDPC, Dr John Milne started his speech by thanking members of the GDPC Executive and the BDA staff team.

He paid special thanks to Mick Armstrong for keeping his feet on the ground in his time on the Executive and said that he'd be repaying the favour now that Mick had been elected Chair of the BDA's Principal Executive Committee and he was Chair of Wakefield LDC.

Dr Milne stressed the importance of LDC Conference for GDPC, as it provided an opportunity to hear LDC views and to reflect on the motions from LDCs. He was pleased to note that LDC views tended to reflect those expressed by GDPC and its Executive and drew delegates' attention to the written response to the motions from last year's conference in the conference papers.

On the issue of inspections, Dr Milne reported that he believed that a new approach would be seen from the CQC. Whilst he expected that in future dental practices would be visited far less often, he also expressed the hope that those involved in the process would, where necessary, have dental knowledge and be dentists and that the CQC would engage professional advisers to assist them.

Though the issue of fees still remained unresolved, he told delegates that the CQC was attempting to find a fair way of reflecting the different sizes of practices working from a single location which should lead to a reduction in fees for some smaller practices. He reported that he, with Dr Armstrong, would soon be meeting with David Behan and Janet Williamson, the new Deputy Chief Inspector who would have responsibility for dental practice.

He reported that the BDA had taken swift action when financial penalties were imposed on dental practices without registered managers. As a result CQC had acknowledged that their communication over the issue was poor and the majority of practices had received a refund.

Dr Milne shared LDC concerns about the 'red tape that blighted the profession' with 24 hour retirement, practice sales and transfers from PDS to GDS and so on. He expressed concern about Area Teams which still believed themselves to be 'autonomous bodies free to take the decisions that they want almost regardless of the policies of NHS England and expressed the view that 'in many ways Area Teams seem to create more problems than they solve'.

He welcomed the good engagement between LDCs, Area Teams and Local Dental Networks in some areas but expressed concern that 'in many places LDCs have become marginalised'. He told delegates that the good knowledge that most of them had 'is in some cases not been used' and expressed the hope that 'it's not too late for LDCs to pick up that challenge of engagement,

particularly at the local level'. He told delegates that it was vital that they tried to get themselves in to the local professional networks.

He also reminded LDCs that GDPC hosted representatives from regional groupings of LDCs. The GDPC Regional Liaison Group met four times a year and was chaired by Jane Moore of Leeds LDC.

Dr Milne spoke of the DDRB and this year's uplift of 1.6%. He told conference that in recent years most of the NHS had been subject to finding efficiencies of about 4% a year and in some areas this had meant a budget cut. The Department of Health had asked for similar efficiencies in general dental practice but he had made it clear that general practice was already 'one of the most cost-effective and efficient parts of the NHS and efficiencies are not appropriate'. He told the conference that only after that had been made clear that dialogue took place. This provided the opportunity for debate and often served to 'mitigate the damage of the efficiencies' made. He said that this year has been a little different because a real terms pay cut upfront was being proposed for Foundation dentists. He had warned the Department of Health that the BDA would oppose this. He urged any delegates who had not yet signed the petition to do so – it could be found on the BDA's website.

He thanked the LDCs that had invited him to speak on progress with contract reform and reminded others that he and other members of the GDPC Executive were always eager to engage in this way. He told delegates that it was easy to resist change but warned of a 'Stockholm syndrome' about the current system. The GDPC Executive believed that there was 'an ethical imperative' behind the need for contract reform 'because the UDA contract isn't fit for purpose'. He repeated his thoughts on the contract from a presentation delivered in 2007: 'it's pernicious, it's corrupted, it corrupts the prescribing process, it's relentless, it's demeaning, it's like working on piecework in a Victorian sweatshop'

The unrelenting pressure was neither good for dentists nor their patients. Last year's discussion at LDC conference about tragic suicides was sad but compelling proof of the former. Oral health went 'to the back of the queue with the drivers of this particular contract'.

Dr Milne stressed however that the on-going pilots were not the finished article but were intended to contribute to a workable reform. He reminded delegates of his demands of the minister at BDA Conference: some clear commitment from Government to make progress; expansion of the pilots and modifying them to make them into a real test to be some sort of prototype and a clear timetable and a roadmap to implementation. He had also said that practitioners would need preparation and training time for practices and maybe a release from the UDA targets during that transitional phase. The Minister wasn't able to confirm this last demand but was able to confirm the first three.

He also reflected on some of the big questions GDPC had discussed around capitation contracts at their recent meeting and urged delegates to consider these and discuss them with speakers e.g.

what are the risks and benefits of arguing for the highest possible % of capitation? How do we avoid neglect? How do we monitor the capitation contract? Should there be a limit on who gets that care? How should activity measures be paid for? How do we avoid the disadvantages of the UDA with its perverse incentives? Should payment for activity be limited to just advanced or complex care? And can we actually define what those things are?

Dr Milne also provided some background on the issue of dentists with enhanced skills (ahead of the debate). He told delegates that DES had appeared on the agenda when discussions first started with the Department about the implementation of the Steele review. At the time some had felt that discussion about what the public should be able to expect from a contract providing general dental services or PDS might be helped with definition of what the 'right levels of provision' were. He recognised that opinions were divided and looked forward to an interesting debate.

Contract reform

The debate about contract reform was initiated by short presentations from the Chair of the BDA's General Dental Practice Committee (GDPC), John Milne and the Chief Dental Officer for England, Barry Cockcroft.

Dr Milne told Conference that GDPC's appetite for change was undiminished. It was not right that there was an NHS contract which created a position where those with the greatest need for care were the least welcome in the practice. Whilst it was positive to hear the minister confirming his commitment to change, the main issues which needed to be resolved for the reformed contract to work had been apparent for some time and it was disappointing that the road to finding solutions had been so slow.

Whilst the profession understood the considerable difficulties of designing a reformed contract he expressed concern that the promising seeds of reform that were sown after the Steele's report and the profession's enthusiastic approach to engagement were proving very slow to germinate.

He said that the profession wanted to see a contract which brought in improved oral health sustainability of practice, a long-term future for dentists in practice and career pathways for dentists.

He said that the promise of a small number of prototypes or pathfinder practices simply wasn't good enough and warned that if the reform 'looked as unlikely to appear as Billy Bunter's postal order' the patience of the profession would diminish and many would leave the NHS.

The Chief Dental Officer challenged the suggestion that the Department and NHS England were losing interest in reform. He said that oral health was improving rapidly both in adults and children and that contractual incentives needed to be aligned with that while continuing to improve access to NHS care. He reminded conference of the coalition commitment to: continue to improve access, develop a new contractual system and pilot and improve oral health, particularly of children. He said that NHS England had learned a lot from the pilots in terms of what works and what doesn't and urged delegates to contribute to the engagement exercise which ran till the end of July and which would be followed by prototypes. He said that the clinical benefits to patients that were starting to be seen – the improved RAG status – showed that the effort was worthwhile.

Dave Cottam from GDPC Executive expressed concern about the terminology of blended prototypes which had recently been brought in by the Department. He stressed the need for a paradigm shift by the Department to get away from an activity based contract to one that's outcome and quality based – making the point that the two do not go hand in hand. He asked the CDO to clarify his position on this. The CDO talked about the risks of moving to a new system based on capitation and ways of managing that risk. He said that delegates should share any concerns they had in their responses to the engagement document.

Ian Hare from Wakefield LDC said that his reading of the Minister's speech at the BDA's British Dental Conference and Exhibition was that reform was on the backburner. The CDO replied that this was not the case. The minister had made a commitment to move this forward. It was a political commitment - a coalition commitment and it was in the NHS Business Plan. He agreed however that the pace of change was not as quick as people would like but there was no wish to de-stabilize practices.

William Siddhu from Coventry LDC said that the issues of the adult elderly population were not being addressed – whilst presenting with more complex needs for treatment these patients also had higher expectations than they might have had twenty years ago. The CDO said that care of frail older people was a very significant issue for the NHS – and these issues were being considered by the vulnerable groups task force here.

Dr Siddhu also said that the picture of improving dental health in children could be skewed as some areas were seeing new populations with high decay experiences. The CDO said that NHS England recognised the need to tackle this and there was work going on all round the country at community level to do so.

The Conference passed a number of motions on contract reform including a motion calling for a clear timetable to be laid out.

Dentists with enhanced skills

Delegates also debated dentists with enhanced skills – these discussions were initiated by short introductions from the Chief Dental Officer and Dr Eddie Crouch.

The Chief Dental Officer told conference that the main purpose of the initiative was to secure excellence in commissioning - as such its implementation was not linked to the contract reform process.

He outlined how the plans might work in the context of the new preventive care pathway – with referrals into and out of orthodontics, oral surgery and restorative dentistry through a lifetime of care for patients.

He said that DES would help to reduce inappropriate referrals to hospitals and salaried services which would be good for patients (who would benefit from care closer to home), the NHS (as this would be more cost-effective) and dentists themselves (with a better career path and increased opportunities for investment in education for those in general practice).

He told delegates that there was no intention to stop dentists doing work they were already competent and trained to do. Accreditation would offer the opportunity for dentists to demonstrate their skills to Area Teams and make it easier for the CDO to obtain investment from education providers for investment in primary care.

Eddie Crouch questioned how the initiative could be separated from the contract reform process when the existing contract was in many eyes responsible for the inappropriate referrals highlighted by the CDO by perversely incentivising referrals and increasing stress levels. He highlighted particular concern about young dentists.

He expressed concern about the pace proposed for implementation given that the data was not yet available from the pilots to show the impact of separating out remuneration for advanced care.

Dr Crouch also voiced concerns that relatively few General Dental Practitioners were involved in the work streams and queried how much of a say patients had had on such a fundamental change.

He expressed some scepticism that funds would be transferred from secondary to primary care – as services were already stretched and it was likely that additional funding would be needed in many regions.

He told Conference that the DES scheme ran the risk of de-motivating general practitioners by de-valuing their work. He expressed concern that generalists would be more 'vulnerable' under these proposals.

Tariq Drabu of Bury and Rochdale LDC, said that his pressing concern was that new graduates coming out of dental school had insufficient experience and skills to undertake some of the work which the CDO had highlighted as being inappropriately referred.

The CDO talked about his wish to introduce a summative assessment for Foundation Training so that it was clear that people had the range of skills needed.

Dr Drabu also asked whether contracts would become less rigid. Currently, only he as the named contract holder could treat oral surgery patients which made it impossible for him to develop the skills of colleagues despite having extensive experience in training.

The CDO said that an accreditation scheme would reduce the need for the Area Teams to do their own assessment when issuing a contract.

Isobel Greenstreet of North Yorkshire LDC asked how the Area Teams would assess experience.

The CDO said that that was no intention of stopping people already doing such work but over a period of time they would have to demonstrate to their Area Team that that they had the relevant competences. New graduates would be able to undertake accredited courses secure in the knowledge that NHS England had recognised these. The Royal Colleges had particular expertise in this area hence their involvement.

The Conference passed two motions on DES – both asking GDPC to oppose the initiative.

Debate on the future of Orthodontics and its place in general practice

The debate on the future of Orthodontics was initiated by a presentation from Alistair McKendrick of Northamptonshire LDC.

His somewhat controversial theme was that Orthodontic dental treatment had no place in primary NHS dental care unless part of a multi-disciplinary theme.

He argued that the 12.75% of the total budget for dentistry that is spent on orthodontics should be redirected to: 'the relief of pain, the restoration of carious teeth, the treatment of periodontal disease and the prevention of all of the above'

This led to a lively debate.

Sandeep Sharma of Calderdale and Kirklees LDC cited research which showed that orthodontics came out very strongly in terms of 'how much it costs and how much benefit there is to a patient over their lifetime'

Alistair McKendrick countered with a raft of research studies which supported his case. (References at the foot of this report for those who want to explore further).

A number of speakers warned against providing solutions to the Government on funding.

Peter Fellerman of Leeds LDC requested that orthodontists consider fixed retention.

Malcolm Prideaux of Devon LDC challenged the argument that those from the most deprived areas are unlikely to benefit, citing the number of instances where patients had improved their oral health and maintained it in order to get orthodontic treatment.

Peter Tatton warned of the financial implications to primary care – if orthodontics was moved out to secondary care.

Philip Martin agreed that there were instances where money was wasted for example when treatment was started but not completed. He suggested that charging in these cases would focus minds.

Other issues

Presentations were received from the British Dental Guild, the Dentists' Health Support Trust and the BDA Benevolent Fund.

Occupational health

Conference passed unanimously a motion calling upon NHS England to ensure a comprehensive Occupational Health service for all dentists and their practice teams is commissioned to a clearly defined national standard as an immediate priority.

Commissioning policies

Conference also agreed a motion demanding that NHS England adopt universal commissioning policies as promised and stop any variation that has no professional support.

Seniority payments

Delegates demanded a transparent and complete explanation of the use to which money formally used for seniority payments have been utilised to assist general dental services.

General Dental Council

Conference also called for the GDC to return single event patients complaints to the complainant insisting they seek local resolution unless the complaint raises serious concerns about the registrant's fitness to practice.

Accounts

The report of the Honorary Treasurer to the Conference and accounts for the year to 31 October 2013 were received.

Standing Orders

The changes to the Standing Orders outlined in the conference papers were approved.

LDC Conference 2014 Election results

At the conclusion of the day Jonathan Randall of Herts LDC was installed as Chair for 2015.

Dr Nick Stolls of Norfolk LDC was elected Chair Elect for Conference 2016.

Dr Shareena Ilyas and Dr Leah Farrell were elected as the new Representatives on the Conference Agenda Committee.

Other appointments were confirmed as follows:

Honorary Treasurer of Conference	Tim Harker
Two Honorary Auditors to the Conference	Brett Sinson and Clive Harris
One representative to the GDPC	Roger Levy
One Representative to the Board of Managers of the British Dental Guild	Howard Jones

Tribute to Bernard Caplan

Roy Mc Burnie, a member of LDC Agenda Committee delivered a tribute to Bernard Caplan.

Bernard Caplan was chairman and secretary of Glasgow Local Dental Committee (LDC) for many years and was the first chairman of this conference in the modern era.

He was involved with the British Dental Association (BDA) locally, nationally and internationally and negotiated with senior politicians at both the Scottish and Whitehall Health Departments amongst them Kenneth Clarke.

It was in Glasgow however made a lasting impression by representing Glasgow in the media. He was known as the voice of dentistry in Glasgow, he was always present to give advice and of his time to help younger colleagues. He would be remembered with great respect by his friends, colleagues and patients alike.

Annex 1

Motions passed by Conference:

Henrik Overgaaard-Nielsen, Federation of London Local Dental Committees
This Conference wishes to recognise the outstanding work of Mr Richard Thomas as Secretary to the London LDCs over the last 17 years.

Conference formally thanks Richard for his tireless work in support of LDCs and wishes to convey to him the collective good wishes of all those being represented here.

Vijay Sudra, Birmingham LDC
This Conference demands any unanimous or near unanimous motion passed must become GDPC/BDA policy.

Contract reform

Malcolm Prideaux, Devon LDC
This Conference demands that the GDPC prevents all attempts by the Department of Health to effectively cut Dentists contract values by ten per cent in year one.

Malcolm Prideaux, Devon LDC
This Conference demands that the GDPC insists that the Dental Quality and Outcomes Framework (DQOF) value be added to the contract value as an incentive rather than a stick.

Ian Gordon, North Yorkshire LDC
This Conference calls for a clear timetable to be laid out for contract reform.

Peter Jackson, Northumberland LDC
This Conference has no confidence that neither the Chief Dental Officer nor the Department of Health are capable of devising an efficient and comprehensive scheme which will supply appropriate and cost-effective oral health to the community at large whilst at the same time providing job satisfaction and an acceptable return on capital to dentists and their staff. Conference thus believes that unless substantial additional resources are injected into the service there is no long-term future for dentists working within the NHS Dental Service.

Occupational Health

Bruce Pearson, Devon LDC
This Conference calls upon NHS England to ensure a comprehensive Occupational Health service for all dentists and their practice teams is commissioned to a clearly defined national standard as an immediate priority.

Dinesh Phakkey, Worcestershire LDC
Conference calls for NHS England to provide access to Occupational Health Services for NHS Providers performers and those employed in NHS dental practices.

Dentists with Enhanced Skills

Suman Sud, Birmingham LDC

This Conference believes levels of tiering should be opposed by GDPC until the opinions of primary care dentists have been heard.

Philip Gowers, Hampshire & Isle of Wight LDC
This Conference calls upon GDPC to reject any arbitrary limitations placed upon the careers of dental practitioners that enable the Department of Health to further control the profession.

LDC Award

Richard Elvin, LDC Agenda Committee
This Conference wishes the Agenda Committee to produce an award, to be presented yearly at Conference dinner, for an unsung hero, a person with long service to an LDC, who has no other dental honours. Nominations will be from LDCs, and decisions on awards made by a panel of three past Chairs of Conference.

Referrals

Stephen Shimberg, West Pennine LDC
This conference deplores the breakdown in communication between primary care dentists and secondary care colleagues. This has been the result of the insertion of a centralised referral and management system (albeit in pilot form) by the Greater Manchester Area Team with minimal consultation of the affected clinicians.

Perfomers' list

Clive Harris, Birmingham LDC
This Conference demands GDPC challenge NHS England to produce monthly accurate and updated performers' lists to LDCs via the BSA.

Levy collection

Philip Gowers, Hampshire & Isle of Wight LDC
This Conference demands that GDPC challenges the Department of Health to reconsider its inflexible and inequitable approach to this funding issue.

Allan Ross, Barnet LDC

This Conference believes that the levy should be distributed to individual LDCs by NHS England.

Dental software

Don McGrath, Manchester LDC
Conference instructs GDPC to have direct negotiation with all Dental Software companies on behalf of all NHS dental providers (being their software company clients) to ensure that no software solution required to implement any proposed revision of the contract (excluding pilot sites) is agreed with the Department of Health until after the dental profession votes in favour of any revision of the dental contract by way of a ballot.

Nick Patsias, Bromley LDC
This Conference believes that recall setting algorithms are biased towards cost saving, rather than towards the provision of the best clinical care for the patient and that patients must be made aware of this.

Commissioning policies

Eddie Crouch, Birmingham LDC
This Conference demands NHS England adopt identical commissioning policies as promised and stop any variation that has no professional support.

Seniority payments

Nick Stolls, Norfolk LDC
This Conference demands a transparent and complete explanation of the use to which seniority payments have been utilised to assist general dental services.

Orthodontic contracts

Nick Stolls, Norfolk LDC
This Conference believes that fixed term contracts are not an appropriate mechanism for providing primary care orthodontics.

Contract monitoring

Ian Gordon, North Yorkshire LDC
This Conference calls for the detailed information available to Area Teams via the Dental Assurance Framework (General) Tier 2 document to be shared with Providers so they can more effectively monitor their own contracts.

Jason Wong, Lincolnshire LDC
This conference calls on NHS England to halt the implementation of the Dental Assurance Framework in particular the domain which refers to clinical quality for mandatory services.

Foundation training

Ian Gordon, North Yorkshire LDC
This Conference once again calls for a fundamental review of the Dental Foundation Training National Recruitment process with an element of the candidate score being based on their dental school performance

Isobel Greenstreet, North Yorkshire LDC
This Conference calls for a minimum level of NHS/UDA activity for training programme directors for Foundation Training.

General Dental Council

Stuart Allan, West Pennine LDC
This Conference calls for the GDC to return single event patients complaints to the complainant insisting they seek local resolution unless the complaint raises serious concerns about the registrant's fitness to practice.

Stuart Allan, West Pennine LDC
This Conference demands the General Dental Council follows the lead of the General Medical Council and ceases the publication of the addresses of registrants.

Local Dental Networks
Laura Hunter, Oxfordshire LDC
This Conference supports the principle of a clinically lead NHS but this must be fully funded by Area Teams at British Dental Guild rate.

Annex 2

LDC Conference at the Hilton Manchester Deansgate

Chaired by Dr Tony Jacobs

13 June 2014

Conference 2014 at a glance

Registration, coffee and exhibition

Chair's opening address, Tony Jacobs, LDC Conference Chair 2014

An update from the General Dental Practice Committee (GDPC) of the BDA
John Milne, GDPC Chair

Standing Orders

Conference Motions

Coffee break and exhibition

Contract Reform: short introductions from the General Dental Practice Committee (GDPC) of the BDA and the Chief Dental Officer for England followed by discussion

Dentists with enhanced skills: short introductions from the Chief Dental Officer and Mr Eddie Crouch followed by discussion

Conference Elections

Report of the Honorary Treasurer to the Conference and accounts for the year to 31 October 2014

Lunch

Report of the British Dental Guild, Howard Jones
Presentation by the Dentists' Health Support Trust, Brian Westbury
Presentation by the BDA Benevolent Fund, Bill Nichols

Conference Motions

Coffee break and exhibition

Future of Orthodontics: short introduction followed by discussion
Conference Motions
Induction of new Chair 2014/2015

Closing remarks from the newly inducted Chair of LDC Conference

Annex 3

Keynote Address from Chair of Conference, Dr Tony Jacobs

I wish to welcome our guests here at conference tonight and to welcome the companies who support the event, especially tonight Roger Matthews of Denplan who are the Platinum sponsors and Luke Moore of Dental Elite, the Gold sponsors, and I welcome all of you who have made journeys both long and short and those who have come here to support me in this role and especially the two tables - numbers fourteen and fifteen over there - from Manchester LDC who wish to learn more about this conference, network with us and generally gain from mixing with us all.

I don't wish this to be a roll-call of all the names who have helped with the conference but as I said special thanks do go to my dear wife, Lesley, who has put up with all those long hours of travel, hours of work and thousands of hours wearing out the computer. I also wish to thank the BDA teams who have helped with both the administration of this conference and the organisation of the event and a further guest tonight gets a special mention Steve van Russelt who has also spent many happy hours making the conference website work and you know your gilt-edged electronic dinner tickets. Steve spent hours and hours colouring them all in by hand didn't you Steve? Steve also produces websites for a number of LDCs and some of you may know that Steve and I collaborate on another online project. I wish to put on record that he's a pleasure to work with and I thank him as well for all the long hours of hard work and co-operation. Thank you Steve.

One of the many things I look forward to tomorrow I sincerely hope there will be competition when we come to the stage of elections. I hope there are people in the room clamouring for positions and you will hear tomorrow there are two places on the agenda committee to be elected from the floor of conference. I feel the agenda committee is ready for some new blood and I certainly intend to fulfil one further year as Past Chair but then stand aside and I am sure there are colleagues in this room who do have ambitions in the longer term who will stand and serve and contribute more to the profession in future. And I hope as well there is competition in the election for Chair Elect.

Now, there are a few things I want to discuss with you all. You have all learnt different things in your career in dentistry. I am fifty-seven, I qualified in 1979, I feel like a young rebel but I suppose the years have gone by. I am proud to have studied at the Royal Dental Hospital and it was great to commute daily through Soho to Leicester Square!

In the Seventies we were taught things rather differently: surgicals with no gloves, we were taught to check that bone was smooth with our bare fingertips. We did know about Australia Antigen which then became known as Hepatitis B and that was years and years before HIV was thought of. We were certainly taught to use amalgam for so many restorations. And lots of designs for gold inlays. But more usefully, we were taught, porcelain bonded bridges and chrome dentures but things have really moved along haven't they? The changes that we've had - the improvements in composites, advances in aesthetics, veneers and porcelains. Endo has moved on unbelievably and so has periodontology. We have implants now and so many ways of doing dentistry with digital methods. We have the philosophy of minimal invasive dentistry, short-term orthodontics…

And another massive improvement in our lives is the World Wide Web and I challenge anyone here now to name an invention which has a greater effect on the human race. You might argue the wheel, the printing press, maybe the television, but I believe we are still seeing the tip of the ice-berg which will be achieved by inter-connecting of humans and the connecting of things. It is a tool we have at our fingertips. In so many ways we can share information, in social ways and business-

like ways and our lives have been enriched. The internet is the technical wires and ways we make the services like email and world-wide web work but I would say to you, and commend to you, the World Wide Web invented by Sir Tim Berners Lee as mankind's greatest invention.

Now some things haven't changed in all these years of changes and one is the BDA as our trade union. I speak as a member since I was a student in 1976 so I'm approaching forty years. I've been to section meetings, courses, branch meetings, AGMs, social gatherings and actually many BDA golf meetings too. I have helped raise money for the Ben Fund and donated to the Ben Fund and I've been honoured to be a Branch President actually in this very room. I've been accused of being against the BDA but I'm not and the leaders of the BDA are wrong if they say that about me. But I do remain a member who remains there in the long-term but the BDA is us. It is the people in this room and we are leaders of the profession. We make up the members, the sections, the branches and the Councils of the BDA but if amongst ourselves we talk in this room and we say to each other is the BDA the body we want it to be? Why do so many of our colleagues - like-minded colleagues - have a long-term problem with our association? Why is it that we dentists individually are more radical than the collective? Why does the BDA insist they know best? Why do they dilute our angry ideas? And year after year we elect radicals but the radicals seem to lose their cutting edge.

Let's talk about our relationship, as the dental profession, with the Department of Health. Can this ever change? Are we doomed to always be the small supplier of services to a large buyer where we are squeezed and squeezed until the pips squeak? Or, will there be a time when the corporates - or one corporate - becomes large enough on its own to dictate terms to the Department of Health? Could there be a large enough corporate body to bid for the whole NHS contract? So be aware of this, colleagues.

Here's a reform which may gain traction. We all encourage our patients to buy and use equipment and devices to remove plaque and this argument needs no rehearsal. Here's an idea in progress. There is an idea around to have a campaign for the removal of value-added tax from the sale of oral hygiene items to lower their cost so I hear there is to be a national petition started for that. Is there support for that in this room?

Now to contract reform. The 2006 contract was imposed. There was little alternative but to accept and in many practices the patients that we care for would have suffered if an NHS contract was not accepted. The practices who signed up to the 2006 contract did so at short notice. They were, in effect, coerced - bullied - by the Department of Health and the PCTs. They wanted to ensure continuity of care for their loyal patients. Even as recently as 2006 we didn't use the word 'bullying' as frequently but that's exactly how the contract was put to the profession. The big bully stood there and kicked sand in the profession's face. So, I ask you colleagues. Are we going to let that bully do that again? What will we hear tomorrow? What are the latest thoughts about the pilots and where will they take us? John Milne is drawing a line in the wet concrete of contract reform and I hope that he will be able to enforce that line but the 2006 contract had so many aspects which were bad for the profession. The contracts themselves were lengthy and complex. Some were delivered by courier on 31st March. They had, what I feel, were unsignable clauses. Some had to go to litigation and judicial review. Around ten per cent of the workforce walked away. Will the Department of Health risk this again?

We have faced, as a profession, the theft of seniority payments. Those contracts contain the attempted theft of ownership of practice goodwill. Occupational health services have been taken away from dentists and their teams despite even a basic need for Hepatitis B vaccinations as a minimum and that is another theft**.**

In addition, another thing that's been stolen is the right to charge for a failed appointment. Public bodies such as schools can fine parents**.** Theatre tickets and flight tickets are lost if you don't turn up so why is the law against dental practices charging for wasting of NHS resources? If the law says that it has to be changed.

Why do we deal with a paymaster who continues to steal and then steal and steal some more. So what will we face in the next reform? More thefts?

We have to jump through hoops to buy or sell our practices. We have to jump through more hoops to register or change registration with the CQC. We have to jump through further ridiculous hoops to enact our rightful retirements but as I say to you all again: 'Will we stand up to the big bully or will we take whatever is imposed?'

This also applies to the CQC and how they have dealt with our profession. Since this sorry organisation was formed they too have acted like another playground bully. It is their way or the high way and we have had to bow to their draconian powers.

Colleagues, this has to end.

Let's discuss an NHS of the people, by the people and for the people who as a recently released survey by IPSOS Mori what makes our fellow citizens most proud to be British and the answer is the NHS. It's ahead of the armed forces, royal family or the BBC. In fact we're prouder of the health service now than we were in a survey shortly after the Olympics so we have to consider the NHS is not just a repair and care service but also a social movement. There are other commentators who equate the National Health Service with a religion and I suggest you try that search on Google.

We have a new head, a new chief executive of the NHS, Simon Stevens, he was appointed last autumn and started in April two months ago. He might be a new broom and he may see different ways of managing the national institution. He is English but he has also worked in private managed health care businesses in the USA. Now, very importantly, he is aware that dentistry is part of the NHS and we can't say that about all politicians, all journalists or NHS bosses (who seem to forget).

I want to read you a quote from the Health Service Journal. Simon Stevens, the new Chief Executive, wrote about NHS dentistry:

"With the half of total dental spending the NHS controls, is the fundamental public policy goal: a) to provide a full service for poorer people, or b) a tightly rationed core service for everyone? In other words, the money will buy you a comprehensive but non-universal service, or a universal non-comprehensive service. Which is it to be? At the moment we have neither - and chronic confusion and dissatisfaction."

Now those are the words of the Chief Executive of the NHS. Do we agree with that? Chronic confusion - chronic dissatisfaction. So, is this a man we will be able to deal with?

I hope we will be able to challenge him and explain how efficient NHS dentistry is today. The system that we've had since 1948 has made us dentists - our profession - very nimble-footed and nimble minded business people and we don't allow nationalised- industry style waste to occur in our practices and I do say to you, day after day, dentists work very hard. Dentists look for ways to be economically successful. Dentists retain a low cost base and despite the pressure of over-regulation there is no waste. There are no efficiency savings to be made.

The ring-fencing of funds for the NHS has created a pressure cooker of distortions on other parts of the economy and there will be unpalatable cuts to be made in the years to come. Other unions of NHS servants will be very strong when this time arrives and they will gain public sympathy. Unison already have a quote on their website. 'These cuts are going to start costing lives sooner than you think...' So the impossible circle that will need to be squared will be to ride through these future cuts and ensure that the people, the public, know who is making the cuts and ensuring that we have the public on our side to care as a profession for their teeth.

So I return to those words from Simon Stevens. How can we engage with the NHS leadership and follow through his words and what is it to be - a full service for poorer people or a tightly rationed core service for everyone?

Changes come and changes go. As a profession we can't be like Canute. We cannot hold back the tide but there are times when the profession must stand together with leadership and tell the Government: ‘This is bad. This is bad for patients. Our patients are the people of Britain so it’s bad for Britain’.

I'm sad to say our profession has failed to do this several times during my career. Our noble profession does retain a powerful tool. We do retain the monopoly for dentistry. We must unite. We must work together and we must use this power to solve the issues that we face. So thank you for allowing me to speak.