



**2018 ANNUAL CONFERENCE OF  
LOCAL DENTAL COMMITTEES**

**CONFERENCE PAPERS**

**Thursday 7 and Friday 8 June**

**The Europa Hotel, Belfast**

**Platinum Sponsor**





## 2018 Annual Conference of Local Dental Committees

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**To: LDC Conference Representatives and Observers  
General Dental Practice Committee Members**

Dear Colleagues,

I look forward to welcoming you to the 67<sup>th</sup> Annual Conference of Local Dental Committees which is being held at the Europa Hotel in Belfast on Thursday 7 June and Friday 8 June.

2018 is a momentous year in many ways. Later this year we will be remembering those from Britain and Ireland who fell in the Great War almost a century ago and fulfilling the dream that those loved ones remaining could return home. We have already celebrated 100 years of women gaining the vote – a move towards achieving the dream of more equality in our society. 70 years ago, Aneurin Bevan realized the dream that everyone in this country should access healthcare free at the point of delivery. 50 years ago, Dr Martin Luther King was assassinated, having declared his dream that one day his country would rise up and live up to its creed that all citizens should be equal. To have a dream is the first step to realizing a better future.

For many this will be your first visit to Belfast and I know many of you are availing of the opportunity of seeing a little more of what “Norn Irn” has to offer. Hopefully you might get some insight into the recent history of the area as well as the ancient, with visits to the Antrim coast and Giant’s Causeway or down to Down and the Mountains of Mourne.

From the outset, I have tried to continue the work that conference becomes more representative of the profession. I have persuaded LDCs who haven’t attended for some time to come along and have their voices heard once more; to encourage LDCs who have Observers, to try to bring younger members who have yet to own a practice as they are our future negotiators and to ensure that the increasing number of female members of LDCs are also represented.

I was elected Chair largely on the mandate of my enthusiasm for the reform of the dental contract. Despite recent events, I remain committed to the development of a contract which benefits our patients and our colleagues delivering their care. I feel that it has lost its way over the last few years and is now all about increasing dental access at the expense of time devoted to providing a more preventive approach. If Wales and Scotland are planning contract reform with prevention at its core then why should England forego that opportunity?

Stephen Fayle, Leeds Dental Institute, will remind us of the need for a preventive message in a presentation which leads into our Question Time session. On the panel with Stephen will be Colette Bridgman, CDO Wales who was involved at the inception of the Pilot Programme when prevention was top of the agenda. Eric Rooney, Deputy CDO England, who has recently published his Evaluation Report on the first year of Prototyping which makes interesting reading. Claudia Peace, works for a Prototype practice and sits on the National Steering Group for contract reform, will be able to give an insight from the Associate’s point of view. Henrik Overgaard-Nielsen will inform us of the challenges faced by our negotiators.

On Friday, we will be asking “Can devolution improve dental care or are they taking the N out of the NHS?” With the possibility that the Devomanc project be rolled out to other areas in England can we learn anything from those countries with health and social care already devolved? Ben Squires (GMHSC) will be telling us of his developments in Greater Manchester and Michael Donaldson (HSC NI) will be speaking on the challenges of dental commissioning in Northern Ireland. CDOs Colette Bridgman (Wales), Margie Taylor (Scotland), Simon Reid (Northern Ireland) and Eric Rooney Deputy CDO (England) will be discussing the achievements and challenges experienced in each area.

At the centre of conference are the motions proposed by LDCs. Thank you, we had almost 60 motions submitted this year. There were some new themes and with great help from Alisdair McKendrick (past Chair) and Vijay Sudra (Chair-elect) we have whittled it down to mid-thirties. Many motions are already GDPC policy, we need innovation and debate so please if this has upset you or your LDC get up and tell us!

We will be filming conference again this year. The importance of conference is not recognised by many colleagues. Conference is the only forum where we, the representatives of our LDCs, voice our concerns to help direct GDPC in their negotiations with government, the NHS and the regulators. We are researching your views as without this feedback we are unable to develop a relevant and challenging agenda.

### **Voting permissions**

To ensure correct voting permissions at the Conference please check you are registered in the correct capacity (see *delegate list enclosed*). If you have registered for the conference as a GDPC member but no one is attending from your LDC it is recommended you amend your registration to that of a LDC Representative so you can vote on your LDCs behalf. Please contact **Fiona Feltham** as soon as possible ([fiona.feltham@bda.org](mailto:fiona.feltham@bda.org) / **020 7563 6876**) to update your voting permissions. The same applies if you are due to attend as the Observer, but a change in circumstances has found you taking on the role of Representative.

Thursday evening's Conference Dinner will also be held at hotel and will include the presentation of awards to Unsung Heroes within the LDC community. Master of Ceremonies for the dinner will be former Conference Chair Tony Jacobs and the after-dinner speaker will be Professor Callum Youngson, Head of Liverpool Dental School. The evening begins with a drinks reception at 19:15 with dinner due to commence at 20:00. Dress code is black tie. If you have not yet booked tickets via the Eventbrite booking system, again please contact Fiona ([fiona.feltham@bda.org](mailto:fiona.feltham@bda.org) / 020 7563 6876).

If you have not yet made accommodation arrangements, please contact **MICE Concierge the appointed hotel agents, on 01438 908 770.**

Information on travel expense claiming can be found in the attached final papers. To help you with your travel plans it may be useful to highlight that lunch is from 12:30 on the Thursday, with Conference proceedings commencing at 13:30. Conference closes on the Friday at 12:30, and lunch is then served until 13:30.

We are supported this year by another impressive array of companies, with Simplyhealth Professionals having kindly agreed to be our Platinum sponsor, and Dental Elite the Gold sponsor. I would like to take this opportunity to thank all our sponsors and exhibitors for their support.

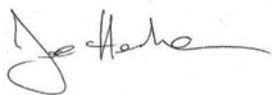
### **Conference papers at the event**

These Conference papers will have been emailed to pre-registered delegates, and are also to be made available on the LDC Conference website ([www.ldcuk.org](http://www.ldcuk.org)). Hard copies will not be provided on the day, but you are encouraged to bring your own device if you would like to view the information electronically during the event, or print beforehand if you prefer paper copies.

Can I particularly thank the Conference Agenda Committee of Past-chair Alisdair McKendrick, Chair-elect Vijay Sudra, Treasurer Will Newport, Stuart Allen, Alison Lockyer and Tony Jacobs together with Henrik Overgaard-Nielsen (Chair of GDPC) who has helped me to create a conference which I hope you will enjoy and find stimulating. I want to also say a particular thank you to the BDA staff especially Alex Cenic and to the Events team of Fiona Feltham and Erica Kyle.

I look forward to meeting you in Belfast.

Yours sincerely



**Joe Hendron**  
**Chair of LDC Conference 2018**



# LDC Annual Conference

## Agenda

*(Subject to change)*

**Thursday 7 and Friday 8 June 2018 at The Europa Hotel, Belfast**

**Chaired by Joe Hendron**

### **Thursday 7 June**

12:00 Registration, bag drop and networking

12:30 Lunch and exhibition time

**13:30 Conference opens with Chair's address**

**13:40 Conference motions**

**14:15 Prevention is for everyone**

*Stephen Fayle, Consultant in Paediatric Dentistry*

14:45 Afternoon refreshment and exhibition break

**15:15 'Question time' debate: *Getting prevention back into the dental contract***

*Colette Bridgman (CDO Wales)*

*Stephen Fayle (Consultant)*

*Henrik Overgaard-Nielsen (GDPC)*

*Claudia Peace (Prototype Performer)*

*Eric Rooney (Deputy Chief Dental Officer, England)*

**16:15 Conference motions**

**16:45 Nominations**

- i. Chair Elect for Conference 2020 with nominations taken from the floor  
*(two minutes will be offered to candidates to make an election address to Conference prior to the vote)*
- ii. Honorary Treasurer of Conference - nominations taken from the floor
- iii. Two Honorary Auditors to the Conference - nominations taken from the floor
- iv. One representative to the Conference Agenda Committee (who are not members of the GDPC at the time of election) with nominations taken from the floor
- v. One Representative to the Board of Managers of the British Dental Guild with nominations taken from the floor

**17:00 Report of the Honorary Treasurer to the Conference and accounts for the year to 31 October 2017** *(Will Newport)*

**17:10 Standing Orders (proposed amendments)**

**17:15 Charity presentations followed by Q&A**

*British Dental Guild*

*BDA Benevolent Fund*

*Dentists Health Support Trust*

17:30 Conference afternoon session closes

## **Friday 8 June**

08:00 Morning registration, refreshments and exhibition time

**08:30 Chair's welcome to day two**

**08:35 An update from Henrik Overgaard-Nielsen (Chair, GDPC)**

**09:05 Conference motions**

10:45 Morning refreshments and exhibition time

**11:15 Elections (where required)**

- i. Chair Elect for Conference 2020
- ii. Honorary Treasurer of Conference
- iii. Two Honorary Auditors to the Conference
- iv. One Representative to the GDPC with nominations previously submitted
- v. One Representative to the Conference Agenda Committee
- vi. One Representative to the Board of Managers of the British Dental Guild

**11:30 Can devolution improve dental care or are they taking the 'N' out of the NHS?**

*Colette Bridgman (CDO Wales)*

*Michael Donaldson (Head of Dental Services, NI Health and Social Care Board)*

*Simon Reid (CDO Northern Ireland)*

*Eric Rooney (Deputy Chief Dental Officer, England)*

*Ben Squires (Head of Primary Care Operations, GMHSCP)*

*Margie Taylor (CDO Scotland)*

**12:25 Induction of new Chair**

**12:30 Closing remarks**

12:35 Lunch and exhibition time

13:30 Event end and all depart



## **Standing Orders of the Annual Conference of LDCs**

### **1. Annual Conference of Local Dental Committees**

The LDC Conference Agenda Committee shall convene each year a Conference of Representatives of Local Dental Committees.

### **2. Special Conference of Local Dental Committees**

A Special Conference of Local Dental Committees may be convened at any time by the LDC Conference Agenda Committee and shall be convened not later than one month after the requisition of not less than 20 Local Dental Committees, the period of one month being modified only by agreement of a majority of the Committees making the requisition. All the expenses of a Special Conference convened on requisition shall be defrayed out of the Conference Fund.

### **3. Members of Conference**

The Annual Conference and Special Conference shall be composed of representatives of Local Dental Committees, the members of the General Dental Practice Committee and the members of the Conference Agenda Committee.

### **4. Appointment of Representatives**

- a. The Conference shall comprise 150 representatives from the Local Dental Committees of England and Wales.
- b. A Local Dental Committee shall be able to appoint its representative/s in proportion to the total value of the GDS contracts within the area represented by the appointing LDC.
- c. The allocation of representatives for each Local Dental Committee shall be determined by the LDC Conference Treasurer, using data for GDS total contract values, which is provided by the NHS in the financial year preceding the Conference.
- d. Scotland shall be entitled to appoint a maximum of five representatives of Scottish Local Dental Committees elected by the Scottish Conference of Local Dental Committees.
- e. Northern Ireland shall be entitled to appoint a maximum of five representatives from Local Dental Committees in Northern Ireland.
- f. Every representative shall, at the time of Conference, be a member of the appointing Local Dental Committee.
- g. Every representative will, at the time of the Conference, be a dentist registrant of the General Dental Council.

- h. Named non-registrants may attend as observers at the discretion of the Chair of the Conference.
- i. A Local Dental Committee entitled to appoint only one representative may also appoint one named observer from their LDC to attend the Conference, such an observer having no power to vote, and whose attendance at the Conference shall be at the expense of the appointing Local Dental Committee.

#### **5. Proposal of Motions to an Annual Conference**

- a. Motions for the Conference Agenda may be proposed by any Local Dental Committee or by the General Dental Practice Committee
- b. Neither the General Dental Practice Committee nor any Local Dental Committee may not normally propose more than two motions unless agreed by the LDC Conference Chair.
- c. No motion shall normally be included in the Conference Agenda unless notice thereof is received in writing by the LDC Conference Agenda Committee Secretary not less than six weeks before the date of the Conference.
- d. Motions thus received shall be circulated to all Local Dental Committees not less than four weeks before the Conference.
- e. Motions shall be agreed with the submitting LDC, where there is a need to re-draft a motion for clarity.
- f. Motions of an urgent nature may be admitted for debate at the discretion of the Conference Chair, notwithstanding that notice was not given as specified above.

#### **6. Procedure as to Seconding Motions and Amendments**

No seconder shall be required for any circulated motion or amendment proposed to the Conference by the General Dental Practice Committee or by a Local Dental Committee, but seconders shall be required for all other propositions.

#### **7. Conference Agenda Committee**

- a. The Agenda Committee shall consist of the Conference Chair, Chair-Elect and Immediate Past Chair of the Annual Conference, the Honorary Treasurer, the Chair of the General Dental Practice Committee, and three Local Dental Committee representative members of Conference who shall not be a member of the GDPC at the time of election. The Committee shall be chaired by the Conference Chair.
- b. The duty of the Conference Agenda Committee shall be to settle the Order of the Agenda for the Annual or any Special Conference, to make recommendations to the Conference as to the conduct of the business and Conference arrangements generally, to ensure that Conference resolutions are considered expeditiously and appropriately by the General Dental Practice Committees or other appropriate bodies, and to report such resolutions to Conference representatives in a timely manner.
- c. The Conference Agenda Committee shall have the power to invite to Conference special observers, where the Committee judge the attendance of such observers likely to assist Conference in its work. Special observers shall be able to speak but shall not be able to vote.

#### **8. Composition of Agenda**



- a. Motions shall so far as possible be arranged into blocks according to their general subject.
- b. The Agenda Committee shall have power to direct that any two or more motions shall be debated together while being voted on individually, or, where they reiterate existing policy collectively. Motions grouped in this way shall be indicated on the Agenda.
- c. The Agenda Committee shall have power to direct that a single motion shall be included in the Agenda in substitution for any two or more motions proposed by Local Dental Committees, the substitute motion being indicated on the Agenda together with the motions which it replaces.
- d. The Agenda Committee may indicate with a 'P' (for 'Policy") motions which, in the opinion of the Agenda Committee, represent a reaffirmation of existing Conference policy. The Conference Chair shall have power to put such motions indicated to the Conference without debate.
- e. A motion included in the Conference Agenda shall be withdrawn only with the consent of Conference.

## 9. Rules of Debate

- a. A member of the meeting shall stand when speaking and shall address the Chair unless prevented by physical infirmity.
- b. Every member shall be seated except the one who may be addressing the meeting, and when the Conference Chair rises no one shall continue to stand, nor shall anyone else rise until the Chair is resumed, and the Conference Chair shall be deemed to have risen when speaking to the Conference.
- c. A member shall not address the meeting more than once on any motion or any amendment, but the mover of the resolution or amendment may reply and in his reply shall confine him or herself strictly to the answering of previous speakers and shall not introduce any new matter into the debate.
- d. Subject to the right of Conference by resolution to vary the time allowed to speakers, no speech whether in moving a resolution or otherwise, shall exceed three minutes in length, provided that no speech shall exceed 1 minute where the speaker is exercising his right of reply to amendment.
- e. Where motions have been grouped for debate together, under Standing Order 8b, no amendment to an individual motion shall be considered until the general debate has been concluded and the motion is to be put to the vote.
- f. If Conference decides to restrict the time available for discussion of motions, then the proposer of any motion must be given the opportunity to: (a) present the motion subject to that time constraint, or (b) withdraw the motion, or (c) agree that the motion be referred to the GDPC for consideration without debate or vote.
- g. The Conference Chair shall have power to curtail debate and move on to the next business provided that the mover of any motion or amendment so curtailed shall have the right to reply before a vote is taken.
- h. A proposal 'that the meeting proceed to the next business' or 'that the question be now put' shall require a two thirds majority of those present and voting.

## 10. Amendments

An amendment shall be: to leave out words; to leave out words and insert or add others (provided that a substantial part of the motion remains and the original

intention of the motion is not enlarged or substantially altered); to insert words; or be in such form as shall be approved by the Conference Chair.

- a. No amendment to any motion shall be considered by Conference unless notice thereof is received in writing by the Secretary of the Conference Agenda Committee not less than five days before the date of the Conference, except that amendments to correct drafting errors or ambiguities shall be accepted without notice.
- b. No urgent amendment from the floor shall be considered until a copy of the same with the name of the proposer and seconder has been handed in writing to the Conference Chair.
- c. Subject to the above conditions of reply, where an amendment has been received by Conference the mover of the motion to be amended shall have the right to reply to the proposed amendment.
- d. Whenever an amendment to an original motion has been moved and seconded no subsequent amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given to the Conference Chair.
- e. If an amendment be carried the motion as amended shall take the place of the original motion and shall become the substantive motion upon which any further amendment may be moved.

## **11. Voting**

- a. Save as provided in Standing Order 13(c) only representatives of Local Dental Committees and of the Conference Agenda Committee shall be entitled to vote.
- b. The voting rights of each country's representatives shall be restricted to issues relating to their country, and issues which relate to the United Kingdom as a whole. This shall be indicated against the motion on the Conference Agenda.
- c. Voting shall be by show of hands, or by electronic means, unless a formal division is requested and seconded. Where a request for a formal division has been made the request shall be put to the vote immediately and without debate and decided by a show of hands.
- d. Where a formal division is agreed, the names and votes of members present shall be taken and recorded, votes and abstentions being reported in the minutes of the Conference according to LDC rather than to individual members.
- e. Where the number of votes cast is equal, the Conference Chair has the right to a casting vote.

## **12. Motions not debated**

The proposers of motions which have not been debated by the close of the Conference shall be invited to submit explanatory memoranda in support of their motions, which with the motions to which they relate shall stand referred to the General Dental Practice Committee for consideration.

## **13. Election of Conference Chair**

- a. At each Annual Conference a Chair-Elect shall be chosen to hold office as Chair-Elect from the end of the Conference at which he or she is chosen to

the end of the following Annual Conference, and then to become Conference Chair until the end of the next following Annual Conference.

- b. Nominations for the Chair-Elect shall be made from the floor of the Conference.
- c. All members of the Conference shall be entitled to vote.
- d. Should the Conference Chair or Chair-Elect demit Office for any reason before completing a full term, the Conference Agenda Committee shall have the discretion to appoint a deputy until the following Annual or Special Conference, whichever is sooner.

#### **14. Election of Conference Representative**

At each Annual Conference one person shall be elected to the Conference Agenda Committee to hold office from the end of the Conference at which he is elected for a period of three years. Nominations shall be made from the floor.

#### **15. Election of Members of General Dental Practice Committee**

- a. At each Annual Conference one person shall be elected to the General Dental Practice Committee to hold office from the end of the Conference at which he is elected to the end of the third following Annual Conference.
- b. If any person so elected shall die or retire or otherwise cease to represent the Conference on the General Dental Practice Committee before the expiration of his term of office the vacancy thereby created may be filled by election at the next following Annual Conference and the person then elected shall hold office for the remainder of the term of office of the person he succeeds.
- c. Nominations for election shall be made by Local Dental Committees and shall be sent to the Secretary of the Conference Agenda Committee in writing so as to reach him or her not later than six weeks before the Conference.

#### **16. Election of Managers of British Dental Guild**

At each Annual Conference a representative shall be elected to serve upon the Board of Managers of the British Dental Guild.

#### **17. Returning Officer**

The Chief Executive of the British Dental Association, or, in the absence of the Chief Executive, an appointed deputy, shall act as Returning Officer in connection with all elections.

#### **18. Honorary Treasurer**

- a. At each Annual Conference an Honorary Treasurer shall be elected and he or she shall hold office until the end of the next succeeding Annual Conference.
- b. It shall be the duty of the Honorary Treasurer to receive monies forming the Conference Fund and to hold and disburse such monies in accordance with the instructions of the Annual Conference. He shall prepare and submit such Accounts as the Conference shall require.

#### **19. Honorary Auditors**

At each Annual Conference two Honorary Auditors shall be elected. It shall be the duty of the Honorary Auditors to examine and report upon the accounts submitted by the Honorary Treasurer to the Annual Conference next following their appointment.

## 20. Finance

- a. All Local Dental Committees entitled to be represented at the Conference shall contribute to the Conference Fund, at rates to be proposed from time to time by the Conference Treasurer and with the approval of Conference, with each Local Dental Committee's contribution being in proportion to the GDS contract value of the LDC electoral area on September 30 immediately preceding the Conference.
- b. The Conference Fund shall be used to defray the travelling and subsistence expenses incurred by Local Dental Committee representatives in attending the Conference, at such rates and subject to such conditions as shall be decided by the Conference.
- c. If the appropriate contribution to the Conference fund remains outstanding by the end of the month immediately preceding that in which the Conference is to be held, the LDC may not be permitted to attend.
- d. The travel and subsistence expenses of representatives attending on behalf of Local Dental Committees in Scotland shall be a matter for the Scottish Conference of Local Dental Committees.
- e. The travel and subsistence expenses of representatives attending on behalf of Local Dental Committees in Northern Ireland shall be a matter for the committees in Northern Ireland.
- f. The Conference Fund shall be used to cover other expenditures properly incurred in connection with the Conference, as Conference may decide.
- g. All the expenses of a Special Conference convened on requisition shall be defrayed out of the Conference Fund.
- h. The Conference Fund may be used to reimburse the travel and subsistence expenses of LDC members from England and Wales who attend the annual LDC Officials' Day event on behalf of their LDC.
- g.i. Members of the LDC Conference Agenda Committee will be separately reimbursed for their travel and subsistence costs incurred in attending the LDC Officials' Day. Agenda Committee members will also be compensated by the LDC Conference Fund for their time in attending the LDC Officials' Day on behalf of the LDC Conference, at the British Dental Guild rate.

## 21. Suspension of Standing Orders

- a. Any one or more of the Standing Orders or parts thereof may be suspended by the meeting provided that three-fourths of those present and voting shall so decide.
- b. Except where otherwise stated, the Standing Orders shall remain in force at the conclusion of an Annual Conference and will apply to any Special Conference of Local Dental Committees as may be convened.
- c. No motion to amend the Standing Orders from a Local Dental Committee shall be in order unless received in writing by the Secretary of the Conference Agenda Committee not less than six weeks before the date of

the Annual Conference and circulated to all Local Dental Committees not less than four weeks before the Conference.

**22. Quorum**

No business shall be transacted by a Conference unless there be present at least one-third of the number of representatives appointed to attend such a meeting.

**23. Definition**

The expression 'Local Dental Committee(s)' in these Standing Orders shall, in relation to Scotland, mean General Practitioner Sub-Committee(s) of Area Dental Committee(s).

**24. Conference Chair's discretion**

Any question arising in relation to the Conduct of the Conference which is not dealt with in these standing orders shall be determined at the discretion of the Conference Chair.

**25. Press**

Representatives of the dental press shall be admitted to the Conference only on the understanding that they will not report any matters which the Conference decides should be regarded as private. The attendance of members of the Press is at the discretion of the Conference Chair.

**26. Distribution of papers and announcements**

In the Conference or in the precincts thereof, no papers or literature shall be distributed or announcements made or notices displayed except with the approval of the Conference Chair.

**27. Conference Records**

A recording shall be taken of the proceedings of the Conference and the Conference Chair shall be empowered to approve and confirm such a recording or any excerpt thereof.

## General Dental Practice Committee

### Progress on LDC motions

Northamptonshire LDC

**1. Northamptonshire LDC is appalled by the service provided by the NHS for the old and the very young. We call on conference to expose the failure of departments of health to commission domiciliary care for vulnerable old people.**

**1a. Northamptonshire LDC asks conference to insist that preventive care is prioritised from birth.**

**1b. Northamptonshire LDC calls for conference to lay the blame for the huge number of GA extractions in UK children at the door of NHS England.**

These motions are supported and the BDA has challenged NHS England over the provision of dental care for older people following the publication of a Healthwatch review. The GDPC is, in principle, supportive of the 'Dental Check by One' initiative, but is concerned that the CDO and NHS England have, so far, failed to provide timely assurances that dentists will be able to claim for this work if they are not able to perform a full examination.

Hertfordshire LDC

**2. Hertfordshire LDC asks conference to urge the BDA and the GDPC to make it clear to the DoH and government that the profession has lost faith in the new dental contract as it is currently formulated.**

The GDPC remains engaged in the contract reform process and has repeatedly raised concerns about the current prototypes, particularly with regards to the business model. The GDPC will assess its position on contract reform roll-out following the publication of the final evaluation of the prototypes in late 2017.

Durham & Darlington LDC

**3. The current contract reform process has developed a good clinical pathway and philosophy but targets based on historic activity are not giving practices enough time to deliver the real preventive change to help move away from treatment treadmill dentistry. We urge the Contract Reform Programme to find a new measure of activity and give us the time to be able to deliver it.**

Wakefield LDC

**3a. It is widely acknowledged that the UDA contract renders those with the most need to be the least able to access dental care. Conference urges the government to reinvigorate the contract reform process, enabling preventive care to be available to the public and practices providing NHS care to thrive.**

This motion is supported and the GDPC has long sought the removal of the UDA as a measure of activity in general dental practice. Through its engagement with the contract reform process, the GDPC has sought to ensure that the most appropriate measures of both activity and patient numbers are used to reflect the time practices must spend delivering preventive dental care.

Northumberland LDC

**4. Conference believes the evidence used by the DH prototype team to cite success takes no account of the financial consequences for those practices reaching their targets.**

North Tyne LDC

**4a. This conference believes that the DH has a moral duty to support the pilot practices that are struggling with the unrealistic targets set for patient numbers and activity.**

This motion is supported by the GDPC and its representatives on the Contract Reform National Steering Group have highlighted this omission from the evaluations. Alongside this, the GDPC Executive has met with the DH on a number of occasions to call for greater support for struggling prototype and ex-pilot practices.

Bury & Rochdale LDC

**6. This Conference calls on NHS England to adopt a transparent protocol which maximises the return of clawback to General Dental Services.**

Wakefield LDC

**6a. Conference is dismayed that every year huge sums of money are removed from the dental budget by not reinvesting clawback monies into dentistry. Conference demands that NHS England should prioritise the use of any clawback funding to improve oral health.**

Devon LDC

**6b. Every year millions of pounds from the NHS dental budget are clawed back and not recommissioned. This Conference deplores the lack of effort by Area Teams to recommission unused UDA funds back into Primary Care Dentistry and demands that this issue is addressed.**

This motion is supported by the GDPC and the BDA has undertaken/is undertaking research to understand how much clawback there is in each area and where this money is being spent. The GDPC Executive has repeatedly challenged NHS England over the loss of tens of millions of pounds through clawback and demanded greater investment in dentistry.

Northamptonshire LDC

**8. N'Hants LDC calls for the removal of the multiple layers of legislation and red tape imposed on dental practices to be removed and replaced with a single method of inspection.**

Enfield & Haringey LDC

**8a. Conference condemns the multiple jeopardy suffered by practitioners who fall foul of one regulatory body.**

This motion is fully supported and remains GDPC policy. The GDPC has always rejected attempts at duplicate inspections of practice by various bodies. The BDA sits on the Regulation of Dental Services Programme Board stakeholder group and remains committed to ensuring that the BDA has input into the regulation process and can directly communicate where issues have occurred in dental inspections.

Wakefield LDC

**9. Conference believes that the public are best served by having a professional regulator specifically dedicated to dentistry.**

While this motion is supported to an extent, the BDA's survey of members on professional regulation indicated that the profession has a preference for a dental-specific regulator, but is pragmatic on some form of integration of regulators, if it leads to reduced costs. The BDA provided a response to the Department of Health consultation 'Promoting professionalism, reforming regulation', in January 2018, in which it supports the retention of a dento-specific regulator in principle.

West Pennine LDC

**10. This conference believes that, in order for the dental profession to view the GDC as an independent regulator, the GDC must raise serious concerns in the public interest about the disastrous inadequacies of the present NHS dental system.**

Hertfordshire LDC

**10a. This conference deplores the reappointment of Bill Moyes as chair of GDC and calls on the GDPC to petition the Privy Council to rescind this decision forthwith.**

It needs to be ensured that contracts do not create perverse incentives. NHSE needs to understand the profession's side of the story. We believe that the GDC has recently taken an interest in the contract and has held meeting with the Department of Health. The BDA's concerns about the contract and the delay of contract reform are well-documented and we are ready to provide the GDC with further information if there is now an interest to understand the matter better.

Motion 10a – the BDA has expressed its view on this issue but is not hopeful that the Privy Council would rescind the appointment.

Birmingham LDC

**11. This Conference believes that until the limits of the Treasury on Public Sector Pay are lifted, there should be non-engagement with the DDRB which is clearly not independent. Instead, the BDA should negotiate directly with NHS England/DH and ballot the workforce on the offer made from these negotiations.**

North Yorkshire LDC

**11a. This conference calls for an interim DDRB uplift of contract values to reflect the increase in overheads and a fundamental review of expenses prior to the next payment round.**

The GDPC will consider its position on this policy at its October meeting. Once the GDPC has debated this matter its decision will be referred to the PEC for the BDA to consider its position on BDA engagement with the DDRB.

West Sussex LDC

**13. To be on a level playing field with general medical practitioners, this conference demands our NHS dentists have their Care Quality Commission fees reimbursed by NHS England.**

North Yorkshire LDC

**13a. This conference calls for the simplification of CQC registration processes to allow existing practices to transfer their CQC registration to an incumbent purchaser.**



The GDPC supports this motion and the GDPC Executive has called for NHS England to meet the costs of CQC registration.

Devon LDC

**14. Devon LDC asks this Conference to call for a vote of no confidence in the ability of CAPITA to process performer number applications in a timely, efficient and professional manner.**

The BDA has robustly criticised Capita for its failings in processing performer list applications and has demanded that both performers and providers are fully compensated for the financial losses they have incurred.

Nottinghamshire LDC

**15. Orthodontists should not be obligated to continue treatment to fulfil contractual obligations when it is not in the best interests of the patients and their oral health and well-being.**

Kent LDC

**15a. This Conference deplores the Dynamic Purchasing System, and the way it is being implemented, by which NHS England is attempting to procure NHS Dental contracts. This is especially the case with Orthodontics. There is a strong bias against the smaller contract holder in favour of the larger group practices and corporates. The elements of competition and easier patient access and choice are being removed by the process.**

This motion is supported by the GDPC. The current orthodontic provisions enable contractors to give three months notice of contract termination and then it is NHS England's responsibility to find another contractor to complete the treatment. The BDA has initiated a Judicial Review of the orthodontic procurement in the South of England and its actions were prompted by concerns about smaller practices being disadvantaged by the way the procurement was being conducted.

Norfolk LDC

**18. This conference agrees that all GDC registrants who are providers of NHS dental contracts should be entitled to stand for election to Local Dental Committees.**

Providers of PDS agreements may opt to be represented by LDCs and pay the levy. GDPC agrees that those providers should be able to stand for election to Local Dental Committees.

Hertfordshire LDC

**19. This conference demands that individual LDCs be able to set their own levy independent from other LDCs that they have been grouped with.**

Norfolk LDC

**19a. Conference demands that LDCs should be able to set their own levy.**

The GDPC agrees with this motion and will be seeking discussion with the Business Services Authority about the workability of the present levy payment mechanism.

Devon LDC

**21. This Conference calls on the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) to ensure that equivalence provides a robust training programme to ensure that completion provides similar experience and learning as Satisfactory Completion of Foundation Training (SCFT).**

EE&DT WG response: It needs to be recognised that the system compounds financial hardship for the applicant dentist and the practice. There needs to be recognition that there is a cost for all. A new system for “Performer List Validation by Experience (PLVE)” has recently been established which mirrors some of the processes for DFT. Whether it will address the issues identified remains to be seen.

Birmingham LDC

**22. Conference demands that undergraduate training be reassessed with less emphasis on soft skills. Before graduating, all students must demonstrate a nationally agreed minimum quantity of individual procedures.**

This motion has been referred to the BDA’s EEDT working group, Students Committee and Central Committee for Dental Academic Staff.

EE&DT response: a lack of clinical skills is sometimes clearly identified, however, there is research into the relationship between quality and quantity and a list of minimum procedures might not be the answer.

East Riding of Yorkshire LDC

**23. In view of high General Anaesthetic extractions, poor child dental health and widespread dental health inequality, does Conference support the inclusion of "Support for Local Authorities in the consideration of Fluoridation in the thirteen Starting Well areas" as a medium-term strategy of the NHSE Starting Well Programme?**

This motion is supported.

London Federation

**24. This Conference calls on the NHS to introduce an electronic referral service to support the implementation of Pan-Regional services. This service should be hosted on a secure portal as many dentists still lack access to an NHS Mail account.**

The GDPC is aware that the NHS through the Office of the Chief Dental Officer is intending to introduce an electronic referral system and that all dentists are to be given an nhs.net account by the end of 2017. The GDPC supports this motion however cautions that this should be available to both NHS and private practitioners (referring to the NHS) at no additional cost.

London Federation

**25. This Conference calls for the removal of VAT for defibrillators.**

This motion is supported. The BDA has raised this issue in the media.

## Contract reform and general system improvements: briefing to LDCs

### Introduction

1. The GDPC has been discussing its priorities for contract reform and NHS system improvement for a long-time. This briefing summarises the GDPC's position regarding contract reform and NHS system improvements.
2. The paper was approved by the GDPC in May for wider circulation to LDCs and communication to the profession.

### The issues

3. The BDA has many criticisms of the current prototype business model. At present we could not recommend the model to the profession. We believe that improvements can be made that would not justify starting again with testing.
4. Currently there is a growing recruitment problem within NHS dentistry. The reasons are multi-factorial but from our research we believe they centre around:
  - a. UDA targets that are increasingly difficult to meet because of BSA actions
  - b. Below inflation contract value uplifts and the fall in taxable income since 2006
  - c. Younger dentists wanting to practise in a way that best uses their skills and not to be put under the great stress that committed NHS GPs experience
  - d. Dentists graduating with much higher levels of debt than were previously experienced, they do not feel the same level of commitment to the NHS that had previously funded more of their studies
  - e. Implications of Brexit for EEA qualified dentists
  - f. Experienced and highly committed dentists retiring early at 55+
  - g. Low UDA values and particularly UDA values below the Band 1 patient charge amount
  - h. Corporatisation, with associates within the corporate chains being unhappier than those working within family practices
  - i. Continuing performer list problems
  - j. Very low morale with morale falling as NHS commitment rises
  - k. A feeling that the NHS does not care about its workforce because no support is offered to the profession to improve their working lives.
5. This paper sets out the GDPC's views on what will improve the situation in relation to contract reform and within the wider dental system.

## **Contract reform**

### **Access measures**

6. If the prototype care pathway is introduced then this will be a fundamentally different approach to NHS patient care. If patients are treated based on risk assessment and prevention more time will be needed which means that numbers of patients seen will fall in the short term. Even adopting NICE recall guidelines, patient habits take time to change and patients with high needs, who need the most time to treat, need to be seen frequently.
7. We can see two alternative ways of creating space for practices to introduce the new arrangements. Both would be helped if a new Government access measure of numbers of unique adults and children seen in the last three years was introduced. We fully understand the Department of Health's political imperative around access levels, but believe that contract reform presents an opportunity to begin to define access in a different and more appropriate way. This would at the same time deliver a break from previous access measurements, limiting the opportunity for, and value of, historic comparisons.
8. In our view the two options are:
  - enable practices to reach their patient numbers targets over three years but with a target of say 90 per cent at the end of year two or
  - if a two-year target period was used, for the first-year patients who would have dropped off the list because they have not returned to the practice should stay on the list.

### **Rollout**

9. As has been agreed by all sides, staggered rollout will help to prevent system destabilisation. If a three-year access target or patient list target is chosen then it seems logical to phase in the pathway over three years. Year one could be children, year two adults up to age 50 and year three all other adults. This would leave the most complex group until last but would still mean the system was introduced fairly rapidly. Software issues would need to be dealt with to enable two systems to be operated.

### **Weighted capitation**

10. If there are individual practice capitation rates for existing patients there needs to be some way of incentivising new patients such as a weighted payment based on age, sex and deprivation or some other form of entry payment. This will recognise that new patients will often have high needs and require more time for prevention and treatment.

### **Income guarantee**

11. We would like some form of income protection for the first few years of new contractual arrangements. There is a great danger that, as might be happening in the current Southern Orthodontic procurement, numerous practices decide to close or move over to private care because of worry over business survival. We can discuss the best model for this which does not damage access figures but there must be something in place to ensure the risk to practices is manageable.

## **Bandings**

12. We would like more granularity within Bands and particularly more UDAs to be earned by the provision of molar endodontics.

## **System improvements**

13. Although contract reform has the potential to go a long way to improve dentists' appetite for NHS work there are other things that could be done now to improve the situation.

## **Clinical audit and peer review**

14. We are still awaiting more news about NHS England's quality improvement framework but one thing that seems to have been agreed on is that peer review and clinical audit activities should be re-introduced. These were widespread prior to 2006 and we ask that work is done on these schemes together with protected time for practitioners to carry on this activity.

## **BSA**

15. The BSA is continuing with its 28-day recall programme. We see no justification for it now that the initial outlying contractors have been dealt with and now practitioners only slightly outside the average are being asked to spend time on unjustified audits. This is contributing to a climate of fear with dentists not claiming for things they are entitled to claim for and therefore finding it harder to meet their targets. We think there needs to be a conversation with NHS England about the BSA's actions and a joint approach to ensuring that contractors are not under-claiming.

## **Commitment payments**

16. In our evidence to the DDRB for this year we asked for NHS commitment payments to be re-introduced. When they were previously available we felt that they helped to retain dentists within the NHS. Not only would this re-establish some goodwill, it would help the current recruitment issues. The £7m funding (2011 prices) should still be available after the cancellation of seniority payments. This could be used to partly fund the scheme or commitment payments to dentists close to retirement.

## **Contract management**

17. The move by NHS England to shift routine contract management to the BSA gives an opportunity to adopt national policies. However, it also means local discretion for local circumstances may be more difficult. We would like to work with NHS England to adopt an approach to contract management that is designed to achieve the very best for patients and practices, which means supporting practices that are in difficulties and taking a pragmatic approach where there are issues. In our experience, Local Offices can be inflexible and often try to achieve the very lowest UDA values when calculating what they deem to be safe levels. We appreciate that the NHS must look for value for money, this approach can be a false economy. We would like to work with NHS England to look at practice cost inflation and for all Local Offices to ensure that no practices have UDA values that are less than the current Band 1 patient charge.

### **Dentists' mental health**

18. Recent BDA research has shown that dentists experience very high levels of stress and reported burnout. The incidence of mental ill health increases with NHS commitment and GPs are experiencing the highest levels among the different crafts. At present nationally, there is no specific mental health support for dentists and this service is much needed. Our research showed that dentists are less likely to seek professional help for their difficulties because of fear for their careers. London has a mental health service for doctors and dentists provided by NHS England and we believe this should become a national service.

### **Consultation and involvement**

19. In recent times NHS England and the Office of the CDO's willingness to involve the BDA in possible changes has diminished. There are some very good examples of consultation and involvement but in other instances there has been little or none. If meaningful consultation can become the norm then this will help to ensure changes are made that take account of the effect on practitioners.

### **Indemnity**

20. Indemnity costs are rising for dentists and if assistance is going to be given to GPs then the same assistance should be given to GDPs. We realise there is the issue of mixed courses of treatment but this can be overcome.

### **UDA values**

21. The recent 5 per cent uplift in patient charges has brought the question of low UDA values into sharper focus. We believe that there should be a minimum UDA value of the Band 1 patient charge. That value should be uplifted by the annual contract uplift or the percentage rise in patient charges, whichever is the greater. We know of at least one area where this was done in 2017/18 but this should be a national policy.



## LDC Conference 2018

### Motions for debate

## WORKFORCE/RECRUITMENT ISSUES

Motion 1: Norfolk LDC

**This conference demands that Commissioners and DHSC fully investigate the reasons for the recruitment crisis in general dental practice and provide appropriate funding to address this looming disaster.**

UK  
Policy

Motion 2: Wakefield LDC

**LDC Conference deplores the fact that Community Dental Services across the United Kingdom are inadequately resourced and face difficulties in recruiting staff in some areas. Morale is often low. These dedicated clinicians deserve better, and conference calls on Commissioners to provide the structure and funding for the Community Dental Services to continue looking after some of the most vulnerable members of society.**

UK

## CONTRACT REFORM

Motion 3: Wakefield LDC

**LDC conference calls on government to reinvigorate the reform process, enabling adequate care to be available to the public and for practices providing NHS care to be sustainable financially.**

England

Motion 3a: Hants IOW LDC

**This Conference demands that any reformed contract must not only enhance the quality of care to patients but also enhance the well-being and quality of the working lives of dentists and their teams.**

UK  
Policy

Motion 3b: Durham and Darlington LDC

**This Conference believes that the current dental contract in England disproportionately fails patients in areas of deprivation due to the overwhelming requirements of high needs populations and further widens health inequality.**

England  
Policy

Motion 4: South Humber LDC

**This Conference calls for the implementation of an Interim NHS Dental Contract Proposal while GDC continues to engage with DH in the pursuit of positive Contract Reform - providing a transitional phase aimed at reducing pressures on the NHS dental workforce and improving its morale and improving the quality of patient care - until such time as Contract Reform is ready for national roll-out.**

England

Motion 5: Dyfed Powys LDC

**This conference calls for Welsh contract reform to continue and not settle with the current pilot arrangements to create a truly prevention based contract to empower dentists to reduce oral health inequalities.**

Wales

Motion 6: Kingston and Richmond LDC

**This conference deplores the manner in which the government, whilst publicly advocating wider dental access, is covertly reducing treatment availability by diminishing the dental budget through claw back**

England



Motion 7: Norfolk LDC

**Recent events have demonstrated that a target driven and heavily stressed environment for healthcare provision is antipathetic to quality, patient care and safety of registered professionals. Conference demands that Commissioners and DHSC address the causes as a matter of urgency.**

UK

## **PUBLIC HEALTH ISSUES**

Motion 8: East Riding LDC

**This Conference supports the reallocation of the recurrent costs of Water Fluoridation Schemes away from Local Authorities and towards the NHS (the main financial beneficiary) where a Scheme is feasible and the Return on Investment is apparent.**

UK

Motion 9: Kensington, Chelsea & Westminster LDC.

**This Conference commends the initiative being run by Westminster City Council to tackle the appalling and preventable level of children's tooth decay in the borough and calls on all local authorities to build on the example set by making use of the resources made available by Westminster City Council.**

UK

Motion 9a: Wakefield LDC

**LDC conference welcome the initiatives of Dental check by 1 and Starting Well. However, conference urges DHSC and NHS England to make resources available to implement Starting Well across the whole of England.**

England  
Policy

Motion 10: Wakefield LDC

**Conference urges the government to commit the NHS to design and commission appropriate care for those in care homes or receiving support to live in their own home.**

UK

Motion 10a: Brent and Harrow LDC

**To ensure that patients in residential care settings receive oral health care, this Conference moves that NHS England and Borough Councils ensure that there is adequate provision for every social care provider to access appropriate care and treatment and that social care providers work together with GPs, CDS and Special Needs Departments to meet the needs of patients to be treated on an appropriate care pathway.**

England

Motion 10b: Brent and Harrow LDC

**This Conference proposes that the BDA work with the All Party Parliamentary Group on Ageing and Older People (APPG) to hold an event bringing together key stakeholders to highlight the oral health challenges facing older adults in care. This event should lead to clear recommendations and a consensus among all stakeholders taken to the Department of Health, with regular feedback and monitoring of the implementation and effectiveness of the recommendations taken back to the APPG.**

UK

Motion 10c: Lincolnshire LDC

**This conference calls for Dental practices to be Dementia friendly.**

UK  
Policy

Motion 11: Ealing, Hammersmith & Hounslow LDC

**This Conference calls on all local authorities to engage with their LDCs on addressing shisha, smokeless tobacco and betel nut use where this is relevant. Targets should be set in conjunction with NHS England (or the national equivalents) that are measurable and achievable, with annual reports provided to the All Party Parliamentary Group on dentistry and oral health.**

UK

Motion 12: Croydon LDC

**This Conference calls for adequate training for GPs and all primary care clinicians on eating disorders, and the development of clear care pathways to ensure that these patients receive timely care in the right setting.**

UK

Motion 13: North Yorkshire LDC.

**This conference requires that the disposable nature implied by HTM01-05 be reviewed scientifically.**

England

## **REGULATION**

Motion 14: Norfolk LDC

**Given that the GDC's enhanced CPD scheme requires all registrants to have a personal development plan, this conference believes that such plans and any reflective learning must be private to the individual registrant and not available to third parties unless explicit consent has been given.**

UK

Motion 15: West Sussex LDC

**This conference calls for the government to ease the burden of practice management by covering the costs of regulatory bodies such as CQC, RQIA and HIW and professional indemnity.**

UK

Motion 16: Southern LDC

**This conference believes that it is unnecessary over regulation to regulate dental practices in Northern Ireland as independent hospitals.**

Northern Ireland  
Policy

## **COMMISSIONING/CONTRACTUAL**

Motion 17: Lincolnshire LDC

**This conference calls for the equalisation of UDA rates across England.**

England

Motion 18: Northamptonshire LDC

**N'Hants LDC call on conference to reject UDAs immediately regardless of contract reform.**

Motion 19: Bexley & Greenwich LDC

**Conference demands that the GDPC works with NHS England to improve the procurement process, making sure that it supports the sustainable provision of services for the benefit of patients.**

England  
Policy

Motion 20: Hants IOW LDC

**This Conference deplores the recent orthodontic procurement and DPS in the South of England and demands that non-time limited contracts are not subjected to unilateral variation that can potentially destroy continuity of quality care to patients based on a postcode lottery.**

England  
Policy

Motion 20a: Birmingham LDC

**The current DPS in Orthodontics is not fit for purpose. This conference demands that it should be abandoned and sensible commissioning adopted.**

England  
Policy

Motion 21: Birmingham LDC

**This Conference believes that dialogue with NHS England has produced very little benefit and calls on GDPC to investigate all forms of potential industrial action that will assist those of the profession affected by the intransigence, to support via a ballot.**

England

Motion 21a: Northamptonshire LDC

**N,Hants LDC calls on conference to demand GDPC immediately disengage from all negotiations with the DHSC and NHS England**

England

Motion 22 Southern LDC

**This conference believes that the delays in implementation of the pay awards, particularly in Northern Ireland, every year are unacceptable.**

UK

Motion 23: Hertfordshire LDC

**This conference demands that UDA or UOA are awarded to practitioners to compensate for loss of practice time due to patients failing to attend appointments or cancelling with insufficient time to reallocate the time booked.**

England

Motion 24: Northamptonshire LDC.

**N'Hants LDC call on conference to insist that LDCs are paid to attend the ever-increasing numbers of meetings with NHS England teams.**

England and Wales

Motion 25: Hants and IOW

**This conference deplores the lack of guidance over the contractual arrangements between potential Performer List Validation by Experience (PLVE) candidates and providers and demands NHSE and HEE work with the BDA to develop a more structured approach to such contracts that takes into account the needs and responsibilities of all parties involved under PLVE arrangements.**

England

Motion 26: Durham and Darlington LDC

**The Conference opposes the introduction by COPDEND of the new National Charging Structure for England for dentists with conditions imposed, because it is understood that working with these dentists is part of its role and therefore funded already.**

England

## **GOVERNMENT POLICY**

Motion 27: Hertfordshire LDC.

**This conference deplores the 2018 above inflation increase in patient charges that amounts to a tax on the dental health of patients!**

England  
Policy

Motion 27a: Norfolk LDC

**This conference demands that dentists cease to be tax collectors on behalf of the government and that the Treasury find an alternative mechanism for collecting patient charges.**

UK  
Policy

Motion 28: West Sussex LDC

**This conference urges NHS England and the BSA to find a solution that prevents the most vulnerable members of our society being unfairly fined when attending dental services.**

England  
Policy

## **WORKFORCE SUPPORT ISSUES**

Motion 29: Wiltshire LDC

**This Conference calls on commissioning bodies to recognise the value of the Practitioner Advice and Support Scheme (PASS). NHSE should work with Local Dental Committees to set up, fund and manage PASS which would provide assurance to the public, politicians and the profession that the issue of performance is being addressed responsibly at a local level.**

England

Motion 29a Lincolnshire LDC

**This conference calls for the formalisation of the practitioner advice and support schemes in Local Dental Committees across the nation.**

UK

Motion 30: Bro Taf LDC

**This conference deplores the high levels of stress amongst the profession and demands access to mental health based occupational health services for GDPs.**

UK  
Policy

Motion 31: Lambeth, Southwark & Lewisham LDC

**This Conference demands that urgent action is taken to ensure that staff providing NHS dental care are protected from violent and abusive patients through support from commissioners and the police when necessary.**

UK  
Policy

## **INFORMATION MANAGEMENT AND TECHNOLOGY**

Motion 32: Norfolk LDC

**Since 2006 NHS dentists have experienced a steady decline in income directly associated with additional regulatory demands being unfunded. Conference demands that:**

- **With the potential introduction of a digital coding system for dentistry, adequate funding be forthcoming from the government to support the additional software costs together with the extra time required to complete patients' records.**
- **Additional costs associated with GDPR are fully funded**

England  
Policy

## **EDUCATION AND TRAINING**

Motion 33: Hertfordshire LDC

**This conference deplores the initiatives of Advancing Dental Care by HEE/COPDEND to fundamentally change the training of dental students through common entrance.**

England  
Policy

## **LDC/GDPC BUSINESS**

Motion 34: Milton Keynes LDC

**This Conference calls for all LDCs to have open meetings. Every dentist working under a GDS contract, normally pays a statutory levy to the LDC and this should entitle them to at least be present at meetings.**

England and Wales

Motion 35: Hillingdon LDC

**This Conference proposes that LDC Conference switches dates with LDC Officials' Day.**

UK

## INDEMNITY

Motion 36: Southern LDC

**This conference believes that indemnity fees are now set at an unsustainable level. We believe there should be a two-year moratorium on fee increases and demand that NHS general dental practitioners across the UK be granted access to an indemnity scheme equivalent to that provided to primary care medical practitioners in England.**

UK

## MISCELLANEOUS

Motion 37: Camden & Islington LDC

**This Conference applauds Healthwatch England identifying access to NHS dental services as one of its six key priorities and calls on LDCs to work with their Local Healthwatch on ensuring that access to NHS dental services is recognised as a national and local priority.**

England

Motion 38: Kensington, Chelsea & Westminster LDC.

**This Conference calls on the Government to remove spending restrictions on the money raised by the tax on sugary drinks so that a reasonable proportion of it can be used to fund children's oral health initiatives, as determined by local need.**

UK  
Policy

Motion 39: Merton, Sutton & Wandsworth LDC

**This Conference calls on GDPC to provide monthly updates to LDCs on the core motions passed and what activities are being pursued to achieve them.**  
UK

Motion 40: Croydon LDC

**This Conference calls on the GDC to work with the BDA to create an agreed patient facing "mythbuster" to safeguard confidence in the profession. Unjustified negative attitudes towards the profession may affect patient trust and therefore access, to patients' detriment.**

UK



## **DEVOLUTION**

Motion 41: Northern LDC

**This conference believes we should put the 'national' back into NHS Dentistry.**

UK



## **67<sup>th</sup> ANNUAL CONFERENCE OF LOCAL DENTAL COMMITTEES THURSDAY 7 - FRIDAY 8 JUNE 2018**

**ONLY members of Conference who are representing their Local Dental Committee will be entitled to vote in the following elections:**

**ELECTION OF AN HONORARY TREASURER  
ELECTION OF TWO HONORARY AUDITORS  
ELECTION OF MEMBER TO CONFERENCE AGENDA COMMITTEE  
ELECTION OF MEMBER TO BRITISH DENTAL GUILD BOARD OF MANAGERS**

**However, both members of Conference who are representing their Local Dental Committees AND GDPC representatives WILL be entitled to vote in the ELECTION OF CHAIR-ELECT (*to chair the Conference in 2020*)**

### **1. ELECTION OF CHAIR-ELECT (TO CHAIR THE CONFERENCE IN 2020)**

To attend LDC Conference Agenda Committee meetings, and the Conference itself, for three years as Chair-Elect, Chair and Immediate Past Chair. The Chair Elect will also be required to attend other meetings, including the LDC Officials' Day and the Scottish LDC Conference. All travel, expenses and loss of earnings can be claimed from the LDC Conference Fund when attending meetings sanctioned by the LDC Conference Committee. The Chair and Chair-elect are also ex-officio members of the British Dental Guild.

Nominations will be taken from the floor.

### **2. ELECTION OF AN HONORARY TREASURER**

Present Treasurer: Will Newport – elected in 2015

As stated in Conference Standing Orders: it shall be the duty of the Honorary Treasurer to receive monies forming the Conference Fund and to hold and disburse such monies in accordance with the instructions of the Annual Conference. He/she shall prepare and submit such accounts as the Conference shall require.

The Treasurer attends and reports to LDC Conference Agenda Committee meetings and the Conference itself. Travel, expenses and loss of earnings are payable by the LDC Conference Fund.

Nominations will be taken from the floor.

### **3. ELECTION OF TWO HONORARY AUDITORS**

Required to liaise with the LDC Conference Honorary Treasurer concerning the annual accounts. Travel, expenses and loss of earnings payable by the LDC Conference Fund as sanctioned by the LDC Conference Committee.

Present Auditors elected in 2016: Jonathan Randall and Stephen Shimberg

Nominations will be taken from the floor.

#### **4. ELECTION OF MEMBER TO CONFERENCE AGENDA COMMITTEE**

Current Members:

Elected 2015–18 – Tony Jacobs, Bury and Rochdale Local Dental Committee

Elected 2016–19 – Alison Lockyer, Oxfordshire Local Dental Committee

Elected 2017- 20 – Stuart Allan, West Pennine Local Dental Committee

Nominations are sought for the following:

One member to serve from 2018 to 2021

##### ***Further details about the posts:***

##### **Information concerning the duties of elected members to the LDC Conference Agenda Committee**

At each Annual Conference one person shall be elected to the Conference Agenda Committee to hold office from the end of the Conference at which he is elected for a period of three years. Nominations shall be made from the floor.

The Agenda Committee consists of the Chair, Chair-Elect and Immediate Past Chair of the Annual Conference, the Honorary Treasurer, the Chair of the GDPC, and three Local Dental Committee representatives - members of Conference who are not members of the GDPC at the time of election.

Duties of the Agenda Committee, as set down in standing orders:

- to settle the order of the agenda for the Annual or any Special Conference
- to make recommendations to the Conference as to the conduct of the business and Conference arrangements generally
- to ensure that Conference resolutions are considered expeditiously by the GDPC or other appropriate bodies
- to report to the next Annual Conference

Nominations will be taken from the floor.

#### **5. ELECTION OF MEMBER TO BRITISH DENTAL GUILD BOARD OF MANAGERS**

Elected in 2014 – 18 Clive Harris

Elected in 2015 – 19 Shiv Pabary

Elected in 2016 – 20 Mark Haigh

Elected in 2017 – 21 Howard Jones

Representatives of the British Dental Guild attend two meetings a year at the BDA London Office. Travel and sessional expenses can be claimed when attending these meetings, as sanctioned by the LDC Conference Committee.

One member to serve from 2018 to 2022.

Nominations will be taken from the floor.

## ELECTION OF ONE CONFERENCE REPRESENTATIVE TO THE GENERAL DENTAL PRACTICE COMMITTEE

Elected Representatives:

David Cottam	3 years, ending 2018
Roger Levy	2 years ending 2019
Shareena Ilyas	3 years ending 2020

### 1 VACANCY (3 years ending 2021)

The GDPC representatives elected at Conference are expected to attend the three GDPC meetings which take place throughout the year at BDA HQ. There are three Conference representatives, one is elected each year to the GDPC on a three year rolling basis. Travel and expenses to cover attendance at meetings is claimed from the BDA. Loss of income can be claimed from the Treasurer of the Annual Conference.

## NOMINATIONS TO GENERAL DENTAL PRACTICE COMMITTEE

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**NAME: Ian Gordon**  
**REGION: North Yorkshire**

### Nominee's supporting statement:

Although I've been a LDC committee member for 30 years including 10 years as Chair of Tees and North Yorks LDCs, time pressures from practice commitments has previously precluded my application to GDPC. The time is now right to offer my wide sector experience to help implement much needed change.

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**NAME: Joseph Hendron**  
**REGION: Wakefield LDC**

### Nominee's supporting statement:

The UDA is an abomination and the sooner it goes, the better. I intend to continue the push for contract reform which is fair for patients and fair to those providing their care.

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**NAME: Priya Kanzaria**  
**REGION: Enfield & Haringey LDC**

### Nominee's supporting statement:

I am eager to champion the cause of GPs, in this increasingly challenging environment to secure a future for safe dental care provision.

I am passionate that the working lives of hardworking dentists are improved.

It is of paramount importance that our voices are heard, because we really do matter.

## 2018 Annual Conference of Local Dental Committees

### Treasurer's Report

I am very grateful to the work of the Conference auditors, with whom I have conferred about all the information presented here. Their time and advice has been greatly appreciated.

On behalf of all LDCs, I thank the sponsors, past and present, for their continued support of the Conference.

#### Conference cost-share

As I have done previously, I contacted LDC contacts with requests for payment only at the beginning of April this year, as it has been helpful to Treasurers to account for the Conference payment in the same financial year as Conference falls. It is possible to raise the money needed for the Conference, provided the LDC contacts are able to arrange prompt payments to the LDC Conference fund. At the time of writing the report, 11 out of a total 32 payments for the Conference remain outstanding.

My thanks go to those who have arranged payment to the Conference fund promptly this year. Your efficiency in arranging payment is always greatly appreciated.

The share of costs for each area is calculated on the basis of the total GDS spend for each area, as a proportion of the overall budget for the Conference.

You will note the surplus in the accounts. It is necessary for the LDC Conference to carry a surplus for two reasons:

- To allow LDCs to hold a Special Conference as provided for in the Standing Orders
- To enable the LDC Conference Agenda Committee to book venues etc. with the confidence that the funds are available to meet those commitments.

Since the production of the accounts for 2017, the surplus has been depleted further by Conference expenditure on audio-visual production, notably the "iPad voting system". As a result, I have sought to recover an increased amount in Conference costs this year, to ensure that a reserve is maintained in the Conference fund of approximately £50k.

#### Conference Representatives

The collection of the share of Conference costs is now based on the total GDS spend for each area. Following amendments to the Standing Orders agreed at the LDC Conference 2017, the allocation of representatives is also now based on the same proportions, ensuring that the share of costs is aligned to the allocation of Conference representatives.

Please do contact me directly, should you or other LDC members have specific questions.

With best wishes for a great LDC Conference 2018,



Will Newport  
Treasurer, LDC Conference

**Accounts (cash summary)**  
**Annual Conference of Local Dental Committees**  
**For the 12 months ended 31 October 2017**

<b>Income</b>	
Dinner ticket sales	£11,070.00
LDC Conference subscriptions	£119,999.98
Other Revenue	£840.00
Sponsorship	£27,048.00
<b>Total Income</b>	<b>£158,957.98</b>

<b>Less Operating Expenses</b>	
Accommodation	£1,961.60
Audio-visual	£31,978.56
Auditor claims	£1,187.49
Bank Fees	£79.00
Conference Dinner	£20,396.68
Conference Dinner Speaker	£1,510.07
Conference photogrpahy	£800.00
Consulting	£1,500.00
Event management	£15,698.70
General Expenses	£95.65
IT Software and Consumables	£161.42
LDC Conference hotel expenses	£28,174.80
LDC Conference reps to GDPC claims	£2,981.00
LDC rep travel and subsistence claims	£20,310.89
LDCAC claims	£36,192.72
Printing & Stationery	£964.67
Venue cost	£27,306.20
<b>Total Operating Expenses</b>	<b>£191,299.45</b>

<b>Operating Surplus (Deficit)</b>	<b>-£32,341.47</b>
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<b>Summary</b>	
Opening Balance	£90,827.34
Plus Net Cash Movement	-£32,664.92
Closing Balance	£58,162.42

Will Newport, Treasurer



Jonathan Randall, Auditor



Stephen Shimberg, Auditor





## 67<sup>th</sup> ANNUAL CONFERENCE OF LOCAL DENTAL COMMITTEES

### Delegate list

If a colleague is not appearing on this list but you know they are due to attend – please ensure they contact [fiona.feltham@bda.org](mailto:fiona.feltham@bda.org) as soon as possible.

*(Correct as at 08.05.18)*

Name	Attending capacity	LDC / Organisation
Vijay Aggarwal	OBSERVER	Trafford
Tony Ahmed	OBSERVER	North Staffordshire
Stuart Allan	Member	LDC Agenda Committee
Sarah Allen	Scottish Dental Mag/Ireland's Dental	PRESS
Helen Almond	LDC Representative	Tees
Mick Armstrong	Chair	BDA PEC
Ruby Austin	GDPC	
Clare Banks	LDC Representative	North Staffordshire
Mike Barnett	LDC Representative	Tees
Harmail Bassi	LDC Representative	Bexley and Greenwich
William Bateman	OBSERVER	Cornwall and Isles of Scilly
Roger Bayes	LDC Representative	Lincolnshire
Sanjeev Bedi	LDC Representative	Sunderland
Tam Bekele	OBSERVER	East London and City
Ella Black	OBSERVER	Rotherham
Adam Blake	LDC Representative	Cornwall and Isles of Scilly
Utpalendu Bose	LDC Representative	Berkshire
David Bradley	LDC Representative	Lancashire Coastal
Judith Brady	Chair-elect	Scottish LDC Conference
Trevor Brown	OBSERVER	Sunderland
Kevin Brown	LDC Representative	Dorset
Tom Bysouth	LDC Representative	Dyfed Powys
Philip Caswell	LDC Representative	South Staffordshire
Alex Cenic	Policy Adviser	BDA
Suresh Chande	GDPC	
Shawn Charlwood	GDPC	
Katrina Clarke	LDC Representative	Brotaf
Matthew Clover	GDPC	
Matthew Collins	LDC Representative	Calderdale and Kirklees
Zoe Connelly	LDC Representative	Wakefield
Dan Cook	LDC Representative	Gwent
David Cooper	LDC Representative	Wolverhampton
David Cottam	GDPC	

Gillian Cottam	LDC Representative	Birmingham
Amelia Coulby	OBSERVER	Lincolnshire
Peter Crooks	OBSERVER	
Eddie Crouch	LDC Representative	Birmingham
Andrew Dale	GDPC	
Andrew Dale	LDC Representative	Derby City
Nick Daley	OBSERVER	Liverpool
Charles Daniels	GDPC	
Rachna Dattani	OBSERVER	Hillingdon
Snehal Dattani	LDC Representative	Surrey
Len D'Cruz	GDPC	
Richard Denton	LDC Representative	Doncaster and Bassetlaw
Onkar Dhanoya	LDC Representative	North Tyne
Jaswinder Dhariwal	LDC Representative	Berkshire
Phillippa Dodd	LDC Representative	Cumbria
Stuart Eaborn	OBSERVER	North Tyne
Richard Emms	Past Chair	LDC Conference
Marion English	LDC Representative	Hertfordshire
Geraint Evans	LDC Representative	Northamptonshire
Leah Farrell	GDPC	
Peter Farrell	LDC Representative	Wirral
John Fenton	LDC Representative	Enfield and Haringey
Mohammed Fiaz	OBSERVER	Coventry
Simon Flaherty	LDC Representative	Mid-Mersey
John Gatus	LDC Representative	Doncaster and Bassetlaw
Nick Gibb	LDC Representative	Warwick
Russell Gidney	LDC Representative	Gwent
Ravi Goel	LDC Representative	Bedfordshire
Naresh Gohil	LDC Representative	Croydon
Ian Gordon	LDC Representative	North Yorkshire
Philip Gowers	LDC Representative	Hampshire and Isle of Wight
Richard Graham	GDPC	
Nicola Grainge	LDC Representative	East Sussex
Richard Grant	OBSERVER	Northumberland
Siobhan Grant	LDC Representative	Durham and Darlington
Mark Green	GDPC	
Phil Grigor	National Director	BDA Scotland
Christopher Groombridge	OBSERVER	Hull and East Riding of Yorkshire
Satish Gupta	LDC Representative	Redbridge and Waltham Forest
Ian Haire	OBSERVER	Wakefield
Toby Hancock	GDPC	
Lisa Hanna	LDC Representative	Northern LDC
Lauren Harry	GDPC	
Elizabeth Hartle	GDPC	
Nicky Hawkey	Senior Policy Adviser	BDA



Simon Hearnshaw	LDC Representative	Hull and East Riding of Yorkshire
William Henderson	LDC Representative	Gateshead and South Tyneside
Joe Hendron	Chair	LDC Conference
Som Hirekodi	OBSERVER	Barking and Havering
Timothy Hodges	LDC Representative	Devon
Sandy Hodges	LDC Representative	Devon
Peter Hodgkinson	Past Chair	LDC Conference
Timothy Hogan	LDC Representative	Kent
Mick Horton	GDPC	
Seamus Hughes	GDPC	
Abid Hussain	LDC Representative	Birmingham
Az Hyder	GDPC	
James Hyslop	OBSERVER	Sefton
Chris Illingworth	LDC Representative	South Cheshire
Shareena Ilyas	GDPC	
Bruce Irving	LDC Representative	Norfolk
Claire Jackman	LDC Representative	Cambridgeshire
Sarah Jackson	LDC Representative	Dorset
Tony Jacobs	Member	LDC Agenda Committee
Sushil John	GDPC	
Priya Kanzaria	LDC Representative	Enfield and Haringey
Hatim Kapadia	LDC Representative	Camden and Islington
James Kelly	LDC Representative	Southern LDC
Tristen Kelso	National Director	BDA Northern Ireland
Dominic Kiernander	GDPC	
Tom King	Policy Adviser	BDA
Barry KInshuck	GDPC	
Davinderpal Kooner	LDC Representative	Ealing, Hammersmith and Hounslow
Suresh Kumar	LDC Representative	Sandwell
Jim Lafferty	GDPC	
Andrew Lamb	OBSERVER	Northamptonshire
Bhawmesh Liladhar	LDC Representative	Barking and Havering
Anthony Lipschitz	LDC Representative	Bedfordshire
Alison Lockyer	Member	LDC Agenda Committee
Martin Longbottom	LDC Representative	West Pennine
Andre Louw	LDC Representative	Somerset
Jackie Luscombe	LDC Representative	Sheffield
Eddie MacKenzie	The Dentist	PRESS
Grainee Magee	Senior Policy Adviser	BDA Northern Ireland
Ruby Mahal	GDPC	
Grish Malhotra	OBSERVER	Redbridge and Waltham Forest
Reza Manbajood	LDC Representative	East London and City
Philip Martin	LDC Representative	Leicestershire
Sarah May	OBSERVER	Leicestershire
David McColl	GDPC	

Curt McConnell	OBSERVER	Bromley
Paul McCrory	LDC Representative	Bury and Rochdale
Don McGrath	GDP	
Carmel McHenry	Media Relations Officer	BDA
David McIntyre	Chair	Scottish LDC Conference
Claire McKeag	OBSERVER	Cumbria
Alisdair McKendrick	Immediate Past Chair	LDC Conference
Shanta Mestry	LDC Representative	Worcester
Robert Mew	GDP	
John Milne	GDP	
Shahram Mirtorabi	LDC Representative	Wigan
Craig Mitchell	LDC Representative	Sheffield
Thegan Moodley	GDP	
Jane Moore	LDC Representative	Leeds
Adam Morby	GDP	
Adrian Moss	LDC Representative	Stockport
Hanif Moti	LDC Representative	Leicestershire
Jonathan Mynors-Wallis	GDP	
Shahzad Naseem	OBSERVER	Milton Keynes
Dan Naylor	LDC Representative	North Wales
Will Newport	Treasurer	LDC Conference
Andrew North	LDC Representative	Derbyshire County
Mark Nugent	LDC Representative	Kent
Mark O'Hara	LDC Representative	West Sussex
Leo O'Hara	LDC Representative	Gloucestershire
Joanna O'Sullivan	LDC Representative	Leeds
Henrik Overgaard-Nielsen	Chair	GDP
Shiv Pabary	GDP	
Jimmy Palahey	LDC Representative	Nottinghamshire
Nish Patel	OBSERVER	Wiltshire
Pratik Patel	OBSERVER	Wiltshire
Pratik Patel	OBSERVER	Brent and Harrow
Saagar Patel	LDC Representative	Kensington, Chelsea and Westminster
Hetal Patel	LDC Representative	Brent and Harrow
Naresh Patel	LDC Representative	Nottinghamshire
Ujwal Patel	LDC Representative	Kent
Minesh Patel	OBSERVER	Kingston and Richmond
Jayesh Patel	LDC Representative	Lambeth, Southwark and Lewisham
Nilesh Patel	LDC Representative	Buckinghamshire
Ambi Pathmanathan	OBSERVER	Bexley and Greenwich
Ross Paton	GDP	
Nick Patsias	LDC Representative	Bromley
Claudia Peace	LDC Representative	Hampshire and Isle of Wight
Keith Percival	LDC Representative	Hampshire and Isle of Wight

Ralph Pickup	LDC Representative	East Lancashire
Charles Pidgeon	LDC Representative	Devon
Ashkan Pitchforth	LDC Representative	West Sussex
Alexander Porteous	GDPC	
Adam Porter	LDC Representative	Brotaf
Laurie Powell	LDC Representative	Oxford
Bill Powell	LDC Representative	Liverpool
Dave Pulsford	LDC Representative	Warwick
Smita Rajani	LDC Representative	Hertfordshire
Jonathan Randall	GDPC	
Giles Ratcliffe	LDC Representative	Calderdale and Kirklees
Philippa Riseley-Prichard	LDC Representative	Wiltshire
Judith Roberts	GDPC	
Jim Rochford	OBSERVER	Manchester
Alan Ross	LDC Representative	Barnet
Noor Sacoor	LDC Representative	Ealing, Hammersmith and Hounslow
James Sanders	LDC Representative	Rotherham
Pete Sangha	LDC Representative	South Staffordshire
Bharpur Sanghera	LDC Representative	Cambridgeshire
Vinod Sehmi	LDC Representative	Lambeth, Southwark and Lewisham
Pareesh Shah	OBSERVER	Camden and Islington
Amar Shah	LDC Representative	Northamptonshire
John Sheldon	LDC Representative	Kingston and Richmond
Stephen Shimberg	GDPC	
William Sidhu	LDC Representative	Coventry
Mike Simpson	LDC Representative	South Cheshire
Martin Skipper	OBSERVER	Brent and Harrow
Jon Slattery	LDC Representative	Manchester
Adetoun Soyombo	LDC Representative	Milton Keynes
Michael Speakman	LDC Representative	Barnsley
Adrian Spencer	OBSERVER	Wakefield
Matthew Spencer Brown	LDC Representative	East London and City
Susan Stevens	LDC Representative	Dudley
Nick Stolls	LDC Representative	Norfolk
Nasit Suchak	LDC Representative	East Sussex
Vijay Sudra	Chair-elect	LDC Conference
Agnieszka Tarnowski	GDPC	
Peter Tatton	LDC Representative	Hertfordshire
Duncan Thomas	LDC Representative	Northumberland
Eamonn Toner	GDPC	
Arif Ullah	OBSERVER	Redbridge and Waltham Forest
Barry Ventre	LDC Representative	Sefton
Pradeep Vohra	GDPC	
Jonathan Ward	LDC Representative	Derbyshire County
Peter Ward	Chief Executive	BDA

Samuel Watson	LDC Representative	South Humber
Michael Watson	Freelance	PRESS
Guy Wells	LDC Representative	North Yorkshire
Brian Westbury	Past Chair	LDC Conference
David Westgarth	BDJ In Practice	PRESS
Barry Westwood	LDC Representative	Surrey
Richard White	OBSERVER	Wakefield
Penny Whitehead	Head of Policy and Research	BDA
Richard Wilczynski	GDPC	
Jeremy Williams	LDC Representative	North Wales
Huw Winstone	LDC Representative	Kent
Jason Wong	LDC Representative	Lincolnshire
Mark Wood	OBSERVER	Calderdale and Kirklees
Mark Woodger	LDC Representative	Mid-Mersey
Martin Woodrow	Director of Policy and Professional Services	BDA
Geoffrey Worrall	OBSERVER	Somerset
Stephen Wright	GDPC	



## LDC Conference 2018

### Travel booking and expense claims

#### LDC Representatives

LDC Representatives should make their own travel arrangements for the 2018 Conference and register their claim details via the [online claim form](#) (*link available on [www.ldcuk.org](http://www.ldcuk.org)*).

Scanned copies of receipts will need to be submitted directly to the LDC Conference Treasurer, Will Newport, in support of any claims made. Please send these to: [will.newport@ldc.org.uk](mailto:will.newport@ldc.org.uk) once you have completed the online form with your claim details.

Where necessary, LDC Representatives will be able to claim reimbursement for one standard item of hold luggage, provided that costs are related to luggage brought for use at the LDC Conference. Additional costs for luggage not needed for the Conference will not be reimbursed.

Attendees are encouraged to taxi share wherever possible.

#### LDC Observers and accompanying partners

Those attending as an Observer are not permitted to claim expenses for the event from the LDC Conference Fund.

#### GDPC members

GDPC members are also not permitted to claim from the LDC Conference Fund and they should make their own travel arrangements for the 2018 Conference and seek reimbursement from the BDA as usual after the event by submitting a [GDPC Member expense claim](#) form with receipts (*copy of claim form enclosed*).

A reminder of the [BDA Expense claim policy can be located on the BDA website](#).

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### Accommodation arrangements

#### LDC Representatives and GDPC members

If you are attending the event in the capacity of LDC Representative or GDPC Member you should have booked your accommodation through our nominated agent (MICE Concierge) and accommodation on the Thursday night (single occupancy B&B) will as standard be billed back to the event account.

#### LDC Observers

Please note that LDC Observers may also use MICE Concierge to book their accommodation but must settle the full cost of their accommodation plus any extras on their departure from the hotel.

For accommodation queries please contact MICE Concierge:

**Tel:** 01438 908770

**Email:** [hello@miceconciierge.com](mailto:hello@miceconciierge.com)

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## Planning your journey

Registration is from 12:00 on Thursday 7 June, with lunch taking place from 12:30-13:30 and formal proceedings commencing at 13:30.

Conference proceedings are due to conclude on Friday 8 June at 12:30, with lunch taking place between 12:30 – 13:30.

### Venue

Europa Hotel  
Great Victoria St.  
Belfast  
BT2 7AP

### [Please see the hotel website for directions](#)

Situated in the heart of Belfast City Centre, the Europa Hotel is just 3 miles from Belfast City Airport and 16 miles from Belfast International Airport. Buses and trains will drop to the hotel. If you are travelling by car you'll find both motorway links and the ferry terminals just minutes away.

### *Car parking:*

There is a 500 space multi-storey car park adjacent to the hotel and valet parking is also available for hotel guests.

### *By Rail*

Belfast Central Station:

Trains run regularly between Belfast and Dublin, journey time is approximately 2 hours 10 minutes. Trains run North to Londonderry, North-East to the Port of Larne, East to Bangor and South to Dublin.

### *By Bus*

Citybus Centrelink Service 100: Provides a link between all main bus and rail stations in Belfast

### *By Air*

**George Best Belfast City Airport.** Situated 3 miles from the centre of Belfast.

The N.I. Rail service to Sydenham stops at the airport and runs from Great Victoria Street Station.

**Belfast International Airport.** Situated at Aldergrove, 19 miles from the centre of Belfast. Journey time approximately 30 minutes (via the M2 motorway). An airport shuttle service operates between the City Centre and Belfast International Airport.

For more details about Belfast, things to do and getting around take a look at [www.visitbelfast.com](http://www.visitbelfast.com)



## HOW TO FIND US

Situated in the heart of Belfast City Centre, the Europa Hotel is just 3 miles from Belfast City Airport and 16 miles from Belfast International Airport. Buses and trains will drop to the hotel. If you're travelling by car you'll find both motorway links and the ferry terminals just minutes away.

### Car Parking:

There is a 500 space multi-storey car park adjacent to the hotel and valet parking is also available for hotel guests.

### BY RAIL

#### Belfast Central Station:

Trains run regularly between Belfast and Dublin, journey time is approximately 2 hours 10 minutes. Trains run North to Londonderry, North-East to the Port of Larne, East to Bangor and South to Dublin.  
Tel: 00 44 (0)28 9066 6630

#### Citybus Centrelink Service 100:

Provides a link between all main bus and rail stations in Belfast; Central, Europa, Great Victoria Street & Laganside.  
Tel: 00 44 (0)28 9066 6630

### BY BUS

#### Metro Service:

Metro provides a regular local service to all parts of the Belfast area.  
Tel: 00 44 (0)28 9066 6630

#### Translink Service:

Translink serves the rest of the Province and can be boarded at all depots in the Europa Bus Centre, Glengall Street and the Laganside Bus Centre. Tel: 00 44 (0)28 9066 6630

### BY AIR

#### George Best Belfast City Airport:

Situated 3 miles from the centre of Belfast. The N.I. Rail service to Sydenham stops at the airport and runs from Great Victoria Street Station. Tel: 00 44 (0)28 9093 9093

#### Belfast International Airport:

Situated at Aldergrove, 19 miles from the centre of Belfast. Journey time approximately 30 minutes (via the M2 motorway). An airport shuttle service operates between the City Centre and Belfast International Airport.  
Tel: 00 44 (0)28 9448 4848

### BY FERRY

#### Stenaline:

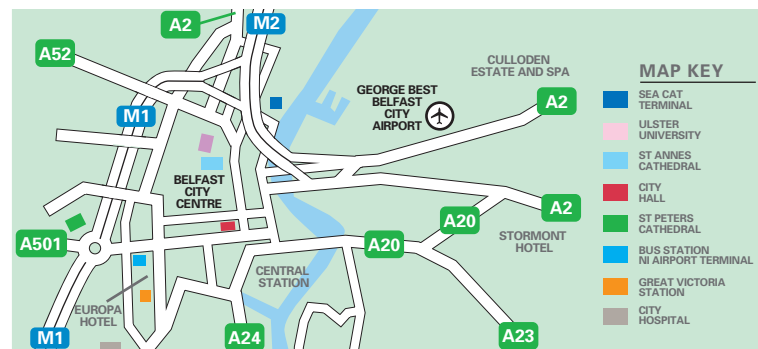
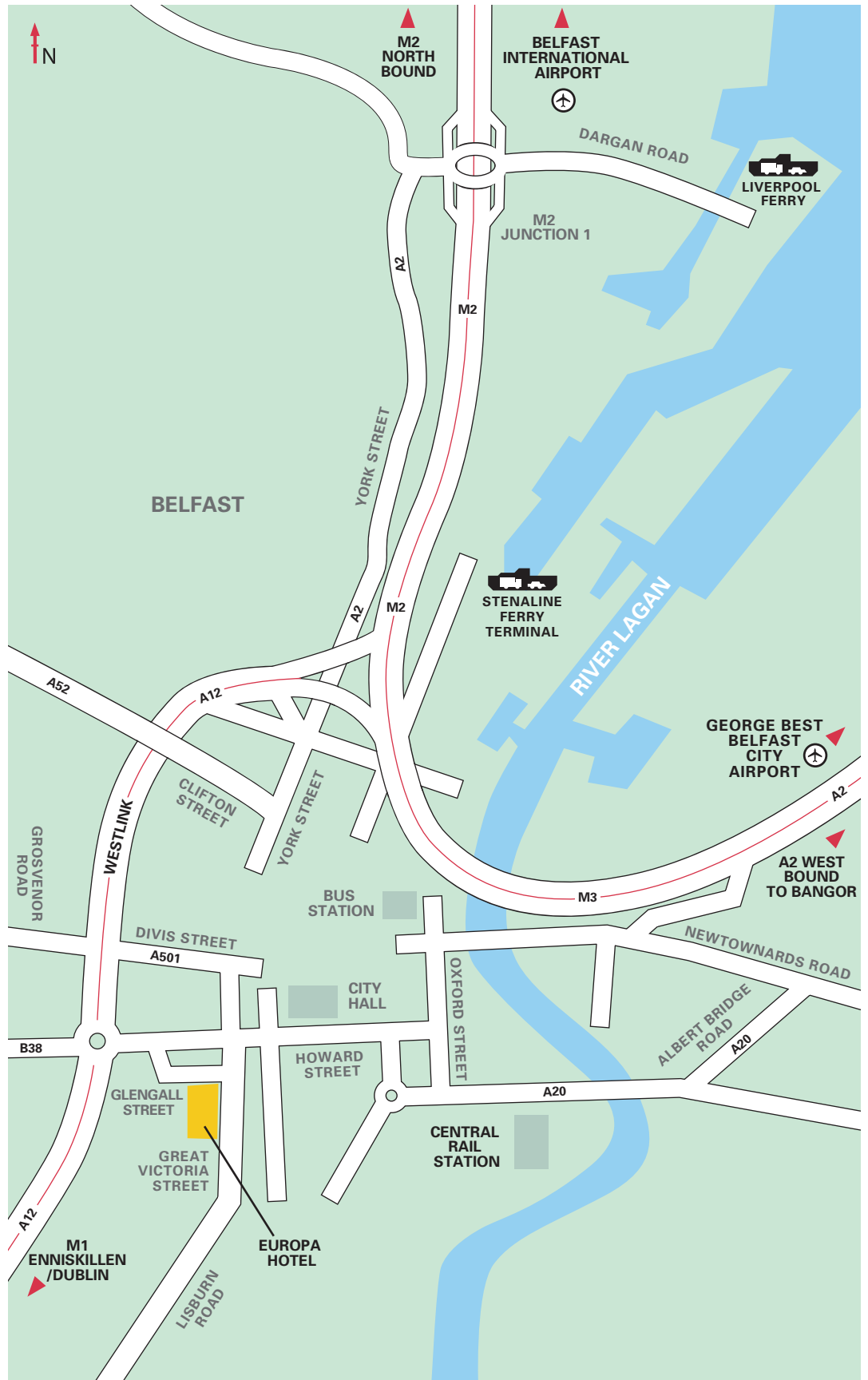
HSS ferry from Stranraer to Belfast, journey time 1 hour 45 minutes.  
Tel: 00 44 (0)8705 70 70 70

#### Norfolkline:

8 hours from Liverpool – Belfast, operates an overnight service. Tel: 00 44 (0)870 600 4321

#### Dublin Port:

P&O European Ferries operates a service from Liverpool to Dublin, journey time 8 hours.  
Tel: 00 44 (0)8705 980 333



## LOCATOR MAP

Europa Hotel  
Great Victoria Street, Belfast,  
Co. Antrim, BT2 7AP

Tel: 028 9027 1066  
Fax: 028 9032 7800  
Email: [res@eur.hastingshotels.com](mailto:res@eur.hastingshotels.com)  
Web: [www.hastingshotels.com](http://www.hastingshotels.com)