

LDC Conference motions

Motion 1: Norfolk LDC, Nick Stolls

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.

Motion 2: Wakefield LDC, Zoe Connelly

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.

Motion 3: Wakefield LDC, Zoe Connelly

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.

Motion 3a: Hants IOW LDC, Keith Percival

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.

Motion 3b: Durham and Darlington LDC, Siobhan Grant

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.

Motion 4: South Humber LDC, Samuel Watson

This Conference calls for the implementation of an Interim NHS Dental Contract Proposal while GDPC 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.

Motion 5: Dyfed Powys LDC, Tom Bysouth

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.

Motion 6: Kingston and Richmond LDC, John Sheldon

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.

Motion 7: Norfolk LDC, Nick Stolls

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.

Motion 8: Hull and East Riding LDC, Simon Hearnshaw

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.

Motion 9: Kensington, Chelsea & Westminster LDC, Saagar Patel

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.

Motion 9a: Wakefield LDC, John Milne

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.

Motion 10: Wakefield LDC, John Milne

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.

Motion 10a: Brent and Harrow LDC, Pratik Patel

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 GDPs, CDS and Special Needs Departments to meet the needs of patients to be treated on an appropriate care pathway.

Motion 10b: Brent and Harrow LDC, Pratik Patel

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.

Motion 10c: Lincolnshire LDC, Jason Wong

This conference calls for Dental practices to be Dementia friendly.

Motion 11: Kensington, Chelsea & Westminster LDC, Saagar Patel

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.

Motion 13: Croydon LDC, Ian Duthie

This Conference calls for adequate training for GDPs 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.

Motion 14: North Yorkshire LDC, Ian Gordon

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

Motion 15: Norfolk LDC, Nick Stolls

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.

Motion 16: West Sussex LDC, Ashkan Pitchforth

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.

Motion 17: Southern LDC, James Kelly

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

Motion 18: Southern LDC, Seamus Hughes

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.

Motion 21: Bexley & Greenwich LDC, Harmail Bassi

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.

Motion 22: Hants IOW LDC, Philip Gowers

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.

Motion 22a: Birmingham LDC, Gillian Cottam

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

Motion 23: Birmingham LDC, Eddie Crouch

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.

Motion 24 Southern LDC, Seamus Hughes

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

Motion 25: Pip Dhariwal, Berkshire LDC

This conference demands dentists be allowed to fine patients for failure to attend or cancelling with insufficient time to reallocate the time booked.

Motion 27: Hants and IOW, Keith Percival

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.

Motion 28: Durham and Darlington LDC, Siobhan Grant

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.

Motion 29: Hertfordshire LDC, Smita Rajani

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

Motion 29a: Norfolk LDC, Nick Stolls

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.

Motion 30: West Sussex LDC, Agnieszka Tarnowski

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.