LDC Conference 2019

Motions for debate

LDC Business

1 Wakefield LDC, Zoe Connelly

This conference calls for all LDCs to hold open meetings. Each performer that pays the levy should be entitled to at least be present.

UK

(No additional narrative)

2 Northampton LDC, Leah Farrell

LDC Conference would benefit from an attendance more representative of the demographic of the profession. We call on LDCs to amend their constitutions to allow for the co-opting of 2 young dentists and that those dentists are inspired and mentored to attend future conferences.

UK

The demographic of UK dentistry is changing rapidly. More women than ever are joining the profession with this year's dental school graduates making up almost two thirds of new entrants to the profession. The working patterns of newly qualified dentists has evolved away from that of previous generations into portfolio careers.

Fewer dentists than ever own their own practices – approx. 85% are associates.

If conference is to reflect the aspirations of the new demographic, they need to be inspired to attend conference. Traditional routes to LDCs via elections are not attracting young members in adequate numbers and a more proactive approach may be the way to improve this situation.

3 Northampton LDC, Judith Husband

This conference calls on GDPC and the BDA to embark upon robust diversity monitoring of all national and local committees. This must include a full exploration of barriers to participation and pay disparity with a commitment to work with BDA PEC to form an action plan to broaden participation throughout our representational structures.

UK

We have a wonderfully diverse profession, and this is well recognised to be important for social mobility and for the positive health outcomes of having a workforce reflecting the communities we care for.

Political representation has lagged behind the massive demographic shifts in our profession. LDCs, GDPC and BDA PEC remain predominantly populated by men, to remain relevant and to ensure we have tomorrow's leaders we must address this disparity urgently and identify solution

Support

4 South Staffordshire LDC, Phil Caswell

This conference demands that the Department of Health and Social Care (and its equivalent in Wales) reintroduces national substantive schemes for dental peer review. These must include payments for all dental professionals that participate and be supported by a robust guidance framework.

England and Wales, Policy

South Staffordshire LDC deplores the lack of peer review within the dental profession. The Regulation of Dental Services Programme Board (RDSPB) whose members include the General Dental Council (GDC), the Care Quality Commission (CQC) and NHS England (NHS-E) are keen to implement a quality improvement framework across the dental sector. The CQC have stated that they expect providers of primary care dental services to participate in peer review to demonstrate good governance. A peer review and audit scheme for general dental practitioners in England was made into a substantive scheme by the Department of Health in 2001. When the new dental contract was introduced in 2006 this was inexplicably removed. This has resulted in a marked decline in peer review within the profession. The benefits of peer review are numerous. These schemes have been especially good at supporting dental professionals that are under-performing.

5 Nottinghamshire LDC, Naresh Patel

We call on the UK health services and Departments of Health to provide greater mental health support for dentists. We believe this should be funded and be available nationally without delay or judgment.

UK, Policy

Burnout and stress are affecting all generations of dentists. Mental health issues are real with lots of political lip service coming from all sides.

This is an issue affecting dentists at all stages of their careers from associates suffering increase work pressures, higher patient demands, and diminishing autonomy to Practice owners suffering increasing management demands from the ever-spinning reel of NHS red tape to colleagues in the twilight of their years watching practices becoming less and less of an asset and more and more of a burden.

There is diminishing clinical support from secondary care services, community care, and the 'Ivory towers'. Greater and greater regulation exists and personal liability whilst less dependable indemnity support is provided. Overwhelming pressures and uncertainty from all sides is upon us all.

Under these circumstances, more funds and understanding should be provided for the health and mental well-being of dentists.

General Dental Council

6 South Staffordshire LDC, Phil Caswell

This conference calls the GDC to ensure Human Factors are considered in all cases that come in front of its disciplinary committees. Rather than penalising all errors, regulators must understand the cause and background of the error before making any judgements. Regulators must foster a safety culture.

UK, Policy

South Staffordshire LDC regrets the attitude of the GDC to seek to actively prosecute all complaints that are made about its registrants.

Regulators must understand that making errors is normal. There needs to be a paradigm shift from a culture of blame to a just culture, where it is accepted that despite our experience, character and talents, we are going to commit errors.

7 Birmingham LDC, Peter Thornley

LDC Conference demands that the Chair of the GDC is replaced with a dentist. This will be imperative for the long-term benefits of the profession and patients.

UK, Policy

The leadership of the GDC has failed in its duty to maintain the confidence of the public in the profession. Its own research ('GDC Stakeholder perceptions'- November 2018) shows that it has generated a climate of fear amongst the profession. Registrants used words such as 'unrepresentative' and 'uncontrolled' to describe the GDC. Respondents think the GDC is heavy handed and treats unintentional mistakes as if they were criminal acts. The GDC's research shows that registrants believe the GDC does not understand what it is like to be a dentist, they do not listen to the profession and they treat it with contempt.

The current leadership has undermined the profession by placing advertisements in national newspapers encouraging the public to complain about their dentist. It has no understanding of the clinical, technical and social limitations that affect a dentist's work. It may be important for lay people to be involved in the decisions made by the GDC, but we demand that the chair and casting vote be held by clinical dentists to ensure fairness and an understanding of what is reasonably achievable by a caring profession, not the increasingly unrealistic demands of the public, whipped up by lawyers and reality TV.

8 Gwent LDC, Russell Gidney

Conference demands that the GDC actively seek out and engage with providers of 'Direct to patient' dentistry, bringing them into line with UK standards and regulations.

UK

'Direct to patient dentistry' has grown in prevalence in the UK in the form of "clip-on-veneers' and aligner systems. These treatments are provided without the patient being seen by a dentist or any formal assessment and as such have a high chance of causing actual harm to the patient. These treatments are not regulated by the GDC leaving the harmed patients with no avenue of recourse.

Dental Tourism

9 Brent and Harrow LDC, Hetal Patel

This Conference demands that the Department of Health and Social Care amend current regulations to stop the NHS rectifying dental treatment errors undertaken privately within the UK or abroad.

UK

There are limited resources available for NHS dental services and it is perverse that these scarce resources should be used to rectify mistakes caused by dentists who are not operating under the UK GDC register. There is a difference between those patients have moved to the UK and for whom we have to rectify poorly provided care and those who actively choose to leave the UK for their dental treatment but rely on the NHS as an insurance policy against poor treatment. Although this would be difficult to monitor and uphold, these challenges should not stop us from starting the debate and, as a profession, taking the lead to find innovative and implementable systems to achieve this goal. I call on Conference to support this motion and for GDPC/BDA to work with the Department of Health and Social Care to devise public messaging to protect our NHS dental services from this abuse.

NHS England Long-term Plan

10 Liverpool LDC, Bill Powell

This conference demands that there be a dental representative sitting on the NHS Assembly to deliver the Long-Term Plan. Of 56 places there are no members representing dentistry.

England, Policy

The members of the NHS Assembly were announced at the end of March to build on 'the collaborative approach to delivering the Long-Term Plan'. The Assembly members are drawn from national and frontline clinical leaders, patients and carers, staff representatives, health and care system leaders and the voluntary, community and social enterprise sector. Despite dentists applying to be members of the Assembly and being the most accessed healthcare professionals, there is no dental representation on the Assembly.
The membership includes practising or training doctors, nurses and other health professionals, 56 members including lay people.

Simon Stevens, chief executive of NHS England, said: "The NHS Assembly rightly reflects a wide diversity of patient, public and staff views and expertise. It builds on the inclusive process for designing the NHS Long Term Plan and will help guide its implementation in the years to come." Is NHS dentistry not in the Long-Term Plan?

11 Norfolk LDC, Nick Stolls

This conference calls for GDPC to pursue NHSE and DHSC in making legislative changes outlined in the NHS Long-Term plan which would see the repealing of the specific procurement requirements in the Health and Social Care 2012 Act.

England, Policy

In January of this year NHS England published a document called the Long-Term Plan. Much of it didn't relate directly to NHS primary care dentistry but in a section towards the end of the document entitled 'Possible Legislative Changes' there was one section of significance.

- *'We propose to free up NHS commissioners to decide the circumstances in which they should use procurement, subject to a 'best value' test to secure the best outcomes for patients and the taxpayer. The current rules lead to wasted procurement costs and fragmented provision, particularly across the GP/urgent care/community health service workforce. This would mean repealing the specific procurement requirements in the Health and Social Care 2012 Act'.*

If the procurement requirements were repealed then this might avoid examples of the clumsy and burdensome PDS contract procurement the profession has endured recently associated with orthodontics together with huge cost savings and business uncertainties.

Commissioning/Contractual

12 Cornwall IoS LDC, Dominic Kiernander

Conference calls upon the GDPC to alter its position regarding the provision of NHS dental care: all high street practices shall be private, but provision of care by the community and hospital services shall be properly funded

UK

Cornwall IoS LDC calls upon the GDPC to alter its position regarding the provisions of NHS dental care. This service is not funded appropriately, and there is no evidence that it ever will be, leading to increased pressure on dentists, practices going bankrupt and reduced access to basic care. The GDPC shall engage with the DoH for the dissolution of NHS dental care. All high street practices shall be private, but provision of care by the community and hospital services shall be properly funded.

13 Devon LDC, Timothy Hodges

Conference demands that no UDA rate should fall below the BAND 1 charge and that any that have already fallen should be uplifted immediately.

England and Wales, Policy

Each year the patient charges are increased by 5% and every year increasing numbers of practices are paid less than the patient charges. Dentists should not be used as government tax collectors. This situation is completely unacceptable and has continued for too long.

14 North Tyne LDC, Mike Hails

Conference demands that, as in Wales (for the contract reform pilots), all English UDA values below the national average are brought up to a minimum amount of £25.00 to safeguard ongoing quality of care in NHS GDS practice.

England

The steady decline in NHS primary care practice income (in relation to practice costs) since the inception of the 2006 contract, as evidenced by the latest NASDAL figures suggests that the future for low UDA value practices is bleak.

This and the effect of repeated 5% annual increases in patient charges, which is predicted to continue for the foreseeable future, is leading to a 'perfect storm' in financial viability for many practices in primary care. Monies are being removed from the primary care budget in the form of clawback at a greater rate than ever, especially in the CNE region. This is money which should be being used to at least maintain and reinforce the current level of service provision.

It is totally unreasonable for the government to expect dental practices to act as tax generating centres and is another ominous sign of the low regard in which we as a profession are held by the Department of Health.

15 Lincolnshire LDC, Jason Wong

This conference calls for the equalisation of UDA rates.

(No additional narrative)

England

16 Devon LDC, Timothy Hodges

Conference demands that UDA values increase at a minimum the same rate as patient charges.

England

(No additional narrative)

Contract Reform

17. Hampshire and Isle of Wight LDC, Claudia Peace

There are just over one hundred practices prototyping dental contract reform. This conference demands to know when the Department of Health intends to finish evaluating prototypes so that the profession can consider the roll out of a reformed contract.

England, Policy

There have been three successive governments since dental contract reform began piloting in 2011.

The Department of Health and Social Care insist that to avoid the problems associated with the implementation of the 2006 UDA contract any reforms must be sufficiently tested first. However, because of the time this is taking, the profession is beginning to lose confidence in the intention to reform the contract and have legitimate concerns about the sustainability of their practices for the future. Evaluation of DCR still has some way to go and payment on weighted capitation hasn't yet been implemented.

So where are we being taken as providers of NHS Dental care? Is it the intention of the DHSC never to finish prototyping, but to incrementally increase the number of practices taken on as prototypes until eventually all NHS practices in England and Wales are subsumed into the program no matter how long that takes?

Or is it to incorporate the feedback from the profession, complete the job, roll it out, allow us to build our businesses and let patients' benefit from the improved education and prevention dental contract reform can offer them? It would be good to know when.

18 Lincolnshire LDC, Jason Wong

This conference calls for Contract reform to reflect the needs of the whole population with care of the elderly and the young embedded in this reform.

England, Policy

Lincolnshire LDC feels that initiatives such as domiciliary visits for older population and Starting Well core should be part of the contractual arrangements as opposed to a side issue based around flexible commissioning. Pre- 2006 domiciliary visits were funded if a practice claimed for it. We feel that the option to carry out this work including seeing the very young should be part of the contract and hence contract reform should take it into consideration and not leave it to commissioning which would usually need a needs assessment and a unique business case.

19 Wakefield LDC, Zoe Connelly

This Conference believes prevention should start early, and so, to this end demands that resources are made available to roll out Starting Well across England

England, Policy

(No additional narrative)

20 Gwent LDC, Russell Gidney

Conference calls for Welsh GDPC to provide external scrutiny of the contract reform process to ensure it supports all practices.

Wales, Policy

Welsh GDS reform has been active and developing for 18 months. External scrutiny of the reform process is needed to ensure it supports all practice profiles and develops the funded prevention lead service we were assured.

Indemnity

21 Norfolk LDC, Nick Stolls

Following the recent introduction of State Indemnity for our GP colleagues, this conference calls on GDPC to renew its efforts to demand parity of State Indemnity for our hardworking and under resourced NHS general dental practice colleagues.

Policy, UK

(No additional narrative)

Patient Charges

22 Birmingham LDC, Philip Davenport

Conference demands that the National Audit Office carry out an independent investigation into the disproportionate rise in English NHS Dental Charges.

England

Patient Charge Revenue has gone up 20% in the past 4 years and will do so again next year by another 5%. This is a stealth tax and affects most those patients that are just exempt from state funded assistance. There is now a 58% disparity between BAND 1 charges between Wales and England, and £70 variance between BAND 3 fees across the two same nations. This is unjust and needs an independent investigation.

23 Birmingham LDC, Eddie Crouch

This Conference demands GDPC insist on reimbursement of credit and debit card charges incurred by Dental Practices in the collection of patient charge taxation.

England and Wales, Policy

When NHS England deducts the patient charge revenue from monthly schedules, they do not deduct the monies received by practices, as this is less due to either a transaction charge from a card machine or a bank charge for depositing cash. It is wrong that the NHS benefit in total for the patient charge when the practice does not. Such charges should be compensated by NHS England in a manner similar to reimbursement of rates in a declared % of NHS/Private income.

24 Brent and Harrow LDC, Hetal Patel

This Conference demands that patient fees are not deducted from the practice if the patient fails to pay when requested.

England and Wales

This is a debt to the NHS, not the dental practice, so the NHS should take action if required. If the NHS Business Services Authority can issue fines for incorrect claiming, they can issue fines for non-payment. I urge Conference to support this motion and for the BDA to work with NHS England and the NHS Business Services Authority to implement an alternative system as soon as possible.

Amalgam (Costs)

25 Enfield and Haringey LDC, Roger Levy

Conference calls on DHSC to fund in full, and independently of expenses which are controlled by the Treasury, all additional practice costs incurred by the withdrawal of amalgam. This funding must apply to the current partial withdrawal as well as to any later total withdrawal.

England, Policy

Dental amalgam is being gradually withdrawn from use. The action is not based on any clinical rationale but is solely out of environmental concern. This is a situation within dentistry that has never arisen before, and it must be considered uniquely. It is absolutely not our role to fund non-business and non-clinical costs. Nevertheless, the cost of operating this purely environmental policy has been defined as a dental expense and therefore does not even come within the purview of the DDRB. It is under direct Treasury control.

Despite our protests, the Treasury has not backed down, and so we are already fully funding the initial restrictions on amalgam use. As this increases towards a total ban, the cost to us and our patients (less time to spend on them, less money to invest in their treatment) will become greater.

We must go back and demand that costs related to the amalgam ban are treated entirely independently of our remuneration and expenses, and that those costs are fully, and retrospectively, funded. If we don't do this now, our acceptance of the burden will be taken as a fait accompli, and we will never reverse it.

GDPR

26 Bedfordshire LDC, Anthony Lipschitz

This conference believes that the GDPR process should be simplified and the full costs be borne by the Government.

UK

This Conference believes that with the onerous and unnecessary burdens placed on practices, both financially and logistically, by the GDPR, that the process should be simplified for dental practices and the financial cost for this borne by the health service.

CQC

27 North Yorkshire LDC, Mark Green

Conference demands that if the CQC must regulate dentistry, then they modify their method of regulation and inspection. We propose the reintroduction of Dental Reference Officers in place of CQC inspections.

England, Policy

North Yorkshire LDC believes that the CQC method of regulation and inspection of dental practices is based on a flawed system. The endless check lists and paper trails are an easy and cheap method of inspection and is not relevant to the quality of care the practice provides.
When pressed the CQC itself cannot give an account as to how their fees are calculated. If a practice showed such inadequacy it would be red flagged as below the standard expected.
We agree that standards in general dental practice do need to be maintained but the current system does not identify and target the areas that matter.

28 Liverpool LDC, Bill Powell

This conference demands that the CQC ends the single owner subsidy of fees for corporate practices.

England, Policy

A single site practice pays between £598-£1204
A corporate with 10 sites £477 per site
A corporate with 41 sites only £248 per site
A corporate with 200 sites pays only £298 per site
The fairest way to apportion the fees would be per dental chair. Single practice owners should not be at a financial disadvantage to the corporate bodies.

Infection control and sustainability

29 Northampton LDC, Sarah Canavan

This conference calls upon Government to ensure the four principles of sustainable healthcare are supported with a review of infection control procedures to enable recycling and reuse of equipment wherever reasonable.

UK

Climate change is known to be the biggest risk to global health. The UK government is legally obligated to reduce its carbon footprint by 80% by 2050, in the Climate Change Act, 2008.
Research showed one practice produced over half a tonne of CO2 emissions a year in sterile wrapping disposal. (Richardson et al 2016 BDJ (220) 2.)

Fluoridation

30 Hull & East Riding of Yorkshire LDC, Simon Hearnshaw

This conference applauds Councils moving forward with Community Water Fluoridation Proposals and commits to support them as they move through the regulatory process.

UK, Policy

Problem -
The need to demonstrate Professional support for Councils moving forward with CWF.
The need to show that Conference support for Fluoridation Motions in 17/18 have made a difference in terms of showing policy makers centrally that LDCs and the Profession do support the public health measure.
The need to raises awareness of the possibility of the first Public Consultation on Fluoridation in 11 years.
The need for support from LDCs in terms of advocacy and financial contributions to a "fighting fund".

The Solution -
The motion provides a solution to the above providing a platform to:
Thank Conference for previous motion support which has made a difference
Reinforce that LDCs have been in the vanguard in terms of taking fluoridation out of the "too hard" box.
Rally support around the possible Public consultation later in 2019
Demonstrate resolute support for council moving forward with CWF and to define what this support could look like.

31 Leicestershire LDC, Philip Martin

This conference supports the work of the British Fluoridation Society and asks that the BDA works with them to promote water fluoridation (wherever possible).

UK, Policy

The British Fluoridation Society has worked tirelessly to advance the cause of fluoridation in the UK. Following changes arising out of the Lansley reforms of the NHS their future is under threat. They require any support we can give them to continue the good work.

32 Bromley, Bexley and Greenwich LDC, Nick Patsias

This Conference demands that the moderators of NHS Choices remove any comments posted from patients about issues to do with their care that are outside of the control of the dental practitioner and that any negative rating as a result of this is also removed.

England

NHS Choices apply a sledgehammer approach that too often discriminates against dentists in circumstances in which they have absolutely no control over and yet they will make no concession for.

A local dentist retired and the practice closed. Many extra patients were redirected to us and the commissioners refused to reallocate the UDAs so we ended up having to refuse NHS treatments until April 1st. A number of patients chose to vent on NHS Choices blaming us rather than the system.

Hospital appointments. Again, we are an easy target. When paperwork and x-rays are lost or the system fails with hospital referrals we are usually blamed unfairly.

I know we can reply to choices comments, but this is frustrating and time consuming and we still end up with a poor star rating. When challenged they will never take these reviews down no matter how obviously unfair or malicious.

The number of complaints per capita is ten times higher with NHS compared to private patients all due to the system rather than the quality of care.

NHS Choices need to recognise that they have a duty to be fair to us as well as just our patients.

Recruitment – the future

33 North Staffordshire LDC, Allan McCulloch

This conference calls for HEE (and the equivalent bodies in Wales, Scotland and NI) to support a scheme to encourage work experience in dental practices and provide a system for remuneration for dental providers that open up their practices to young people.

UK

Work experience is important to the future of our profession to build interest in what we do and encourage talented and committed individuals to join our workforce. Observing and shadowing a dentist and the wider team provides a real sense of what happens in a practice demonstrating how interesting, complex and challenging the role is, as well as experiencing the rewards that come from improving patients' oral health. This conference recognises the importance or work experience and the role it plays in promoting the dental profession as a career choice for young people.

This conference calls for HEE to legislate a scheme to encourage work experience in dental practices and provide a system for remuneration for dental providers that open up their practices to young people.

Foundation Dentists

34 Gwent LDC, Russell Gidney

Conference demands that HEE/HEIW/ NIMDTA revert back to the previously used timetable for allocation of FD places thus enabling undergraduates to have more time to plan their FD year.

England, Wales, Northern Ireland, Policy

HEE and HEIW's change to the allocation of DFT scheme and practice for final year students leaves the students unable to plan for their first year qualified.

In 2019 students will not be allocated to a scheme until 13th June and may not find out which practice they are working at until as late as mid-July - giving 6 weeks for them to find accommodation over areas that might exceed 2 hours driving end to end. Feedback from the profession did not support this change.