

2019 ANNUAL CONFERENCE OF LOCAL DENTAL COMMITTEES

CONFERENCE PAPERS

Thursday 6 and Friday 7 June

Birmingham Conference and Exhibition Centre



2019 Annual Conference of Local Dental Committees

Contents

DOCUMENT		PAGE
•	Letter from the Chair, Vijay Sudra	1 – 2
•	Conference Agenda	3 – 4
•	Standing Orders (with proposed changes indicated in section 17)	5 – 11
•	GDPC progress on 2018 motions	12 – 20
•	Motions 2019	21 -34
•	Voting papers	35 – 36
•	Nominations to GDPC	37
•	Treasurer's report	38
•	Audited accounts year end 2018	39
•	LDC Conference Fund expenses – summary reference table	40
•	Delegate list with LDC Rep, Observer, GDPC status provided	41 – 45
•	Travel, accommodation and expenses	46
•	Venues and directions	47 – 48



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

Dear Colleagues,

I look forward to welcoming you to my home city, Birmingham, for this year's annual LDC Conference to be hosted at the Birmingham Conference and Events Centre on the 6th and 7th June 2019.

The city is the place where I grew up and now work. It is a vibrant place and I hope you will be able to get to explore some of it whilst here for the conference. The moniker, "The place of 1001 trades," was adopted whilst the place was still a growing town. During the industrial revolution, so much was made, fabricated and delivered by small independent businesses in this city, and these products ended up across the Empire and the wider world.

The city has given the world so many internationally recognised iconic British products: Alex Issigoni's Mini motor car, Cadburys chocolate, Birds custard, HP sauce, Typhoo Tea, and, TSB, Lloyds and Midland banks (now part of HSBC) all started out in Birmingham too. Other less known contributions include, to healthcare and science: the world's first x-ray scanner, the mass spectrometer, and in 1960, the world's first heart pacemaker. The place has an energetic buzz, with one of the youngest populations of any city in Europe (40% are younger than 25), there is much development doing on with so much construction everywhere, and yet solitude can be found in one of the many green areas - the city has more parks than any other European city.

Being Chair of LDC Conference 2018-19 has been a pleasure and I do hope I will be able to deliver a successful conference for you. One of my themes for this year has been getting back to basics, looking at how we can improve our working lives and the care delivered to our patients. It is no secret that I have, for some time, felt we need to start to take back control of our profession and the destiny of our profession. I thank all LDCs that have submitted motions to conference for debate and I am delighted that the vast majority do not represent existing GDPC policy. One of the purposes of LDC Conference is to give direction to our colleagues who represent our profession at the negotiating table. Your motions will help channel future discussions.

Like the rest of our profession, I am fed up with our current situation. Morale is at an all-time low, regulation is suffocating us, we get ridiculously low contract uplifts, our pensions are being raided, and we continue to be the poor cousin to our medical colleagues. These are all issues that will no doubt be discussed; I look forward to good impassioned debate.

We have two guest speakers, Paul Batchelor (Special Advisor, who will talk about other models of state funded dental remuneration elsewhere in the first world and describe what we can learn from these), and Stephen Tidman (Dental Economist, who will give us an up-to-date precis on where we are with the numbers). I hope the contributions from these speakers will help galvanise thoughts and future actions.

If you do plan to stay a little longer, then there are plenty places of interest that that you may want to visit. The Birmingham Museum and Art Gallery has free entrance and houses the world's largest collection of Pre-Raphaelite paintings, well worth a visit. The museum is next door to the Town Hall where our conference dinner will take place on the Thursday evening. The Bull Ring Shopping Centre (one of Europe's largest) has a plethora of shops, and you can fine dine in one of five Michelin starred restaurants in the city or take in a hearty Brummie Balti in one of the many curry houses.

The city has a brand new built Dental Hospital and School, the first in the country in forty years. If you have the time, I would encourage you to make time to visit and see this tower of steel and glass and see state of the art teaching facilities there.

To cover some of the logistical details:

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 LDC Representative so you can vote on your LDCs behalf. Please contact **Fiona Feltham** as soon as possible (**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.

Conference Dinner

The Conference Dinner will take place a short walk away from the conference venue/headquarters hotel at the Birmingham Town Hall. 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 to ensure you can be accommodated (fiona.feltham@bda.org / 020 7563 6876).

Accommodation, travel and expenses

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 papers and on the Conference website.

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 13:00 and lunch is then served until 14:00.

Sponsors and exhibitors

We are joined this year by another impressive array of companies, with Dental Elite kindly supporting us as Gold sponsor. I would like to take this opportunity to thank our sponsor and the 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. 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.

Finally, I want to thank the LDC Agenda Committee, Past Chair Joe Hendron, Chair Elect Leah Farrell, Treasurer Will Newport, Alison Lockyer, Stuart Allan and Russell Gidney for all their considerable support. Also, special thanks to the BDA secretariat (Alex Cenic, Fiona Feltham and Susie Mulcahy) for assisting the LDC AC in enabling conference to happen, I could not have got through the last twelve months without their unstinting support, I am indebted.

I look forward to seeing you all in Brum for bostin' Conference.

Ta-ra a bit!!

Vijay Sudra

Chair of LDC Conference 2019

www.ldcuk.org



LDC Conference 2019 Agenda

Thursday 6 and Friday 7 June 2019, Birmingham

Chaired by Vijay Sudra

Thursday 6 June			BCEC
12:15	Registration, bag drop and networking	Password: freewifi	

- 13:30 Conference opens with Chair's address
- 13:40 Amendment to Standing Orders
- 13:45 Conference motions

12:30 Lunch and exhibition time

- 14:15 An update on payment reform for dentists in France from Marco Mazevet ((formerly the President of the European Dental Students' Association and currently a French representative (Les Chirurgiens-Dentistes de France, CDF) on the Council of European Dentists (CED) and the FDI World Dental Federation)
- 14:45 Afternoon refreshments and exhibition break
- 15:15 Update from the Vice-Chairs of the GDPC (Shawn Charlwood and David Cottam)
- 15:45 Conference motions
- 16:45 Nominations
 - i. Chair Elect for Conference 2021 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 GDPC with nominations previously submitted
 - v. One representative to the Conference Agenda Committee (who is not a member of the GDPC at the time of election) with nominations taken from the floor
 - vi. 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 2018 (Will Newport)
- 17:10 Charity presentations followed by Q&A
 British Dental Guild
 BDA Benevolent Fund
 Dentists' Health Support Trust
- 17:30 Conference afternoon session closes

Friday 7 June				
08:00	Morning registra			

08:00	Morning registration, refreshments and exhibition time
08:30	Ballot box for elections closes
08:30	Chair's welcome to day two
08:35	Conference motions
09:40	The dental market: Where's it been and where's it heading? Stephen Tidman, Consultant on Dental Statistics and Economics
10:15	Elections (where required)
i.	Chair Elect for Conference 2021
ii.	Honorary Treasurer of Conference
iii.	Two Honorary Auditors to the Conference
iv.	One representative to the GDPC with nominations previously submitted
٧.	One representative to the Conference Agenda Committee
vi.	One representative to the Board of Managers of the British Dental Guild
10:30	Morning refreshments and exhibition time
11:00	Conference motions
12:10	Briefing from Paul Batchelor, Special Advisor, on other models of state funded dental remuneration within Europe
12:45	Final remarks from the Chair

Please note with the introduction of the Enhanced CPD scheme CPD certificates will not be issued for attendance at this event.

12:50 Induction of LDC Conference Chair 2020

13:00 Lunch and exhibition time

14:00 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.
- 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 redraft 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

- 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. The Returning Officer shall not be able to speak to a motion.

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.
- 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

Response to 2018 LDC Conference motions

This document provides the agreed responses from the GDPC to 2018 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.

On 22 August, the BDA and NHS England convened a workshop to look at the recruitment and retention crisis within dentistry and to discuss possible solutions. Evidence was presented on the nature of and causes of the problems facing practices. The BDA continues to push for NHS England to act on the outcomes of this workshop which includes more flexible commissioning by NHS England, the establishment of mentoring and support schemes for GDPs and help with the costs of professional indemnity.

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.

This motion was referred to the England Community Dental Services Committee, which responded that it was aware of recruitments gaps and was working to see whether the Hospital Dental Services could place some StRs in rural and under-served areas. There is also research ongoing into the downgrading of posts in terms of seniority over time. The BDA uses this work to make the strongest case to the DDRB on uplifts for the CDS. The BDA is also undertaking a review of the commissioning and contracting landscape for the CDS and considering how the CDS will be affected by contract reform in the GDS.

The Scottish Public Dental Services Committee and Northern Ireland Salaried Dentists Committee agreed with the motion; noting that services operate differently. The Wales Committee for Community Dentistry also agreed with the motion.

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.

This is existing GDPC policy.

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.

This is existing GDPC policy.

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.

This is existing GDPC policy.

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.

Through a range of means, the GDPC is pursuing changes to the current contractual arrangements – such as through flexible commissioning – to improve the working lives of dentists, while continuing to work on contract reform.

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.

The WGDPC supports any reform of the contract that allows for prevention and the oral health needs assessment element. It is pleased to be part of the contract reform project board and a source of expertise and guidance. However, it has yet to be convinced that, without root and branch reform of the GDS contract, these goals of prevention can be achieved. It supports a direction of travel that results in UDAs and clawback eventually being outmoded. The new pilot in

Wales has been running since September 2017 and operates based on 10 per cent of UDAs used for data gathering of oral health needs assessments, which is the first small step to improving a patient's oral health. However, the BDA would like to see a much greater percentage of UDAs (at least 30 per cent) being used for prevention to make it a workable prospect.

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.

This is existing GDPC policy. The BDA has undertaken research in both England and Wales to establish the scale of clawback, identify possible causes of the significant increase in clawback and to explore the impact on patient access.

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.

This is existing GDPC policy.

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.

The BDA's Health and Science Committee supports this motion and wrote, with the Royal College of Paediatrics and Child Health, to Simon Stevens calling for the costs of local authorities to be covered by NHS England, rather than local authorities.

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.

The Committee welcomed the initiative and resources developed by Westminster City Council, and agreed that evidence-based programmes of this type should be implemented across England and Wales. It was noted that the NICE guideline for Local Authorities on oral health promotion emphasises that LAs have a statutory duty to undertake such activities.

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.

This is existing GDPC policy.

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.

This is existing BDA policy.

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.

The GDPC is participating in a CQC initiative to improve oral care in residential care settings. We are also asking NHS England to produce a model service specification and contract for dental services provided in such settings.

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.

The BDA has engaged with the APPG on Ageing and Older People in relation to the oral health of older people in care, but the Group has not expressed an interest in exploring these issues. The BDA is, however, currently liaising with the All-Party Parliamentary Group for Housing and Care for Older People to explore collaborative work with them in this area.

Motion 10c: Lincolnshire LDC, Jason Wong

This conference calls for Dental practices to be Dementia friendly.

This is existing BDA policy.

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.

This is existing BDA policy.

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.

The Committee agreed that there is a need for training and clear care pathways. However, there was a feeling that the scope of the motion was too limited and all members of the dental team, as well as students, should receive training in the recognition of all common behavioural and mental health problems, with clear pathways for affected patients to receive timely care in the correct setting. The Committee queried whether funding for care pathways for eating disorders should take precedence over other high-needs groups. It was suggested that diagnosis and referral could be added to the UDA value.

Motion 14: North Yorkshire LDC, Ian Gordon

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

This is existing policy and work is ongoing with the Dental Sustainability Advisory Group to explore how the environmental impact of infection control in dentistry can be quantified.

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.

This is existing BDA policy.

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.

It is existing GDPC policy to support the government covering the costs of regulatory bodies such as the CQC, RQIA and HIW.

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.

This is existing NIDPC policy. The Northern Ireland Department of Health have acknowledged that this should be addressed.

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.

This is existing policy and has been seeking to ensure that GDPs have access to such an indemnity scheme.

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.

This is existing GDPC policy.

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.

This is existing GDPC policy.

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.

This is existing GDPC policy.

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.

The GDPC Executive is exploring this issue.

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.

This is existing policy. The BDA has written to both the Chair of the DDRB and the Secretary of State for Health and Social Care to raise this issue.

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.

This is existing GDPC policy.

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.

This is existing BDA policy.

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.

The new system for performers list validation by experience (PLVE) was introduced formally in January 2018 in order to streamline the disparate approaches to 'equivalence' across England. Charges were being raised before the introduction of PLVE, with the costs varying from no charge in some areas to significant amounts being charged in others. The GDPC is opposed to these charges.

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!

This is existing GDPC policy.

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.

This is existing GDPC policy.

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.

This is existing BDA policy. The BDA has raised this issue with NHS England, the DHSC and the BSA and a task-and-finish group has been established by these organisations to look at what changes can be made to reduce the burden and stress for patients and dentists.

Motions passed by the GDPC at its October 2018 meeting

Motion 34a Lincolnshire LDC, Jason Wong

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

This motion was passed by the GDPC and is therefore GDPC policy. A workshop on PASS was held at LDC Officials' Day and follow up work is taking place.

Motion 34: Wiltshire LDC, Philippa Riseley-Prichard [England]

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.

The GDPC considered, but did not pass, this motion. The Committee did recognise the value of the PASS schemes. While some members felt that it would be appropriate for NHS England to fund PASS if they did not seek to interfere, most members who participated in the debate would prefer to ensure the independence of the schemes and NHS England should not be involved. There were a range of views on the balance between funding from LDCs and contributions from the dentists seeking support.

Motion 35: Bro Taf LDC, Lauren Harrhy

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

This motion was passed by the GDPC and is existing BDA policy.

Motion 37: Norfolk LDC, Nick Stolls [England, Policy]

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

This motion was passed by the GDPC and is existing BDA policy.

Motion 38: Hertfordshire LDC, Marion English

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

This motion was passed by the GDPC and is existing BDA policy.

Motion 39: Camden & Islington LDC, Hatim Kapadia [England]

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.

The GDPC considered, but did not pass, this motion. Committee members raised examples where local Healthwatch had worked against the interests of dentists. It was felt that in many instances the level of Healthwatch engagement was superficial, seeking quick wins and without an understanding of the complexity of the system.

Motion 40: Croydon LDC, Ian Duthie [UK]

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.

The GDPC considered, but did not pass, this motion. It was felt that previous attempts to encourage the GDC to be more positive about dentists had failed. There was also concern that, even if the GDC were to be more positive, the press was not generally interested in positive news about dentists

Motion 41: Northern LDC, Richard Graham [UK]

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

This motion was passed by the GDPC and is therefore GDPC policy.

Motion 25 (unamended): Hertfordshire LDC, Peter Tatton

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.

This motion was passed by the GDPC and is therefore GDPC policy.



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.



68th ANNUAL CONFERENCE OF LOCAL DENTAL COMMITTEES THURSDAY 6 - FRIDAY 7 JUNE 2019

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 2021)

1. ELECTION OF CHAIR-ELECT (TO CHAIR THE CONFERENCE IN 2021)

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 2016 -19 – Alison Lockyer, Oxfordshire Local Dental Committee Elected 2017- 20 – Stuart Allan, West Pennine Local Dental Committee Elected 2018 -21 – Russell Gidney, Gwent Local Dental Committee

Nominations are sought for the following:

One member to serve from 2019 to 2022

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 2015 – 19 S B Pabary Elected in 2016 – 20 M R H Haigh Elected in 2017 – 21 H N C Jones Elected in 2018 - 22 J Randall

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 2019 to 2023.

Nominations will be taken from the floor.

68th Annual Conference of Local Dental Committees Thursday 6 – Friday 7 June 2019



ELECTION OF ONE CONFERENCE REPRESENTATIVE TO THE GENERAL DENTAL PRACTICE COMMITTEE

Elected Representatives:

Roger Levy	2 years ending 2019
Shareena Ilyas	3 years ending 2020
Joe Hendron	3 years ending 2021

1 VACANCY (3 years ending 2022)

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

NAME: IAN ALISTAIR GORDON REGION: North Yorkshire LDC

Nominee's supporting statement:

I've been a LDC member for 30 years and Chair for 15 years, I've managed multiple NHS contracts for Alpha Group - I'm always prepared to speak my mind and think outside the box. Please support my application to contribute to the National debate via GDPC membership

NAME: ROGER STEPHEN LEVY REGION: Enfield & Haringey LDC

Nominee's supporting statement:

I'm energetic, engaged and vocal. I believe in our profession. I've been an active Conference-elected GDPC member for a few years, and I strongly believe that no change will be made unless our arguments are strong and our voice is loud.

NAME: VIJAY SUDRA REGION: Birmingham LDC

Nominee's supporting statement:

I have been a member of my LDC for over 20 years and make strong representation for NHS colleagues, locally and nationally. The current contract is unfair to the profession and our patients. It is time for a more robust challenge to the DHSC for a contract that delivers equitably for both, the prototypes do not. Honest conversations need to be had.

Annual Conference of Local Dental Committees

Treasurer's Report 2019

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 LDC Conference.

LDC Conference costs and requests for payment

As I have done previously, I got in touch with the LDC regional lead 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, only 3 out of a total 32 payments for the Conference remain outstanding.

I would like to use this opportunity to express my gratitude to the many LDC secretaries and treasurers for their prompt attention to the matter of the LDC Conference payments; it is much appreciated.

The share of costs for each area is calculated on the basis of the total NHS GDS spend for each area, as a proportion in relation to the overall budget for the Conference. The data used is obtained directly from the NHS BSA and relates to October in the preceding year (that being the midpoint of the financial year). 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.

As a result of increased Conference expenditure, I sought to recover an increased amount (£140k) for the Conference fund last year, in order to maintain the Conference surplus. I am pleased to report that this year I have been able to recover the usual lower amount of £120k, in order to maintain the surplus held by the Conference fund, which is approximately £50k.

LDC Conference Agenda Committee costs

I have enclosed an additional paper this year, summarising the expenditure in relation to the expenses covered by the LDC Conference fund. You will note that claims to the LDC Conference fund cover a number of roles and functions and so I felt it would be helpful to clearly define the existing parameters of Conference spending.

Election of the LDC Conference Honorary Treasurer

I do not intend to stand for the position of Honorary Treasurer to the Conference this year. I came into the role specifically in order to develop the system of recovering Conference cost shares, in view of the changes to NHS levy payment boundaries at the time the NHS Commissioning Board (NHS England) was formed. I would welcome a conversation with anyone who is considering standing in this role, prior to the LDC Conference, should they wish to understand more about the role and handover process before deciding whether or not to stand.

Please do contact me should you or other LDC members have specific questions about the accounts for the LDC Conference, which are enclosed.

With best wishes for a great LDC Conference this year,

Will Newport
Honorary Treasurer
Annual Conference of Local Dental Committees



Accounts (cash summary) Annual Conference of Local Dental Committees For the 12 months ended 31 October 2018

Income	
Dinner ticket sales	£8,044.28
LDC Conference subscriptions	£140,000.00
Sponsorship	£29,118.00
Total Income	£177,162.28
Less Operating Expenses	
Accommodation	£24,215.99
Audio-visual	£12,398.68
Auditor claims	£1,112.25
Bank Fees	£79.00
Conference Dinner	£11,000.00
Conference Dinner Speaker	£240.98
Event management	£16,500.20
General Expenses	£990.73
IT Software and Consumables	£1,246.10
LDC Conference hotel expenses	£1,419.00
LDC Conference reps to GDPC claims	£4,162.98
LDC rep travel and subsistence claims	£23,920.27
LDCAC claims	£40,519.81
Postage, Freight & Courier	£282.92
Printing & Stationery	£1,128.16
Venue cost	£20,700.00
Total Operating Expenses	£159,917.07
Operating Surplus	£17,245.21
Summary	
Opening Balance	£58,162.42
Plus Net Cash Movement	£17,245.21

Will Newport, Honorary Treasurer

Closing Balance

Jonathan Randall, Honorary Auditor

Stephen Shimberg, Honorary Auditor

£75,407.63

Will Newpal.

LDC Conference fund expenses: summary table

(for the reference of the LDC Conference, the LDC Conference Agenda Committee and the LDC Conference Treasurer)

	LDC Conference Agenda Committee	LDC Conference Chair	LDC Conference Chair Elect	GDPC Chair	GDPC members (non LDC Conference representatives)	LDC Conference representatives to GDPC	LDC Conference representatives	LDC Conference observers (permitted)
LDC Conference		Sessions, Conference dinner, delegate costs, hotel, travel and subsistence are all covered by the LDCCF	Sessions, Conference dinner, delegate costs, hotel, travel and subsistence are all covered by the LDCCF	Sessions, Conference dinner, delegate costs, hotel, travel and subsistence are all covered by the LDCCF	Delegate cost is covered by LDCCF	Sessions, Conference dinner, delegate costs, hotel, travel and subsistence are all covered by the LDCCF	Conference dinner, delegate costs, hotel, travel and subsistence are all covered by the LDCCF	Delegate costs only are covered by LDCCF
LDC Conference Agenda Committee meetings	Sessions, travel and subsistence are covered by LDCCF (meeting room, secretariat and lunch supplied courtesy of BDA)	Sessions, travel and subsistence are covered by LDCCF	Sessions, travel and subsistence are covered by LDCCF	Sessions, travel and subsistence are covered by LDCCF				
UK-wide GDPC meetings		Sessions are covered by LDCCF	Sessions are covered by LDCCF			Sessions are covered by LDCCF		
LDC Officials' Day	Sessions, travel and subsistence are covered by LDCCF. Event, programme and location all covered by BDA	Sessions, travel and subsistence are covered by LDCCF. Event, programme and location all covered by BDA	Sessions, travel and subsistence are covered by LDCCF. Event, programme and location all covered by BDA			Travel and subsistence (exclu LDC. (Delegate cost for a sin Individual LDCs liable for dele to send).	gle delegate per LDC currently	covered by the BDA.
Scottish LDC Conference		Sessions, travel and subsistence are covered by LDCCF	Sessions, travel and subsistence are covered by LDCCF					
GDPC - LDC Regional Liaison Group		Sessions, travel and subsistence are covered by LDCCF						



68th ANNUAL CONFERENCE OF LOCAL DENTAL COMMITTEES Delegate list

(Only includes attendees who provided permission to be included on the delegate list when registering)

Correct as at 03.06.19

Name	Attending capacity	LDC / Org	
Vijay Aggarwal	LDC Representative	Trafford	
Stuart Allan	Member	LDC Conference	
Helen Almond	LDC Representative	Tees	
Mick Armstrong	Chair	BDA PEC	
Tariq Ashraf	LDC Representative	Merton, Sutton and Wandsworth	
Ruby Austin	GDPC		
Zuber Bagasi	LDC Representative	Lancashire Coastal	
Clare Banks	LDC Representative	North Staffordshire	
Michael Barnett	LDC Representative	Tees	
Harmail Basssi	OBSERVER	Bromley, Bexley and Greenwich	
Tam Bekele	OBSERVER	East London & The City	
George Billis	LDC Representative	West Sussex	
Ella Black	OBSERVER	Rotherham	
Adam Blake	LDC Representative	Cornwall and Isles of Scilly	
Utpulenda Bose	LDC Representative	Berkshire	
Matt Botha	LDC Representative	West Sussex	
Jeremy Boyles	LDC Representative	North Yorkshire	
David Brindley	LDC Representative	Walsall	
Sarah Canavan	OBSERVER	Northamptonshire	
John Cantwell	LDC Representative	Avon	
Phil Caswell	LDC Representative	South Staffordshire	
Alex Cenic	Policy Adviser	BDA	
Salma Chanawala	LDC Representative	East London and City	
Suresh Chande	GDPC		
Shawn Charlwood	GDPC		
Alison Chastell	LDC Representative	Hertfordshire	
Janet Clarke	Deputy Chief Dental Officer	NHS England	
Michael Clarke	LDC Representative	Ealing, Hammersmith and Hounslow	
Matthew Collin	LDC Representative	Calderdale and Kirklees	
Zoe Connelly	LDC Representative	Wakefield	
Dan Cook	LDC Representative	Gwent	
David Cooper	OBSERVER	Sandwell	
David Cottam	GDPC		
Jaco Craig	LDC Representative	Cambridgeshire	
Steve Croston	OBSERVER	Liverpool	
Eddie Crouch	LDC Representative	Birmingham	
Andrew Dale	GDPC		

Snehal Dattani	LDC Representative	Surrey
Philip Davenport	LDC Representative	Birmingham
Judith Denning	LDC Representative	Wiltshire
Jaswinder Dhariwal	LDC Representative	Berkshire
Laura Doherty	OBSERVER	Bedfordshire
Ian Duthie	LDC Representative	Croydon
Marie-Louise Duthie	LDC Representative	Liverpool
Omamode Efeotor	OBSERVER	Croydon
Marion English	LDC Representative	Hertfordshire
Leah Farrell	Chair-elect	LDC Conference
Andrew Fenn	LDC Representative	Lincolnshire
John Fenton	LDC Representative	Enfield and Haringey
Liam Ferguson	OBSERVER	North Tyne
Mohammed Fiaz	OBSERVER	Coventry
Simon Flaherty	LDC Representative	Mid-Mersey
Priya Gaind	LDC Representative	Hillingdon
John Gatus	LDC Representative	Doncaster and Bassetlaw
Nick Gibb	LDC Representative	Warwick
Russell Gidney	Member	LDC Conference
Ravi Goel	LDC Representative	Bedfordshire
Ian Gordon	LDC Representative	North Yorkshire
Philip Gowers	LDC Representative	Hampshire and Isle of Wight
Nicola Grainge	LDC Representative	East Sussex
Fiona Grainger	OBSERVER	Ealing, Hammersmith and Hounslow
Siobhan Grant	LDC Representative	Durham and Darlington
Richard Grant	OBSERVER	Northumberland
Mark Green	GDPC	
Alister Green	LDC Representative	Devon
Chris Groombridge	OBSERVER	Hull and East Riding of Yorkshire
Satish Gupta	LDC Representative	Redbridge and Waltham Forest
Mark Haigh	LDC Representative	Gateshead and South Tyneside
Mike Hails	LDC Representative	North Tyne
Rema Hamad	LDC Representative	Salford
Lauren Harrhy	LDC Representative	Gwent
Elizabeth Hartle	GDPC	
Esmail Harunani	LDC Representative	Lambeth, Southwark and Lewisham
Andrew Harvey	LDC Representative	East Lancashire
Nicky Hawkey	Senior Policy Adviser	BDA
Simon Hearnshaw	LDC Representative	Hull and East Riding of Yorkshire
Joe Hendron	Immediate Past Chair	LDC Conference
Stephanie Higgins	OBSERVER	Cornwall and Isles of Scilly
Somsekhar Hirekodi	OBSERVER	Barking and Havering
Timothy Hodges	LDC Representative	Devon
Sandy Hodges	OBSERVER	Devon
Peter Hodgkinson	Past Chair	LDC Conference
Tim Hogan	LDC Representative	Kent
Michael Horton	LDC Representative	North Wales
Chloe Hughes	OBSERVER	Warwick
Judith Husband	LDC Representative	Northamptonshire
Az Hyder	GDPC	Horatamponomic
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James Hyslop	LDC Representative	Sefton
Chris Illingworth	LDC Representative	Cheshire
Shareena Ilyas	GDPC	
Afy Ilyas	LDC Representative	Wolverhampton
Sarah Jackson	LDC Representative	Dorset
Sushil John	GDPC	
Amitpal Jutlla	OBSERVER	Walsall
Hatim Kapadia	LDC Representative	Camden and Islington
Magda Kiczka	LDC Representative	Bromley, Bexley and Greenwich
Dominic Kiernander	GDPC	
Tom King	Policy Adviser	BDA
Barry Kinshuck	GDPC	
Peter Knops	LDC Representative	Sunderland
Surendra Kumar	GDPC	
Suresh Kumar	LDC Representative	Sandwell
Jim Lafferty	GDPC	
Joseph Lee	LDC Representative	Bolton and Wigan
Roger Levy	LDC Representative	Enfield and Haringey
Bhawnesh Liladhar	LDC Representative	Barking and Havering
Anthony Lipschitz	LDC Representative	Bedfordshire
Alison Lockyer	Member	LDC Conference
Martin Longbottom	LDC Representative	West Pennine
Ramy Magdy	OBSERVER	Gloucestershire
Ruby Mahal	GDPC	
Grish Malhorta	OBSERVER	Redbridge and Waltham Forest
Reza Manbajood	LDC Representative	East London and City
Philip Martin	LDC Representative	Leicestershire
Roy McBurnie	Past Chair	LDC Conference
David McColl	GDPC	
Don McGrath	GDPC	
Carmel McHenry	Media Relations Officer	BDA
Shanta Mestry	LDC Representative	Worcester
Robert Mew	GDPC	
Robert Middlefell	GDPC	
Ian Mills	GDPC	
John Milne	GDPC	
Shahram Mirtorabi	LDC Representative	Bolton and Wigan
Aekta Mistry	OBSERVER	Hillingdon
Adam Morby	GDPC	
Alyn Morgan	LDC Representative	Bradford
Adrian Moss	LDC Representative	Stockport
Hanif Moti	LDC Representative	Leicestershire
Saleem Mulla	LDC Representative	South Staffordshire
Mohammad Khalid Mushtaq	LDC Representative	Bury and Rochdale
Jonathan Mynors-Wallis	LDC Representative	Dorset
Ravi Nathwani	LDC Representative	Derby City
Will Newport	Treasurer	LDC Conference
Malc Newsome	OBSERVER	Stockport
Andrew North	LDC Representative	Derbyshire County
Mark Nugent	LDC Representative	Kent

Leo O'Hara	LDC Representative	Gloucestershire
Joanna O'Sullivan	LDC Representative	Leeds
Shiv Pabary	GDPC	
Jimmey Palahey	LDC Representative	Nottinghamshire
Amish Patel	GDPC	
Pratik Patel	LDC Representative	Brent and Harrow
Nilesh Patel	LDC Representative	Buckinghamshire
Saagar Patel	LDC Representative	Kensington, Chelsea and Westminster
Jayesh Patel	LDC Representative	Lambeth, Southwark and Lewisham
Krishan Patel	LDC Representative	Merton, Sutton and Wandsworth
Mital Patel	LDC Representative	Milton Keynes
Naresh Patel	LDC Representative	Nottinghamshire
Hetal Patel	OBSERVER	Brent and Harrow
Minesh Patel	OBSERVER	Kingston and Richmond
Nish Patel	OBSERVER	Wiltshire
Ambi Pathamanathan	OBSERVER	Bromley, Bexley and Greenwich
Ross Paton	LDC Representative	South Humber
Nick Patsias	LDC Representative	Bromley, Bexley and Greenwich
Claudia Peace	LDC Representative	Hampshire and Isle of Wight
Keith Percival	LDC Representative	Hampshire and Isle of Wight
Tim Phillips	LDC Representative	Brotaf
Ralph Pickup	LDC Representative	East Lancashire
Charles Pidgeon	LDC Representative	Devon
Naven Pillay	LDC Representative	Dudley
Bruce Porteous	LDC Representative	Central Lancashire
Adam Porter	LDC Representative	Brotaf
Bill Powell	OBSERVER	Liverpool
Laurie Powell	OBSERVER	Oxfordshire
Mark Preston	LDC Representative	Essex
Jonathan Randall	GDPC	LSSEA
Giles Ratcliffe	LDC Representative	Calderdale and Kirklees
	•	
Brian Robertson Jim Rochford	LDC Representative	Norfolk Manchester
Paul Rolfe	LDC Representative LDC Representative	Suffolk
Alan Ross	•	
	LDC Representative	Barnet
Noor Sacoor	LDC Representative OBSERVER	Ealing, Hammersmith and Hounslow
Zubair Sacranie		Solihull
James Sanders	OBSERVER LDC Papragantative	Wakefield
Vinod Sehmi	LDC Representative	Lambeth, Southwark and Lewisham
Amar Shah	LDC Representative	Northamptonshire
Paresh Shah	OBSERVER	Camden and Islington
Mohammad Anjum Shaikh	OBSERVER	Dudley
John Sheldon	LDC Representative	Kingston and Richmond
Stephen Shimberg	GDPC	Covertex
William Sidhu	LDC Representative	Chachin
Mike Simpson	LDC Representative	Cheshire
Jon Slattery	LDC Representative	Manchester
Laura Smith	LDC Representative	Kent
Adam Smith	LDC Representative	Norfolk
Adetoun Soyombo	OBSERVER	Milton Keynes

Michael Speakman	LDC Representative Barnsley	
Nick Stolls	GDPC	
Des Stott	LDC Representative	Suffolk
Nish Suchak	LDC Representative	East Sussex
Vijay Sudra	Chair	LDC Conference
Tina Tanna	LDC Representative	Surrey
Agi Tarnowski	GDPC	
Peter Tatton	LDC Representative	Hertfordshire
Duncan Thomas	LDC Representative	Northumberland
Steven Thompson	LDC Representative	Rotherham
Peter Thornley	LDC Representative	Birmingham
Robert Tobin	LDC Representative	Solihull
Hollie Travis	OBSERVER	North Staffordshire
Roz Tritton	LDC Representative	Oxford
Nazia Uddin	OBSERVER	Bury and Rochdale
Arif Ullah	OBSERVER	Redbridge and Waltham Forest
Pradeep Vohra	GDPC	
Adam Walker	OBSERVER	Doncaster and Bassetlaw
Philip Walker	OBSERVER	Gloucestershire
Jonathan Ward	LDC Representative	Derbyshire County
Peter Ward	Managing Director	BDA
Brian Westbury	Past Chair	LDC Conference
Penny Whitehead	Head of Policy and Research	BDA
Richard Wilczynski	GDPC	
Susan Williams	OBSERVER	Somerset
Lynn Windle	OBSERVER	Bradford
Huw Winstone	LDC Representative	Kent
Jason Wong	LDC Representative	Lincolnshire
Mark Woodger	LDC Representative	Mid-Mersey
Martin Woodrow	Acting CEO	BDA
Hannah Woolnough	OBSERVER	Suffolk
Geoff Worrall	LDC Representative	Somerset



LDC Conference 2019

Travel arrangements and expense entitlements

LDC Representatives

LDC Representatives are required to pre-book their train travel on account via appointed travel team Ian Allan Travel

Call: 0117 9305 200

Email: rail.bristol@ianallan.co.uk (office hours 09:00 – 17:15 Monday to Friday)

Further information about the <u>travel policy and booking procedures</u> can be found on the LDC Conference website.

Reimbursement for taxis or flights can be claimed from the LDC Conference Treasurer after the event. will.newport@ldc.org.uk. Expense claims (with receipts) must be submitted within 28 days of the event.

LDC Observers and accompanying partners

Those attending as an LDC Observer are not permitted to claim expenses for the event from the LDC Conference Fund and as a result should book their own travel independently.

GDPC members

GDPC members attending will have their travel, accommodation and subsistence expenses covered by the BDA.

They are not permitted to claim from the LDC Conference Fund and should make their own travel arrangements and seek reimbursement from the BDA after the event by submitting a GDPC Member expense claim form with receipts within 28 days of the event.

As standard GDPC members can book one-night single occupancy B&B on account. This must be arranged via our accommodation agency MICE Concierge.

GDPC members are required to purchase dinner tickets in full and can then seek reimbursement for the £25 dinner subsistence allowance after the event by completing the expense claim form.

A reminder of the BDA Expense claim policy can be located on the BDA website.

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@miceconcierge.com



LDC Conference 2019

The venues

Registration is from 12:00 on Thursday 6 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 7 June at 13:00, with lunch taking place between 13:00 – 14:00.

The Conference venue

Birmingham Conference and Events Centre (BCEC)
Hill Street
Birmingham
B5 4EW
www.thebcec.co.uk

The Conference Dinner venue

Birmingham Town Hall Victoria Square Birmingham B3 3DQ

www.thsh.co.uk/town-hall

The Town Hall is a six-minute walk away along Hill Street.

The Headquarters Hotel

Holiday Inn Birmingham City Centre Smallbrook Queensway Birmingham B5 4EW www.hibirmingham.co.uk

The headquarters hotel is adjacent to the conference venue and linked by a covered walkway.

Directions to the BCEC and Holiday Inn Birmingham City Centre

By train

Birmingham New Street

This is the closest station to the venue.

Use the Station Street/Hill Street exit, turn left onto Hill Street and the BCEC is on your right-hand side, 100 yards down from the station.

(On exiting the platform barriers, head under John Lewis to the Station Street exit. Cross at traffic lights. Turn left at the Crown Pub onto Hill Street – you will see the BCEC across the road)

Snow Hill

Turn left onto Livery Street and then turn right onto Colmore Road. Walk through Cathedral Square and exit onto Temple Street. Walk to the end of Temple Street and then walk through Birmingham New Street station, exiting onto Hill Street and the BCEC is on your right-hand side, 100 yards down from the station. 10 minute walk.

Birmingham International Train Station

Regular connections are available between the International Train station and Birmingham New Street. This is a 10 minute train journey.

By car Closest car parks:

NCP New Street (at the rear of the BCEC – 2 minutes walk) St Jude's Passage Birmingham B5 5AN

Up to 12 hours - £18.00 upon validation of ticket at Holiday Inn hotel reception Up to 24 hours - £20.00 upon validation of ticket at Holiday Inn hotel reception

Apcoa China Town (5 minutes walk)

China Town Wrottesley Street Birmingham B5 4RT

Up to 10 hours - £9.00 upon validation of ticket at The Birmingham Conference & Events Centre reception desk