ANNUAL CONFERENCE OF LDC
Local Dental Committees

LDC Conference 2020

Motions for debate

SESSION ONE

PPE

1. <u>Hants and IoW LDC, Phil Gowers</u>

This Conference demands to know that NHS bodies will rectify the inadequate supply chains which caused the lack of provision of PPE to dental practices in the Corona Virus pandemic in future contingency planning.

UK

Supporting statement:

The lack of personal protective equipment and compromised supply chains severely hampered the treatment of dental patients during the Corona Virus pandemic

2. <u>West Pennine LDC, Martin Longbottom</u>

This Conference asks that all necessary PPE including any Fit Testing necessary, be provided free of charge for NHS use at all registered dental sites.

UK

3. <u>West Pennine LDC, Martin Longbottom</u>

This Conference asks that all necessary PPE including any Fit Testing necessary, be provided free of charge at all registered private dental practices.

UK

Treatment of Associates

4. <u>Hants and IoW LDC, Keith Percival</u>

This Conference demands an in-depth investigation into the perverse financial and agreement changes that many associates have had to endure during the current COVID-19 pandemic.

UK

Supporting statement:

A large number of associate dentists working within NHS contracts within primary dental care have suffered financial and mental hardship as they have been subjected to unilaterally imposed

unfavourable changes to their associate agreements and even unwarranted dismissal. NHS England and NHS Improvement do not have the necessary contractual or legal levers to protect these performers. An in-depth investigation should be carried out to identify the necessary actions and changes needed to rectify this parlous situation.

5. <u>Liverpool LDC, Vip Syal</u>

Conference calls on the BDA to act when it uncovers during dispute resolution negotiations evidence of unscrupulous behaviour with regards to the unfair treatment of associates. It calls on the BDA to hold to account the GDC registered provider of the contract and the CQC (or equivalent) registered provider of service and refer them to the necessary regulator

UK

Supporting statement:

The BDA has received 412 requests for dispute resolution and counting. Liverpool LDC has received multiple reports and seen evidence of intimidating and bullying tactics being used towards associates at a time of national crisis where taxpayers' money has been released to support hardworking NHS dental professionals. The behaviour of these providers should not be tolerated and where it is found they have breached the GDC code of conduct Or the CQC registered practice is not proving to be well-led by putting their contractors under undue stress and hardship the regulators should be informed. There have been some appalling situations that have come to light. These providers and registrants need to be dealt with forcefully.

Representation for Associates

6. <u>Northamptonshire LDC, Sarah Canavan</u>

This conference calls upon the GDPC and the BDA to ensure that a protected seat is created for a "career associate" on the GDPC Executive.

UK

The dental profession is comprised of associates and practice owners with the number of "career associates" increasing on an annual basis. A career associate is defined in this instance as a dentist who begins and ends their career having never been a practice owner. An estimate of the associate/practice owner split is 80/20 although it is unknown how many have owned a practice prior to becoming an associate. In basic terms, most of the dental profession in England working in primary care are not practice owners and this means the capacity, interests and aspirations of the workforce are fundamentally different to what they have been historically.

We aim to ensure that these career associates have their voice heard where it matters. To do this there has to be a protected seat on the GDPC exec that is filled by a colleague who is a career associate.

Contract reform

7. <u>Northamptonshire LDC, Alisdair McKendrick</u>

Northants LDC abhor the fact that GDPs have been forced to be tax collectors by having to collect patient charges in practice. We call for a system which makes the Government responsible for collecting their own revenue.

UK, Policy

Supporting statement:

The patients are given the impression that the money crossing the reception desk is direct payment to the dentist.
There are some practices that actually pay some of the collected money back to the Government which is iniquitous.
Collection of patient charges should never be the role of the dental practice.

7a Ian Douglas, North Wales LDC

This conference supports the WCDO's plans to remove PCR collection away from practices

Wales

Supporting statement:

This Conference recognises that the existing NHS dental patient charge mechanism places a burden on dental practices to perform a revenue collecting service for Central Government at a financial cost to practitioners. It is an outmoded system designed to serve an outmoded contract.

This Conference therefore welcomes the vision of the Welsh CDO to reform NHS dental patient charge collection. The responsibility of duty should lie with Welsh Government, removing the onus of dealing with patient charges in a clinical setting. This is an essential step required to align progress with NHS contract reform progress and better reflect NHS core values. We also call for consultation during this process with the Profession and the Public.

SESSION TWO

Contract Reform

***8.* <u>Derbyshire County LDC, Paul Moore</u>**

This conference calls on the Department of Health and Social Care to guarantee that NHS practices receive 100% of their contract value into the future, no matter what form of system we will be working under.

England, Wales, Policy

Supporting statement:

We strongly feel that with the massive drop in patient charge revenue, and the low numbers of UDAs which will be achieved under this Covid19 crisis for an unknowable length of time, it is vital that NHS practices continue to be fully funded, to ensure our patients have access to all treatments necessary

9. Dyfed & Powys LDC, Tom Bysouth

This conference demands that there be ongoing collaborative testing and piloting of the proposed NHS contract changes in Wales such that they can be scrutinised by the profession before any permanent implementation.

Wales

Supporting statement:

The move away from the UDA in Wales is welcomed for the recovery year up until March 2021. The proposal of a changed system based on risk and patient number that may commence from April 2021 is sound in principle yet there is much detail to sort. These details must be discussed and consulted with the profession before any permanent implementation.

10. Gwent LDC, Sharlene Parmar-Anwar

This Conference calls for the immediate withdrawal of the "Urgent" ACORN in all clinical settings in Wales

Wales

Supporting statement:

Welsh contract reform has successfully piloted the ACORN (Assessment of Clinical and Oral Risks and Needs) risk and needs toolkit as a method to drive investment in dentistry in Wales and an indicator of care pathways for treatment. This being performed once well per year. The recent introduction of the "abbreviated" Urgent ACORN - which introduced this form for all emergency patients who have not previously had an ACORN - is counterproductive. The recommended time for a non-registered emergency stood at 20 minutes before this. The urgent ACORN will necessitate an increase in this appointment time to at least 30 minutes which will cause a 50% reduction in access or require a 50% increase in funding to maintain the existing access. This Introduction is illogical as a) the ACORN is not "done well" without a comprehensive examination. b) The vast majority of these patients will be Red on RAG (Red/Amber/Green) scoring and C) it entails asking lifestyle questions to a patient whose only motivation is to get out of pain. This conference calls for this unproductive use of resources to be removed from the contract development plans.

Dentistry's place in the NHS

11. Enfield & Haringey LDC, Roger Levy

Conference calls on DHSE and the NHS to acknowledge primary care dentistry as a vital service that is in every respect a part of NHS primary care services.

UK, Policy

Supporting statement:

The NHS has never paid more than lip-service to the idea of general dentistry as a part of primary care services.

The importance of oral health is now appreciated more than ever before, but it will not be considered seriously until it is taken seriously. Our possible contribution is huge, but it has never been taken

advantage of. Dentistry needs formally to be integrated within primary care; our staff deserve and need the full range of benefits available to other parts of primary care; our patients need the benefits of full and seamless communication between caring professionals on their behalf.

There are historical reasons for this situation, but none of them is tenable now. For the sake of our patients, ourselves, and the whole of primary care services, dentistry must be accepted as a fully contributing part of primary care.

Contract reform

12. Birmingham LDC, Vijay Sudra

This conference insists that treatment of disease as well as prevention remains an essential function of the NHS Dental Service

UK

Supporting statement:

There are still many in the population of the UK with existing extensive dental disease and these patients require our help and active intervention for relief of pain and restoration of function. Any future NHS service must acknowledge the proportion of the population with very high dental needs- often the poorest members of society.

13. Coventry LDC, William Sidhu

The contracting of services should utilise flexible commissioning principles to facilitate the provision of domiciliary care services as soon as possible.

England, Policy

The number of people who are housebound or in Nursing homes are having difficulty in obtaining Domiciliary care and this need can be met from resources within General Dental Services.

SESSION THREE

Communication/leadership

14. Nottinghamshire LDC Jimmey Palahey

This conference calls for the formulation of a dental crisis committee, consisting of senior stakeholders from the full spectrum of dental care, to provide clear and concise guidance, swift communication, and crucially have the appropriate powers to successfully and effectively steer the whole profession through any future threat to continued service provision.

UK

14a. Liverpool LDC, Bill Powell

Liverpool LDC calls for a SAGE equivalent, clinician-led emergency dental response committee to be assembled. With the overarching responsibility lying with the BDA to disseminate guidance to the profession.

UK

Supporting statement:

Following the shambolic management of dentistry during the Covid 19 crisis resulting in the complete paralysis of the dental sector, Liverpool LDC wants to ensure this never happens again.
We put it to Conference that a practising, clinician-led SAGE equivalent emergency dental response committee should be assembled to include representatives from the OCDO, BAPD, PHE, GDPC, GDC, CQC.
The overarching responsibility for disseminating guidance to the profession from that committee lying with the BDA, as one point of contact. There were far too many different guidance documents produced with no clear leadership as to who we should be turning to for definitive decision making. It would be inexcusable after this fiasco if the profession is not prepared for the next pandemic

15. Hants and IoW LDC, Claudia Peace

This Conference demands that the Gateway process in England is amended to prevent the delay in the production of guidance for dentists (to be in line with the other home nations).

England

Supporting statement:

The delay from the Office of the Chief Dental Officer of England in providing guidance to dental practices at the beginning of the Corona Virus pandemic created confusion and anxiety for the profession.

15a. Birmingham LDC, Eddie Crouch

This conference demands an inquiry post pandemic into the structure of NHS England, that has made communication and agreements so much less efficient than other parts of the United Kingdom.

England

Supporting statement:

Colleagues across England have suffered from a chain of command within NHS England that has resulted in serious delays in receiving information, standard operating procedures and agreements on financial arrangements. NHS England should be investigated on the structure of control on NHS Dentistry to seriously improve performance on these issues.

16. Nottinghamshire LDC, Simon Thackery

This conference calls for the Office of the Chief Dental Officer to be distanced from the NHSE hierarchy ensuring that multiple levels of approval are not needed before critical updates and communications are distributed which result in unacceptable delays in information dissemination.

England

Evidence base for guidance

17. North Yorkshire LDC, Ian Gordon

PHE and other bodies that impose restrictions on practice should have evidence to back their recommendations.

UK

Dentistry's place in the NHS

18. Bedfordshire LDC, Anthony Lipschitz

This Conference calls for a radical restructuring of the DoH and PHE whereby Dentistry is included on an equal footing with the General Medical Profession. This will ensure equitable treatment of patients and Dental Teams within the NHS

England

Supporting statement:

The current pandemic has proven that the OCDO has had little effect on the decisions regarding dental provision and that PHE advice and support to the dental profession was inadequate

SESSION FOUR

BAME

19. South Staffordshire LDC, Adam Morby

This conference calls on the NHS to work with the profession to support BAME dentists and address the racial inequalities that have been highlighted by the disproportionate impact of coronavirus.

UK, Policy

Supporting statement:

We now know there is evidence of disproportionate mortality and morbidity amongst black, Asian and minority ethnic (BAME) people, including our NHS staff, who have contracted COVID-19. This is an equality, diversity and inclusion issue. The BAME community feels let down by the way it has been ignored by the NHS and the disproportionate impact that COVID-19 has had on its members has been brushed under the carpet.

This conference therefore calls on the NHS to ensure that all BAME staff get immediate risk assessments and support to deal with and manage their higher risk status during the coronavirus pandemic. They also get all the necessary tools and recompense that they deserve for the years of service that they have provided to the NHS.

Dentistry's position within the NHS

20. Wakefield LDC, Zoe Connelly

This Conference calls for NHS dentistry to be integrated into the NHS Digital mainstream and dentists receive access to Summary Care Records.

UK, Policy

The CDO called for "the mouth to be put back in the body" and the BDA regards dentistry as 'the missing piece of the jigsaw'. The recent pandemic has highlighted the need for digital integration of patient records.

21. Kent LDC, Huw Winstone

This Conference believes primary care dentists should have access to electronic prescribing

UK, Policy

Supporting statement:

We ask Conference to continue the forward movement of digitisation of dentistry that has started as a result of changes to dental practices during the COVID period. We ask particularly to ensure that electronic prescribing continues to be available to dentists not just as an emergency arrangement as dentistry establishes its position in the primary care of patients alongside our GMP colleagues

Fluoridation

22. Hull and East Riding of Yorkshire, Simon Hearnshaw

This conference supports the targeted fluoridation of water and stands shoulder to shoulder with Durham, Sunderland, South Tyneside and Northumberland councils as they move towards Public Consultation for Community Water Fluoridation.

UK, Policy

Supporting statement:

Water fluoridation is a well-established Public Health Programme with over 75 years of evidence base to support the outcomes, reducing disease levels, reducing inequality cost effectively. Targeted community Water Fluoridation has the potential to make a large impact on oral health amongst communities where health inequality is a profound issue.
The recent Health Equity publication tells us that in the ten years since the Marmot Review things have not improved:

People can expect to spend more of their lives in poor health

Improvements to life expectancy have stalled

The health gap has grown between wealthy and deprived areas

The evidence base over 75 years tells us that Community Water Fluoridation is an effective way of reversing some of these trends in the context of oral health and improving lives. Now as a profession we need to support Local Authorities moving to Public consultation so we can stop talking and start doing.

Occupational health

23. <u>Enfield & Haringey LDC, Roger Levy</u>

Conference calls on NHSE to provide free and comprehensive Occupational Health services to dental practice staff.

England, Policy

Supporting statement:

The financial and governance-related burden of dental practice is becoming impossible to bear.

The cost to practices of Occupational Health services is increasing not only because of appropriate requirements, but also because OH providers appear able to charge what they want to charge. They have a monopoly. There is no regional consistency. It is an inescapable conclusion that the OH charges paid by dentists are subsidising the service. This is clearly not acceptable.

Welsh GDS reform

24. <u>Gwent LDC, Dan Cook</u>

This Conference feels that Welsh practices should not be obliged to provide access to all local people, regardless of their previous attendance, without additional funding and support.

Wales

Supporting statement

Access to Welsh GDS practices is limited by restricted funding. There is a chronic lack of access across Wales which new activity measures and new recall guidance cannot solve alone. Only a fully funded expansion of existing EDS and routine provision will make any headway in solving the access problem.

SESSION FIVE

25. <u>Gwent LDC, Dan Cook</u>

This conference calls for practices to be credited UDAs (UDAS) to compensate for the loss of income from FTA.

England, Wales

Supporting statement:

Since 2006 practices have been made to bear the financial burden of patients who miss their appointments. Access remains pivotal to NHS provision. In Wales this means a strong drive to see patients who do not regularly attend a dentist with the "credit" for that patient coming from the examination (ACORN). The increased risk this presents to practices affects their financial stability. This conference calls for practices to be credited UDAs (UDAS) to compensate for this loss of income.

GDC - ARF

26. <u>Northamptonshire LDC, Amar Shah</u>

Conference calls for the GDC to urgently reduce its ARF for dentists and dental care professionals and allocate use of reserve funds to meet any adverse financial demand if need be.

UK, Policy

Supporting statement:

By definition, reserve funds are set aside by an individual or business to meet any future costs or financial obligations, especially those arising unexpectedly. If the current Covid-19 pandemic doesn't count as an unexpected financial obligation, what does?

27. <u>North Yorkshire LDC, Ian Gordon</u>

This conference calls on the GDC urgently review how the ARF is collected, to allow payments by instalment and review the total amount collected. It is once again apparent that they have no understanding of the profession they regulate.

UK, Policy

Supporting statement:

They have huge financial reserves and have had reduced running costs through using the government furlough scheme yet they won't even consider payments in instalments.

28. <u>South Staffordshire LDC, Adam Morby</u>

This conference calls for the General Dental Council to immediately withdraw from the furlough scheme and use its reserves to pay its staff properly and repay the taxpayer all the money that it has taken from this scheme.

UK

Supporting statement:

In a GDC meeting held on Wednesday 13 May 2020 in Closed Session it was agreed that there would be no reconsideration of the ARF payment during the coronavirus pandemic and following this the next item on the agenda that was passed, they awarded themselves a salary increase where this was above the government cap of 80%. The General Dental Council has furloughed a significant proportion of its staff - in effect this means that the taxpayer is funding their employees up to a maximum of £2500 each employee per month. Despite the loss of income suffered by dentists and their staff the GDC has point blank refused to reduce the Annual Retention Fee (ARF) for both dentists and dental care professionals (DCPs) and has even refused to allow these groups to pay the ARF over several months - it has to be paid in full in one instalment - in contrast the General Medical Council does facilitate this. I am outraged by the GDC in general and this is just another example of their disgraceful behaviour. The job retention scheme is to help businesses whose income has been directly impacted by the coronavirus. This is simply not the case as far as the GDC is concerned. Their income has been completely unaffected by covid19. I sincerely hope they are brought to task over this despicable misappropriation of government funding.

This conference therefore calls for the general dental council to immediately withdraw from the

furlough scheme and use its reserves to pay its staff properly and re pay the taxpayer all the money that it has taken from this scheme.

Regulation/GDC

29. Gwent LDC, Jimmy Carter

This conference calls on the GDC to fulfil its duty to protect patients by actively policing direct to consumer dentistry

UK, Policy

The GDC has acknowledged that treatment protocols employed by direct to consumer dentistry do not comply with UK standards. So far their attention has been purely on direct to patient orthodontic services provided by one major provider. Direct to consumer dentistry has existed in the UK for years in different guises (whitening, clip on veneers) before the current main provider started in the UK with numerous companies. Dentists see patients who have been actively harmed by these treatments with no recourse. Conference call on the GDC to fulfil its course raison d'etre and protect UK patients by seeking out and regulating providers in this sector.

Orthodontic procurement

30. Birmingham LDC, Gill Cottam

Conference demands an inquiry on the abandoned Orthodontic Procurement process in NHS Midlands and East to encompass all procurement that has taken place in NHS Dentistry since 2006 to evaluate the cost and improvement such processes have delivered.

England

Supporting statement:

The failings in NHS Dental procurement is well documented with legal challenges and failings to deliver value for money for taxpayers in the many aborted or flawed procurement processes resulting in diversion of funds from both commissioners and providers away from front line care. It is vital that a window is opened on this failure by NHS England and the lost costs analysed.

31. Leicestershire LDC, Philip Martin

This conference demands that NHSE England ceases all further re-procurement of orthodontic services

England

Supporting statement:

The orthodontic procurement in Midlands and East was abandoned on 13th December 2019 following a series of legal challenges which have highlighted potential multiple failings in the process, possibly where standards fell far below the requirements of law and good procurement practice, including a lack of consistency, transparency or equal treatment in relation to marking of bids. In addition to causing financial losses, this flawed process has created stresses for existing providers and new bidders, which have impacted on their mental and physical health. The disruption caused has led to a loss of services, a reduction in access and increased waiting times.

32. Russ Gidney, Gwent LDC

This conference calls for DFT practices assessments for existing providers to work to a fixed "acceptable" standard, above which a practice's position through their 5-year allocation is secured.

Wales

Supporting statement

This year saw the introduction of new practice assessments for DFT practices alongside a 5-year allocation to the scheme. However, the QA metric for these assessments means that the bottom 10% On a scheme lose their allocation and return to open pool applications. With no fixed bar there is no level a practice can work to ensure a satisfactory inspection so their funding is never secured, and a practice cannot financially plan. The need for quality assurance is acknowledge but the current scheme could mean that a near perfect practice on a high performing scheme loses its place while a low performing practice on a lower performing scheme is safe. A practice investing to join the scheme in their first year could lose their allocation in the second year based on this inspection.