



General Dental Practice Committee

LDC Conference 2020 motions – GDPC response

PPE

1. Hants and IoW LDC, Phil Gowers

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

From the outset of the pandemic the GDPC and the BDA had been raising the issues with the supply of PPE. These issues have now, for the most part, been resolved. In England, Wales and Scotland, GPs have access to free PPE for NHS work. The NIDPC continues to call for similar arrangements for Northern Ireland.

2. West Pennine LDC, Martin Longbottom

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

The GDPC and devolved equivalents were able to secure this. It was noted however that dentists in Northern Ireland were required to pay for their own PPE.

Treatment of Associates

4. Hants and IoW LDC, Keith Percival

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

The GDPC has called for an amendment to the Statement of Financial Entitlement to give legal force to the requirement to pass pay to associates and continues to press the DHSC on this. The Chair of the GDPC Associates Group gave a presentation to the CDO's regular pandemic meetings that was attended by the Minister Jo Churchill. The BDA provided an associate pay dispute resolution service, but in the absence of legal enforceability many of these were difficult to resolve. The BDA also sought legal advice on what other routes there may be for associates to seek redress.

Representation for Associates

6. Northamptonshire LDC, Sarah Canavan

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 GDPC considered this proposal and rejected it. A number of arguments were made against including a general opposition to reserved seats and concern that it would lead to other groups seeking a reserved seat. Following this, the GDPC undertook an audit of its membership, which found that of those voting GDPC members who responded 35.72 per cent were practice owners, 54.76 per cent were associates and the remaining 9.52 per cent said they had another role. Of those voting GDPC members who were associates, nearly three-quarters (74 per cent) said that they had previously been a practice owner.

Contract reform

7. Northamptonshire LDC, Alisdair McKendrick

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

This is existing policy. The GDPC opposes patient charges and, while they exist, is opposed to dentists collecting the charge. When patient charges were increased in December 2020, the BDA provided [a poster to practices](#) highlighting to patients that the funds do not go to their dentist.

Contract Reform

8. Derbyshire County LDC, Paul Moore

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

England – The GDPC supports this. During the pandemic, the GDPC has sought to ensure that practices continue to receive their full contract value, and engaged in robust negotiations on the abatement and the contractual arrangements following the resumption of services. With regard to longer term contract reform, the GDPC has been clear throughout the process that any reformed contract must maintain contract values.

Wales – The WGDPC support the reinstatement of 100% of NHS contract values to ensure their ongoing viability and have and will continue to make this case to Welsh Government.

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

The WGDPC does not wish to see any changed NHS dental contract implemented on the profession without appropriate testing and piloting, such that any repeats of the forced implementation of the 2006 contract be avoided. Buy-in from the dental profession is key to making any future contract work. The WGDPC has representation on the presently suspended Contract Reform Steering Group and will push for collaboration. When contract reform is discussed with Welsh Government, the WGDPC is clear on the need for piloting and testing before full 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

With the reintroduction of 20 minute appointments for emergency sessional contracts, the completion of Urgent ACORNS should be able to be deferred or completed with a reduced dataset. We have written to Welsh Government who must understand that scarce resources should be devoted to patient care rather than data collection for Welsh Government.

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

This is existing policy and the GDPC makes this point across its representations to NHS England, the DHSC, politicians, the media and others. In 2020, such representations were made to the House of Commons Health and Social Care Select Committee, which reflected in [its report](#) the GDPC’s view that dentistry is treated as a ‘Cinderella service’ within the NHS.

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

The GDPC has long supported a prevention-focused reform to the GDS contract. However, GPs must be supported to treat disease where it exists and, despite overall improvements in oral health, there remain significant numbers of high needs patients. The GDPC has consistently argued for a contractual arrangement that supports dentists to treat high needs patients. It is also important that it is acknowledged that treatment is prevention of further disease.

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 GDPC is broadly supportive of this and has engaged with NHS England, PHE and others as to how contractual flexibilities can be used to deliver domiciliary services. However, it is very clear that need

for these services significantly exceeds that which is currently commissioned. This need cannot be met by reallocating funds from existing contract values and requires additional investment.

Communication/leadership

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

The GDPC was angered by the poor communication between NHS England/the CDO for England and the profession in the initial stages of the pandemic. The delays to communications being released were simply unacceptable. The CDO for England is now trying to avoid using the Gateway process where possible and the BDA was supporting this by conveying information to the profession. The GDPC felt that the issues were not with the Gateway process per se, but with the unwieldy and highly risk-averse bureaucracy administering the pandemic response that impeded effective communication.

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

The delays to communications being released in the initial stages of the pandemic were simply unacceptable and this was made clear to the CDO for England and NHS England. The GDPC believes that this was largely as a result of the unwieldy and highly risk-averse bureaucracy that was managing communications around the pandemic within NHS England and the DHSC. Communications have since improved and the BDA is seeking to support this by disseminating information to the profession.

Evidence base for guidance

17 (amended). North Yorkshire LDC, Ian Gordon

PHE and other bodies that impose restrictions on practices should rely on appropriate evidence wherever possible, but in the absence of high-level evidence, apply a risk-based approach. UK

The GDPC supports this approach and has supported the development of evidence-based advice such as those undertaken by SDCEP.

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

The GDPC agrees that there is a need for General Dental Services to be given much greater priority and consideration within NHS England. There has been a great deal of frustration at the lack of resource and expertise within NHS England about dentistry.

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

The GDPC agrees with this motion and the BDA is engaged in the CDO for England's diversity work. The BDA has also recently formed an Equality, Diversity and Inclusion Committee that is considering issues of racism and racial inequalities among other issues.

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 GDPC supports this motion and is engaging with NHSx, the body responsible for digital issues within the NHS, to seek greater digital integration.

21. Kent LDC, Huw Winstone

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

The GDPC supports this motion and is engaging with NHSx to secure this.

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

The BDA supports community water fluoridation as a safe and effective public health intervention, as part of a package of measures to improve dental health, where technically feasible and appropriate for local needs. We have previously supported the dental profession and public health experts in informing the debate in the Southampton area, and are ready to do so in other parts of the country considering the introduction of fluoridation schemes.

Occupational health

23. Enfield & Haringey LDC, Roger Levy

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

The GDPC supports this motion. The GDPC had previously secured access to occupational mental health services for dentists via the Practitioner Health Programme. In 2020, the GDPC challenged NHS England's decision not to provide free flu vaccinations to GPs and will continue to campaign on this.

Welsh GDS reform

24. Gwent LDC, Dan Cook

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

The WGDPC agrees that ongoing open-door access cannot be maintained by practices without the provision of additional funding and support. This point has been raised by the WGDPC on many occasions with Welsh Government, in addition to the importance of the mixed funding model of dental practices in which practices will allocate varying amounts of time to NHS and private patients according to a range of factors and therefore cannot have constant open access.

Missed appointments

25. Gwent LDC, Dan Cook

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

England – The GDPC is supportive of compensation for practices for FTAs. It is unfair for practices to face clawback as a result of circumstances outside their control.

Wales - The WGDPC supports the compensation of practices for FTA which can have a significant impact on a practices ability to fulfil their contract and thus place them at risk of clawback and threats to their ongoing viability. This motion will be fed into the contract reform process and Welsh GDPC would ask that lost clinical time is taken into consideration at year end calculation.

GDC - ARF

26. Northamptonshire LDC, Amar Shah

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

The BDA is generally supportive of this motion. We have made representations to the effect that we believed the GDC should have amended the ARF, introduced an emergency instalments scheme, and used reserves to pay for any shortfall. Since the motion was carried, it has also become clear that the number of registered dental care professionals not renewing their registration this summer did not differ significantly from other years; this possibility had been one of the GDC's concerns.

27. North Yorkshire LDC, Ian Gordon

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

The BDA has been calling for the GDC to introduce payment by instalments for many years. We believe that there is currently a chance that this agenda might move forward from summer 2021, subject to a feasibility study currently underway.

28. South Staffordshire LDC, Adam Morby

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

The BDA can understand the concern of members of the profession that the GDC used the scheme while not suffering any pandemic-related loss of income since all the dentists' annual retention fees for 2020 were paid by the end of December 2019. However, the GDC used a scheme that was available to it, and stated that there existed a significant possibility that the pandemic may impact on its future income should some dental professionals not renew their registration as a result of the crisis impacting practices.

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

We fully support this motion and have engaged regularly with the GDC on this matter.

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

The GDPC supports this motion and had sought to ensure proper lessons learned exercises and to secure information from NHS England on the procurement processes via FOIA requests.

31. Leicestershire LDC, Philip Martin

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

England

The GDPC supports this motion and has called for reforms to procurement in NHS England's legislative changes as part of the NHS Long Term Plan.

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

The WGDPC shares concerns with the uncertain minimum requirement for re-appointment as an ES for Dental Foundation Training. While the need for quality assurance is vital, a fixed acceptable

standard will provide clarity. The WGDPC have raised this with HEIW who will undertake a process review of educational supervisor appointments.