



LDC Conference 2024 Motions

Supporting Patients

MOTION 1

West Sussex LDC, Mark O'Hara

Present a new idea / new proposal

This conference fully supports the joint BDA, Daily Mirror & 38 degrees petition to save NHS Dentistry and calls for government to:

1. Properly fund NHS dentistry, so everyone who needs care can secure it.
2. Scrap the failed contracts forcing dentists out of the NHS and rebuild a service with prevention at its heart.

UK

Supporting statement

We seek to add the professions voice as elected representatives of the NHS dental workforce to the call for real change which has already secured over 200 000 people's signatures.

The petition calls for government to:

1. **Properly fund NHS dentistry, so everyone who needs care can secure it.**
2. **Scrap the failed contracts forcing dentists out of the NHS and rebuild a service with prevention at its heart.**

The government needs to stand up and take serious rapid action. They need to stop paying lip service and creating headline grabbing ideas that are simply deceptive, ill thought through and creative with their accountancy - all simply for the sake of general election votes rather than genuine meaningful change.

The profession needs to see a properly revised and considered contract that puts prevention at its heart with meaningful viable funding. Dentists need to feel better supported. Supported to deliver great dental care, supported to refer when they need to and supported to grow their own skills and career within the NHS in a rewarding and stimulating pathway.

Patients need to be able to access the essential care they need, when they need it and with minimal wait times. Care needs to be affordable but fair to both patients and the profession. Patients care should be prevention orientated and not simply restorative activity led.

Both the profession and the patients have spoken loud and clear calling for change. The government needs to act now before it's too late.

MOTION 2

Bedfordshire LDC, Laura Doherty

Present a new idea / new proposal

This Conference calls for a clear pathway for UK military veterans to access the NHS dental system on leaving the Service.

UK

Supporting statement

Service personnel leaving the military state they have significant issues accessing NHS dental services irrespective of their location.

All/most Service personnel leave the military dentally fit and are dentally inspected prior to departure.

All Service personnel have regular dental examinations throughout their military service and their records are up to date and accurate and accessible.

All can obtain a 'letter of dental fitness' from their Unit Dental Officer on departure.

Most Service personnel are generally medically fit with few if any underlying medical issues.

As patients, most Service personnel are compliant to instructions and protocols.

MOTION 3

Wakefield LDC, John Milne

Present a new idea / new proposal

Conference supports the recommendations in the CQC's 'Smiling matters' report. In particular, it is vitally important that ICBs enable access to care for the vulnerable elderly population who need active treatment to maintain their oral health.

England

MOTION 4

Lancashire and South Cumbria LDC, Zoe Mack

Present a new idea / new proposal

Conference calls on NHS England to ensure central funding and system level solutions are urgently actioned to overcome barriers that prevent GA access for children in different regions.

England

Supporting statement

Implementing a General Anaesthesia (GA) pathway for pre or uncooperative children with multiple carious teeth is crucial to address infection and pain in vulnerable children. This measure is essential to prevent childhoods from being marred by dental disease. A postcode lottery currently exists, with some areas experiencing unacceptable waits for essential dental procedures. Therefore, it is incumbent upon the NHS to developing a comprehensive strategy to provide funding and remove barriers to promote equitable access to GA for all children requiring such dental interventions.

MOTION 5

Northamptonshire LDC, Judith Husband

Present a new idea / new proposal

This conference urges non-cooperation with the Home Office on unscientific tests to establish the age of migrant children in partnership with other health professionals.

UK

Supporting statement

The passing of the Rwanda Bill means the Government is pressing ahead with age assessments based on dental x-rays.

The BDA Health and Science Committee have long argued these tests are both inaccurate and unethical.

They cannot accurately determine age, and mean colleagues will have to expose subjects to radiation without any clinical benefit.

They could result in vulnerable children being handed a one-way ticket to Kigali.

Colleagues at the College of Radiology have already passed resolutions to boycott these tests.

We are health professionals, not border guards. We urge non-cooperation on both performing and interpreting the results of these tests, and development of partnerships with other relevant healthcare colleagues in the same position.

MOTION 6

West Sussex LDC, Mary Green

Present a new idea / new proposal

Conference calls for the NHS to establish emergency drop-in clinics or access pathways for patients without regular dental care to tackle the high levels of un-met need caused by the current lack of access.

England

Supporting statement

Having worked with Dentaid, I've encountered numerous patients facing dental issues reminiscent of a bygone era. Many endure years of pain, necessitating extensive extractions,

managing crumbling teeth, enduring chronic ulcers from sharp edges, struggling with ill-fitting dentures, and coping with deteriorating oral health even among young individuals. Government seems oblivious to the potential for severe health complications, strain on NHS services and the economic productivity lost due to these issues. Despite claims of ample access to dental care, some patients struggle to utilize it effectively, often booking but failing to attend appointments. This leads to frustration and disillusionment. Establishing emergency drop-in clinics or easy access pathway may not offer an immediate or inexpensive solution, but it represents a proactive step to address current unmet need.

MOTION 7

Birmingham LDC, Ranjit Singh Chohan

Present a new idea / new proposal

This conference calls for NHS England (NHSE) to allocate additional remuneration for preventive measures in general dental practice with paediatric patients, including fissure sealants, fluoride varnish applications, and oral hygiene and diet advice.

England, Policy

Supporting statement

General Dental Practitioners (GDPs) invest significant time and effort in essential preventive interventions such as fissure sealants, fluoride varnish applications, and oral hygiene/diet advice, particularly for paediatric patients. These measures are critical for improving oral health, establishing good habits, and preventing more complex dental issues. However, GDPs currently undertake these time-intensive services without appropriate remuneration, highlighting the need for additional financial support to recognise the importance of preventive care and reward its provision effectively. Providing adequate remuneration will ensure that GDPs can continue delivering comprehensive preventive services that contribute to optimal oral health outcomes.

MOTION 8

Coventry LDC, Paramjit Bhandal

Re-affirm current policy

Continual Increase of Patient Charges are a deterrent to improving Oral Health of patients.

England, Policy

Supporting statement

Patient charges in England have risen 45% in the last decade, while the NHS budget has barely changed.

It has been part of a long-term strategy, where patients pay more, so Government can pay less.

Polling evidence shows this has a profound impact on millions of non-exempt patients on modest incomes - leading them to delay or avoid needed care.

Any future government must break with this strategy and ensure sustainable funding for services does not hit the patients who need us most.

MOTION 9

Kent LDC, Caroline Batistoni

Re-affirm current policy

We call on negotiators to continue to raise the issue of a lack of digital integration with NHS Dentistry.

UK, Policy

There is a real need for dentists to be more linked up with NHS electronic systems including easy access to summary care records and electronic prescribing. Not only would this reduce some of the administrative burden on dentists, it would also increase patient safety by improving the accuracy of recording of patient medical histories and medications, and also allow for warnings when prescribing potentially inappropriate combinations - something GPs benefit from. It would also be a step towards better integration of dentistry with wider primary care.

Current Dental Contract and Contract Reform

MOTION 10

Wakefield LDC, John Milne

Present a new idea / new proposal

Conference calls for an independent review of the pilots and prototypes to be carried out as a matter of urgency to enable meaningful reform to take place.

England

Supporting statement

The profession owes a debt of gratitude to those who participated in pilots and prototypes and their role in contract reform. Conference is dismayed that insufficient weight has been given to the positive learning from these practices.

MOTION 11

Tees LDC, Charlie Daniels

Present a new idea / new proposal

This conference calls for a legal framework to ringfence funding set aside to commission NHS Dentistry.

England

Supporting statement

To date 18 ICBs have not followed NHS England's suggestion that dental money should be ringfenced, instead some is being used to prop up other parts of the NHS. We recognise that the whole NHS faces budget constraints, but in a time where access to dentistry is continuing to decline, this must not be allowed to happen.

This money could be used to fund additional services, improve access and through flexible commissioning help make sure that prevention is adequately funded.

MOTION 12

Wakefield LDC, Joe Hendron

Present a new idea / new proposal

If the current contract must remain, conference calls for a change in remuneration whereby practices are only paid for the activity delivered in each month.

England

Supporting statement

The aim of the motion is to encourage practices to perform more activity not less, so NHSE would pay practices for the monthly activity delivered which allows practices who can do more to do so and remove clawback for those who are unable to deliver their targets. This will be a driver to encourage more activity. A mechanism to manage overperformance in some practices and under performance in others would need to be developed at mid-year.

MOTION 13

Birmingham LDC, Birmingham LDC, Ranjit Singh Chohan

Present a new idea / new proposal

This conference acknowledges the financial strain faced by dental practices providing NHS denture repairs and calls for an increase in UDAs allocated for this service to three (3) UDAs per repair to be (in the absence of contract reform) actioned immediately.

England

Supporting statement

NHS denture repairs are essential for maintaining patients' oral health and quality of life. However, the current reimbursement for denture repairs often does not cover the actual costs incurred by dental practices, leading to financial losses. The current reimbursement for denture repairs does not adequately cover the cost of materials and the chair time required to perform the repairs, resulting in financial losses for dental practices. By increasing UDAs for NHS denture repairs, dental practices can sustainably provide this vital service without incurring financial losses, ensuring continuity of care for patients.

MOTION 14

Gwent LDC, Benjamin Payne

Present a new idea / new proposal

Conference calls for Welsh government to reduce the “historic patient” registration from the introduced 4 financial years to return to the previously accepted rolling 2 years.

Wales

Supporting statement

The current Contract variations agreement introduced the principle of historic patients being registered for 4 financial years - meaning 5 calendar years by the end of the financial year - alongside a requirement to see new patients. This has given practices an unsustainable, ever-expanding list of patients to manage causing increasing stress and pressures on the practices. A return to previous expectations of 2 years will relieve this pressure and the disease burden that a patient not seen for 5 years brings to the practice for no recognition.

MOTION 15

Liverpool LDC, Bill Powell

Change/challenge current policy

If funding per course of treatment is not increased, conference calls on government for a more defined set of items of treatment.

England

Supporting statement

The current unlimited treatment contract is completely unsustainable and does a disservice to the public who are most in need. The latest tweaks of the contract with extra UDAs for 3 or more restorations and molar endodontics are of course welcome but what about the patient with higher needs of 10 or more restorations and multiple endodontic treatments and crowns needed?

These are the patients who no one wants to take on but are most in need. There is a perverse disincentive for practitioners to take on new patients in greatest need. The £15/£50 bonus for new patients will not help much.

MOTION 16

West Sussex LDC, Jane Harris

Change/challenge current policy

In shaping a future NHS dental contract, conference calls for negotiators to consider factors beyond capitation alone.

England

Supporting statement

Capitation as the basis for future NHS dental contracts could have detrimental effects, worsening the care divide.

Quality of care might suffer as practices face the pressures of practice overheads prioritising cost-savings over patient needs, potentially leading to rushed treatments, use of sub-optimal materials and incomplete care. This will lead to more metrics of patient outcomes simply replacing the UDA target with an alternative.

Vulnerable populations could face increased difficulty accessing dental services, as dentists may still avoid patients with complex needs needing expensive treatment. This could worsen existing disparities in oral health outcomes.

Financial sustainability of dental practices is also at risk, as fixed payments may not cover rising costs, potentially leading to closures and further limiting access to care.

In summary, while capitation may promise stability, its adoption could compromise quality, exacerbate inequalities, encourage neglect, strain dentist-patient relationships, and threaten the viability of dental practices. Policymakers must weigh these risks carefully and consider alternative approaches that prioritise patient-centred care and equitable access to dental services.

MOTION 17

North Yorkshire LDC, Ian Gordon

Change/challenge current policy

If government are unwilling to reform the dental contract, conference calls that they recognise they must protect access to the most vulnerable.

England

Supporting statement

The Nuffield Trust states NHS dentistry in England is at the most perilous point in its 75-year history.

After a decade of cuts any progress requires appropriate reform and funding.

If the next Government fails to do this, they need to ensure the needs of children and vulnerable groups are not forgotten.

If the budget remains frozen at around £3 billion this service cannot deliver comprehensive care for all who want and need it.

MOTION 18

Leeds LDC, Munaf Qayyum

Re-affirm current policy

This conference calls for the minimum UDA rate to be raised to £35 immediately.

England, Policy

Supporting statement

All political parties are saying that they will produce a new dental contract.

We cannot wait for months or even years for a new contract. We need an immediate raise to reduce the exodus from NHS dentistry.

GDPC estimated that the cost of implementing this would be around £333m per year. This is considerably lower than the expected level of clawback for 2022-23 (£400m) and therefore we believe could be implemented within existing allocated resources, even when taking account of the likely increased NHS activity and therefore reduced clawback that would result.

MOTION 19

Birmingham LDC, Birmingham LDC, Ranjit Singh Chohan

Re-affirm current policy

This conference calls for Integrated Care Boards to collaborate locally with Local Dental Committees (LDCs) before undertaking any procurement initiatives to leverage local expertise and increase the success rate of initiatives.

England, Policy

Supporting statement

This conference calls for Integrated Care Boards should collaborate locally with Local Dental (LDCs) before undertaking any procurement initiatives to leverage local expertise and increase the success rate of initiatives.

MOTION 20

North Wales LDC, Mike Strother

Re-affirm current policy

Conference calls on national governments to recognise the impact on practices of failed (including was not brought) appointments by compensating for clinical time lost.

England and Wales, Policy

Supporting statement

This is particularly important as governments push the narrative that increasing access to new and new urgent patients is at the heart of contract reform; with these patients contributing disproportionately to missed appointments.

Early Career

MOTION 21

Oxfordshire LDC, Laurie Powell

Present a new idea / new proposal

This conference expects NHS England to provide the necessary support for dental practices to accommodate both foundation and overseas dentists to ensure patient safety and maintain good quality patient care.

England and Wales

Supporting statement

The integration of both foundation and overseas dentists into NHS dental practices necessitates robust support from NHS England. This support is vital not only for ensuring compliance with patient safety standards but also for maintaining the delivery of high-quality patient care. By facilitating such integration, NHS England demonstrates its commitment to an inclusive and effective dental healthcare system, benefiting both practitioners and patients alike.

Addressing concerns about the availability of foundation places and potential exploitation of overseas dentists is crucial for the success and ethical integrity of dental practices.

MOTION 22

Devon LDC, Robert Mew

Present a new idea / new proposal

This Conference calls on the government to waive a student's tuition fees if they provide NHS dental care for an agreed number of years after graduation.

UK

Supporting statement

The government has previously suggested a 'tie in period' for newly qualified dentists to spend a proportion of their time delivering NHS care after graduating. However, 'handcuffing' dentists will likely increase the number of graduates going abroad straight after graduation and creating an even worse access problem for patients.

Student loans are now a lifelong burden for any dental graduate, equating often to more than £50,000 of debt at the end of a dental degree. If tuition fees were waived in exchange for a defined number of years NHS service, this would be an appealing option for most new graduates to start their career with less debt. For the government, this motion could create a guaranteed steady stream of NHS dentists to provide NHS dental care.

MOTION 23a

Cornwall and Isles of Scilly LDC, Jenna Murgatroyd

Re-affirm current policy

This conference calls on the government to uplift the Service Costs for Foundation Training, so practices hosting Foundation Dentists no longer have to pay out thousands of pounds per year to provide this service.

England and Wales, Policy

Supporting statement

The Service Costs for Foundation Dentist Training have not been uplifted since 2013. This means that the funding is no longer covering costs of providing the Foundation Dentists with their surgery or training. It has been recognised in official practice accounting that in the last few years the financial cost to a practice, after Service Costs are spent, of hosting a Foundation Dentist currently sits between £20000 and £30000 per year. This is no longer tenable for many practices, and we are losing good trainers due to poor government understanding and inaction. If there is not a significant uplift to the funding to consider these losses, the Government must recognise that there will be fewer practices considering supporting valuable training for dentists, and we will have lost confidence in the system.

MOTION 23b

Tees LDC, Charlie Daniels

Re-affirm current policy

This conference calls for the Foundation Training service element to be increased to a realistic value allowing practices to continue to invest in dental foundation training.

England and Wales, Policy

Supporting statement

The service element of DFT has not increased since 2013 – it was then a little over £64k per annum and remains at the same figure. Allowing for DDRB uplifts the figure should now be over £83k pa or over £88k pa allowing for inflationary rises. FD practices are being underpaid by between £19k and £24k per year as a result which can only reduce the funds for reinvestment into the practice for foundation training.

MOTION 23c

Wigan and Bolton LDC, Shahram Mirtorabi

Re-affirm current policy

This Conference calls upon the GDC and the BDA to request that the UDA activity of every FD be accredited towards the training practice's total UDA contract.

England and Wales, Policy

Supporting statement

The DFT service cost payments have failed to keep up with the rising costs of running a modern dental surgery. There is, therefore, little incentive for both experienced trainers and potential future trainers to be involved in the DFT programme under the current scheme. UDA activity of every FD be accredited towards the training practice's total UDA contract and any future parameters of revised contractual benefits.

Regulations, Guidelines and Indemnity

MOTION 24

North Yorkshire LDC, Ian Gordon

Present a new idea / new proposal

This conference supports the introduction of provisional GDC registration for suitably qualified overseas dentists.

UK

Supporting statement

The dental profession faces a workforce crisis. While contract reform is necessary, it alone won't address the shortage of dentists prepared to work in NHS primary dental care. Approximately 2000 skilled individuals in the UK, working in various other roles, present a potential solution. They should be considered for provisional registration, contingent upon completion of a pre-registration assessment and meeting specific criteria, with support from their host practices.

MOTION 25

West Sussex, Toby Hancock

Present a new idea / new proposal

We call for the establishment of a single central point of access to all guidelines applicable to those who practise in primary care, which can refresh and send out updates when reviewed or published.

UK

Supporting statement

We call for the establishment of a single central point of access to all guidelines applicable to those who practise in primary care, which can refresh and send out updates when reviewed or published. E.g. Endodontic or periodontal guidelines for primary care. This could be an app or website which hosts articles, hot topics and news which dentists and health care professionals regularly access, as per a newspaper is. This way guidelines can reach their target audience in a timely manner.

MOTION 26

North Yorkshire LDC, Mark Green

Present a new idea / new proposal

This conference calls for a more ‘right touch’ regulation to help with the recruitment and retention of NHS dental practitioners.

UK

Supporting statement

The 4 R's Retention, Recruitment, Regulation and Resilience.

The level of regulation in all areas has increased but in dentistry it seems exponential. The GDC, Dental law firms, BSA and CQC have instilled a culture of fear in dentists which ultimately has the effect of deskilling the profession particularly within the NHS regulations which makes the decision to leave the NHS even easier.

MOTION 27

Liverpool LDC, Bill Powell

Present a new idea / new proposal

This conference asks for the re-instatement of the NHS Dental Reference Service in England to realign with Scotland.

England

Supporting statement

The Liverpool Local Dental Committee urges the Conference to recognise the potential significant risks to the general public due to:

1. *Absence of physical checks on NHS dental service quality.*
2. *Possible elimination of the Overseas Registration Exam to meet NHS workforce demands.*
3. *Cessation of on-site inspections by the Care Quality Commission.*
4. *Advocating for British taxpayers' right to clinical quality assurance beyond paperwork.*
5. *Necessity for oversight and support across all professions.*

Chronic underfunding over 18 years has strained NHS practices, leading to potential drops in standards. Many lack fully qualified dental nurses, relying on trainees.

Identifying and aiding failing practitioners early is vital to prevent harm and maintain professional reputation. Practices must access Dental Reference Officers for support and standards.

Peer review fosters behavioural change and excellence dissemination. Mandatory random clinical audits, including visits, ensure public accountability.

Unlike Scotland, England lacks a Dental Reference Service, raising questions about its absence.

MOTION 28

Lancashire Coastal & South Cumbria LDC, Stuart Johnson

Re-affirm current policy

LDC conference calls for a clearly worded NHS regulatory framework which is “fit for purpose” within modern GDS.

England and Wales, Policy

Supporting statement

NHS regulations are in need of an overhaul so that they are fit for purpose and properly worded.

Conference calls on the NHS to urgently overhaul NHS Dental Regulations, to bring them into line with the provision of modern dentistry, using clear language that is easy to understand and interpret. NHS Regulations need to be “fit for purpose”. Furthermore, any negotiations around contract reform must build in clear and understandable terms, including the scope of the NHS offering, so that what the service can provide, to whom, and how much it will cost are all clear to both dentists and patients. NHS Regulations and Guidance are outdated and poorly worded, practitioners are being left at the mercy of “a stick called

hindsight". The burden of proof within proceedings cannot reasonably be achieved as was described in the Williams case. Yet there has been no progress, merely an NHS assurance of "in due course". If NHS Regulations and Guidance continue to be difficult to interpret when a practitioner's integrity and thus career is in jeopardy, why should the cost of achieving such clarity continue to fall upon GDC registrants' shoulders with more cases potentially going all the way through to the court of appeal? A motion carried last year by conference outlined that costs should fall on the NHS but let us not forget the underpinning cause has still to be addressed by the NHS.

MOTION 29

Enfield & Haringey LDC, John Fenton

Re-affirm current policy

Conference urges that the next version of HTM 01-05 is formulated with as much concern for sustainability and the environment as for its primary remit of decontamination.

UK, Policy

Supporting statement

Governance and regulatory processes relating to primary care dentistry are ever more burdensome. Looking at HTM 01-05, there's a perception that with each long-delayed iteration, more is added, nothing is removed. In these times of climate change and concerns over sustainability, alongside an increasing and often purely defensive employment of single-use instruments and disposable PPE, it is time to re-evaluate what is important and what simply remains in place because no-one is brave enough to question it. HTM 01-05 is central to clinical practice. It needs to be sensible, effective, manageable, and sustainable.

MOTION 30

Tees LDC, Charlie Daniels

Present a new idea / new proposal

This conference calls for general dental practitioners to be covered by the Clinical Negligence Scheme for General Practice (CNSGP) when carrying out NHS Dental treatment.

England and Wales

Supporting statement

In order to help recruit and retain general medical practitioners, NHS England / HMG extended the crown indemnity scheme that covers hospital-based doctors. This cover for General Medical Practitioners started on 1st April 2019 (and cost the treasury approximately £3B). Following a similar scheme for general dental practitioners would cost a fraction of this, given the numbers of doctors in comparison to dentists, and would demonstrate the government's commitment to NHS dentists and NHS dentistry.

Research and Engagement

MOTION 31

Northamptonshire LDC, Sarah Canavan

Present a new idea / new proposal

Conference calls on the BDA to utilise resource to research and publish different international economic models of dental healthcare delivery.

UK

Supporting statement

Exploring various international economic models of dental healthcare delivery through research and publication aligns with the BDA's commitment to advancing the dental profession. By examining different approaches, we can gain valuable insights to inform policy decisions and improve patient care within the UK. This initiative demonstrates proactive leadership in addressing challenges and seeking innovative solutions to the problems we currently face in the UK for the benefit of both dental professionals and the communities they serve.

MOTION 32

Cornwall and Isles of Scilly LDC, Jenna Murgatroyd

Present a new idea / new proposal

This conference calls on the GDPC and the BDA to encourage and facilitate ICBs and regional teams to make fast and significant changes to local dental policy, funding and structure.

England

Supporting statement

The present Government are absolutely and demonstrably unable to comprehend the challenges faced by dental teams, so currently local change must be enacted. ICBs hold the power to support practices but lack confidence and knowledge to do this. The BDA and GDPC should focus on what can be changed now, rather than looking to a future government to solve the problems that may not be there next year if NHS dentistry collapses completely.

MOTION 33

Cornwall and Isles of Scilly LDC, Adam Blake

Present a new idea / new proposal

This conference calls for LDCs collectively at Officials' Day to consider how LDCs may be funded, as fewer and fewer levy-payers are supporting them.

England

Supporting statement

Since many levy-payers have left the NHS, LDCs may be starting to struggle financially. There has also been an increase in demand on LDC time and representation with increased numbers of MCNs and ICB needs. This also impacts on Performers being able to deliver UDA activity and loss to Providers for clinic-time meetings. Some LDCs are already finding it hard to attract new committee members, and there may be a worry that this support system could collapse if not adequately funded.