



GDPC 2020 013

General Dental Practice Committee

31 January 2020

Responses to motions carried at LDC Conference 2019

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

The BDA's latest model LDC constitution states that "Any eligible practitioner or any other person who is not a member of the Committee may, at the Chair's discretion, attend meetings of that Committee or any sub-Committee."

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 BDA has amended its model constitution to comply with this motion.

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

The GDPC has formed a Diversity Working Group to consider issues of barriers to participation and pay disparities, among other issues. This Group has membership from GDPs and other branches of dentistry. The BDA's strategy also includes a review of its governance consultation and as part of this mechanisms to broaden participation and diversify the membership of committees and monitoring is being considered.

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

This is GDPC policy. The BDA is also looking into how the Association can support work in this area going forward and how this can be delivered at a local level.

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

This is existing GDPC policy and, through the research and campaigning work of it and the BDA, a [national mental health support scheme](#) was recently made available to dentists in England.

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

The BDA supports this motion. The GDC has started considering Human Factors in its work and a National Advisory Board on Human Factors in Dentistry, with input from across the profession and of which the BDA and the GDC are members, is working to support a joined up, strategic approach to human factors use and research across dentistry. The GDC has included the following sentence in its corporate strategy: "...we will ensure that our policy framework for enforcement decisions is proportionate, fair and transparent. This will incorporate a better understanding of 'human factors' and how decision makers should consider the broader context of a case when determining outcomes or sanctions".

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

This is existing BDA policy, and we have most recently raised this as part of our feedback to the Professional Standards Authority's (PSA's) performance review of the GDC for 2018/19.

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

The GDPC view is that it is reasonable for dentist to decline to replace treatments that would not normally be provided on the NHS and that patients should not have an expectation that treatment should be replaced like-for-like. However, dentists have an obligation to treat patients, particularly where they are in pain, subject to practice capacity. Imposing restrictions as suggested by the motion would be very difficult to enforce in practice, as it would not always be clear whether treatment had been conducted privately or abroad.

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

This motion is supported. The BDA did nominate a member of the NHS Assembly, but this individual was not appointed. Representations have been made to NHS England about the lack of dental representation.

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

This is GDPC policy and a submission was made to NHS England in support of its proposals to repeal specific procurement requirements of the Health and Social Care Act 2012. The BDA [called on all parties to scrap competitive procurement](#) during the 2019 general election. In particular, the BDA has [raised specific concerns](#) about the orthodontic procurement process, which demonstrate the unsuitability of this approach to tendering for dentistry and healthcare more generally. The BDA will continue to pursue legislative change in this area.

Commissioning/Contractual

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

This is existing GDPC policy.

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

While the GDPC is sympathetic to this motion, it has concerns that setting out a £25 per UDA figure would lead to it becoming a ceiling rather than a floor. For some contracts, £25 per UDA would not amount to a 'safe' level of funding. The GDPC will continue to pursue appropriate annual uplifts to contract values as well as addressing contracts with UDA values below a sustainable level.

16 Devon LDC, Timothy Hodges

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

England

The GDPC would hope that contract uplifts would exceed inflation and argues for such through the DDRB process. For 2018-19, the BDA has proposed an uplift of at least five per cent. It also has a position that any increases in patient charges should be no more than inflation. Practices have reported that the significant, above inflation, increases in patient charges in recent years have had adverse impacts on patient attendance and as a result contract delivery. The GDPC would therefore not seek to advocate for a direct link between patient charges and contract uplifts.

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

This is existing GDPC policy. The GDPC has sought confirmation from the DHSC that roll-out will begin from April 2021.

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

This is GDPC policy. The BDA advocates a properly resourced national oral health programme for children in England, to help set up children with good habits from an early age and has [raised this matter repeatedly](#).

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 GDPC believes that external scrutiny is key within the contract reform process, and does not wish to see practices lose out as being a part of contract reform. The state of the reform process is a standing item on every agenda of Welsh GDPC and as the process evolves greater scrutiny will be undertaken. We note the Bangor University evaluation programme but cannot rely on this alone as the only method of evaluation.

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

This is existing policy. The GDPC has repeatedly sought this in meetings with the DHSC and has asked for HEE to fund similar provision for foundation dentists, as is the case for trainee GPs.

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

The BDA has challenged the above inflation increases in patient charges in England and the related fall in Government investment. The GDPC position is that charges should rise by no more than inflation. The GDPC has written to the National Audit Office seeking an independent investigation.

[Note: The BDA is currently seeking to conclude a previous NAO/Public Accounts Committee inquiry into patient fines and then will pursue this further investigation. This will be undertaken before LDC Conference 2020.]

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

This is GDPC policy. Its position is that as long as patient charges exist, dentists should not be required to collect them. The issue of charges for credit and debit card collection will also form part

of that policy. This will be included in any representation to Government on this issue of patient charge collection.

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

The GDPC would be supportive of this. As above GDPC will include this issue in any representation to Government on the issue of patient charge collection.

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

This is existing policy. The GDPC has sought to agree a mechanism to fund practices for the additional expenses associated with the restrictions on the use of amalgam, but NHS England has to date not engaged with this meaningfully. The BDA undertook research onto the use of dental amalgam and alternatives in collaboration with Newcastle Dental School, this research provides clear evidence of the additional time needed, The GDPC continues to make the case.

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

When the EU GDPR regulations were written into UK law in 2018, the BDA lobbied to ensure that the level of bureaucracy facing dental practices were diminished as far as they could. GDPC policy is to support the reduction of red tape and burdensome bureaucracy in dental practice and whilst the GDPC agrees that no additional costs should be borne by individual practices, the opportunity to seek to address this is minimal.

CQC

28 Liverpool LDC, Bill Powell

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

England, Policy

This is GDPC policy and we are continuing to pursue this issue with the CQC.

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

The BDA supports this motion and is undertaking a project to review infection control and decontamination guidance from an environmental perspective and assess their impact on environmental sustainability.

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

This is BDA 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.

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 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 work with partners including the British Fluoridation Society to promote the introduction and continuation of water fluoridation schemes where appropriate.

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

The GDPC agrees with this motion and this issue has been raised with the team at NHS.uk. This was most recently raised in August 2019 with reference to this LDC motion and was being taken back for consideration. The issue will continue to be raised.

Recruitment – the future

33 North Staffordshire LDC, Clare Banks

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 training and support for dental providers that open up their practices to young people.

UK

The BDA supports this motion and will discuss it with HEE and equivalent bodies. We also have advice for members considering taking on a work experience student for the first time.

Foundation Dentists

34 Gwent LDC, Lauren Harrhy

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

The BDA was not supportive of this change when it was introduced without appropriate consultation (NB – there was consultation but the option chosen was not part of the consultation exercise). It seemed to us that it provided little time for all concerned – FDs, dental practices, and indeed HEE and deanery offices – to make the necessary preparations. While we are awaiting an evaluation of how the organisers feel the change has worked, and we have not received feedback from applicants at this point, we are also concerned that a number of practices found themselves in a situation where an allocated FD turned down the offer, leaving little time to change a practice's business strategy to allow for the potential loss of funding or a contingency arrangement. We will be discussing all issues relating to this change with COPDEND.