

## **A Report on the LDC conference 2022 in Newport Wales**

Sean Charlwood (Chair of GDPC)

NHS dentistry is totally underfunded . The department of health and NHS England give the impression it is Business as Usual ,there has been introduction of new IPC guidance triaging is being maintained and also screening .There has been a loss of manpower with 3000 dentists retiring or converting to private dentistry and recruitment and retention is in crisis , at a level not seen since 1948. There was a loss of 43 million appointments during Covid .There has been a collapse in patient charge revenue, which the government is reliant upon.

It would take 800 million pounds per year to restore the dental resources to 2010 levels.the 50 million offered by the Government in March was a short term fix ,and not a long term solution. The uptake was at a much lower level than anticipated. There is pressure being applied to the Government, by patients groups .Charities are having to fill in the gaps .NHS dentistry is hanging by a thread.

There were no representatives from either the NHS or health ministers, which was disappointing. The threshold Of 95% activity, in the last quarter was almost unachievable, unless it was an extremely small contract .Many practices faced clawback. The shift to the private sector is impacting on the viability of NHS practices. The government are well aware of all the issues, but are reluctant to move to a new system without trialling it first .There are towns which have lost a quarter of their NHS dentists in one year

John Milne (Senior National Dental Advisor CQC)

At the moment roughly 10% of dental practices are visited each year .The structure and management is changing from single point assessment to single assessment framework. More time will be spent at higher risk services. Data will be collected on an annual basis .Dental practices will be scored and eventually rated. All practices that haven't been visited since 2015 will be targeted for a visit

There are 6 evidence categories:-

- 1 People experience
- 2 Feedback from staff and leaders
- 3 Feedback from partners
- 4 Observations
- 5 Outcomes
- 6 Processes

The following are having new guidelines

- Effective – monitoring and improving outcomes
- Caring - Responding to people's need
- Responsiveness – Equity in access ,equity in experience and outcomes
- Well led –Environment sustainability

The CQC has been asked to review and assess the Integrated Care Systems, which will start in 2023.

To see what changes CQC are looking use the following website .

<https://cqc.citizenlab.co>

Also John Milne can be contacted at [John.milne@cqc.org.uk](mailto:John.milne@cqc.org.uk)

## Stefen Czerniawski ( Executive Director of GDC)

The GDC has produced a document on the Dentist and the wider public following Covid .The BDA has précised it .The latest findings are patients are feeling safe and positive in dental practices and are returning to pre Covid levels .The only variation is that of the Asian and black communities who are finding access more difficult. There is an unmet need, and the system is overstretched.

The role of the GDC has not changed .They hope to increase the flexibility for overseas registrations in August. The overseas registration process is subsidized by the GDC and is therefore constrained by it

The following documents are to be reviewed and updated:

- Principals of professionalism
- Scope of practice
- Learning outcomes

## The future of Dentistry – does it lie inside or outside the NHS ( Alan Suggett statistician and accountant)

The earnings of both practice owners and associates has reduced significantly in the past 10 years .There has also been a serious drop in the morale of NHS dentists .The panel felt that this was a time when if there was a consideration to convert an NHS list to a private one this was the time to do so

## Motions

All the motions were passed apart from the following:

Motion 8 – Conference demands that the GDC weighs in on the call for urgent reform of the 2006 (GDS0) dental contract

The GDC is apolitical and so is unable to support motions

Motion 9 – This conference calls for the UDA to be abandoned as a measure of dental activity by March 2023.Without a substantial commitment to this from NHS England, we as a profession, walk away until they provide that commitment.

Some dentists cannot walk away from the NHS ,as their practice are not in a private environment

Motion 19 – This conference calls for the automatic recognition of qualifications for future applicants from the European Economic Area (EEA)  
There was query over the quality of overseas applicants

Motion 21- Conference calls on all four governments to require post-qualification dentists to complete their training in an NHS Dental Training (DFT)/Vocational Training (VT) environment regardless of whether they intend to work within the NHS.  
This was defeated and some private providers also provide training

The following motion was narrowly agreed by 49 %of the delegates.

Motion 6- The NHS budget for dentistry should be ring –fenced (and linked to inflation). Many thought there should be an increase in funding not just ring fenced

Both the Guild and the Benevolent Fund gave an appeal for more funding and Confidential (a support for Dentists in Difficulty ) gave a presentation.

<https://www.confidential-helpline.org/>

0333 987 5158

Guild rate is £340 per session and £97 teleconference per hour