LDC Conference 2025 Motions

Motions which present a new idea/new proposal or Challenge Existing Policy

NHS contracts and funding - Patient charges

MOTION 1

West Sussex LDC, Toby Hancock

The Government has protected patients from increases in prescription charges. This Conference believes dental patients who experience deprivation – and have higher disease levels – deserve equal protection

Supporting statement:

Prescription charges have been frozen, but not patient charges. Wes Streeting said: “our moves… to freeze prescription charges will put money back into the pockets of millions of patients.”

With a static budget, patient charges are just a substitute for state investment. Patients pay more, so ministers pay less.

We call for an end to double standards. The Government has intimated it will not rollout real time exemption checking to dentistry for reasons of cost. In a climate where reductions are being made to the welfare state and incorrect claiming can lead to huge fines this is unacceptable.

Ministers must be reminded that deprivation and disease are linked. If we believe a national health service should protect the most vulnerable and redress imbalances in risk, then protection from cost to the most deprived cannot be lost.

With the Spending Review ongoing, and NHS 10 Year plan coming, the message from dentists is that this service requires sustainable funding.

Public Health - Hidden Sugars

MOTION 2

Hampshire and Isle of Wight LDC, Phil Gowers

We praise the work the BDA has done in revealing the shocking levels of ‘hidden sugars’ in more than 200 baby food pouches. The Association’s research inspired Panorama’s recent investigation into this (if you haven’t seen it, it’s still on iPlayer): these products are

disingenuously promoted to parents as ‘healthy’, when they’re loaded with sugar, causing tooth decay.

It’s time for Government to make the food industry do the right thing and cut sugar in applying tried and tested policies from home and abroad. We have seen how effective the soft drinks levy has been on making manufacturers reformulate their products with less sugar to avoid tax.

We therefore urge conference – and dental teams - to sign up to the BDA’s campaign: Make Sugar the new Tobacco | 38 Degrees and call on the government to spearhead this change with urgency – and ringfence the tax collected to dentistry.

Commissioning and procurement - Commissioning inequity

MOTION 3

Norfolk LDC, Jason Stokes

Conference calls on the DHSC to recognise the role of "minority providers" (such as domiciliary care providers etc) when designing any new NHS contract.

Supporting statement:

All of the NHS dental workforce is crying out for a new contract. Without a radical change to the dental contract NHS dentistry will cease to exist. However, if we are fortunate to see a significant change in how NHS dental care is contracted, we must be aware of the law of unintended consequences. It is easier to see the impact of a contract on large providers, and their lobby groups will ensure this focus will exist. However, there are smaller niche providers of NHS care for whom any new contract must also function. Any negotiation must recognise the nuances of and give proper consideration to the viability of a new NHS contract in all practicing situations, or we risk creating a new set of dental deserts for those who cannot access NHS dental care in the standard way.

MOTION 4

Northamptonshire LDC, Judith Husband

This conference believes that the interests of Private Equity providers are rarely aligned with this profession, and there is an urgent need for an assessment of the risks associated with their growing dominance of both private and NHS care.

Supporting statement:

- Palamon Capital Partners have put MyDentist – the UK’s single largest dental group – up for auction to other Private Equity companies, just four years after they completed their takeover from Carlyle in 2021.
- Some of the companies lining up for control have been accused of loading their acquisitions with debt (TDR Capital) or fined for price fixing on NHS drugs (Cinven).
- The ‘efficiency savings’ these private equity groups typically seek are a clear and present danger to the delivery of ongoing care, as is the pattern of repeat resales.

- The General Dental Council has not taken forward action to regulate corporate entities when they relaxed regulations for incorporation. The Government has yet to undertake any form of risk assessment on the exposure of dental provision to Private Equity providers.

MOTION 5

Coastal LDC - Lancashire & South Cumbria

LDC conference calls on NHSE/The Government to urgently overhaul commissioning guidance to ICBs to ensure that small independent practices are not disadvantaged by commissioning processes.

Supporting statement:

Without clear guidance commissioners have supported a race to the bottom in dental provision, which has resulted in undeliverable contracts, closures and deepening of access problems.

We are calling on NHSE/The Government to urgently overhaul commissioning guidance to ensure Equity in commissioning. This is required to ensure small independent practices are not set at a disadvantage compared to large corporate bodies when bidding for contracts and in particular recruitment initiatives.

The new arrangements for flexible commissioning, which include recruitment pilots such as financial support to attract international graduates and financially support their training, are leading to large corporate bodies being given an advantage. Schemes are currently being run across England (and potentially extended) through what effectively is a closed bidding process under the “pilot” designation.

ICB Commissioning Teams often run at low staffing levels, and this inevitably means that one large contract is easier and less time consuming to arrange, and thus more attractive than obtaining the same access levels across a number of smaller providers. The situation could be made worse by recent government restructuring announcements.

This unchecked, and inequitable, commissioning not only disadvantages smaller independent providers (in this case the ability to recruit); it can lead to an imbalance of power between commissioning teams and large corporate bodies, where the behaviour or business decisions of a single provider can all but collapse the service within an area. This risk may result in an ingrained two-tier system where ICBs can be pressured into greater comparative leniency when dealing with these organisations; such dependency makes it hard for any ICB to ever say ‘no’.

Education and Regulation

MOTION 6

North Yorkshire LDC, Ian Gordon

This conference calls for the immediate introduction of provisional GDC registration for suitably qualified overseas dentists already living in the UK (or eligible to obtain a visa to work here) on the proviso that certain criteria are met and confirmed by the host practice.

Supporting statement:

There is a workforce crisis. Whilst contract reform is necessary no reform will address the stark reality of there not being enough dentists prepared to provide primary care dentistry, NHS or private.

There is a skilled workforce of up to 2000 dentists already living in the UK, working as Trainee Dental Nurses, TCOs, CSU operatives, Therapists or hygienists or staking shelves or flipping burgers.

They are a solution and should be provisionally registered if they have a host practice that is required to complete a pre-registration assessment set against agreed criteria in terms of Dental school, previous experience, qualifications , language test and a test to include NHs rules and regulations.

This motion was not passed by conference last year but since then even the minister Steven Kinnock has accepted provisional registration is part of the contract reform solution. I urge conference to back this motion

MOTION 7

Norfolk LDC, Jason Stokes

Conference calls on the GDC to have a better understanding of non-UK Dental School curriculums and communicate this with the wider dental community working to support these new entrants to the NHS workforce.

Supporting statement:

The GDC is able to register dentists who have graduated from Dental Schools within the European Economic Area with “unilateral automatic recognition”.

There is no appraisal of the quality and content of the curriculum or spectrum and quantity of clinical work undertaken as an undergraduate.

For example, in some non-UK programs it is commonplace for dental nurses to take radiographs and for the dental student to never have experience of this.

In the current climate when both NHS and Private practices are suffering from the recruitment and retention crisis within dentistry, they are employing inexperienced clinicians from these dental schools under a Terms of Agreement or Equivalence arrangement. This then puts pressure on the supervising dentists to teach a newly qualified dentist with an essentially unknown competence how to be a dentist which is wholly inappropriate. This also has a huge impact for patient safety and vicarious liability/non-delegable duty of care.

Education and regulation - Dental Foundation Training (DFT)

MOTION 8

North Yorkshire LDC. Isabel Greenstreet

This conference calls for equal and appropriate funding of Foundation Training scheme that is the same in all UK countries.

This conference calls for all four nations to have a properly funded Foundation training scheme that is equal across all the nations. Currently this is not the case.

MOTION 9

Leicestershire LDC

This conference notes that the grants provided to training practices for supporting Foundation Dentists have remained stagnant for several years. We propose that these grants be increased to an amount agreed upon by the General Dental Practice Committee (GDPC) that ensures practices do not need to subsidise the cost of training a Foundation Dentist. Furthermore, we call for these grants to be reviewed annually and adjusted in line with inflation to maintain financial sustainability for training practices.

Supporting statement:

The practice grant for DFT has been stagnant for more than 10 years with a less-than-optimal increase proposed for the year 2025-26. The practice running cost, staffing cost, laboratory cost and the cost of dental materials have increased exponentially over the last 11 years, which has led to practices indirectly subsidising the training.

NHS Dentistry

MOTION 10

Bedfordshire LDC, Gurpram Lidder

This conference believes government must cover costs of dental care, by undertaking a robust cost of service exercise, that ensures future contracts can operate sustainably.

Supporting statement:

A typical practice is losing over £40 delivering a set of NHS dentures. No part of our health service can operate sustainably on this basis, but the Treasury expects it of us.

The Public Accounts Committee has already called for an accurate assessment of these costs.

If NHS dentistry is going to have a future it is not enough to gather this data. Conference believes the Treasury must commit to meeting these costs.

MOTION 11

Cornwall and IoS LDC

This conference calls for reassessment of the division of NHS funds for priority groups that are inadvertently detracting away from other in-need groups such as older people and children.

Supporting statement

The advent of more use of the flexible commissioning model of the UDA contract has been welcomed for some aspects of the NHS dental contract. Whilst these initiatives already appear to detract from progressing contract reform, worse than this, many patients are being isolated out of 'priority' groups and there is a risk that access will only be targeted at certain groups. This could cause dental teams to discriminate against many groups of patients who are permitted and eligible to be seen under the current headline contract. For a vast number of patients, especially those on a low income but not in a 'priority group' or able to claim NHS payment exemption, access is being denied. These tax-payers will understandably feel aggrieved at not getting value for their money and this will just add to the frustrations felt by the public about how NHS dental services are managed.

MOTION 12

Tees LDC

This conference calls for continuing care payments for children.

Supporting statement:

The rates of children accessing dental care have not recovered to pre-COVID levels. Only 47% of children in England as of June 2022 had attended for a check-up compared to 58% in March 2020. If the NHS are committed to improving oral health in children, the dental reforms could provide the opportunity to incentivise practices to accept new child patients, providing access to care for all children.

MOTION 13

Tees LDC, Charlie Daniels

This conference calls for a 3-year rolling UDA contract.

Supporting statement:

When a colleague is off on long term sickness or is on maternity/paternity/adoption leave getting a replacement on a temporary basis is challenging and puts a practice at risk of not meeting contractual targets and a breach notice. If NHS dental contracts were averaged over a three-year period, it would provide these practices some headroom to catch up the required UDAs without penalty.

MOTION 14

Birmingham LDC, Ranjit Chohan (14)

This Conference calls for the BDA to lobby for the development of NHS dental contract adjustments that allow practices more flexibility in the event of maternity leave, including adjusted UDA targets and the return of any potential clawback monies resulting from reduced activity during that period, to ensure practices are financially protected and can support returning dentists.

Supporting statement

Maternity leave can create significant challenges for both dentists and practices. When a dentist takes maternity leave, the practice often experiences reduced activity, which can trigger clawback of funding due to unmet UDA targets. This can financially penalise the practice, despite making provisions for a temporary absence.

This motion calls for adjustments to the NHS contract to provide more flexibility during maternity leave, including adjusting UDA targets and returning any potential clawback due to reduced activity during that period, ensuring that practices can continue to function smoothly and support returning dentists without financial penalties

Local Dental Committees

MOTION 15

Cornwall and IoS LDC

This conference calls for availability of a minimal PASS provision across all LDCs and BDA support to set up a quality assurance framework to include training.

Supporting statement

LDC's need to be able to prioritise PASS support for practitioners, particularly at this time of increased challenges and pressures of providing dental care. There is no standardised training package or advice on how to complete this effectively, and it would be useful to have support in place with training advice for PASS LDC members. PASS support has the potential to help effectively to keep dentists practising, but when done incorrectly could be devastating. By supporting the practitioners who are offering this service, confidence could be built and maintained for both the confidant and the recipients.

Commissioning and procurement - Better commissioning

MOTION 16

Birmingham LDC, Ahmad Tadmory

This conference calls for DHSC to mandate that any individual involved in the commissioning or procurement of NHS dental services must undertake at least one day of observation in a primary care dental setting as part of their induction or ongoing professional development.

Supporting statement

Far too many of the people making decisions about NHS dental services have never actually stepped inside a busy NHS dental practice. They have little real understanding of the day-to-day pressures we face—trying to deliver high-quality care under relentless time pressures, dealing with growing patient frustration and even aggression, and constantly navigating the impossible balance between demand and capacity. This motion calls for a simple, common-sense step: that anyone involved in commissioning or procuring NHS dental services must spend at least one day observing in a primary care dental setting. Whether as part of their induction or ongoing professional development, this experience will help ground their decisions in reality—and, hopefully, foster a little more empathy and a lot more informed thinking.

MOTION 17

Birmingham LDC, Ranjit Chohan

This Conference believes that Integrated Care Boards have failed to accurately forecast clawback from under-delivered NHS dental contracts, despite real time access to activity data, and calls for a mechanism of accountability to ensure this funding is reinvested into dental services within the same financial year.

Furthermore, this Conference supports the equitable redistribution of any year-end underspend across all contract holders within the ICB, unless targeted reinvestment plans are transparently agreed in advance.

Supporting statement

NHS dental contract activity data is available to ICBs on a near real-Ime basis. Despite this, significant underspends are routinely identified only at year-end, too late for meaningful reinvestment. As a result, clawed-back dental funds are often lost to the wider NHS or returned to central government — representing a missed opportunity to improve access, pilot new models, or offer targeted commissioning. This motion calls for greater financial planning accountability within ICBs and a ring-fenced commitment to reinvest reclaimed funds into dentistry within the same financial year.

Pay, conditions and benefits

MOTION 18

Tees LDC, Charlie Daniels

This conference calls for clear, full and rapid mitigation of added costs from National Insurance and minimum wage increases in the last budget.

Supporting statement:

For too many years the headline 'wage increase percentage' rate for general dental practice has been diluted by the 'dental deflator'.

The recent budget, with its significant increases to National Insurance contributions and the national minimum wage, will have a major impact on the sustainability of dental practices and may lead to a further exodus from providing NHS dental services.

Private practices may have some protection from the increases due to the ability to increase fees and from the increase in Employment Allowance.

NHS practices are not permitted to change their prices and are not entitled to claim the Employment Allowance relief. Once again General Dental Practice is treated less fairly than our General Medical Practice colleagues where approximately £900m has been made available to cover these costs.

MOTION 19

Wakefield LDC, Rebekah Hadley

In cases where Associates' retention fees are withheld for longer than 3 months, this conference calls for these sums to be protected in an Escrow account (or similar)

Supporting statement:

Retention fees should not be drawn without consultation and discussion with the associate in order to reach an agreement that the funds are being properly used.

Business support

MOTION 20

Hertfordshire LDC, Alison Chastell

Conference calls for reforming the business rates rebate to reflect the exact percentage of NHS commitment undertaken.

Supporting statement:

The current method is based on a 10% band system for NHS work carried out. This means that many practices can only reclaim a smaller proportion of the business rates than the actual proportion of NHS work carried out. They are, therefore, disadvantaged.

MOTION 21

Kent LDC, Elizabeth Hartle

This conference calls upon the government to provide greater financial and administrative support to dental practices in obtaining skilled worker/health and care worker visa for overseas qualified dentists in order to help ease the current recruitment crisis.

Supporting statement

There is currently a national dental recruitment crisis. Data from NHS England last year showed that one in five positions for NHS dentists were vacant which equates to almost half a million days of lost dental activity at a time when 97% of patients attempting to gain an NHS dental appointment fail to do so.

Dentists who have qualified overseas provide a potential source to fill some of these gaps. There is a huge pool of talented dentists, many keen to work in England and to work for the NHS. Unfortunately, they, and the practices seeking to recruit them, face many challenges before they can do so. This often includes the need to secure a skilled worker/health and care worker visa. This process is currently both costly for NHS practices to support, and can take a huge amount of time, especially for those unfamiliar with the process. This creates a barrier to recruiting overseas dentists and increases the time taken before they can start work. We therefore call upon the government to look at subsidising the cost of these applications for dentists whose skills we desperately need within the dental service, and to provide support to expedite the process for dental applicants so we can get them seeing patients sooner.

MOTION 22

Tees LDC

This Conference calls on the GDC and the DHSC to ensure significant improvements to the timeliness of fitness-to-practise are made urgently.

Supporting statement

The 2024 Performance Report by the Professional Standards Authority showed that the GDC once more had not met the standard for fitness-to-practise timeliness. As a result, the PSA has written to the Secretary of State for Health and Social Care and the Chair of the Health and Social Care Committee and is this year undertaking an in-depth review of FTP processes as part of the 2025 review. The fact that cases take months and years to move through the process is devastating to many registrants who are waiting to be ‘judged’ and find out what this will mean for their future working life. While there may be a variety of underlying reasons for the speed with which cases progress, it is important that there is no undue delay. In addition, there are significant delays to regulatory reform of all the regulators’ legislation, a reform that could potentially help to make the FTP process less adversary. The GDC’s turn for such reform does not even seem to be properly scheduled, while GMC and NMC are deemed to move forward over the next couple of years. We therefore call on the GDC to improve its timeliness of moving cases through the system, and on the DHSC to commit to and move forward regulatory reform of the GDC with speed.

Education and Regulation - CQC

MOTION 23

Staffordshire LDC

This conference calls for the immediate removal of the Care Quality Commission (CQC) for regulating dentistry.

Supporting statement:

The current CQC system is a bureaucratic, outdated, and inefficient process that is doing more harm than good to the dental profession and to patients. It burdens dental practices with excessive red tape, drains valuable resources, and diverts attention away from patient care. This regulatory framework is failing to address the actual needs of patients and dental professionals alike.

The CQC's inspections, while well-intentioned, have proven to be intrusive, time-consuming, and often misinformed. They impose unrealistic standards that do not align with the day-to-day realities of dental practice. The excessive paperwork and compliance requirements are draining vital time and resources that could otherwise be focused on providing high-quality care to patients.

Furthermore, the CQC's failure to differentiate between practices that are genuinely struggling and those providing excellent care under difficult circumstances undermines the trust in our profession. It creates unnecessary fear, anxiety, and defensiveness within the dental community, while contributing to the growing shortage of dental professionals.

The dental profession is more than capable of regulating itself through professional bodies such as the General Dental Council (GDC) and the Dental Practice Advisors, both of which already provide effective oversight, set high standards, and ensure accountability. We do not need another layer of regulation that fails to deliver tangible improvements.

Therefore, we urge the conference to take a stand and advocate for the immediate removal of the CQC for the regulation of dentistry. It is time to put an end to this pointless interference and allow dental professionals the autonomy they need to focus on what truly matters – delivering exceptional care to our patients.

We demand action on this issue now. Let us work towards a future where dental professionals are trusted, respected, and allowed to do what they do best without the weight of this unnecessary quango.

MOTION 24

North Yorkshire LDC, Mark Green

This conference calls for the disbandment of the CQC and for it to be replaced with a more clinically led regulatory body

Supporting statement:

The CQC have for years been criticised for their lack of proportionality and the increased importance given to paperwork and box ticking exercises.

Last year a damning report led by Dr Penny Dash highlighted significant failings including a lack of clinical expertise. The Secretary of State also concluded that the CQC is unfit for purpose and yet it continues to cause stress and unnecessary upheaval for many practices. We propose a new regulatory structure based on the previous Dental Reference Officer role to replace the CQC

Education and Regulation - Indemnity

MOTION 25

Tees LDC

This conference calls for a change in the indemnity model when clinicians are providing NHS dental treatment to a model where payouts are restricted to nationally agreed amounts that are solely used for corrective dental treatments.

Supporting statement:

The current model of dental indemnity is broken. One dentally based solicitors company model provides for a 'heads they win, tails you lose' situation where their fees are always covered either by insurance or by the dentist/their indemnity company, encouraging patients to claim against dentists. Payments for failed simple treatments can be significant and in many cases the money is not used for corrective dental work. Payments to patients should be limited to nationally agreed amounts in a similar manner to other areas of the NHS.

MOTION 26

West Sussex LDC, Matt Botha

This Conference calls for the introduction of a no-fault compensation scheme within NHS indemnity for primary care dental practitioners, ensuring fair, timely, and transparent resolution of patient claims without the need to establish negligence.

Supporting statement:

There are few incentives for working in the NHS and an increasing litigious landscape. A no fault compensation scheme would address both these problems. It would show the workforce they are valued, it could be cost effective and protect patients.

MOTION 27

Liverpool LDC, Bill Powell

This Conference calls for Indemnity protection to help retain newly qualified dentists within the NHS

Supporting statement

1 Newly qualified dentists face increasing costs and risks associated with indemnity, making NHS work less attractive compared to private practice.

2 The fear of litigation, especially in the early years of practice, discourages young dentists from committing to long term NHS careers.

3 Offering Crown indemnity or government-backed indemnity would provide essential protection, reduce financial burdens , and encourage retention within the NHS

4 Similar indemnity protections already exist for dentists in hospitals creating an unfair disparity.

Education and Regulation – Career Pathways

MOTION 28

Hertfordshire LDC, Alison Chastell

Conference is disappointed that, unlike our medical colleagues, following foundation training, most dentists in the UK do not have a clear career pathway or access to formal mentoring, appraisal, or training.

Supporting statement:

As a result, the standards of care for patients are more variable than they should be.

We must work towards a system in which all dentists are engaged in a professional career pathway framework such as that proposed by the College of General Dentistry.
This should apply to all GDPs, regardless of whether they work in the NHS, private practice, or mixed practice.

It must be funded appropriately, clinically, scientifically, and professionally rigorous, not the current tick-box exercise of CPD.

Motions which re-affirm current policy

These motions will not be discussed unless this is specifically requested ahead.

MOTION 29

West Sussex LDC,

This Conference believes that NHS primary care dentistry must be recognised as providing far more than just urgent care and calls for a contract that recognises the need for delivering continuing care to patients.

Supporting statement:

During the pandemic lockdowns and restriction resulted in diminished capacity in a system already losing practices. It left patients in pain struggling to find care. It was right to prioritise getting access for urgent care. We are 5 years on now and activity has still not returned to pre pandemic levels, the situation has moved on. Many areas have established local urgent and stabilisation pathway's but failed to resolve long term and ongoing access to revalue dental care . If we don't work on a contract supporting routine care we may lose it forever.

MOTION 30

Norfolk LDC

Conference calls on government to focus on access to General Dental Services rather than Urgent Care.

Supporting statement:

The government is adopting a short-term strategy focusing on the delivery of urgent care. As all clinicians know, this is the start of a process of dental care, not the end. The focus on delivering urgent care without a viable system for these patients to move into for stabilisation and rehabilitation will convert our NHS dental population into those who can only access care when they have an emergency. A growing focus on "treat them and street them" will harm the long-term health of the nation and the morale of the remaining NHS dental teams.

MOTION 31

Cornwall and IoS LDC

This conference calls on the ICBs to learn from each other with what works in different ICB areas.

Supporting statement:

It is becoming increasingly known that Integrated Care Boards do not learn from each other to promote good practice and innovation that has worked in other areas. This has resulted in replication of work and errors, stalling progress, and has led to further disenchantment felt by

NHS contractors. If ICB's could effectively communicate and learn from effective practice, this would in turn drive success and retention of NHS dental access for patients.

NHS Contracts – Patients failing to attend

MOTION 32

Liverpool LDC

This Conference calls for financial protection for NHS dental practices against missed appointments.

Supporting statement:

1. NHS dental practices operate on tight margins, with funding based on UDA's leaving little room for lost revenue. Missed NHS appointments cost practices thousands annually, threatening their ability to provide NHS services. Without protection, more practices may reduce NHS commitments or close, exacerbating the access crisis. Fair compensation for DNAs would safeguard practice finances and NHS dental sustainability.

2. A significant number of NHS patients fail to attend (DNA) their appointments without notice, resulting in:
   - Lost clinical time that cannot be reallocated.
   - Unrecoverable costs (staff wages, overheads, and unused materials).
   - Reduced capacity to deliver NHS care, as practices absorb losses.
3. Many independent dental practices—already struggling with rising costs and UDA underfunding—face financial instability due to DNAs, risking practice closures and reduced NHS dental access.

This conference believes
1. The current NHS dental contract fails to account for the financial impact of missed appointments, unfairly penalising practices.
2. Compensating practices for lost UDAs due to DNAs would:
   - Improve practice viability.
   - Sustain NHS dental provision.
   - Reduce pressure to prioritise private care to offset losses.

This Conference call on
1. NHS England and the Department of Health
   - Introduce a failed appointment UDA mechanism, awarding UDAs for booked NHS slots where patients DNA.
2. Local Dental Committees (LDCs) and the BDA to lobby urgently for this reform.

MOTION 33

Northamptonshire LDC

Conference is appalled by the continued approach of penalising dentists and dental practices for patients failed appointments. We call on NHSE to urgently address this perverse situation.

Supporting statement:

With the introduction of the Health and Social Care Act dentistry became a part of the NHS family in one important way, the banning of imposing charges for missed appointments. This approach is still undertaken in private practice and works well as a disincentive to patients to wasting surgery time.

Other parts of the NHS are also blighted by failed appointments with medical colleagues often flagging this. Dental practices accepting new patients or undertaking emergency sessions know the risk of failure increases significantly with irregular attending patients. It is imperative the government underwrites this risk for practices if there is to be even a glimmer of success to the marginal changes.

Conference believes either the practice should have the discretion to charge in a manner of their choosing or NHSE provides compensation to contractors. It is not acceptable to expect clinicians to pay for patients' actions with reduced income or for practices to incur costs without recognition.

MOTION 34

Leicestershire LDC

This conference calls for a statutory requirement that all monies collected by Integrated Care Boards (ICBs) from NHS dental practices for undelivered Units of Dental Activity (UDAs) be ring fenced exclusively for the provision of dental services. These funds should be transparently allocated to improving patient access, workforce support, and service sustainability within NHS dentistry.

Supporting statement:

Over the past many years, some money from the dental clawbacks have been used to fund projects outside of dentistry. In such times when access to NHS dentistry has been on the decline, a reduction in funds would only add to the ever-increasing access issues. Using clawback money for flexible commissioning or for recurrent funds for practices with resources will improve access.

MOTION 35

Leicestershire LDC

This conference proposes that all Integrated Care Boards (ICBs) be required to include at least one representative from the Local Dental Committee (LDC). This will ensure that oral health needs are effectively highlighted and addressed within local healthcare planning, improving access to and provision of dental services for the community.

Supporting statement:

Oral Health is often overlooked in wider healthcare planning. Including a LDC representation on ICBs would ensure that dentistry has a voice in local decision-making. LDCs understand the needs of both providers and patients and can help shape more integrated, effective strategies to tackle oral health inequalities.

MOTION 36

Tees LDC

This conference calls for the NHS Pension scheme to be available to all members of the dental team providing NHS dental treatment including hygienists and therapists and other staff members.

Supporting statement:

Currently any dentist who is delivering NHS dental care as a dental provider or performer can be admitted into the NHS Pension scheme (the exception being performers who operate through a limited company). As the model of delivery of NHS services changes to increase skill mix with DCPs holding Personal Numbers (as opposed to performer Numbers), more NHS dentistry will be provided by those unable to benefit from the NHS pension scheme. This is grossly unfair to all those dental staff involved and a change would match the offer made for any General Medical Practice staff to join the scheme.

NHS contracts and funding – flexible commissioning

MOTION 37

Birmingham LDC

This conference calls on DHSC to establish a streamlined national process for enabling the rapid adoption of successful flexible commissioning models across ICBs, removing unnecessary bureaucratic barriers and ensuring equitable access to innovation.

Supporting statement:

Too often in dentistry, when something works well in one part of the country, it hits a wall of red tape when we try to replicate it elsewhere. Local bureaucracies and inconsistent commissioning approaches mean proven models are left to gather dust instead of being scaled to benefit more patients. Some long-standing commissioners seem to have no motivation—or outright refusal—to even entertain processes that could ultimately improve patient care. Instead, they cling to personal agendas or long-held vendettas against GDPs, ignoring reason and blocking progress. What's worse, ICBs, who should be providing oversight, often end up taking direction from these very individuals. This motion calls for a national, streamlined process to fast-track the rollout of successful flexible commissioning models—cutting through the noise, removing barriers, and making sure good ideas don't die in committee rooms

Ringfencing Dental Budget

MOTION 38

Birmingham LDC

This conference calls for a formal mechanism to ensure that all unspent dental allocation within ICBs is ring fenced exclusively for reinvestment into local NHS primary care dental services. Furthermore, commissioners must be required to develop and publish a clear plan for how this funding will be utilised—whether through flexible commissioning or other mechanisms—no later than the end of the second financial quarter, to allow adequate time for effective implementation within the same financial year.

Supporting statement

Year after year, we see millions in unspent dental allocation vanish at the end of the financial year—money that was meant for patients, lost to the system. This motion calls for two simple, fair actions: first, that all unspent dental funds within ICBs are ringfenced exclusively for NHS primary care dentistry, not diverted to plug gaps in secondary care budgets or dental hospital deficits. Second, commissioners must be compelled to make clear, deliverable plans—such as through flexible commissioning—by the end of Q2. Waiting until the eleventh hour to deploy these funds is neither effective nor fair. It leaves providers scrambling, unable to mobilise workforce or plan services in time, and ultimately results in lost opportunities for patient care. By planning ahead, we can actually spend this money where it was intended and deliver meaningful impact for communities.