

BIRMINGHAM LDC NEWSLETTER

COMPILED BY VIJAY SUDRA & EDDIE CROUCH

Signing Contracts Under Duress

This may be the last LDC newsletter before we are forced into signing up for the 'new GDS' (nGDS) contract. We have been cornered and for many of us, turning our backs on the NHS will be difficult (for reasons alluded to in the last newsletter). We will be forced into signing up with all that this entails. I fear will we will look back at April Fools Day 2006 as the dark day we were robbed in broad daylight of not only our practice goodwill, but also the autonomy any business should have to run its affairs.

I feel so resentful about the whole thing that I wonder if advice issued by other LDCs should be taken up here, that is to sign our contracts with the words 'Under duress' beside our signatures. Below I question the passivity of our 'leaders'.
VS

LDC get second mandate from local practitioners to continue with policy of non-cooperation.

Colleagues present at the Novotel Meeting have given Birmingham and Sandwell LDCs the mandate to continue a policy of non-cooperation with their respective PCTs. This will mean that there will be no resumption of dialogue between our representative bodies and the future paymasters.

Following the Birmingham City FC meeting, this LDC formulated a policy statement. This statement makes clear to the PCTs (and therefore to the DoH) what specifically about the nGDS, that we are not happy it. The PCTs are left in no doubt whatsoever that we are most uneasy with the draconian imposition of such a contract, they will inform the DoH what our concerns are. Further discussion between the LDC and PCT would give the DoH the impression that we recognise the contract as being a fair one, one which meets with our approval. This LDC will not endorse the nGDS contract.

Having said this, we all recognise that that each and every one of us have our business concerns that will take precedent over any 'common' action. If you feel you are comfortable with what is being offered, go for it! nGDS is after all the only show in town, and as John Renshaw said, it is dangerous to make threats you cannot afford to see through. Taking a militant stance will remind the government how enforcing this contract will not only fail to achieve every (alleged) government target, but will see the

demise of NHS dental services. When it goes 'Pete Tong', which is inevitable, we won't need to remind them, "We told you so!"

I have not been afraid to criticise the BDA in this newsletter, and these sentiments have changed little as a result of what Renshaw said at the Novotel meeting. No one will disagree with John Renshaw when he says this LDC, and in particular, its secretary, have taken the lead nationally. Our poster/ postcard campaign has been taken up by colleagues up and down the land, speakers at the meeting from Surrey and Doncaster corroborating this point. If John Renshaw feels it's such an admirable thing that we are doing, why did the BDA not take the lead six months ago? Why could the BDA not secure a ballot of members to judge support for the contract? How would the BMA have responded for our medical colleagues? It has fallen on us to inform our patients of the impending crisis. This LDC has sent a delegation to the Palace of Westminster, offered numerous interviews on TV, radio and the written Press. We can do no more than we already have, and shame on those colleagues who have gone in defence of this contract, they clearly do not work in the real world, nor treat real patients. Nobody on this LDC is a professional politician, we only want a fair deal for all colleagues, the executive of the BDA are trained in negotiating with the DoH. They should not have left us to our devices, to put up a unilateral fight.

NEXT LDC MEETING

TUESDAY 7th
FEBRUARY 6.30 pm

@ BIRMINGHAM

CHAMBER OF
COMMERCE

If you would like to attend
as an observer, please contact
Eddie Crouch

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John Renshaw's Presentation to Bham & Sandwell Dentists at the Novotel 19/01/06

John Renshaw's support of the work that this LDC has done is much appreciated, as has been his assistance in helping with the Westminster visit and other LDC actions. Below, I list some of the important take home messages from Renshaw's presentation, much of which is not news, but important nevertheless.

- The BDA advised the profession not to rely on the NHS for their income stream back in 1990, that same advice is given again for nGDS. "People who ignored the advice did so at their peril".

- "The government want to take control of the whole of the dental industry."

- There are two major flaws at this point in time (apart from the contract itself, of course). Firstly, there is no dispute procedure (which needs to be agreed nationally, and not locally), and secondly, there needs to be a review process (to be set up now) which should allow review of the contract once implemented say 3/12 or 6/12 into the contract. The review panel should include local practitioners as well as the DoH and PCT commissioners. The dispute procedure would allow for discussion of UDA and ACV difficulties. Many GDPs are finding the DPB's allocations higher (by 5-10%) than their own calculations.

- PCTs will not 'commission' at a local level, the steering and momentum is all from the DoH. **-FACT!**

- "Sign up or go private!" There is no third way. **-FACT!**

- "Most PCTs and their staff have no idea of dentistry". **-FACT!**

- "Your practice goodwill is only worth what the PCT value it as". **-FACT!**

- "PCTs are caught in the crossfire between the DoH and the profession. They have no interest in wanting to commission dental services". **-FACT!**

- Since 1990, the rest of the NHS has seen an investment (pro-rata) of 75%, whilst we've only received 9%. **-FACT!**

- There remains much confusion on the validity of child/exempt group lists only. **-FACT!**

- If you achieve your UDA allocation early, do not expect to get additional funding for further work. You will be seen to have an *ethical* obligation to treat your patients. **-FACT!**

- We still do not have a definite list of what treatments specifically will be available to patients on the NHS, and what must be offered only privately. **-FACT!**

- There are obvious flaws in the way the UDAs have been calculated. Eg, if you saw a patient as an emergency during the historical period, you would have been awarded 3 UDAs, from April that will be 1.2 UDAs, hardly fair?

- Associate/Principal relationships have worked for the past 57 years. We simply do not know how this will be affected in the new world, especially with respect to responsibility of quality of treatments offered.

VS

Horror Stories

SOME colleagues with relatively small ACVs have been told that they will not be allowed to reach their allotted UDAs in a period sooner than 12/12! Extrapolating this seems to suggest the PCTs may even look to divide our annual UDA target into 12 monthly targets! Make sure your PCT does not tie you down to something like this!

It was clear that some PDS practices felt uncomfortable with the way their concerns were being addressed by their PCTs. Renshaw made clear that if PCT staff step out of line, then without exaggerating the matter further, contact the CEO and Chair of your PCT to immediately resolve the matter. No point in asking the wrong-doer to apologise or asking for an explanation, go to the top!

Other colleagues, elsewhere in the land, who have opted for the early PDS route are now having their PCTs dictate their UDA allocations (to tally with that PCT's expectations of volume of output) irrespective of historical data! VS

Negotiations with your PCT

WELL despite criticism that we are not helping our colleagues, we have been helping those speaking with their PCTs.

What stories they have to tell! I have heard from a practitioner who had a VT who became an Associate in late August, who has been offered a contract value of £5,000.

The helpful advice from South Birmingham is that the Principal might consider asking his Associate to leave, leaving 1000 patients without a Dentist.

Other stories include another practitioner who had a child and maternity leave, then returned part-time and is now working full time with an offer of £16,000.

She has been promised that they might review the situation after 1st April.

Any more gems like this should be reported to ecrouch9@aol.com so that we can highlight what a complete mess this whole situation is.

EJC

Where do we go from here?

I've now received a 'questionnaire' from my PCT. Frankly, I don't understand half of it. How can I sign my name to something that I have difficulty comprehending? It is clear that this document has been produced centrally by legally trained people. How can I be expected to return such a document within 10 days (as requested) without having sought advice myself?

Anyone with the jargon-busting ability to read and comprehend fully the nGDS contract, please contact me!!

Check your UDA. If you are computerised, badger your software supplier to produce a utility to provide evidence of your actual UDA values based on the historical period. Further verification will be achieved for the rest of us by a manual count, though time consuming may prove effective in reducing your actual UDA. There will be no point in arguing our cases with the PCTs until we can substantiate our claims. Many have found a discrepancy of 5-10% on their calculations with the inflated DPB provided figures. Check yours! The Shadow Health team are looking for evidence to prove the inequities of this contract. Send your details to murri-sona@parliament.uk. The DPB can provide us with a fuller breakdown of their calculations. Contact the DPB at dental-data@dbp.nhs.uk

Whatever happens after April 2006, we must now (as never before) make sure we protect our business interests, do have a dialogue with your PCT (in YOUR interests), but before you sign anything, be clear what it is you are signing up to. We are a health care profession and we will all look after the dental well-being of our patients, come hell, high water or nGDS. We are not happy to be treated with contempt and the actions of this government in enforcing nGDS are disgraceful. VS

To see the standard nGDS contract and regulations, visit <http://www.pcc.nhs/133.php>

Making Sense Of UDAs & UOAs

BAND1 Items Of Service £15.50 patient charge (1 UDA)

- (a) clinical examination, case assessment and report
- (b) orthodontic case assessment and report
- (c) advice, dental charting, diagnosis and treatment planning
- (d) radiographic examination, including panoral and lateral headplates, and radiological report
- (e) study casts including in association with occlusal analysis
- (f) colour photographs
- (g) instruction in the prevention of dental and oral disease including dietary advice and dental hygiene instruction
- (h) surface application as primary preventive measures of sealants and topical fluoride preparations
- (i) scaling, polishing and marginal correction of fillings
- (j) taking material for pathological examination
- (k) adjustments to and easing of dentures or orthodontic appliances
- (l) treatment of sensitive cementum

BAND 2 Items Of Service £42.20 Patient charge (3 UDAs)

- (a) non-surgical periodontal treatment including root-planing, deep scaling, irrigation of periodontal pockets and subgingival curettage and all necessary scaling and polishing
- (b) surgical periodontal treatment, including gingivectomy, gingivoplasty or removal of an operculum
- (c) surgical periodontal treatment, including raising and replacement of a mucoperiosteal flap, curettage, root planing and bone resection
- (d) free gingival grafts
- (e) permanent fillings in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silico-phosphate, including acid etch retention
- (f) sealant restorations
- (g) endodontic treatment of permanent or retained deciduous teeth
- (h) pulpotomy
- (i) apicectomy
- (j) extraction of teeth
- (k) transplantation of teeth
- (l) oral surgery including surgical removal of cyst, buried root, unerupted tooth, impacted tooth or exostosed tooth and alveolectomy
- (m) soft tissue surgery in relation to the buccal cavity and lips
- (n) frenectomy, frenoplasty and frenotomy
- (o) relining and rebasing dentures including soft linings
- (p) addition of tooth, clasp, labial or buccal flange to dentures
- (q) splints (other than laboratory fabricated splints) in relation to periodontally compromised teeth and in connection with external trauma
- (r) bite raising appliances (other than laboratory fabricated appliances)

BAND 3 (Laboratory Work involved)**Patient Charge £189.00 (12 UDAs)**

- (a) porcelain, composite or acrylic mastique veneers, including acid etch retention
- (b) inlays, pinlays, onlays and palatal veneers, in alloys containing 60% or more fine gold, porcelain, composite resin and ceramics

Crowns including any pin or post aids to retention

- (c) full or three quarter crown cast in alloys containing not less than 33⅓% fine gold or platinum or palladium
- (d) full or jacket crown cast in alloys containing stainless steel or cobalt chromium or nickel chromium
- (e) crown in porcelain, synthetic resin and other non-metallic crowns
- (f) full or jacket crowns in alloys containing not less than 33⅓% fine gold or platinum or palladium, or alloys containing stainless steel or cobalt chromium or nickel chromium, with thermally bonded porcelain
- (g) jacket crown thermally bonded to wrought platinum coping
- (h) prefabricated full or jacket crown, including any pin or post retention
- (i) crowns in other material

Bridges including any pin or post aids to retention

- (j) bridges in alloys containing 60% or more fine gold with or without thermally bonded facings
- (k) bridges cast in alloys containing stainless steel, cobalt chromium or nickel chromium, with or without thermally bonded facings
- (l) acid etch retained bridges
- (m) bridges in other materials
- (n) provision of full (complete) or partial dentures, overdentures and obturators in synthetic resin or metal or both synthetic resin and metal, including any cast or wrought metal components or aids to retention
- (o) orthodontic treatment and appliances
- (p) other custom made appliances excluding sports guards

URGENT TREATMENT**Patient Charge £15.50 (1.2UDA)**

- (a) examination, assessment and advice
- (b) radiographic examination and radiological report
- (c) dressing of teeth and palliative treatment
- (d) pulpectomy or vital pulpotomy
- (e) re-implantation of a luxated or subluxated permanent tooth following trauma including any necessary endodontic treatment
- (f) repair and refixing of inlays and crowns
- (g) refixing a bridge
- (h) temporary bridges
- (i) extraction of not more than 2 teeth
- (j) provision of post-operative care including treatment of infected sockets
- (k) adjustment and alteration of dentures or orthodontic appliances
- (l) urgent treatment for acute conditions of the gingivae or oral mucosa, including treatment for pericoronitis or for ulcers and herpetic lesions, and any necessary oral hygiene instruction in connection with such treatment
- (m) treatment of sensitive cementum or dentine
- (n) incising an abscess
- (o) other treatment immediately necessary as a result of trauma
- (p) not more than 1 permanent filling in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silico-phosphate including acid etch retention

IMPORTANT MESSAGE

This newsletter will most likely be outdated by the time you receive it. Things are developing on a hourly basis. If you want to be kept abreast of developments on a daily basis (and see just how much support the actions of this committee is getting nationally), send your email details to Eddie so that you're kept in the loop!! Contact Eddie at ecrouch9@aol.com

UOAs

For a case assessment only	1.0 UOA
For a child <10 yrs, assessment and treatment	4.0 UOA
For 17yrs > child > 10yrs, assessment & treatment	21.0 UOA
For a patient > 18years, assessment & treatment	21.0 UOA
For repairing an appliance fitted by another contractor	0.8 UOA



GDS CONTRACT
PLEASE TAKE ONE. LM

Westminster Lobbying

Following the lobbying of MP’s from our poster and patient card campaign, six LDC members went to Westminster. Eddie Crouch, Clive Harris, Steve Clements, Phillip Davenport, Gilly Cottam and Ashok Takhar, made their way to London on the 17th January armed with copies of the Birmingham Post which had almost full page adverts regarding Birmingham Dentists wishing to save NHS Dentistry.

The first meeting was held at 1B Parliament Street, a building towards the cenotaph on Whitehall to meet seven Birmingham Labour MP’s, Clare Short (Ladywood) , Sion Simon (Erdington), Richard Burden (Northfield) , Khallid Mahmood (Perry Barr), Gisela Stuart (Edgbaston), Lynne Jones (Selly Oak) and a researcher for Roger Godsiff (Sparkbrook and Small Heath). If your MP is not listed why not write to them and ask them why they could not find the time.

Individual work done by the Parliament Committee of the LDC produced a policy approach document to our basic objections to the new contract. This was circulated to PCT’s, SHA and MP’s. Due to the postcard campaign and the documents, Claire Short (Lab) asked Sion Simon (Lab), as chairman of the Birmingham Labour MP’s to set up a meeting in Westminster.

It was quite clear that many of the MP’s had relied on the Department of Health for their information, and were genuinely surprised that we had a different story to tell.

After pursuing a line of questioning that tried to portray us as mavericks, not representing our dentists

and trying to mislead patients, they were converted to a sympathetic stance. This was helped hugely by Clare Short, who had been well briefed by her own Dentist of 20 years who had recently decided to leave the NHS.

A good deal of misinformation was corrected. The obvious poor understanding of some MP’s reinforced the value of lobbying, informing and persuasion. The MP’s seemed inclined to admit that the Government has let the whole thing go too far and allowing so much apathy by the profession. We asked the MP’s to pass on the correct information to other MP’s and arrange meetings with Rosie Winterton and Patricia Hewitt .Our mantra was that the contract is untried ,untested and unwelcome and should be delayed and piloted properly.

The Conservatives provided 2 shadow ministers for health, Andrew Murrison and ex General Medical Practitioner, who was very well informed and Stephen O’Brien who offered to try to arrange a meeting with Rosie. Local Sutton MP Andrew Mitchell also attended and offered support; he had seemed to be a conduit to arranging the meeting. It was a surprise to find that the opposition knew little of the unhappiness about the UDA levels being set at inflated targets, and Andrew Murrison asked for Dentists to contact him with specific problems so he could question the Department of Health. His email address is murrisona@parliament.uk .

The Liberal, John Hemming (Yardley) met us to advise the likeliness of the lobbying process and the sacrifices therein. He was a pleasant and helpful guide, with interesting insight into the roots of the present contract.

We think it might be fair to say that we had gone in hope rather than expectation, but we all came home feeling the fight was worth continuing, mainly based on how poorly informed our political representatives were.

AT,SC &GC

LDC MEMBERS CONTACT DETAILS

Clive Harris (Chairman)	0121 475 2666	Dave Cottam (Vice Chairman)	0121 428 2824
Eddie Crouch (Secretary)	07779 331 132	Russ Steward (Treasurer)	0121 706 0863
Steve Clements (Ass Treasr.)	0121 776 6757	Ashok Takhar (GDPC Rep)	0121354 3579
Peter Lowndes	0121 454 0023	Ashok Solanki	0121 440 1668
Vijay Sudra	0121 747 8227	Jon Taylor	0121 773 8294
Alan White	0121 476 0976	Phil Mason	0121 456 2199
Jan Skrybant	0121 743 2669	Greg Fickert	0121 414 1551
Gill Cottam	0121 708 2994	Philip Davenport (GDPC Rep)	0121 779 2112
Louise Mackenzie	0121 472 3001	William Murphy	01564 772 184
David Payne	0121 472 3001	Chris Gattas	0121 420 2323

Other News

New 'Dental Schools' planned

A total of 100 new undergraduate training places will be created at the Peninsula Medical School (62 places) (a partnership between Universities of Exeter & Plymouth, and the NHS in Cornwall & Devon), at outreach centres in Cumbria and Lancashire (32 places) (a partnership between Liverpool, Lancaster & Central Lancashire Universities & St Martin's College). A further 6 places will be based at a centre in Hull, supported by Leeds University. These training places will 'fast track' graduates holding science degrees to become fully fledged dentists within three years! It is not surprising that these 'schools' have been located in areas with significant access problems. The graduates will end up working in the access centres. Just shows how little the government value us and the technically demanding work we do. Suppose you can teach a monkey to issue Rx's after all.

New Executive at BDA have been warned to expect an onslaught of criticism from the profession for their 'passive' approach to handling the Dept of Health. As commented on in leader article, as a result of a the BDA's inactions, adopting a policy little more than defensive, a massive injustice is about to be served on the profession.

It is amazing to hear stories from colleagues about their respective PCTs attitudes towards the dental contract. Failing to return calls, failure to understand fundamentals of nGDS and general signs of gross ineptitude are most alarming. Some practitioners have experienced a level of arrogance, bordering on glee. Welcome to the 'NHS family'.

I have learnt today that when calculating our UDA allocations, the DPB were informed by the Dept of Health that for each 'failed to return'/'incomplete treatment' case, practitioner must be 'awarded' 12 UDAs!!! This means for example, that during the historical period, a patient who failed to return for a scale and polish following an 'exam 1a' has amassed you 12 UDAs for the princely sum of £7.30!! How unfair is that?!!!

Those of us who registered an interest in the Promised Dreams charity will soon be receiving information from the organisers regarding the balloon launch to take place on the last day of the football season (7th May 2006), at Villa Park. So far approximately 70 practices have taken part. For further information contact Steve Dourass on 07980 526 667.

VS

If you as a contract holder in Birmingham would like to attend future LDC meetings, then you are more than welcome to do so. The next meeting will be on Tuesday 7th February 2006. If you are interested, then please feel free to contact LDC Secretary Eddie Crouch so that he can make appropriate arrangements.

Lies, damn lies and statistics

NHS Budget 2005-06 is £76.4 bn
 Predicted deficit for 2005-06 is £620m
 GDS budget post 2009?

Comments, concerns, criticisms, contributions to this newsletter are always welcome. Contact Vijay Sudra

LDC MEMBERS

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Peter Lowndes (Heart of Birmingham PCT liaison rep)	0121 454 0023	Ashok Solanki (Heart of Birmingham PCT liaison rep)	0121 440 1668
Vijay Sudra (East Birmingham PCT liaison rep)	0121 747 8227	Jon Taylor (East Birmingham PCT liaison rep)	0121 773 8294
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Louise Mackenzie	0121 472 3001	William Murphy	01564 772 184
David Payne	0121 472 3001	Chris Gattas	0121 420 2323

OTHER USEFUL CONTACT DETAILS

SOUTH BIRMINGHAM PCT	0121 442 5628	EAST BIRMINGHAM PCT	0121 333 4113
Chief Executive	Graham Urwin	Chief Executive	Sophia Christie
Dental Lead	Sarb Gidda	Dental Lead	Susan Neaves
NORTH BIRMINGHAM PCT	0121 332 1900	HEART OF BIRMINGHAM PCT	0121 224 4600
Chief Executive	Paul Jennings	Chief Executive	Anthony Sumara
Dental Lead	Susan Neaves	Dental Lead	Barry O'Neill
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		N & E Bham	:Adam Morby
BIRMINGHAM PRIMARY CARE SHARED SERVICE AGENCY		DENTAL CONTRACTS MANAGER AT SSA	
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☺ Any comments, criticisms , contributions to this newsletter are welcome. Please contact Vijay Sudra ☺