

# BIRMINGHAM LDC NEWSLETTER

NEWSLETTER EDITOR VIJAY SUDRA

## Challenging Long Hot Summer

As the long Indian summer draws to an end, and leaves are finally shed from the trees, we can look back at the last six months and ask ourselves where nGDS has brought us. Some colleagues will be ahead of targets, others perhaps behind. Whatever your position, collectively, we have to agree that as highly skilled healthcare professionals, we should not let our treatment planning be influenced by UDA targets. This is difficult, but what choices do we have under the new system?

The recently published BDA survey appears to show that all the government's claims regarding nGDS are failing to come true. More than half of our fellow practitioners who responded claimed that they are not seeing any more 'new' patients on the NHS, with a significant proportion reducing their NHS commitments.

No doubt, you will have heard about some of the cases regarding atypical years, and the inflexibility of the local PCTs (due to government actions centrally). Affected colleagues have been astonished by the lack of support that they have received from the BDA. It is therefore only apt that a new national pressure group is set up to

look after the interests of NHS dentists. Its three founders (including Eddie Crouch) have had to dig deep into their pockets to finance and get this venture up and running. All NHS dentists should seriously look at Challenge. We need a more powerful voice to represent us. It is clear that in many parts of the country, NHS GDPs are now in the minority and they need as much support as us in Birmingham where availability of NHS dentists is not a problem. The article below makes clear the objectives, aims and purpose of Challenge.

Since our last Newsletter, Barry Cockroft is no longer 'Acting' in his role, but continues to sing from the same old hymn sheet. Other developments: some colleagues have been approached by their PCTs for mid-term reviews. The LDC has now resumed dialogue with the PCTs, although there is variation in input from the LDC to the (now) three PCTs. Other items in this newsletter relate to the Statutory Levy, a disturbing report from Eddie summarises the latest DDRB recommendations and an article is presented by a local GDP who offers Specialist radiography services. There are the other usual updates too.

Enjoy Bonfire Night!

VS

## CHALLENGE IS LAUNCHED

A new pressure group in the field of NHS general practice dentistry called **CHALLENGE** was launched on the 12th October 2006. Frustrated by a lack of vigour in pursuing what dentists see as highly

irregular actions by Primary Care Trust (PCT) managers, they hope to gather a group of practitioners around them who have been dealt with harshly by PCTs and to take group action to force improvements wherever

possible. The Department of Health is in a state of denial in respect of the negative effects of the new contract on dentists and patients. PCTs either ignore the Department's guidance or are waiting for clarification – all adding to the stress and difficulties (continued on page2)

### NEXT LDC MEETING

TUESDAY 7TH NOV  
6.30 pm

@ BIRMINGHAM  
CHAMBER OF  
COMMERCE

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

### Contact Numbers

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### Inside this issue:

Introduction	1
Challenge	1-2
Monitoring in the nGDS	3
Statutory Levy	3
Specialist X-Ray Service	4
DDRB Findings	5
Other News	6

## 'CHALLENGE' IS LAUNCHED (Continued from page 1)

facing NHS dental practitioners. There have been many examples of poor PCT management that has inflicted serious damage on practices. Bankruptcies and ill health are just some of the consequences they have seen

**CHALLENGE** is determined to do something about this. The first action is to make contact with dentists who feel they have been abused by their local PCT and to investigate their stories fully. It is hoped that this launch will avert the divide and rule mentality of Government policy for NHS Dentistry.

### Purpose of Challenge

The **purpose** of **CHALLENGE** is to champion the cause of individual General Dental Practitioners who feel unable to fight the might of the Primary Care Trust or the Department of Health on their own and to collect evidence of inappropriate decisions and actions being taken by Primary Care Trusts that have led to General Dental Practitioners being seriously disadvantaged.

### Aim of Challenge

The **aim** of **CHALLENGE** is to help and support General Dental Practitioners who feel isolated in a morass of conflicting figures and data that cannot be trusted, who are angry about being forced into the new contract and who feel like giving up on disputes. It is intended to collect evidence of the damage the new contracts are inflicting on dentists and patients alike and to bring it to the attention of the profession and the public.

### Objectives of Challenge

The **first** objective of this new group is to build a database of General Dental Practitioners (along with their email addresses) who are opposed to the effects of the new NHS contracts and who are experiencing adverse effects from it. These individuals will make up a subscription list for the next stage. Other interested General Dental Practitioners will also be invited to join the list.

**Second**, a series of articles will be written by the three leaders of the group for distribution around the people on the database. This is intended to provide information and to provoke debate and discussion.

Subjects will include –

- Legal challenge to the Government? A waste of time or a wasted opportunity?
- The worry about 'UDAs at all costs' – how bad could UDAs become?
- PCT managers' behaviour, warts and all
- Facing up to the new patient with problems – the 3 UDA horror story

**Third**, the personal stories told by subscribing GDPs will be collated and those that appear significant will be researched further to provide evidence to back them up. Other information that has been gathered will also be made available to members of the subscription database and GDPs with similar problems will have the opportunity for collective challenges.

**Fourth**, the stories will be published for public consumption (suitably anonymised) and they will be presented to Government and a response demanded. Other organisations will also be provided with copies for their own use.

**In the absence of a powerful voice for the individual practitioner, CHALLENGE is hoping to fill the void.**

To join Challenge, please fill in the application form that all colleagues on Eddie's email list will have received. If you have not received that email, then simply contact Challenge and you will be sent the application form.

**CHALLENGE** has been set up by:

**Ian Gordon**, Acting Chair Tees LDC  
**Eddie Crouch**, Secretary of Birmingham LDC  
**John Renshaw**, GDP, ex-BDA CEO

For further information email queries to the following address: [ChallengeDoH@aol.com](mailto:ChallengeDoH@aol.com)

Or alternatively contact directly:

Eddie Crouch     [ecrouch9@aol.com](mailto:ecrouch9@aol.com)

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## MONITORING IN THE nGDS

From April 2007, it is expected that we will all be getting DRO visitations to monitor our work. The role and remit of the DRO appears to have changed from that under the old GDS. Whereas previously they were based at local clinics and were used by the DRS to monitor our claims and prior approval cases, and where necessary, help with devising treatment plans, in the new system, the DROs will be coming to our practices. They will give us 2 months notice before they come to see us.

Each visitation will require that the provider/performer whose work is being scrutinised books off one session so that the DRO can use the clinician's surgery.

The performer will be asked to present four patients to the DRO, preferably exhibiting various multi-disciplined treatments. The patients will be examined along with all appropriate records and radiographs. Patients will be asked about their 'experience' at the practice.

In addition, four additional clinical record cards will be chosen, randomly apparently, by the DRO. This process is aimed to scrutinise our record keeping, it appears that quality of radiographs is something in particular that the DROs will be looking out for.

At the end of this, the DRO will spend 40 minutes with each provider/performer to discuss the findings of the visitation. A report will then be produced and sent to the PCT.

It is anticipated that these DRO visits will take place every 18 months. This is a tall order nationally, as there are only 41 Reference Officers presently. Do the mathematics!  
VS

## STATUTORY LEVY

Colleagues, you will have noticed that since the introduction of the new contract in April 2006 there have been no deductions from your schedules for the statutory and voluntary levies.

This is due to the fact that there was no provision in the new regulations for the transfer of these levies from the old system to the new.

However, the LDC has been in touch with all three Birmingham PCTs (South, HoB and BEN – formerly East and North) with a view to setting up a mechanism for the collection of these levies.

Initially the PCTs shall arrange the collection of the statutory levy to be deducted monthly from your schedules. The statutory levy is used to fund the running of the LDC.

Hopefully at a later time a similar system can be set up for the voluntary levy. This levy is used for anything other than running the committee. In fairly recent times it has been used in our campaign against the new contract.

Due to the non-collection of funds since April 2006 it will be necessary to collect the arrears which will be

deducted as an initial lump sum to take into account the non-collection since April 06.

It is hoped that deductions will start to be collected from your November schedules.

A letter has gone out to PDS practices requesting agreement to have the statutory levy collected.

We are reliant on the PCTs to organise the collection of the levy and the LDC is hoping that it goes smoothly.

It is anticipated that there may be some "teething troubles"(sorry!) so we shall need to monitor the new system.

If any practice has difficulty with the way the statutory levy is collected please contact the LDC. Terry Goid

### From 'The Information Centre, Primary Care Statistics'

"The proportion of dentists working in PDS in England & Wales had risen to 30% by the end of 2005/06.

Previous analyses have shown that dentists that moved to PDS were more committed to GDS (ie. Had higher average GDS income) than those that remained in GDS"

## Should I renew my OPG machine? Should I buy one at all?

In most countries dental surgeons do not possess an OPG set; they send the patients out to a 'Dental X-Ray Laboratory' in the same way as you might refer a patient to any dental specialist. The patient or the insurance company pays the lab direct and the film is either posted to the dentist or handed to the patient. Orthodontists send their patients for cephs and the lab will do the diagnosis as well.

The whole idea was a mistake and not only financially. For the quality of the OPGs was (and often still is) poor. The machines weren't accurate, and the chemical processors badly maintained. You could just about see an impacted 8. Some dentists would then take selected periapicals based on what they saw on the OPG, but early radiolucencies (for example) would not be visible. This is apart from the fact that an OPG plus selected periapicals can often need a higher dose than periapicals all round (A Full Mouth Survey).

Now 25 years have passed and the machines are on their last legs. Many dentists are unaware that their OPGs have deteriorated – they only see their own. Their accountants might have considered depreciation but the dentists did not and if you are NHS there is no extra fee for an x-ray. What to do? You can have the faulty parts replaced; or you can buy a new set. Or you can go digital by retrofit (provided a kit is available) or buy new. Either way it's going to cost a fortune and because the OPG machine is used relatively infrequently it will never pay for itself, unlike a film or digital intraoral set. OK you may say, it's a service. Sure, but dentists must be paid properly for serving. I've worked out that only with a four to six-man practice can you just about break even depending on usage

Getting rid of that failed OPG machine is like losing a limb, and dentists love equipment. But there is always shortage of space in a practice and the room could be used for storage, as a small surgery or for centralised sterilisation (it's coming) . As for the sole dentist who as yet has no OPG set and is thinking of buying – don't!

So if one of your patients needs an OPG and you don't possess a panoramic machine or will not in the future, you will have to send them out, just as patients having advanced implantology can be sent out for a CT scan. Now I know we all like to be independent and do everything 'in house' but we already send patients to various dental specialists and laboratory work to our technician without a qualm.

Hospitals, NHS and private can do OPGs as can a colleague down the road. However the former are slow and using the latter perhaps an imposition. Hence dentists hang on to their OPG sets. For many years the only Dental X-ray Laboratory in UK was the 'Oral Hygiene Centre' in the West End of London. Now there is one in Birmingham. 'Dental X-Rays and Imaging' has no connection with any practice and can do a Full Mouth Survey (18 intraorals) or an OPG for your patients. All digital, highly detailed and crystal clear. You can have it e-mailed or be sent a hard copy on acetate film. An introductory offer is available

For details, referral forms etc Phone 0121 705 3509 or e-mail [info@dentalxrays.co.uk](mailto:info@dentalxrays.co.uk)

Gordon Goldman BDS

*(This article was produced for the newsletter by Gordon, and it refers to a service that he is offering and is for information. You may find his service of use to you. However, this LDC newsletter does not endorse or recommend any particular business or product. )*

## ATTENDING LDC MEETINGS

All contract holders in Birmingham (Providers or Performers) are welcome, as observers, to LDC meetings. The next meeting is on Tuesday 7th November 2006 (6.30pm at The Birmingham Chamber of Commerce). If you would like to attend, then please contact Eddie Crouch so that he can make the appropriate arrangements.

## Doctors & Dentists Review Body Latest

### How Much More Of This Will We Allow?

The Department of Health has submitted its evidence to the DDRB and it makes unpleasant reading for those who feel this contract is oppressive.

It trumpets the evidence that PCTs are successfully commissioning expanded services, but fails to say how this is being achieved. Those with poor contract values are desperate for extra revenue and are being driven to accept UDA values much lower than the average for their area. The evidence produced, gives an example of Milton Keynes where £500,000 released in untaken contracts has been commissioned at £17.90 compared to £25 average GDS UDA and £29 average PDS UDA. Clearly cheaper dentistry is now on the agenda.

There are the same farcical comments made before the new contract, more time for prevention, less of a treadmill, 5% reduction in target and simpler courses of treatment, reduced running costs for practices because of this, all this is used to produce the conclusion that a 1.5% pay rise is sufficient, well less than inflation, so effectively a pay cut.

The report refers to manpower saying there has been a 6.6% rise in numbers and with more to come when graduates increase in 2009 the picture is bright, but augurs poorly for those in Dental Schools that surely must be heading for low salary jobs on graduation.

The report says for the first time they have a consistent contractual currency the UDA. It also states 35% of all contracts were signed in dispute and that 98% of those settled so far have resulted in no one leaving the NHS. Well not yet anyway. The tendering process is described as competitive and it makes you wonder how low colleagues will go.

Lincolnshire touted by the CDO as a success story, had 33 expressions of interest which allowed the PCT to drive the UDA value down 12%, during the tender process. Sadly the report also says that it will be next year before the Implementation Group does anything to the contract, for some including some here in Birmingham this will be too late and surely the BDA should now reconsider it's membership of this farce.

One interesting submission is the promise that Dentists will be supplied with details of their regular patients for the previous 24 months supposedly to assist in "goodwill" value. But when the PCT hold the key for practice sales what good is such a list and surely this will be another ploy to show extra patients "registered" compared to our previous 15 month tallies.

It trumpets also the extra £100 million capital funding, which here in Birmingham may disappear in large amounts to the Dental Hospital and never reach practices.

The evidence is clear where the DoH place it's priorities an additional 0.1% on pay means a reduction of 120,000 UDA's for patient care. Yes it's your pay rise they want to bail them out, and it's you they will blame if we get more and patients get less.

Eddie Crouch

### **Have Your Say!**

As well as articles, all contributions, comments and criticisms, to this Newsletter are always welcome. If you would like to contribute to future editions, then please contact the Newsletter Secretary.

[vijaysudra@tiscali.co.uk](mailto:vijaysudra@tiscali.co.uk)

(If you prefer, articles can be printed anonymously.)

## **OTHER NEWS**

### **Updates From Eddie Crouch**

#### **UDA's Mid Year Reviews and Clawback**

From meetings with the PCTs it is clear that the figures that will be used for assessment of contract success will be those from the BSA.

Consequently if you feel your UDA statements on your schedules are inaccurate, you would be wise to query this at an early stage, and not rely on arguments presented at meetings with your PCT, that your figures are much higher, however talking with the PCT about your concerns would be advisable.

When it comes to year end analysis of targets, the PCTs will clawback funding if your statistics from the BSA do not attain 96% of your target and you do not make up the 4% shortfall in the following three months. A surprising number of practices have not achieved 30% and patient charge revenue shortfalls are causing some PCT concern.

#### **Bob Barlow resigns from Implementation Group**

The man chosen by the CDO to represent patient's interest on this controversial review group has chosen to leave it after only 3 meetings. He felt he was unable to represent patient views as there was no pathway for him to neither receive feedback from patients nor work with the DoH to get such information. In my opinion the BDA and other dentists on this group should do the same.

#### **Clinical Audit/Peer Review**

The 15 hours that dentists must carry out in a three year period, will no longer be organised from Stoke. PCTs will assess application and co-ordinate such activities.

It is understood that the PCTs will offer guidance from their Clinical Governance teams on styles of audit and peer review, and in South Birmingham it would seem that all disputes about payments from the test year have been rectified with UDA allowance.

The LDC has in principle accepted the framework proposed in South,

#### **Dental Nurse Registration**

It would appear that the GDC have upset the BMA by not listening to concerns about medical declarations on Nurse Registration forms. It would seem that approximately £300 worth of medical test may be necessary for a nurse to register. Occupational Health schemes at PCTs probably will not cover this charge. The mess is currently being resolved and advice from this LDC to wait for the situation to be rectified as there is a 2 year period for registration to take place. Nurses registering currently may have to pay this fee from their own or your pocket.

EJC

## **SITUATIONS VACANT**

This new slot is for Birmingham dentists who may want to advertise themselves as looking for suitable positions, or for providers looking for performers. If you wish to use to take advantage of this in forthcoming Newsletters, please contact Vijay Sudra.

### *Associate Position*

Available at Church Street Dental Practice.

Contact Bernadette Fee at [bfee@hotmail.com](mailto:bfee@hotmail.com)

For a full list of LDC members, please visit the LDC website. We represent YOU and this committee can only function with your contribution. If you feel we are not addressing your concerns, then contact your local LDC representative and get things off your chest!

**[www.birminghamldc.com](http://www.birminghamldc.com)**