

LDC Newsletter

LDC NEWSLETTER SPRING EDITION

NEXT LDC
MEETING
TUESDAY 21ST
APRIL AT THE
BIRMINGHAM
CHAMBER OF
COMMERCE AT
6.30 P.M.

IF YOU WOULD LIKE
TO ATTEND AS AN
OBSERVER, PLEASE
CONTACT EDDIE
CROUCH

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Chairman's Letter

Doesn't time fly when you are having fun? Working with the not so new contract has never been fun and never will be until changes are made. We await the findings of the Independent review body headed by Professor Jimmy Steele. Whilst I hope there will be many recommendations there will also be some uncomfortable comments made I'm sure on the methods of some colleagues carried out in order to achieve their targets. Members of the committee recently met with Professor Steel and a great deal of advice and comment was passed on.

The three PCT's have I'm sure you are all aware rolled over the contracts for 2 or 3 years. If anyone is experiencing problems please contact any committee member.

I would like to thank Vijay, Eddie, Ashok, Greg and Peter Thornley on their presentations at the recent Open meeting at the Medical Institute, and everyone who helped make the evening a success. Those who attended have given a positive response and I'm sure the committee will look to hold similar meetings in the future.

The long awaited HTM 01-05 document on Decontamination in Primary Dental Services will soon be published and you may need to widen your letter boxes when it arrives! It will make uncomfortable reading for many and will affect everyone financially and in delivering dental care. Essential quality requirements will probably have to be achieved within 12 months and best practice such as the incorporation of washer disinfectors and separation of decontamination processes from the patient treatment area thereafter. The LDC will push hard for extra funding and a commonsense approach from the PCT's.

Finally I welcome all new members to the LDC and look forward to working with you

to help all our colleagues in the forthcoming year.

Dave Cottam

Welcome to new LDC Members

Following recent elections we are pleased to welcome the following new members to the LDC.

John Rees from Acocks Green (BEN)

Fakhir Yassin from Lozells (HoB)

Vijayabhaskar Somisetty from Perry Barr (HoB)

Punnet Jain from Castle Vale (BEN)

Rajesh Handa from Moseley (South)

Karen Barber from Erdington (BEN)

We would also like to thank Prof Lumley for acting as returning officer.

Dates for your Diary

*LDC Meeting on Tuesday April
21st at the
Birmingham Chamber of
Commerce at 6.30 P.M.*

LDC Dates

Tuesday June 16th

Tuesday 8th September

Tuesday 3rd November

Tuesday 8th December

*All at 6.30 P.M. Birmingham
Chamber of Commerce*

Eddie Crouch

April 2009, we're here so what difference does it make??

The transitional provisions of the new contract ended at the end of March and with it the guaranteed income but contrary to previous fears it has not seen the PCTs flex muscles to make major changes, indeed here in Birmingham all PCTs have written to dentists to reassure.

Part of the reason for no change is that at present it is less hassle for the PCTs, to maintain the status quo, but what may lie ahead; the clues may come from a recent document issued by the Department of Health, "High Quality Care For All- Improving Dental Access, Quality and Oral Health"

This document has the glorified aim of helping PCTs become "World Class Commissioners", half decent would be a massive improvement in some cases, but the Department have blown a trumpet and will expect hard pressed and short staffed PCTs to jump.

The document calls on PCTs to reward providers that "continually improve" and bring in new providers where services are "unresponsive". To do this, the status quo cannot survive for long and those whose vital signs cause concern will be the first to be looked at. The document gives examples of what might cause the PCT concern, such as "a high proportion of Band 1 urgent course of treatment may indicate an issue with quality of diagnosis or treatment planning". Of course it might also indicate that that practice sees a lot of emergency patients who only want to be made pain free.

Managing performance is being moved up the agenda, the DSD(old DPB) are close to finishing a software package for PCTs called dashboard, which allows PCTs to look at all data on providers and performers with a click of a mouse. So who should be concerned? Well those of you that appear on exception reports with high numbers of guaranteed items provision, lots of incomplete treatments, multiple claiming for the same patients or recycling as it says in the document, those with treatment levels that are out of kilter with your local peers such as those that perform 30% or more band 3

Treatments compared to a PCT average below 10%. It may be that you will be the first to undergo the "rolling review" of contracts that PCTs are compelled to undertake.

Those practices that have limited care to "their regular patients" are addressed in this document when it states "if a practice has space in its appointment book, a practice should, however, generally accept any patients seeking treatment". 2009 will undoubtedly see PCTs start to commission services differently, HoB PCT are looking to commission larger contracts than the mini contracts that have been on offer in the last few years. Ros Hamburger has presented to all PCT Boards Oral Health Strategies, which will be followed by commissioning strategies

The new development at Colston Heath Centre, a new PCT LIFT premises will see the commissioning of 2 new dentists working alongside and sharing facilities with the salaried service, a very different model to what has been the norm until now. PCTs are told to develop a vision of what dental services should look like in the future, 2009 provides "the opportunity to revisit contracts where there is clear evidence that levels of funding are no longer fairly related to the service provided".

The document even helps PCTs understand how to deal with fraud, breaches of contracts, how to suspend dentists and how to handle removal from the performers lists. 2009 is the start of a new era, be prepared.

What's New?

Don't forget to always check out the LDC Website for any items recently added. It is always worth a look. It will also give you details of LDC members and who to contact if you need any advice on any dentally related matter.

Xenocrates said "I have often regretted my speech never my silence"

THE DENTISTS' HEALTH SUPPORT TRUST

48 Pollard Road London N20
Tel: 020 8368 0805

Dear Colleague,

I am writing to you on behalf of Dental Health Support Trust. This is a charity started in 1991 to help dentists who have drug and alcohol problems.

Since our inception we have funded a scheme (the Dental Health Support Scheme) that has treated well over four hundred dentists with acute drug and alcohol problems. By actively helping the individuals with addiction we are also helping those close to the addict. The schemes co-ordinator proactively educates dental students in addiction related problem by running lectures within dental schools as part of our early intervention education policy.

The scheme funds a twenty-four hour confidential advice line which is available, three hundred and sixty five days a year and individuals can be assured to speak to a specialist by calling 02072244671.

At present the scheme has twenty-two active cases and, in the last three months, has received 103 phone calls for help and advice.

For fifteen years the scheme was run by Joe Mee, a pioneer in the field of addiction therapy. He retired in May 2008 and our new co-ordinators are Rory O'Connor, a full time health professional who specialises in addiction problems and long term mental problems, and Kevin Collins, a practising dentist with extensive experience in helping dentists with addiction problems.

Due to the reorganisation of Nation Health Service dentistry and the resulting difficulties, we are currently receiving very few donations.

The Dental Health Support Scheme is strictly for the profession and is financed solely by the profession. Over the years it has had a

remarkably successful record which is higher than any other comparable scheme and it would be very sad indeed if our work should cease. I do hope you will be able to help us to maintain the scheme and send a large or small donation to:

Michael Stern Hon. Sec /Hon. Treasurer
48 Pollard Road,
London N20 0UD

Thank you for your time and consideration on this matter.

Yours Sincerely,

Brian Westbury

Brian Westbury
Chairman Dental Health Support Trust

CC: to all Chairs of LDCs

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Each year Birmingham LDC donates a sum to The Dentists' Health Support Trust we have published this letter in full, as it reinforces all the good work they do.

What Is PASS?

Colleagues may be unaware that PASS has been developed by Birmingham LDC and is supported by all Birmingham's Primary Care Trusts. Its objectives are:

To provide practitioners with skilled support and guidance.

The early identification of practitioners whose performance gives cause for concern.

To assure the public politicians and the profession that the issue of performance is being addressed responsibly.

The PASS group consists of practicing dentists who are also trained and experienced in mentoring. The group operates under a strict code of conduct following Caldicott guidelines to ensure absolute confidentiality

If you feel in need of support you may refer yourself to the PASS group

Your PCT may refer you.

A concerned colleague or member of staff may contact the group.

Contact Numbers:

Dave Cottam 0121 428 2824

Russ Steward 0774 782 8411

Jon Taylor 0121 773 8294

Louis Mackenzie 0121 472 3001

So remember there is help right here if *you need it*.

The Changing Face of Dental Politics

In February the Chair of the GDPC (General Dental Practice Committee) for the past six years, Lester Ellman stood down at the end of his period of office. The Candidates narrowed down to two final contenders, Henrik Overgaard Neilsen a predominantly NHS Dentist from Fulham, London and John Milne, again very committed to the NHS from Wakefield, Yorkshire.

Henrik had first become noticed when he gave Rosie Winterton a hard time at an LDC Conference in 2005 and went on to be Conference Chair in 2007 and rose to GDPC Vice Chair. John has recently been a member of the Key Stakeholders Group (previously Implementation Review Group), a committee founded after the contract's introduction chaired by Barry Cockcroft. The membership of this group has been contentious with many wondering why a Committee formed to help smoother introduction of an unsupported contract be assisted at all, and others queried what this group had actually achieved. John has also gone on to work closely with the Lord Darzi review of the NHS, and secured some dental content on Darzi's report.

Lester Ellman since 2006 had been treading water with the Department of Health, he lost out in his gamble to withdraw dialogue in the winter of 2005 to try to prevent the contract's introduction, and his limited NHS commitment had allowed the CDO to undermine his position, further dilution of his position happened when the BDA chose Susie Sanderson to give evidence to the Health Select Committee last spring instead of the Chair of GDPC as should be the case.

The new GDPC was characterized by many new faces and the presentations made by the prospective candidates were highly influential in John's election, he answered his critics of being "close to the Department" as being not in the CDO's pocket but a "thorn in his side".

It remains to be seen if John can achieve anything that Lester failed to do, many will watch closely to see if someone the Department appears to respect will listen to his criticism and assist changes. John is supported by Henrik and Peter Hodgkinson from Cornwall as Vice Chairs, the rest of the Executive is Jim Lafferty

from Sheffield (a Birmingham graduate), Jane Moore from Leeds, Richard Emms from York, and yours truly. There is a heavy Yorkshire influence; I hope to be able to give you further feedback once the Executive start work in earnest.

Recently, some members of your committee have met with Prof Jimmy Steele from Newcastle Dental School, the man charged with an Independent review of the Contract to address the concerns of the Health Select Committee (HSC).

I was fortunate to be able to give evidence to the HSC, whose report last summer was highly critical of the contract and its introduction. The Department chose to welcome the small elements of the report that praised the ideals of the new contract, this angered the committee Chair Kevin Barron MP who secured a debate in parliament in December, on the day of the debate, Ann Keen, the "invisible" minister for dentistry announced the Steele review.

Jimmy Steele appeared to be a very level and intelligent person, who took on board the comments made by your committee and I would also thank Mark Pulford from HoB PCT who joined us at the meeting to pass on a PCT perspective.

Jimmy Steele is due to produce his report in April/May and recently in Parliament, Ms Keen announced she would print the report in full. Printing it and acting on it are two separate issues, but with an election due and the possibility of a Labour defeat, Ministers might be prepared to accept the Steele review as a means of leaving a legacy, who can say?

Sue Gregory has taken over as Deputy Chief Dental Officer; Sue comes from a background of being the Ros Hamburger (Consultant in Dental Public Health) for Hertfordshire. There was a time when the CDO was not a political character but an advisor to the Government on effects of policies on Oral Health. Could this appointment spell the end of Barry Cockcroft's term as CDO and a replacement with a more traditional CDO? Could the Steele report be deflected by the Government by using Barry as the sacrificial lamb?

Times are a changing politically, happy to include further updates on the politics, email me if you have any queries,

ecrouch9@btinternet.com

Eddie Crouch

LDC Open Meeting 5th March 2009

This was held on a Thursday evening at the Birmingham Medical Institute in Edgbaston. It was very well attended with the lecture room packed out to hear the speakers. It also gave local dentists a chance to have their say to the LDC representatives present.

The evening started with a buffet and then proceeded to the speakers. The series of talks were hosted by Vijay Sudra and the first speaker was Peter Thornley, who gave a talk on the new decontamination requirements. A list of essential requirements was given, followed by a list of best practice. This focused heavily on the new washer disinfectors and their unreliability, but also gave useful advice regarding separate central sterilisation areas and single use instruments. Everybody was informed of how the LDC influence has helped get capital funding for extra equipment distributed from the PCTs ahead of the 31st March deadline.

The second speaker was Eddie Crouch, who's talk was on the current DPAS (Dental Practice Accreditation Scheme) being piloted within HoB. Many interesting arguments were made both for and against the new scheme, with some concerns being aired over the future viability of it. There then followed a talk by Ashok Takhar on selling or incorporation of your practice. Ash pointed out and gave advice regarding these sticky issues especially concerning the law and legal solutions.

Vijay Sudra himself then gave a short presentation on the future of small practices and why the PCTs have so many concerns regarding them, despite much evidence supporting their success. Finally Greg Fickert gave a talk entitled April 2009 and beyond, in which he addressed the tendering process now required for any contract negotiation. All of the talks were well received and this prompted a good open question session at the end.

Much was gained from the evening, I believe, by all that attended and many dentists commented on the way out that it was a useful event. I'm sure the LDC will look into the possibility of more open meetings in the future, though it was stressed that each LDC meeting is open to any dentist wishing to attend. If you would like to attend as an observer please contact Eddie Crouch (details on the back page of this newsletter).

Iain Roe

BDA Good Practice

So how did we get on? Well we finally achieved it! I can tell you now that this is not for the faint hearted! After 6 months of checking that everything was in place, all tests from PAT to X-ray machines protocols health and safety documents, staff training. You have to be really sure as far as you are able that everything is in place before you send off your application form

You then send off your cheque for £300, its more if all the dentists are not BDA members.

After about a week or so you receive a list of 10 items from your practice self assessment, they also request a copy of your practice leaflet. The list we had is as follows I think its worth showing you as it gives you a good idea of what they ask for.

- 1 An example of a documented work procedure (in a critical safety area)
- 2 Copy of protocol if it is not the FGDP (UK) Guidance.
- 3 Health and Safety policy.
- 4 An appropriate training record (CPR/basic life support)
- 5 Practice infection control policy
- 6 An appropriate training record (for all clinicians taking radiographs)
- 7 Induction training programme showing inclusion of infection control.
- 8 A training record (for a staff member)
- 9 Evidence of study leave being given (for a DCP)
- 10 Practice complaints procedure.

So you send proof of all these by registered post to the BDA and then wait.

We in fact waited almost a month and then had an email and a phone call saying we had only sent a Health and Safety statement and *not* a policy.

This was easily rectified but the policy had to be returned in less than 2 days signed by all members of the practice which we did.

We then had a phone call a few days later that we would be awarded the BDA Good Practice Award.

So was it worth it?

Yes I think it was but and there is a but!! It is a lot of hard work and you do need a key member of staff coordinating the whole thing. Thank you Janet!! It does ensure that all key documents are in place, and as I understand it to remain a member of the scheme each year the BDA will request different documents to ensure that you are keeping things up together.

AW

NHS Long- Term Sickness Payments

Performers engaged and contracted to a provider to provide services under the NHS are entitled in accordance with the Statement of Financial Entitlement (both GDS and PDS) to make a claim via the provider for absences in excess of four weeks.

There is no payment for the first four weeks, but after this you are entitled to claim up to a maximum of 22 weeks as a continuous period of time. You are only entitled to claim for a maximum of 22 weeks in any period of 52 weeks.

The amount of money is based on the performer's estimated net monthly pensionable earnings preceding the period of sickness. The sickness payments are paid to the provider on top of the contract value. The provider is required to pay the performer at least the value of their net pensionable earnings for the period of absence minus any superannuation payments shown on the schedule. To work out a weekly amount you need to multiply the estimated net monthly pensionable earnings by 12 and then divide by 52.

To make an application the provider needs to complete a personal payments application form which is available from the PCT, giving the performers details and including a doctor's certificate.

Whilst there are a number of eligibility criteria the main one is that you need to have your name included on a dental list for a period of two years, which does not need to be continuous or immediately precede the sickness period. The 1 year VT training will also count towards the two years where appropriate.

As with maternity payments it is important that the performer does not terminate the contract with the provider during the period of illness as the payments can only be made to the provider (contract holder). If the performer terminates their contract payments will stop. There is no means by which a PCT can make payments to a performer outside of the provider's contract.

This was briefly covered in the last newsletter, but I felt it was useful for you to have this in more detail.

Independent Review

Professor Jimmy Steele, is to chair the team which is to carry out an independent review of dental services in England.

The transition from a 55 year old system to a radically new one has been difficult for everyone, as was highlighted in last autumn's House of Commons Health Committee's report.

The aim of the review is to look at how the service should develop over the next 5 years in particular, how to improve the quality of dental services and commissioning; how better to address oral health inequalities; and how to promote good practice across all the primary care trusts. Professor Steele insists he will be independent. He will be consulting a wide range of stakeholders, including politicians, consumer groups, commissioners and members of the dental team.

BDA News

The BDA News in my opinion is always worth a read, but the latest edition I think has several articles well worth looking at.

Take Care with UDA claims this article explains how to avoid falling foul of UDA rules.

Radiation rules is a good update and reinforces your radiation obligations.

Like me you probably get very "bogged down" with the amount of reading you have to do. I just feel, these sort of articles make life a little easier!

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 LDC representative and get things off your chest!!

WWW.birminghamldc.com

Professor Don Foster

Recently the last surviving court of back-to-back houses near to the centre of Birmingham has been opened by the National trust as an example of how families used to live in inner city areas. Thomas Donald (Don) Foster was born in 1926, in just such a house in the Hockley area of Birmingham, close to the city centre. He died, after a long illness, courageously borne, on Sunday January 4th, 2009. Towards the end of his life Don wrote about his early days in the back-to-backs, about dolly tubs and lines of washing hanging in the central court between the houses on windy days. He also wrote a best-selling textbook of orthodontics.

He passed the 11 plus and went to Handsworth Grammar School. His education was interrupted by the outbreak of war and he was evacuated to the seaside village of Instow in North Devon. Don was 13 years old and had never before seen the sea. The idyllic surroundings fired in him an enthusiasm for the natural world, birds in particular, that remained for the rest of his life. He left school at the age of 15 with the School Certificate but no funding or prospects of higher education. He sought an apprenticeship and by chance was sent for interview at the Department of Dental Engineering at the Birmingham Medical School, where he trained for four years to become a dental technician at a salary of 15 shillings a week. He was then called up for national service in the RAF where he worked as a dental mechanic in a number of military hospitals, rising to the rank of Corporal. After demobilisation he realised that the combination of his apprenticeship qualification and military service meant that he was entitled to a place at university. He applied and was admitted to the School of Dentistry at Birmingham University, where he graduated in 1953. At the Dental School he met his wife-to-be Vera, allegedly over a cadaver in the dissecting room, an inauspicious start to a happy and fulfilled marriage. As a student he had become interested in Oral Surgery and his first job after qualification was as House Surgeon to Dr Reginald Tavenner at the General Hospital. He then moved to Stoke Mandeville, where he remained for five years, during which time he passed the Fellowship and postgraduate orthodontic examinations.

In 1959 he was recruited by Professor Alex McGregor to join a growing staff at the rapidly developing School of Dentistry in Birmingham, initially as a Lecturer. According to the late Gordon Mitchell, then Superintendent of the Dental Hospital, the interview didn't take a minute. Vera recalls that they had to borrow money from the University to make the return possible. When Don first joined the staff in Birmingham, British orthodontics was a hit and miss affair. Treatment plans were standard and there few fixed appliances were used. The department was based in Barwick Street, some distance from the main hospital; there Don worked with his friend Jack Walpole Day. If you worked with Don you became his friend, colleague simply doesn't do it. Don began to use transatlantic techniques, such as Begg appliances, long before they gained popular usage. There were no preformed components and each appliance had to be laboriously constructed from basic materials. Because of his technical skills Don was able to work from first principles. A dental colleague, hearing that Don had died, remarked to me, "Of all the people who taught me I admired him the most, because he treated us all with such respect". Don was always the same, whatever the time, person or place. It didn't matter if you were the most junior student, the Vice Chancellor, a technician or a nurse; or whether he was Senior Lecturer, Professor or Director. Don treated everyone in a similar quiet, considerate way. Even his physical appearance changed little over the 25 years that I worked with him; he used to say, with his dry sense of humour, that he looked old when he was young and grew into it. I cannot recall him once speaking unkindly about anyone and conversely I cannot recall anyone saying bad things about him. How many people do you know of whom that might be said? I was with him on his last working day, wondering how he was feeling because my own retirement seemed so far away. How wrong I was about that! I was watching him closely but nothing showed, he acted as if it was just another day, quietly moving amongst the students and patients, his care and enthusiasm undimmed. Don leaves his devoted wife Vera, three children, Michael, Martin and Susan; their wives and husband and seven grandchildren. He will be remembered with gratitude by his family, by all who worked with him, were taught by him, or were treated by him. All will have benefited from the association.

Peter Rock

Many of us were privileged to be taught by the "Prof" as students, he will be sadly missed by his family colleagues and many friends. **A.W.**

ATTENDING LDC MEETINGS

All contract holders in Birmingham (Providers or Performers) are welcome, as observers, to LDC meetings. The next meeting is on Tuesday 21st April 2009 (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.

We are here to help you!

The main role of any LDC Committee Member is to serve the GDPs we represent at all times. Any one of us is available to help Dentists in any way we can, whether it be contractual difficulties, disputes with your PCT, BSA disputes, or problems within your practice. That is our role and that is what we were elected for. Below is an up to date list of LDC members, their telephone numbers, and email addresses. **SO USE US!**

LDC MEMBERS

Dave Cottam (Chair) 0121 428 2824
PASS Member, South Birmingham PCT Rep
davidcottam@blueyonder.co.uk

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ecrouch9@btinternet.com

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HoB PCT Rep
jetrail@hitmail.com

Rajesh Handa
Handa_rk@hotmail.com

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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 one of the Newsletter Editors.