

NEXT LDC
MEETING
TUESDAY 8TH
DECEMBER
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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LDC Newsletter

LDC NEWSLETTER WINTER



The Editors of the LDC Newsletter would like to wish all our readers a Happy Christmas and a Prosperous New Year.

Chairman's Letter

In my last letter I referred to the PCT's having their hands tied behind their backs. Do they honestly believe that they can increase the number of NEW NHS patients within their regions as indicated in the recent Dental Access Procurement Programme road shows?

Gillian Goodlad and her team gave a polished presentation how the DH Procurement framework will operate. What was lacking was the all important detail of the proposed Access contract.

Currently behind the scenes there is much tinkering of the Warburton contract. I sincerely hope the BDA maintains its strong stance on advising members not to sign it. How can bidders (of which I understand there are many) run two different contracts side by side? One based on 100% UDA targets, the other on 51% UDA's and the remaining 49% on KPI's and registration or "rusk" as Derek Watson quotes in the Dental Practice this month. Where will all the thousands of NEW patients come from? Existing neighbours practices? What will the sweeteners be to take on the financial risk

in setting up a new surgery and to encourage 4500+ patients that may not exist? Beware the inevitable claw back.

The current nGDS contract has dumbed down quality dentistry enormously. The Access contract will turn us into pen pushers and statisticians just to satisfy the powers to be.

Dave Cottam

Dates for your Diary LDC meetings:

*Tuesday 8th December
Birmingham Chamber of
Commerce at 6.30 P.M.*

*Tuesday 2nd February 2010 at
6.30P.M.*

Venue to be finalised.

*An Evening on Current Issues
in NHS Dentistry and
Procurement. Chairman Dave
Cottam Guest Speakers John
Milne & John Renshaw. Tuesday
15th December 6.30 P.M. for
7.00 P.M. at Malmaison Hotel
Mailbox.*

Access Contracts –What Dangers Lie Ahead????

Let's start with the reality, faced with huge criticism by the Health Select Committee and Profession and Patient Groups and seeing the numbers visiting a NHS Dentist drop steadily from 2006, the Government chose to react.

They did this in two ways, the Steele Review (when in trouble use a review to ease the flak) and employ Dr Mike Warburton to lead a new initiative in getting more people seen to counter the access criticism.

Dr Warburton has managed to construct with his legal advisors Beachcroft Solicitors, the most one sided contract ever offered to the Dental Profession. I fought long and hard to remove one unreasonable clause from my PDS contract of 2006, but have no idea where I would start with this version of PDS Plus. The "Plus" being the vast variety of clauses that allow PCTs to flex their muscles, and leave you vulnerable to many opportunities for breaches, that leave your contract tinkering on a knife edge everyday.

So onerous are the data collection and support needed to operate this contract, that even IDH, with its massive managerial structure, feel this contract is unworkable. This is the first contract within dentistry to deprive you of any goodwill, all details of patients seen during the contract must be passed to the PCT or your successor when the contract ends, not just those in treatment as the current GDS contract.

So why do we have Access contracts in Birmingham? Every PCT clawed back around £400-500,000 last year, so even the current budget couldn't be spent on existing patients. Even South Birmingham PCT in their tender documents state "there is not a major problem with access in the PCT". Yet they are expected to drag in 25,000 extra patients.

This central dictate from the DoH to increase access has shown the lie that is local commissioning, where PCTs were given flexibility to utilise funding to areas of service they wished to commission. There is no flexibility just commands with this latest tender round, do as you are told and don't argue, we know best, there are votes at stake.

Yes, I know there are some practices that feel they can expand, and the mini contracts on offer will have to be worked alongside existing contracts, even the lawyers wonder how that will work. Some clever PCTs are advising practices to convert their entire contract to new PDS Plus, and I guess there is one born every minute that might fall for that one!

Needs assessments have been cobbled together in the short period allowed them by the Government, which has resulted in PCTs sticking pins in Maps where practices seem absent and in HoB's case using existing

Health Centre buildings irrespective of appropriateness.

Such commissioning will affect us all, since if there is not a massive shift in the mindset of the non attenders, then the current patient base will be spread more thinly and even those currently hitting targets will be struggling to avoid clawback. PCTs describe this as "driving quality of care and access, through increased choice and competition"

Meanwhile the Salaried Services are inundated with calls from Nursing Homes unable to access quality Domiciliary Care, Periodontal and Endodontic DWSIs commissioning is ignored and any innovation for Steele Pilots is on the back burner.

You couldn't make it up.

Eddie Crouch

LDC News For Members

- The LDC Is campaigning for 4% over delivery in all PCTs currently not possible in HoB PCT.
- The LDC is trying to arrange a meeting with PCTs and Legal Representatives to assist members wishing to Incorporate.
- PCTs now attend LDC Meetings in September, December, February and June each year.
- The LDC has concerns about patients not being seen swiftly when referred to secondary care to assist compliance with 18 weeks, please let us know if you are having problems for your patients.
- John Milne Chair of the BDA General Dental Practice Committee will be speaking at an LDC Meeting organised for the 15th December on issues surrounding the recent Access Contracts and On going progress for Steele Pilots.
- John Renshaw Past Chair of BDA Executive will be speaking about the many dentists he has assisted to secure new tenders and how varied such processes can be
- The LDC will be working for members in making their case on HTM 01 05 Compliance and Care Quality Commission registration.

Why not come to our next meeting on the **8th December** and tell the LDC what it can do for you, our members.

Find out what is happening in your area, and what the PCTs are saying.

As a NHS Dentist in Birmingham you are most welcome to attend.

This is a copy of the LDC letter sent to HoB PCT, following a lengthy debate at a recent LDC meeting.

Birmingham Local Dental Committee

**Mark Pulford Dental Lead
Ros Hamburger Consultant in Dental Public Health
Heart of Birmingham PCT
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9th September 2009

Dear Mark and Ros,

I am writing to you following last night's LDC meeting, where DPAS was further discussed in the second part of our meeting.

It was unanimously decided that the LDC could no longer support work on the piloting of DPAS, whilst the Steele Report had clearly indicated the need for nationally derived quality measures.

“Local PCTs should not develop their own quality measures-this represents a waste of resources that could be used elsewhere”

The LDC whilst always supporting the rewarding of quality within a contract has failed to be convinced that the DPAS Pilots achieve or will achieve this. These concerns have been expressed on many occasions but comments made 12 months ago about independent evaluation have not been seriously engaged, and there has been a move to further piloting without full evaluation of what already has taken place.

The PCT may point to many practitioners keen to be involved, but it has been the LDC opinion, that such enthusiasm has been encouraged by fear of lack of participation within the scheme being viewed poorly by the PCT.

With Steele Pilots potentially offering some solutions to the problems of rewarding quality as well as quantity, there would seem little point in pursuing this scheme.

We trust that you fully understand the LDC position on this, and we will be notifying members of the Committee decision via our next newsletter prior to the December meeting.

Yours sincerely,

David Cottam
Chair Birmingham LDC

Eddie Crouch
Honorary Secretary

The Great Debate

Speakers Jimmy Steele, Avijit Bannerjee, Raj Rattan, Sue Gregory, Eddie Crouch.

This proved to be an excellent day with first class speakers, the day was well organised and was thought provoking. The course was well attended with approximately 160 delegates present.

Jimmy Steele started by introducing Professor Bannerjee his lecture titled The Aetiology and Modern management of Dental Caries.

He stressed that the patient had to be involved and take responsibility for their mouths.

Early identification of disease with prevention and control this in turn should lead to minimal intervention, which would reduce the size of restorations and the amount we had to intervene and treat caries.

Caries management has changed dramatically in the last few years; Black's Principles of cavity design have been consigned to history. Caries is now not completely removed, sealed in caries most successful, with a 0.6% failure rate after 10 years with well bonded composites as compared with conventional amalgam with a 10% failure after 10 years. Some of his before and after slides were quite amazing!!

Jimmy Steele then outlined his report:

He found the profession hostile to the 2006 reforms.

The government were frustrated by access problems.

Patients were confused (not good).

Health Select Committee HSC were not favourable of success 2 years after contract came into being.

A Profession where there are many who genuinely want a better oral health care system.

A government who would love to see things get better.

Commissioners amongst whom there are many who genuinely want it to get better.

Too much rhetoric (about the past), the profession,

Government, and Commissioners, all had a valid grievance!

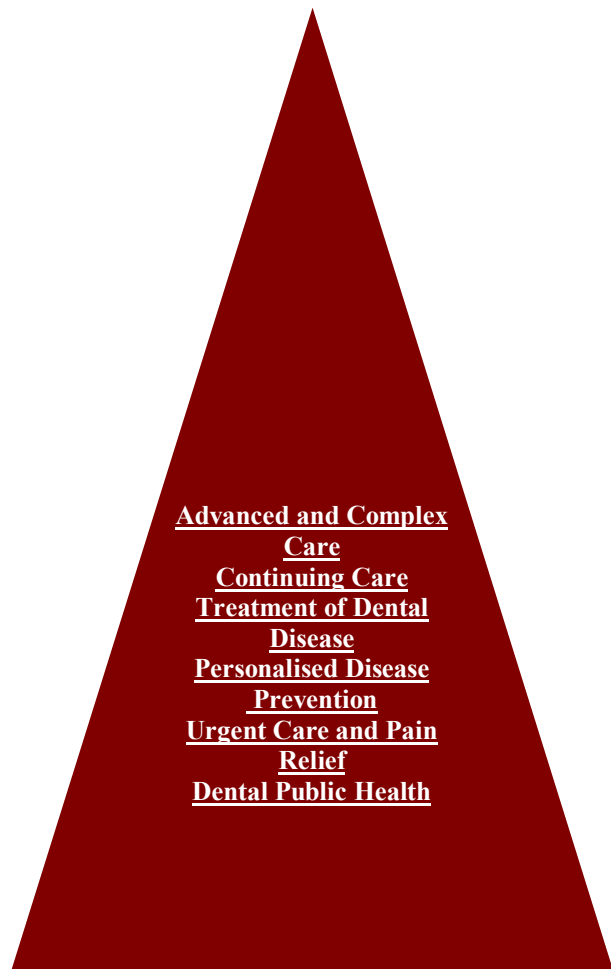
He found too much inconsistency, a service that after 60 years had forgotten what it was all about. The last 60 years was all about quantity, we need to move more towards quality.

Less is usually better.

We need an environment which supports prevention, and quality.

Value for money is NOT more at a low price.

THERE IS A FIXED BUDGET!



REDUCING PRIORITY FOR PUBLIC INVESTMENT

The above pyramid shows the reducing priorities for public investment, only by putting more resources into the system, will there be more at the top of the pyramid.

The Great Debate Continued

There were then workshops where we were given treatment planning exercises, and a complaint scenario regarding NHS procedures and availability of treatment on the NHS.

The afternoon session was started with Raj Rattan, titled Good Practice in the NHS Staying on the right side of the regulations.

He started by stating there is a “disconnect” between those who govern and those who are governed i.e. the government and the profession. He then went into detail about writing up our notes. It is acceptable to reassess a patient in 3 months or so if the notes clearly state this. For example after RCT on a molar to see if tooth has settled BUT do not write reassess for a crown, otherwise you have made that decision on the last course of treatment and you are not justified in claiming two separate courses.

He then went on to say that the test period in 2005 which our UDA targets were set, our patient “mix” has now altered considerably. This has to be communicated with the PCT, so as they understand that in some year ends it may be difficult to achieve our targets.

Sue Gregory the deputy to the CDO then gave a presentation on fluoridation, smoking cessation advice and to be proactive with GPs with children on long term medication. She emphasised the importance of sugar free medication, despite its higher cost.

She felt that we did have time for preventative care such as OHI topical fluoride treatments. A lot of this type of treatments could be delegated to ancillary staff within the practice.

Eddie Crouch gave the final presentation.

He started by saying there are no clear rules in several areas so you have to do things your own way and make your own decisions.

Gaming = Playing the system

BUT MPs play the system for their own ends.

The government are aware of gaming in dentistry, but were mainly concerned that too many appointments were being lost and access was being affected, NOT quality of service.

Unacceptable examples were single surface inlays, single tooth denture for a missing molar, F/F on two separate courses of treatment

Exception reports would be flagged up, multiple FP17s, continuation of treatment, incomplete treatment, urgent treatment.

Other examples of gaming were:

Secondary care manipulation to fulfil 18 weeks

PCTs bending rules on ring fencing

Need assessments to match existing funding

Inappropriate interpretation of NICE.

To get important changes:

PCTs must move away from counting UDAs.

Not automatic clawback if dentist falls below 96%.

Must better define “underperformance”.

Dentists should be incentivised to take on high needs patients.

Dentists should:

Use evidence based care for their patients.

Treatment plan in the patient’s best interest.

Adopt a preventative approach.

Improve OH of their patients.

Not allow targets to influence care.

Lobby for changes to a flawed contract rather than adapt to ensure contract works.

Steele Pilots:

Must use broad spectrum of practices.

Must allow for best patient care.

Must reward good dentistry

Must not swap UDAs for KPIs

Must run for sufficient time.

Must be adopted if successful.

Comment On The Great Debate

Firstly, thanks to Peter Thornley Dental Tutor to HoB PCT for organising a really exceptional day. It is no mean feat to try and arrange so many eminent speakers to one event. Certainly colleagues I spoke to found the day very useful. Peter did say that several managers now had a better understanding of the complexity of the work we do! Better communication with the PCTs has always been our goal, and days like this are a way forward in the right direction. The Executive from the LDC were all present and the questions from them all made the point “How does the current system of UDAs reward quality?” There is no easy answer to this but perhaps the Steele Pilots will be able to come up with a system that recognises quality dentistry and rewards it!

*“Though things may not look bright
They all turn out alright
If I keep painting in the clouds with sunshine”
Burke & Dubin 1929*

Following the great debate, the *Daily Telegraph* published an article titled NHS dental crisis– can they stop the rot? With a lot of up to date details in it. Professor Steele doesn't think we have to start from scratch, access is improving but there is a communication problem. The public didn't know how to find an NHS dentist. Meanwhile the PCT claimed they were running plenty, and that all the public needed to do was ask. The public would then be saying “what's a PCT” Better communication could sort that problem out easily.

Professor Steele is also recommending better payment methods. He is advocating a blended contract where a person is paid for every person on his list, and also for every treatment carried out.(Haven't I seen this somewhere before?) There also needs to be a reward for quality so we need to get data back into the system.

Shake-ups however worthy, cost money, and increased investment is unlikely. Dentistry is threatened by the spectre of financial cuts, as part of cuts in public services, regardless of who wins the next election.

“Anyone who reads this contract must be kept away from teaspoons in case they are overcome by a temporary urge to remove their eyeballs. It makes the 2006 contract look like the instructions for a lawnmower”

Quote from Derek Watson Dental Practice.

Don't forget to check out the LDC website regularly, and you can download referral forms for the BDH as and when you need them.

“The LDC executive have decided to reduce the monthly levy from £20.00 per dentist per month to £1.00 per dentist per month. This change will continue for 3 months and will then resume at £20.00 per dentist per month.

The PCTs have been asked to effect the change as soon as possible however there may be some variation in start dates between the 3 PCTs”

Russ Steward Treasurer

The DRO Came.

Recently the practice had a visit from the DRO. This was not to examine patients but to check our paperwork. The paperwork was to include patients records, radiographs, and PR forms had been signed and dated. Now I have always believed that as a public servant and spending public monies it is right and proper that we should be accountable. His visit lasted approximately 3 hours and the DRO requested about 20 patients records and radiographs to study.

The outcome was that overall he felt the practice had good systems in place and our record keeping was in good order. And in fairness some of his comments were helpful. As I have written in previous newsletter articles our practice is computerised so it is a simple job to update the patients MH. The DRO felt that we should also get the patient to sign yet another piece of paper at their examination to confirm that their MH had been updated. Is it me? Or is this just another complete waste of time.

A.W.

Congratulations to Gill Cottam who is an LDC member and a Local Medical Committee Representative. Gill has just been elected Chair of the Midland Orthodontic Society.

Over the page there is an article written by Alexis Ellis of The Birmingham Primary Care Shared Services Agency, it gives an idea of the work they do when a dentist applies to go on the performers list.

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

Dental Performers List Applications

Here at Contractor Management at Birmingham Primary Care Shared Services Agency we're responsible for processing Performers List applications from dentists, opticians, doctors and pharmacists to join their respective lists in order to practise.

We do this on behalf of the following trusts: BEN, HoB, South and Solihull.

Applications are strictly governed by DH regulations, and the checks we perform and the documentation completed meets those regulations and assists the trusts in making decisions about individual applicants.

In the past (prior to the 2004 regulations changes) most checks and administration were undertaken in-house. However, the recent contract changes and their corresponding regulations have changed how this happens, and we're now more reliant on external agencies to complete list applications. By far, the lengthiest part of the process is waiting for CRB checks to come back – in our experience this can take from around six weeks through to four months. We understand, from them, that variation can depend on a number of things such as how much data there is on an individual and that applications can take longer at busier times of the year for the bureau. Frustratingly, we are unable to personally chase applications at the bureau; the PCTs do this where required, but are not allowed to do so until ten weeks after we have sent them off – the bureau will not accept queries any sooner than that.

When we receive an application, the team will only begin the process if all of the required documentation is supplied. This is because we can start the various checks, complete the required paperwork and perform the various website updates without being held up at any stage because of information outstanding from the contractor. We aim to turn around all applications as quickly as possible, and each individual's file is updated whenever a stage in the process is completed, so we know at all times what's happening and what's outstanding. When all checks are complete, we set up payments online, ready for paying you.

We do everything we can to hasten the list application process, and do advocate on behalf of the contractor to gain everything we need as quickly as possible. The final decision on an application, if there are any areas of concern, sits with the trusts themselves, and once we receive confirmation that all's well, we ensure the payments team and other internal departments are updated, and the dentist can begin to practice accordingly.

By far, there are more concerns raised about the duration of the list application process than anything else. While we do everything we can to hasten this, we do request that dentists bear with us while we endeavour to get everything done as quickly as we can for you.

If you'd like to know anything further about how we do this, please give Contractor Management a call on: 0121 465 1038.

Alexis Ellis

**Contract Management Birmingham
Primary Care Shared Services Agency**

Why not make an effort and contribute an article for the next Newsletter?

ATTENDING LDC MEETINGS

All contract holders in Birmingham (Providers or Performers) are welcome, as observers, to LDC meetings. The next meeting is on Tuesday 8th December 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!

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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.