

JUNE
2011

Birmingham LDC Newsletter

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NEXT LDC MEETING

6TH SEPTEMBER 2011

6.30 pm

CHAMBER OF COMMERCE

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A LETTER FROM THE NEW CHAIRMAN

It is an honour to be asked to Chair this LDC. Those who know me will know I am passionate about NHS dentistry and not afraid to be vocal where I see injustices in the way our profession is treated.

I would like firstly to thank my predecessor Dave Cottam for steering and leading this LDC through the last 4 years. He has helped to mend bridges with the PCTs and despite many challenging moments with our PCTs, your LDC is working its hardest to ensure through dialogue, that we are fighting your corner. Numerous colleagues feel aggrieved by the way they have been dealt with, either in respect of over zealous practice inspections, the increased bureaucracy, inappropriate contract commissioning exercises, the list goes on.

We all know the bitterness and animosity from many following the forced imposition of nGDS, and without

sounding to gloat, those of us who warned that the new Contract of April 2006 would fail to deliver have been proven right on many counts. We can only hope that the replacement Contract will be better, fairer and, perhaps most importantly, give the patients we serve, a better deal. Without wanting to sound negative, I have some very serious reservations already, and do hope I will be proven wrong. A delegation from this LDC who went to the Annual Conference earlier this month came away feeling pretty despondent about how we are being sucked into something, I do hope it is not going to be a case of, "Out of the frying pan....". I comment on these concerns later in the newsletter. There is also an article which summarises our Conference Motions with voting scores from the Conference floor.

As the three Birmingham PCTs merge with Solihull to form a 'Cluster', this LDC has agreed to send representatives to the Cluster 'work

streams'. We have made clear our terms of reference to the PCTs and hope our being at the table will not simply mean the PCTs saying that we ratified all actions. We are wary of this and will make clear our concerns as and when necessary, as we work towards the new Contract.

Finally, I would like to thank all those that voted in the recent elections for this Committee. Birmingham LDC has a proud reputation, and nationally we have been recognised for our proactive nature. I encourage all Birmingham dentists to participate, you are welcome to attend the meetings, your input at all levels is respected and acted on where we can. If you have concerns that you feel you need assistance with, please free to contact any LDC member, contact details, as ever, are on the back page. Wishing you all a relaxing hot summer.

VS

Electorate section

If you have any interesting news or announcements you would like to make in this section please e-mail it to one of the secretaries marking it 'NewsLetter'.

Challenges Ahead

It has been some 7 years since Eddie and I started as very green newsletter secretaries. The past few years have seen Alan White and Ian Roe take charge of the newsletter, I would like to thank them both for their hard work and contribution. With the new LDC, there are new faces and I welcome Ghizali Shaikh and Abid Hussain as the new secretaries of the newsletter.

I recently came across some of my newsletters from 2005 and it is interesting to read how so many of the concerns we had back then have only become more pressing now. The new world has seen practices unable to grow in the NHS, many associates feel undervalued compared to then, we now have previously unimagined levels of bureaucracy, practitioner morale is low, the tick box culture has hit our profession for six, a berated HTM01-05 with soundings that the Best Practice model will soon be the expectation, we see the GDC inner circle in disarray it would appear, I do not think anyone is fully aware of what implications lie ahead with CQC; quite a list.

We all look into the future with trepidation: what will the new-new contract hold? Will one treadmill, that allegedly replaced another, be replaced by yet another?

I do hope that because there will be piloting of the new system, the profession will not be accused by the Department as willing participants who have sanctioned all that will be n e w .

The pilots themselves do look very confusing. Whilst we must all applaud a system geared to deliver more preventative dental care, I am not sure how the proposals will fit into to all practices. Many of us, myself included, work in practices where we see much dental neglect on a daily basis. I will see at least 2-3 (otherwise poor attending) emergency 'toothaches' daily. Many of us will find it uncomfortable giving prolonged OHI / smoking cessation advice etc, where our patients have a long list of social issues in their lives, dentistry is not that high on their list of priorities. If we are already stretched in having to deliver the interventional dentistry, where will the time come from to delivery the preventative c a r e ?

Do you remember the 5% reduction in our UDA targets to deliver the preventative care back in 2006? It would appear that the new world will require all practices to be fully computerised. And those that are already using paperless systems may find their software lack-

ing. Who will pay for these upgrades?

The problem with all of this is of course that the movers and shakers at the Department of Health are not wet fingered dentists.

I have met and chatted with Prof Steele, I am sure he genuinely means well, but perhaps a significant contribution to his report should have been penned by committed NHS GDPs who are at the enamel face on a daily basis. I disagree whole heartedly with some of Prof Steele's recommendations. For example, full dentures are not 'complex' treatment for most GDPs, the majority of F/F cases are straightforward and part of the daily provision of NHS dentistry. I think it would be most unfair to 'signpost' an elderly patient to smoking cessation, OHI, record plaque scores and only after there has been improvement in these 'indicators' can the patient be rewarded with new prostheses. These patients will lose heart with the profession and end up going from practice to practice until someone finally fulfils their request, not great for practice goodwill, not to mention the reputation of the p r o f e s s i o n .

There is desire to reward 'Quality', and this is to be commended. Watching successive BPE scores

'drop', however, is not necessarily quality. With the DRO service gone, I fear the only real marker of quality has gone too.

Many of us find management speak irritating, and in particular, the use of acronyms, especially when used in dentistry. We now have RAG, Red-Amber-Green. These traffic light indicators have off course already been used in practice inspections, and in the assessment of some prescribing profile data. I am frankly overweight: my GMP keeps reminding me of this, and off course I know that it is unhealthy to be so. The practitioner can only advise, it is ultimately down to me, the patient. I am sure most of you will have seen patients who swear blind that they brush and floss their teeth twice daily, when the reality is more likely twice a week (if you're lucky), or worse. Not sure how they'll ever get out of the Red. Why should that reflect poorly on you, and ultimately on your practice income?

VS

LDC Update

As we sleepwalk towards yet another contract, this may be an apt time to remind you of what your LDC has been doing of late.

This LDC asked to present to the Health and Overview Scrutiny Committee at Birmingham City Council back in February 2011.

We presented our concerns, namely the way in which PCTs across the city have mismanaged dental services, the fact that ring-fenced monies have been misused, the fact that the Dental Access Programme has proven a waste of many £100,000's, the fact that obtaining actual figures from the PCTs on actual spend v allocation of monies for primary care dentistry have proven most difficult, and where figures have been presented, they are out of alignment with DOH figures, the fact that there has been limited evidence that where practices have closed down or chosen to reject NHS Contracts, that these monies have indeed not gone back into dentistry. Other concerns raised in-

cluded the poor Needs Assessments and lack of reinvestment of monies clawed back from practices in provision of advanced mandatory and Specialist services. We also expressed our concern that 'good' practices were unable to expand, and despite being popular, these practices were often unable to see patients on the NHS as UDA quotas had already been utilised. The then finance director from BEN PCT defended his PCT's actions commenting that *the contract*, "Was less than ideal". The response from the Councillors on the HOSC was supportive of this LDC's concerns.

This LDC has requested that we have an input in the future Health and Well Being Board (which will monitor matters locally in the new world) so that failings of the past 5 years are not repeated, so that where money has been directed for dental care of patients, it is used for that purpose alone, so that the patients of Birmingham get a better deal.

We put forward 11 of the 28 motions to LDC conference

on 10th June 2011 (see article).

We have constantly supported colleagues where we feel the PCT actions have been unfair, and on number of occasions, the Executive have made representation with very senior personnel at each of the PCT to help resolve matters.

The LDC will ensure that lessons learnt from the pilots locally are used positively and will aim to work collaboratively with regional arms of the National Commissioning Board to ensure this.

We are concerned about some of the stories we are hearing about the actions of the CQC in other parts of the country, and must ensure that no heavy handed actions (often by non-dentally trained staff at the CQC) are imposed unfairly on colleagues here.

The lack of dental professional autonomy at the GDC is a concern for us all. Questions do have to be asked by our leaders on the national stage as to why we must pay for registration when self

regulation has gone.

We are working with the PCT cluster work streams to help enable a smooth transition to yet another new world.

As we go back to one umbrella 'Health Authority', it will be interesting to see how the different PCTs action their plans as presently, at any rate, they have separate funding streams, the work streams will try and find common approaches where practicable. This LDC will aim to ensure that the uniform approach is also a common sense approach.

VS

60th Annual Conference of Local Dental Committees

Friday 10th June 2011

The LDC Dinner was held at Hotel Russell with guest speakers being Michael Armstrong and Kevin Lewis. Michael's entertaining speech was welcomed by most with plenty of reading between the lines. Kevin, once again, did not fail to entertain the guests.

The following morning, the annual conference was held at the Grand Connaught Rooms. The chair of conference, Michael, presented his opening address with usual housekeeping rules. This

was followed by an interesting presentation by Barry Cockcroft, entitled The Future of NHS dentistry and the pilots. Whether the presentation reassured the audience about the future of dentistry is yet to be answered. The usual emphasis on improving access was reinforced and the irony said straight from the horse's mouth, "UDAs will not be used, thank God".

This was followed up by a two sessions of conference motions. Birmingham LDC representatives put forth a staggering 11 out of 28 motions, all of which were overwhelmingly welcomed and agreed by the rest of Confer-

ence.

The afternoon consisted of the panel discussion on 'The new NHS: what role for local contractor committees and LDC's?'. Present on the panel were Councillor David Rogers (Local Government Association), Mike Warbuton (Picker Institute), Steve Williams (Integrated Dental Holding), Helen Hirst (NHS Commissioning Board) and John Milne (GDPC Chair). The panel discussion lacked depth and no valuable information could be extracted to write home about.

The conference was concluded with induction of the new Chair elect for Confer-

ence, James Lafferty, and his closing speech. As first time attendee to the annual conference and first time conference motion speaker, the conference was an exciting and different experience to daily clinical practice, with great exposure to those actively trying to change policy in the favour of dentists. It is inspirational to see individuals acting selflessly to support general practitioners in ensuring that the new contract will be a win-win situation for both dentists and patients. It will be interesting to see the follow-up and outcomes of the motions presented.

DSP

INCORPORATION

It would be hard not to have noticed the drive and advertising of Accountants and Financial Advisers suggesting dentists take the tax advantages of Incorporating their Business. Such a move allows a reduction paid to the Inland Revenue and potentially allows the increased profits to be reinvested back into practices, and developing better facilities for our patients.

However, and this is the big but, the act of Incorporating an NHS practice involves the acceptance of the PCT as they regard this as a significant change to the contract. By Incorporation, it means

that further sale of the practice could take place by changing shareholders and removing the veto PCTs currently can exert in contract transfers.

The PCT also have concerns about financial loss should an Incorporated Practice fold, as the liabilities are limited and potentially unrecoverable. To date there are no examples of such an occurrence.

The LDC have been discussing the situation with the PCTs for a significant time, taking legal advice, we made concessions on the issue of contract transfer and indemnifying financial loss, but the final document produced by the PCTs as a Policy, clearly

still heavily weighs in their favour. PCTs could insist that a contract Incorporating may need to go out to tender which again is unpalatable.

Essentially the process is now that any practice wishing to Incorporate must make application to the PCT and the PCT may or may not decide to allow this. But they are intimating that they would wish to change the GDS non time limited contract for a PDS Plus time limited contract. We anticipate no one will be interested in such a one sided agreement.

What we do not know is how many dentists in Birmingham have a real desire to Incorporate,

in rural areas many PCTs have allowed this without any interference, but we are unaware of any practice in Birmingham that has successfully Incorporated.

So perhaps if you have explored this possibility you could email me so I can collate data on how many people this is affecting ecrouch9@btinternet.com

On a separate issue, there is a move by the Treasury to remove Performers (as opposed to Providers) from the NHS Pension scheme that have Incorporated, the BDA are unhappy about this and again anyone affected should also email me. Eddie Crouch



Faculty of General Dental Practice (UK)
The Royal College of Surgeons of England

The Faculty of General Dental Practice (UK) is part of the Royal College of Surgeons of England and awards the higher qualifications of Diploma of Membership of the Joint Dental Faculties (MJDF UK).

This exam is an assessment, developed jointly by the Faculty of General Dental Practice (UK) and the Faculty of Dental Surgery of the Royal College of Surgeons of England.

The West Midlands Division provides a number of services and events for fellow colleagues within the region.

The Part I courses will cover topics from past examinations and current issues of interest. The study days are designed to be a mixture of didactic delivery as well as group discussions with a range of eminent speakers from within the dental profession.

The Part II study day is geared towards providing a hands on experience of both OSCEs and SCRs and is provided by a skilled team of tutors who have experience in previously examining or being examined in such assessments.

There is tutor support available throughout the year to help

candidates build up their MJDF portfolio. The course is a natural progression from dental foundation training but also suitable for the general dental practitioner wishing to further their career.

These include
major study days
and support for candidates undertaking the Faculty's examinations. The study day courses aim to prepare candidates to take parts 1 & 2 of the MJDF examination.

The study day courses run throughout the year, if you are interested in attending the study day(s) please contact either the West Midlands Tutor or Course secretary for further information as below:

West Midlands Tutor

Dr Kaushik Paul

Kaushik_paul@hotmail.com

07894 231002

Course Secretary

Miss Debbie Hammond

debbiehammond@blueyonder.co.uk

THE NEW LDC MEMBERS

Ghizali Shaikh

The youth of today are the future of tomorrow! With the continuous changes and reorganisation of the NHS I believe as a newly qualified dentist there is little representation of our interest as performers and will be working hard to change this.

Having been elected as a newsletter and website secretary I will strive to facilitate communication between dentists and the LDC in hope that no stone is left unturned and more voices are heard. I welcome any suggestions or comments about the new look of the newsletter and/or for any other matter and urge you all to keep an eye out for the new website coming soon!

Abid Hussain

I would like to start by thanking all of you who voted for me and took time out from your hectic lives to aid and support the LDC during the elections.

I have been practising in Birmingham for the past 12 or so years and have seen many changes in the commissioning of dental services. The greatest of which, being in 2006.

Six years later, we are expecting another turbulent change in direction. I hope to aid the LDC in making sure these changes are favourable to all the electorate as opposed to just the PCT or the government.

Ghizali and I have been honoured with the duty of 'News Letter Editors'. It has been a very quick and steep learning curve and we hope you like the new format and lay out, of the 'New' Newsletter.

Suman Sud

I have worked in the Alum Rock district of Birmingham since 1986 and ever since then turmoil within the health service has been a recurring problem due to changes by successive governments. They have imposed hurried/untried/untested changes to "improve" services, invariably detrimental for patients and profession alike. In dentistry, this has been ongoing since 1990 when a new contract was followed by savage reductions in our salaries.

Problems are bound to follow further ill-considered changes to our contract by the government. However, we have to work with the health authorities and try to make the best of the situation, yet educate the populace that we never agreed the impending changes to the health service in general and dentistry in particular. This LDC is highly active locally and nationally and I hope to become a useful and active member by supporting the committee thereby serving the whole profession. The LDC executive have appointed me as one of their representatives (the senior being Dave Cottam) on the Commissioning work stream led by Viola Clarke. I look forward to this daunting, challenging and exciting prospect.

These turbulent times with unprecedented massive and untested transformations of the whole health sector will require careful monitoring by the health professions. In particular, we as a profession will have to be extremely vigilant to ensure dentistry remains within the public sector as it is my opinion that there may be an undeclared agenda to ultimately exclude dentistry from the NHS.

Dipesh Parmar

My reason for wanting to join Birmingham LDC is to be able to represent and support dentists practising in Birmingham by getting involved in dental politics at a local level. I would like to ensure that dentists are properly valued, their skills are correctly utilised and help bridge the communication gap between practitioners and health authorities. Being recently qualified, I hope I can help represent younger dentists by bringing new ideas and initiatives to the team whilst being supported by a strong backbone of experienced dentists.

Phil Davenport

I am not sure if I count as a new member because I previously served on Birmingham LDC for many years and have also been regularly attending as a General Dental Practice Committee representative. Now I have a NHS number in North Birmingham, working as an Associate, I joined the LDC to further an interest in dental politics. I believe an LDC member should serve on the Committee to represent all and not be there for self interest. PCT's and their imminent successors need careful scrutiny and the implications of their actions need to be accurately assessed and passed on to our constituents.

THE NEW LDC WORKSTREAMS

With the Health Bill and White Paper from the Coalition Government, determining the demise of the PCTs, it was inevitable that the “most able” started looking elsewhere for gainful employment and the staffing situation at PCTs reduced.

David Nicholson was appointed Chief Executive of the NHS Commissioning Board, which will start to operate in shadow form from next April and will be a special health authority in 2011/12, this organisation will take on the contracts from the PCTs that we currently hold, when eventually the PCTs are dismantled.

However there is obviously a transitional period where the PCTs will remain and with the reduced number of staff will have to operate in a different manner. Sensibly it means that instead of each PCT having personnel to deal with Dentistry, the task should be shared amongst those remaining. So David Nicholson has instructed that PCTs cluster and so from over 150 PCTs there has been formation of around 50 PCT Clusters. In Birmingham, all the 3 PCTs and Solihull have fused to form a 4 PCT cluster.

Work has started with the LDC to have input into the cluster formation with hopefully some unification of processes across the city, and the end of different approaches to issues such as over performance, contract management, clinical governance etc. The Cluster has appointed a new Chief Executive, Denise McLelland, who previously was working at the Department of Health but has a track record of working at Walsall PCT. It is unclear what real power this position will have as the financial responsibility of the PCTs is enshrined in statute and as such each PCT has to continue its obligations of providing care for their population, but the LDC will be seeking a meeting with the Chief Executive as soon as possible.

The main work of the Cluster to date has been the collation of data on how things are done in each are of the PCTs , and seek “best practice”, the LDC and PCT may differ on what we interpret this way. We have also engaged with Solihull LDC which is a much smaller LDC than in Birmingham about joint working with the Cluster.

There is also to be a re-evaluation of the needs assessment for Dentistry, but based on the fact that additional monies

were supplied to South and BEN for access and they used it to offset their need for cost savings, even if they find (and of course they will) that certain services are under provided, there appears to be no money to do any new commissioning

Work Stream	Stream Lead	LDC 1	LDC 2
Oral Health Strategy	Ross Hamburger & Markus Wolf	Ashok Thakar	John Rees
Commissioning	Viola Clarke	Dave Cottam	Suman Sud
Contract Management	Steve Connelly	Jon Taylor	Dipesh Parmer
Clinical Governance	Helen Dunn	Jan Skrybant	Karen Barber
Workforce & Professional Development	Ross Hamburger & Markus Wolf	Puneet Jain	Rajesh Handa

anyway.

Through the newsletter the LDC will continue to update you through the transition to the National Commissioning Board, and what our meetings are producing.

Eddie Crouch

LDC Statutory Levy Payments

As recently appointed Treasurer of Birmingham Local Dental Committee I would like to point out to all dental providers and performers that we have recently encountered serious problems with the collection of statutory levies for the Local Dental Committee by the PCTs especially BEN PCT, who have underpaid us by at least 100 performers for many years.

The LDC needs these funds desperately to carry out our statutory duties to represent you, the GDPs of Birmingham in all aspects of concern that you may have. We are at present in negotiation with the finance officials of all three PCTs to rectify matters but this will unfortunately take time.

To expedite matters I would like to appeal to all NHS GDS providers to check whether the £20 per month statutory levy is being paid by all the performers in contract with them. Please would you check your schedule reports closely over the next month or so. These monies are statutory i.e. they have to be paid if you are a GDS Provider, you have no choice but to pay.

The LDC have instructed the PCTs to deduct levies from Providers proportionate to the number of Performers within the contract. If you could inform myself of any anomalies that are encountered it would greatly assist our endeavours. My contact details are:

Address:- Apartment 100 Liberty Place,
26-38 Sheepcote Street, Birmingham
B16 8JT

Mobile no:- 07966429769

Practice Address:- 990 Bristol Road
South, Northfield, Birmingham B31 2PE

E-mail:-

cliveharris629@btinternet.com

I would stress that we are taking steps over the coming months to iron out these anomalies so even if you are not forthcoming with the facts then we will eventually catch up with the GDPs not paying. We would be most grateful if you could offer us this information willingly to save us a lot of work.

Now more than ever it is important that the LDC is funded adequately to carry out the important work on your behalf. The Health Bill and the plans to cluster

PCTs is increasing the workload for colleagues and their time away from practice to serve your interests.

The LDC will also send representation to any national meetings that will affect us here in Birmingham, such information is important to us all and your financial support is vital for this work to be carried out. We also wish to support our national colleagues with dialogue with the Department of Health with developing new contracts and piloting.

I thank you all in anticipation of your valuable co-operation.

CLIVE HARRIS

MACMILLAN CHARITY DINNER

Many will have been or are about to be visited by representatives of Macmillan Cancer Support with collecting boxes. West Midlands LDC have agreed to assist Macmillan in this their 100th Anniversary Year, We hope many of your practices will try to raise some needed funds for this worthwhile cause.

The idea is that practices are using the association with Macmillan to highlight the necessity for Oral Cancer screening via dental practices and assisting raising funds to support families sadly affected by the trauma that is associated with cancer diagnosis.

Macmillan will be able to assist you if you wish to come up with some innovative way of fund raising with you or your practice team.

It is with great pleasure that I have been involved in the organising of an event to be held in Solihull on the 28th October 2011 This is such an opportunity for a special dental community evening that we hope dentists from within the West Midlands region and beyond will come to support us, and join the evening at the St John's Hotel Solihull, where rooms will be available for those who wish to extend their stay.

The evening will be the opportunity for staff that have worked so hard in the fund raising efforts to be entertained by

their bosses at a gala event with a bizarre mix of good food, lively Bollywood Music provided by a band containing two well known Birmingham Dentists and the lyrical entertainment of Kevin Lewis. If that was not enough, we have secured Raj Rattan, to provide some serious magic for the evening in Raj's alter ego as a member of the Magic Circle.

Please join us by booking from the website

http://www.galahospitality.co.uk/corporate_hospitality_event.php?midlands-dental-event

A flyer is included with this newsletter. Please, please support these ventures.

Eddie Crouch

Birmingham LDC Conference Motions

The 60th Annual Conference of LDCs met in London on the 10th June 2011.

Below are the 11 Conference Motions presented on the national stage by Birmingham LDC.

Motion 4

This Conference demands GDPC ensure that, following the piloting of new contracts, advanced mandatory services are defined clinically and are unambiguous to GDPs when providing NHS dental services.

Motion 5

This Conference notes the existing problems with the current dental contract.

Conference therefore demands that GDPC ensures that any new contract makes provision for the development of associate dentists, and has systems in place so that they are not exploited by the contract and that any tendering exercise for new contracts does not preclude anyone who has yet to run their own practice.

Motion 6

This Conference insists that GDPC demand any new dental contract will have provision of adequate additional capital investment that may be requires to abide with any future new regulation and will not be hampered by fixed contract values that take no account of such changes.

Motion 7

This Conference demands GDPC insist on independent evaluation of new contract pilots after an appropriate term of piloting.

Motion 8

This Conference demands GDPC insist on a ballot of all performers of the NHS

contracts before any new contract is implemented by the Department of Health.

Motion 11

This Conference demands GDPC negotiate with CQC a standardised practice inspection protocol and for CQC to share this protocol with providers prior to practice inspections.

Motion 14

This conference demands GDPC negotiate with the Department of Health changes to the regulations which prevent PCTs or their successors terminating contracts of providers that have mitigating circumstances for the late payment of GDC registration fees.

Motion 23

This conference notes the expert local knowledge of dental services that LDCs are in possession of. Conference notes that PCTs are in the process of being abolished.

Conference therefore demands that the NHS Commissioning Board consults with LDCs in any regional structure that is developed, or directly if no such structure is present, to ensure that the best local knowledge is available to commissioners and those with responsibility for commissioning decisions.

Motion 25

This Conference notes that the NHS Commissioning Board will be reliant on good local dental advice in the absence

of PCTs.

Conference therefore insists that anyone offering advice to the NHS Commissioning Board should have no conflict of interest and, in the event of the NHS Commissioning Board having a regional structure, any dental advisers should be acceptable to the dentists within the locality and have no local conflict that might undermine their ability to act and advise in an impartial manner.

Motion 27

This Conference deplores the perennial frustrations that some LDCs encounter in relation to the collection and payment of the statutory levy by the PCTs. Conference notes the opportunity to resolve such anomalies that presents itself at the introduction of the NHS Commission Board.

Conference therefore demands GDPC negotiate a fair collection of statutory levy by the NHS Commissioning Board.

Motion 28 Emergency Motion submitted by Dave Cottam

That conference requests that when a motion that is carried that requires action by the GDPC a full written response is given which includes dates who attended, agendas and outcomes.

That conference allows time in its agenda for the responses to be discussed.

EC

MOTION	Speaker	Conference Voting Results		
		Agree	Disagree	Abstain
4	Dipesh Parmar	131	6	7
5	Vijayabhasker Somisetty	89	22	34
6	Vijayabhasker Somisetty	136	2	6
7	Philip Davenport	138	4	4
8	Philip Davenport	128	10	8
11	Vijay Sudra	137	5	4
14	Dave Cottam	134	5	3
23	Vijay Sudra	77	0	3
25	Eddie Crouch	84	1	0
27	Clive Harris	79	1	0
28	Dave Cottam	73	1	1

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