

BIRMINGHAM LDC NEWSLETTER

LDC ELECTIONS

This is the last newsletter before we come to the end of the first year of the transition period into nGDS. You will no doubt have an idea of what is happening to the profession nationally from reading in the dental press. Locally, this LDC has worked hard to support NHS dentistry, and has received national recognition for this. You too can assist your colleagues: the LDC will be seeking re-election of half of the committee.

Overleaf is a letter from Clive who will be stepping down from the position of Chair of the Committee in April 2007. He stresses the need for new members to put themselves forward to be elected onto the committee. We need new 'fresh' faces with enthusiasm. You may feel that the LDC is not meeting your needs, or not representing you: put yourself forward for election onto the committee. Nomination and ballot papers will be posted out to all Birmingham dentists by the end of this month. Please get involved. VS

**NEXT LDC
MEETING**
TUESDAY 6th
FEBRUARY 6.30 pm
@ BIRMINGHAM
CHAMBER OF
COMMERCE

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

2006-07/2007-08 Interface

Following enquires just before Christmas 2006 to the BSA regarding this matter, I was supplied with three conflicting (and therefore some incorrect) pieces of information. I requested clarification of information supplied in the letter that we all received from the CDO back in November 2006. After long waits on the BSA advice line, I was non the wiser. Below I give an interpretation of the regulations as they appear to myself and to colleagues with whom I have discussed the matter.

It is clear that if we overshoot our UDA target, we are unlikely to receive any credit for this during 2007-08, despite the latest DoH advice (Gateway Approval ref 7719) suggesting that the

PCTs may allow for such overshoots to be carried into the calculation for the new financial year, though not the patient charges element. This is most unfair as it is impossible to 'hit' your UDA target precisely. As a gesture of goodwill towards the profession, why do the PCTs not exercise their right and allow a percentage, if not all, of any overshoot to be carried forward into 2007-08?

My understanding is that it will be the completion date that determines which year the UDAs will be allotted. For all treatments completed on or after 1st April 2007, we will be credited UDAs for 2007-08. For all treatments completed prior to April 2007, we have to send these forms to the BSA by 31st May 2007 at the very latest so that they can count towards the 2006-07 tally. Any forms for such treatments that reach the BSA after 1st June 2007

will receive no credit at all for 2006-07, nevermind 2007-08.

The DoH are offering a 4% tolerance if at the end of March 2007 you are short of UDAs, providing you agree to make up the shortfall within a period specified by the PCT, during 2007-08. If you fail to make up the shortfall, the PCT can then adjust your contract value.

In the same Gateway Document, PCTs are instructed on what to do if we achieve our targets early. As well as the 'discuss with the contractor' why this has happened type of information, there are guidelines on ensuring that patients can get urgent care elsewhere, publicising 'spare capacity' elsewhere and also information on how to respond to media enquires to the PCT regarding the situation. There is no information on what we're expected to do. We've

Contact Numbers

Chairman

Clive Harris
0121 475 2666

Vice Chairman

Dave Cottam
0121 428 2824

LDC Secretary

Eddie Crouch
07779 331 132

Newsletter Secretary

Vijay Sudra
0121 747 8227

always been told that we have an ethical obligation to see 'our patients' should such a scenario present. Such patients are defined as those that have recently completed a course or are in the process of having treatment. Likewise if someone presents with treatment that is under guarantee, we are obliged to see them too. VS

Dear Colleagues

As I come to the end of my term of office as Chairman of Birmingham Local Dental Committee at the meeting in April 2007, I have to reflect on how different things were in April 2003 when I took over the position from John Taylor compared to how things are now for the General Dental Practitioner in Birmingham. The 'Options for Change' initiative put together by the then Chief Dental Officer, Dame Margaret Seward sought to assure us that 'change' was only an option and that we would be able to carry on working the tried and trusted 'fee per item system' for as long as we wanted to. The Government then suddenly saw an opportunity to legislate against the profession by including NHS Dentistry in the Health and Social Care Act 2003 and consequently this pledge was abruptly withdrawn.

I do not need to painfully remind you of the subsequent appalling treatment our profession has undergone since that time with the Department of Health becoming more and more draconian as its confidence increased. The 'coup de grace' was duly delivered by the replacement of the PDS system, which was not target driven, with nGDS, which as you all know was very much target driven, as the new mode of NHS Dentistry delivery. The dental profession seemed to the DoH to be a soft touch and therefore thought that it could push through the legislation with ease as there would not be much resistance from the GDPs because they would act as they always had previously done, in an insular and distant manner with each other, and the legislation would go through with very little fuss.

The DoH had not reckoned that an LDC such as ours in Birmingham could summon up the will, unity and ability to adopt an effective opposition to the new proposals for GDS. Birmingham LDC was the standard bearer of the country in the stance against the new contract and although we eventually lost the battle we inflicted a bloody nose on the DoH. We caused them a lot of worry even though they would never come out publicly and say so. I know that we were a real thorn in their side.

Birmingham LDC therefore brought individual members together and this united the profession locally in an unprecedented way. This trend of unity and cooperation must continue if we are to protect ourselves against what we have in store in two years time when local commissioning really starts. If we all stand together then we will all benefit.

Very soon nomination papers will be sent out to you in preparation for the LDC election when half the seats on the LDC are due to be contested. I appeal to you to become part of the LDC and help continue the struggle against unwarranted changes to our working lives. Get yourself nominated by your colleagues and let us give the clear message that we are a hard working, transparent and accountable organisation. Let us hold a good open contested election for an LDC which will continue to look after the interests of GDPs here in Birmingham as well as those of our patients.

May I thank all of you for your magnificent support over the last four years. It has certainly been a roller coaster ride for me.

Good luck and best wishes to you all.

Clive Harris

Other News:

Members of this committee have resumed dialogue with the three PCTs, again with differing levels of success. You will soon receive information from your PCT about capital funding. Back in May 2006, Rosie Winterton announced that the DoH would release £100m funds for

improvements in the infrastructure of NHS primary dental services. It appears that these funds are now with the PCTs for those who would like to take advantage. Some of the proposal forms may appear intimidating at first, but do not be! If you feel you want a slice of the monies available, make sure you go for it, but remain alert to the strings attached. vs