

EDITORS

Alan White
& Omar Patel

NEXT LDC MEETING

TUESDAY 6TH
NOV 6.30 PM

AT BIRMINGHAM
CHAMBER OF
COMMERCE

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

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INSIDE**THIS ISSUE:**

Pensions 2

Public Meeting 2

LDC Questionnaire 3

Judicial Review 4

Comment— Alan White 5

LDC Conference 6

LDC Conference 7

LDC Newsletter

BIRMINGHAM LDC

OCT. 2007

Message from the Chairman

Already we have reached the mid point of our three year contract. I have yet to meet anyone who is happy with their lot, be they provider or performer.

There are many of you who have failed to get within 4% of target and are facing clawback. Still others who are in tremendous financial difficulty because of a contract which does not reflect an atypical test year. Local commissioning is ongoing because of freed up activity made available either from dentists leaving the NHS after March 31st or from clawback.. We will continue to support

your cause. If you require help please contact your PCT reps or email Eddie Crouch, LDC Secretary.

We will all have to commission our services for post April 1st 2009. The LDC will arrange a meeting in the near future to be able to advise you on this process.

This newsletter is full of information and advice. Please give us feedback on what you think.

David Cottam

Announcements

Out of Hours

We need your help!! The appalling out of hours service provided by the PCT for our patients, is proving totally unsatisfactory, as we all thought it would.

The LDC would like feedback from all GDPs and their patients who have used this service. We need names of patients, how OOH was dealt with, and was their emergency dealt with satisfactorily. Please feedback via email to any committee member and we will collate these and pass them on.

The person responsible for OOH complaints may be contacted direct.

Sam Warner at Hob PCT

Bartholomew House 143 Hagley Road Birmingham B16 IPA

Email: SamanthaWarner@hobpct.nhs.co.uk

DCP Registration

As I'm sure all of you are aware, all DCP's will have to be registered by 31st July 2008. Although it is the responsibility of the DCP to get themselves registered, I feel it is up to us as their principals to help them in any way we can.

Recently at our practice Tessa Williams, Regional DCP Tutor NHS West Midlands

Workforce Deanery spent a lunch hour explaining to all the staff what is involved in the registration process, giving us vital information and answering all our queries. This is free of charge and is invaluable to anyone who has not got their registrations sorted out. Her contact number is 07931117559 and email is tessa.meese@blueyonder.co.uk

All the information you require has been placed on the LDC website. Currently it is taking about 2 months to process the completed Registration forms, so don't leave it too late.

Public Meeting

The LDC are organising a public meeting on 27th November, for the general public to voice their concerns about the new contract. More details on page 2.

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. On the back page is an up to date list of LDC members, their telephone numbers, and email addresses. SO USE US!

Changing Times and Moving the Goal Posts

We are now just about half-way through the 3 year introductory period of the New Contract and GDPs are probably considering their options regarding April 2009.

Some will stay in the NHS full-time, some will totally convert to private practice and some will continue with a foot in both camps. Some will cease dentistry all together. A lot will depend on the new contracting arrangements and the tendering process and whether or not the value of a UDA has been reduced.

Each practice and each performer/provider will have to make decisions based on their own needs.

However, there is a further change pending which may influence GDPs.

Dentists with an NHS income will be aware that the Superannuation Scheme is envied by other self-employed professionals. The benefits include an index-linked pension and tax-free lump sum, life cover, dependants and widow(ers) pensions and generous ill-health benefits.

The cost? Dentists are required to make a contribution of 6% of pensionable pay. Pensionable pay is 44% of NHS fees and capped at £108,600 if you joined the scheme after 1st June 1989.

The pension? 1.4% of total career earnings.

The lump sum? 3x pension payable at retirement and tax-free.

It is possible to take your pension from 50 onwards but it will be actuarially reduced

The widow(ers) benefits? 2x pensionable pay based on the number of years in service and tax-free.

The ill-health benefits? Based on the number of years of service and includes a lump sum. At the discretion of the NHS Pension trustees.

The change? A review of the NHS Pension Scheme is underway and a consultation document has been through a discussion process. The main points in the document are:

- 1) 6% contribution being increased to 8.5% for earnings over £100,000 annually
- 2) Change to the dynamising factor to one based on RPI (inflation) plus 1.5%
- 3) Removal of earnings cap for members post July 1989
- 4) Increase in the current lump sum of 3x pension to 25% of the notional fund

A change to the Added Years contract GDPs need to be aware of these proposed changes when assessing their position and should take professional advice.

Contacts

NHS Pensions website at www.nhs.gov.uk

HM Revenue & Customs (HMRC) at www.hmrc.gov.uk

Russ Steward LDC Treasurer

“A review of the NHS Pension Scheme is underway and a consultation document has been through a discussion process.”

Public Meeting in November

Public Meeting – A public meeting has been organised in November to allow the general public to voice their concerns regarding the new contract. It is vital that you inform your patients to attend this very important meeting and it will give them the opportunity to air their views in a public platform. Various media organisations have been invited to report on their views and the general state of NHS dentistry in the city. Posters advertising this meeting have been posted out and we encourage you to display these in your waiting rooms and explain to you patients that this will be an ideal opportunity to make their feelings known. Venue: City Council Chamber, Town Hall for Tuesday the 27th November at 7pm finishing at 9.30 pm

LDC Questionnaire results

A survey of over 400 dentists in Birmingham has provided shocking results regarding the state of NHS dentistry in the area. 94 percent of dentists polled said that the new contract was unbeneficial to their patients and practice. Only 1 percent of GDPs felt that the new contract to be of any benefit.

- 85 percent of GDPs felt that the new contract had not improved access to NHS dental services with many stating that the access situation was actually a lot worse.
- With respect to Birmingham PCT's 58% of GDPs felt that their PCT had not effectively resolved any contract disputes/discrepancies over the past year. Worryingly, a small proportion of practitioners had noted that they had still not signed a contract.
- Over 66 percent of dentists felt that the PCT's were generally not helpful with regards to dealing with problems.
- 25 percent of GDPs said that they had not completed their UDA target in the first year of the contract.
- With respect to the Out of Hours Service (OOH), 68 percent felt that this service is not well run and that there was an accessibility issue for patients.
- 51 percent of dentists felt that their PCT was not supportive of new and recently qualified graduates.

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Annual Reviews

I have just recently had my end of year review by the dental commissioning team at BEN PCT. Far from being an arduous or stressful experience, it was a pleasant meeting which allowed the commissioners to meet me, see my work environment, and one hopes, relate to me as an individual and not simply as a quantum of data from the NHSBSA (read DPB).

The BEN commissioners have now carried out approximately 50% of their visits. Other PCTs may take a different approach, but I hope this short summary helps you to prepare better for your end of year review.

The commissioners will come armed with the same information that you will already have in your possession from the NHSBSA. This information will include general contract information (ACV, nos. UDAs etc) as well as more detailed data on activity breakdowns (Bands 1, 2, 3 Free, urgent etc). Your figures will be compared with the average for your PCT, and form the basis of the discussion.

You will be asked (if it applies), why you under/over performed by a magnitude of 4%. The PCT will ask what category of patient you are seeing (child only, exempt only, child & exempt only, all), whether you are seeing new patients, what the practice waiting times are for routine treatment, what the protocol is for urgent (non-booked) dental emergencies. They will want to know if there is variance by greater than 10% of your numbers of courses of each of Bands 1, 2 and 3, compared with the PCT average. I was also asked why my practice failed to return a PCR equal to the sum raised during the test year, though mine was well within the average shortfall for the PCT.

They will also touch on any exception reports presented to the PCT by the NHSBSA, whether there have been any patient complaints, and also discuss any matters raised by your last DPA visit.

I hope this helps you to prepare better for your end of year review. Good luck!
Vijay Sudra

Judicial Review set for Autumn

Dr. Eddie Crouch's case returns to the High Court in the autumn. Permission for judicial review was granted on two issues, the first relates to a clause inserted by his Primary Care Trust to his PDS contract allowing the contract to be terminated at anytime. The second relates to Section 11 of the Health and Social Care Act which requires PCTs to carry out needs assessments and consult with their local populations, when provision of health services is altered. The case will also allow debate on what form this should have taken. The second issue will have significance to all of the profession in relation to the introduction of the new NHS contract. If this case is successful, all PCTs will have to comply and justify actions taken in implementing the new working arrangements. It would appear in the case involving Eddie Crouch, a deal to remove the termination clause will not be forthcoming, with significant volumes of evidence submitted by the PCT to justify their position, which presumably, if successful, will allow all PCTs to insert such a termination clause into their PDS contracts. In fact there are reports of some PCTs making contract variations to this effect, whereas previously Dr Crouch was unable to find any other examples of such a clause from any other PCT. To date he has personally financed his own legal advice, but the PCT's costs were £15,000 for the initial hearing. If the case fails then that defeat would cost him somewhere in the region of £70,000. The British Dental Association at the earlier hearing supported his application for removal of the termination clause as they felt that departmental reassurances that PDS deals would last five years, were important to their members. They will attend the full hearing as an interested party, but have however decided not to financially support Dr Crouch's case. As a consequence Eddie Crouch is seeking financial help and assistance from the profession. He said, "I am prepared to put my own money where my mouth is, but many have asked how they can support my efforts, and covering the costs of the PCT should I lose." Already cheques have started to arrive following entries on the GDP-UK website, "I have been moved by the letters and cheques I have received, I hope I don't need to bank them and can tear them up on the steps of the High Court after winning the case", he said. The process that will be followed is that all donor cheques will be held by the independent treasurer of Challenge and not banked until a final decision is positive, all cheques will be destroyed and all donors will be thanked and informed that their money was not needed. In the case of a loss the cheques will be banked and the proceeds used to support Dr Crouch and his legal expenses related to the PCT only.

Anyone interested in supporting Eddie Crouch should send a contribution, cheques made payable to Challenge and sent to 20 Ramshill Road Scarborough Y011 2Q. All donors are asked to provide an email contact address so they can be properly informed whatever the outcome of the case. To learn more about Challenge go to their website www.challengeDoH.com

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Contact 01565 650092
www.citation.co.uk

Letter from the front line

Dear Barry....

Well Summer has been and gone! Didn't go far this year, well you can't on 3% I can tell you! Thought I'd drop you a line as I had been having a few thoughts about cross infection control. No I'm not going to go on about single use endo instruments, though that did come as a bit of a blow I must say and out of the blue too.

No what made me think more about this was the other day I popped upstairs to Andrews's surgery, my performer, (my associate in old money). Well I got the shock of my life! I thought they were auditioning for Quatermass! I really did. There were goggles, masks, gloves, the nurse had a visor on, disposable cups, bibs. And cellophane covering air lines, chair, headrest, computer key board, and anything else within wrapping distance. I can tell you Bas we've enough of that stuff in our stock cupboard to bubble wrap the Bullring! They apparently were doing an occlusal amalgam on lower left six! And you

have to add other cost such as clinical waste collection, it really is spiralling out of control.

My point is this, nobody is denying that all cross infection procedures are necessary, and dentists do take the whole issue very seriously. I would rather spend two days at my practice than in an NHS hospital I can tell you!! And that 3% mentioned earlier just isn't going to cover this ever increasing cost coupled with all the other rises in expenses. So as the costs keep increasing why doesn't the DOH directly reimburse these clinical waste companies? We can hardly be accused of wasting money here can we? And purchasing autoclaves with printouts? Surely that could be a priority. I know a lot of colleagues are just tired of finding all the extra money to fund all of this themselves. In fact Bas a lot of us are just tired of the whole thing, so if you want to stop this trickle out of the NHS turning into a stampede, then I suggest you come up with some ideas and fast,

Yours sincerely,
Alan White

What the papers are saying?

There were two interesting articles in the Daily Mail and Daily Telegraph, relating to the current state of NHS dentistry, in August.

Both articles said 500 dentists had left the NHS in the past year and subsequently fewer people are now being treated on the NHS a year after the new contract came in, this was according to the latest government figures. Patient groups and dentists have criticised this recent report, which also claims that the new system has improved services, saying access to dental care under the NHS has not improved and people are struggling to be seen.

A survey by Which? Found that more than half of dentists closed their doors to NHS patients in response to the new contract. The Mail also went on to say that for the first time in the history of the National Health Service, dentists are earning more from private patients than they are from NHS ones. The Liberal Democrats called for an Independent review. Both opposition parties called the new contract a shambles, and there was no extra money in the system for dentists, who had reached their targets after nine months. The BDA thought the figures were extremely conservative and were likely to be a lot higher.

Health ministers, of course deny that there is a problem with the new contract. But the facts do speak for themselves; less courses of NHS treatment are now being carried out than a year before.

I thought it was interesting that the CDO Barry Cockcroft was not as bullish as he normally is! Also the media seem to be very much behind the profession, which is always a bonus. As a profession and at a local level we need to keep up the pressure on the DOH. This problem is not going to go away, and it is up to us all to keep making our voices heard.

The CDO needs to understand that the situation in 2009 will only become a lot worse unless the present contract is altered considerably and some decent funding is made available.

AW

BIRMINGHAM EMERGENCY DENTAL SERVICE

Were you all aware that BEDS is still alive and well? The revised BEDS offers the same level of cover as it did prior to April 2006, covering from 9am to 9pm every weekend and Bank Holiday with additional days at Easter and Christmas. Dentists are expected to cover on call duties one weekend every 12-18 months. The subscription charge is £310 per dentist. Adult patients are charged a standard fee of £30 which is retained by the on call dentist, alternatively if the dentist has a contract with the PCT they may wish to collect the allocated UDA's. There is no charge for children BEDS is happy to treat Private and NHS patients.

Please contact Yvette Cox on 07901 702 307 if you would like further information

Report of the Annual Conference of LDCs - 2007

Conference Chair's Report

The 56th Conference in Birmingham will be remembered as a political conference. A conference when delegates took stock of where we are now and where we go from here. I made a conscious decision to move the Conference in a political direction. I believed that our profession needed to show its claws and by doing this we ensured that we would never be so badly treated in the future. I also felt that some of our colleagues deserved to hear our outrage on their behalf. At the conference dinner both my and Clare Short's speeches emphasised the attack on our profession from this Government. Even though Ms Short's speech was almost a continuation of mine, neither of us knew what the other was going to say in advance. My speech concentrated on the attacks the profession has suffered in particular through the new contract and the changes to our regulatory body, the GDC. The things I said were opinions I believe needed to be articulated. I also believe that many of my colleagues agree with these opinions but that we are all too busy making the system work to have the time to fight our corner. This was meant to be a line in the sand. I have been gratified by the many colleagues who told me afterwards that they feel exactly the same way as I do but they were glad that somebody had finally voiced their worries. I also emphasised the way forward for our LDCs is to work together in larger, regional groups to make a bigger impact locally, it is important that we are seen as a professional outfit in

our dealings with PCTs, politicians and the media.

Clare Short put these attacks into a larger picture about Parliament's failure to keep a check on the executive and linking the problems we face in dentistry with similar problems in other professions and even relating it to the events that led to the Iraq war. Ms Short advised us that now is a good time to seek changes to the contract because with a new prime minister taking office at the end of the month there was an opportunity to take advantage of his desire to be seen a new broom cleaning up the previous incumbent's mess.

At the special forum, Andrew Murrison and Normal Lamb told us that we could expect from the opposition parties in the future; one issue they agreed on was that it was unlikely there would be more money for dentistry. It was very clear from talking to them afterwards that they had listened very carefully to what delegates had to say and both left with a different view from when they arrived. It was also obvious that they both wanted to continue the dialogue with us in the future and it was a relief to meet politicians who actually listened to our problems, rather than just telling us how wonderful our working lives are after the new contract. I would like to thank you all for the privilege of chairing the conference; it has been a great honour. I would also like to thank you for re-electing me to represent conference on the GDPC.

Henrik Overgaard-Nielsen
Chair, 2007

Conference Highlights

Alternatives to UDAs? Lester Ellman, Chair of GDPC, introduced a debate on alternative contract measures to units of dental activity (UDAs). Reflecting that, for the second year running, there was near consensus amongst the profession of the damage caused by the strict reliance of UDAs as a target, Lester opened a debate on what other indicators might be appropriate for measuring NHS dental contracts.

Delegates reflected the mood of GDPC in that there are no easy answers to this, and whilst it was noted that another destabilising change to the contract was not desirable, delegates spoke of the detrimental impact UDA targets were having on patient care and workload.

It could be speculated that the variety of suggested alternative supports the case for having a range of contractual methods, based on agreement between commissioners and dentists, and designed to best meet local needs. This is in accordance with GDPC's call for UDAs to be removed as the only performance measure within the contract regulations.

The Chair of LDC Conference for 2008 is Eddie Crouch, from Birmingham LDC. Eddie will meet with the agenda committee to plan next year's conference and will discuss with BDA colleagues the agenda for LDC Officials' Day on 7 December.

LDC Conference 2007 - Highlights

Motions carried by LDC Conference

Surrey: “This conference demands the reinstatement of the right of general dental practitioners to charge patients for wasted surgery time or to receive a UDA allowance for it.”

Bro Taf: “This conference demands that in order to improve the oral health of children, the NHS dental contract must increase the rewards for the prevention of dental disease.”

Rotherham: “This conference deplores that the new dental contract discourages the care and treatment of patients with high dental needs; and consequently the contract is likely to increase inequality in health and healthcare access.”

Bexley and Greenwich: “This conference calls upon the DH to address urgently the need for additional funding resources to enable dentists to carry out root canal therapy under the NHS.”

Oxfordshire: “This conference believes that practitioners should not be expected to absorb the additional costs of centrally imposed changes in clinical practice from within existing contract values.”

Devon: “This conference is disappointed by the lack of continuity of funding provided by PCTs for VDPs on completion of their training.”

Avon: “This conference calls for the DH to ensure all new UK graduates have a fully and centrally funded VT placement and to remove the link between UDA targets and their ongoing placement in the GDS.”

Suffolk: “This conference calls upon the DH to censure any primary care trust that does not spend its entire floor-funded dental budget on direct patient care.”

Bromley: “This conference believes that one year should be the maximum recall for any dentate patient.”

Northamptonshire:
“This conference should chastise itself for its part in allowing the DH and Her Majesty’s Government to ride roughshod over the profession.”

South Cheshire: “This conference believes that all PCTs should be given the authority by the DH to deduct a statutory levy from all providers and per-

formers in order that the LDCs can continue to function effectively.”

Bexley and Greenwich:
“This conference calls upon the DH to require PCTs to permit a 10% tolerance in over performance and under performance at the end of each accounting period.”

Norfolk: This conference has no confidence in the DH’s handling of the introduction of the new dental contract and has grave concerns over its ability to successfully deliver a ‘fit for purpose’ dental service in the future.”

Norfolk: “This conference moves that the continued increase in dental training places in the UK is a waste of tax payers’ money as there is no longer a workforce shortage to address”

Birmingham: “This Conference calls on the DH to demand that PCTs not be allowed to reduce the monetary value of UDAs.”

Birmingham: “This Conference calls for all Contractors to be offered rolling contracts with a minimum five year term, thus offering a greater degree of stability to their businesses.”

Enfield and Haringey:
“This conference urges GDPC to press the DH to liberalise the rules governing local commissioning that have rendered the sale and transfer of dental practices virtually impossible in some PCT areas.”

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) PASS Member, South Birmingham PCT Rep davidcottam@blueyonder.co.uk	0121 428 2824	Vijay Sudra (Vice Chair) (BEN PCT Rep) vijay@sudra.abelgratis.co.uk	0121 747 8227
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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 the Newsletter Secretary.