KLDC

The 2011/12 Annual Report

KENT LOCAL DENTAL COMMITTEE

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KENT LOCAL DENTAL COMMITTEE

THE 2011/2012 ANNUAL REPORT

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The Kent Local Dental Committee is grateful for the assistance of Kent Primary Care Agency (Maidstone) for the copying and distribution of this Report.

Kent Local Dental Committee

The Secretary's 2011/2012 Annual Report

The LDC Secretary Julian Unter writes…

I have pleasure bringing you another year's report of the activities of the Kent Local Dental Committee (KLDC). Your elected dental representative colleagues on KLDC have continued to meet at least quarterly and discuss matters that affect the quality of your daily professional working lives, both now and in the future. The KLDC covers many obvious and many not so obvious issues that directly affect how dentists practice in Kent. In this report I hope to update you on a number of issues the committee has been involved with and how we have tried to promote the interests of all dental Performers, Providers and Patients in Kent.

It seems unbelievable that practices have entered their sixth year of the "new" NHS contracting arrangements and any potential change still seems a long way off! The newly "clustering" PCTs of Kent at this time of year perform annual reviews for providers. This year we have been advised that they will issue "Breach Notices" to those contract holders who have not performed to their contract requirements i.e. less than 96% performance of their allocation. Multiple breach notices can be used by the PCT to terminate contracts and are an automatic bar to any contract holder wishing to Incorporate and may adversely affect your ability to sell your practice in these days of "due diligence" .

We have encouraged PCTs not to jump to inappropriate conclusions but to correctly validate data with performers on an individual basis. We have emphasised to PCTs that a quality NHS service cannot be provided on a minimal budget and therefore they need to invest in sustainable services and health promotion. Sadly the need to reduce expenditure and in some cases recover significant over-spend gives PCT Finance Directors little room for manoeuvre.

We are still stuck with the infamous "UDA" and "UOA". Relating these as the target by which all judgements are made and by which potential financial sanctions may be applied is iniquitous. It merely produces resentment in practitioners and is unhelpful to patients. The data being produced by the Dental Payments Department (DPD) of the Business Services Authority (BSA) still does not truly reflect day-to-day activity. The PCTs, and their Dental Leads in particular, have all been extremely supportive of practitioners in Kent. We shall continue to press them to discuss contract issues on an individual performer basis so that fair and equitable solutions can be found. Whatever commitment practitioners have to the NHS, whilst dental care should be available for everyone - it should not be at the expense of the person providing it.

Primary Care Trust - Cluster arrangements

Equity and Excellence: Liberating the NHS - New arrangements will see the role of the three Kent PCTs (NHS West Kent, NHS Medway and NHS Eastern and Coastal Kent) end from 2013 – with shadow arrangements already coming into force. These three trusts are now working as one cluster organisation known as NHS Kent and Medway. The cluster arrangement means there is now a single Primary Care Chief Executive and one Primary Care Trust Executive Team for each "County" in our South East Region. This is not a good time for PCTs where morale is inevitable low and none of us really know how the full future role of GP Consortia and the National Commissioning Board – both of which must have appropriate local input to reduce potential problems.

Subsequent to the successful passage of the Health and Social Care Bill 2011 through Parliament, there are more changes expected and NHS Kent and Medway are currently preparing to hand over all independent contractor files including GDS/PDS contracts to the NHS Commissioning Board (NHS CB). It is anticipated that the NHS CB will become fully operational on 1st April 2013**.** Responsibility for commissioning and managing primary care dental contracts will be undertaken by the NHS Commissioning Board.

PCT Contact - Colleagues continue to have had significantly more contact with the PCT due to six month and full year contract reviews etc. The KLDC has been actively involved maintaining open lines of communication with PCTs and often acting as 'go between' linking GDPs and the PCT management. PCT leads often seek advice from the KLDC on day-to-day matters assisting management of the large dental work force in Kent. All PCT dental leads and Dental Advisers for Kent plus the Consultant in Dental Public Health and a representative from the Kent Primary Care Agency (KPCA) meet regularly at the Dental Network group. This group as part of the restructuring has been recently replaced with a similar group called the Local Professional Network (LPN). The group includes a representative from the KLDC so that contracting and provider issues across the Kent patch can be openly discussed and receive a consistent response. The LPN provides a point of contact for the NHS CB at a sub-national level with the Field Force (FF) teams and provides a vehicle for clinical engagement and input. LPNs provide a vehicle for the clinically led and clinically owned delivery of: Quality improvement; Best outcomes for patients reflecting local needs; Best use of NHS resources & Local leadership and engagement…. At least that's the plan!

The KLDC has worked hard to maintain an open dialogue with the Kent PCTs and their new cluster arrangements - and in this regard seems to have been notably more successful than many LDCs nationally.

Pilots for another 'New Contract' – but not in Kent!

We still wait with cautious optimism for the results of the current pilots designed to shape the reform of family dentistry in England. The Department of Health is well advanced with pilots to test new contract models that focus on providing continuing care for registered patients and further improving access. They will also explore ways of moving away from the target-driven basis of the current dental contract and instead focusing on prevention, quality of care and continuing attention to the relationship between practitioner and patient.

Early results have not seemed particularly encouraging but getting the detail of these changes right will be crucial to their success. They are seen as an important, positive step towards the goal of improving NHS dental care for patients across England. These pilots must be afforded sufficient time for their impact on oral health to be properly understood and the results from them must be fully evaluated. It will also be crucial that input from the profession is taken into account and that meaningful engagement continues. NHS reforms will only succeed for dentistry if there is significant engagement with the profession as the many gaps in the proposals are filled in.

Unfortunately, due to tight time frames there have been no pilots in Kent. The current arrangements, which were implemented in 2006, have failed to promote preventive care for patients and have been deeply unpopular with dentists.

Intermediate Minor Oral Surgery Service (IMOS)

The new Intermediate Minor Oral Surgery referral service (IMOS) is now well advanced across Kent after a complex tendering process. All practitioners are required to refer extractions or other surgery of complexity beyond their competence to the IMOS service. This service development will hopefully reduce the strain of inappropriate referrals to the hospital services and provide care more locally and promptly for your patients. This is a good response to a problem where the KLDC has urged the PCTs to engage with the profession when planing, designing and commissioning local services as local practitioners have skills and expertise often untapped by PCTs. It is hoped however that practitioners will not abuse the service sending routine treatment within the competence of a general practitioner. The PCT is closely monitoring the type and frequency of referrals as a consequence.

Endodontic referrals

Referrals to Kent & Medway PCT's endodontic referral service also continue to be monitored to avoid overload and abuse. Despite this service it appears a number of patients who do attend Guys Hospital in London for treatment fail to complete their treatment. This may be travel related issues but a service more centrally located in Kent seems to be preferable.

HTM01-05, Infection Control & Practice Improvements

The KLDC continued to make strong representations during the year to the three PCTs in Kent to recognise the fears of the profession and the difficulties with all practices moving to 'Best Practice' as required by HTM01-05 (published in December 2009). Whilst Medway PCT was able to assist practitioners with funding grants for equipment and practices premises improvements, unfortunately no such funding was available in East or West Kent PCTs. We will continue to press PCTs for assistance as more and more legislation is aimed at dental practices with significant financial implications. It appears however in the current financial climate spare funding is scarce and likely to remain so.

Kent Local Dental Committee? Who are we and what exactly do we do?!

- **Kent LDC** remains as the only NHS body created by Statute representing dentist's interests within the NHS locally. The KLDC's function is to represent the interests of all Performers and Providers through its representation on various committees. The KLDC has, and will, continue to further develop the relationship with each PCT. It has continued to advise PCTs, their Primary Care Directors, Medical Directors and Dental Leads on any issue that is in the interests of GDPs. As PCTs move into "Cluster" we continue to target those responsible for matters to do with dentistry. We reassure colleagues in Kent that the continuing deep concerns regarding general practice currently can be tackled effectively and have no doubt that this will continue to be a significant aspect of the work of your local dental representatives in Kent in the next year.
- **Kent LDC** has been elected from general dental practitioners (GDPs) on the list of the three Primary Care Trusts (PCTs) in the Kent, part of the current NHS South England (previously Strategic Health Authority). There are two seats on the committee for providers working within the salaried services (so far regretfully vacant). In addition, we have co-opted members such as the Consultant in Dental Public Health and representation from the dental leads of the Salaried and Hospital Dental Services. The Committee is funded by a statutory and voluntary levy from dental practitioners in Kent.
- **Kent LDC** works closely with the PCTs on numerous dental matters in addition to ongoing issues with NHS contracts. It has given commercial leads to practitioners on representational issues, consultative matters and quality standards. We continue to consult widely with colleagues in other regions and professional bodies such as the General Dental Council, British Dental Association, Kent County Council, various Borough Councils in Kent and other Local Representative Dental Committees throughout the South East and the rest of the UK. We meet with our colleagues on the other medical, optical and pharmaceutical representative committees in Kent to discuss matters of mutual concern.
- **Kent LDC** remains committed to improving the viability of general dental practice in your part of Kent and dedicated to represent your interests. Please feel free to confidentially approach any members of the Local Dental Committee if you believe they may be of some assistance to you (membership list on pages **M & N**). Colleagues are welcome to attend one of the quarterly meetings of the LDC as an observer – details of meetings are available from any member.

Membership

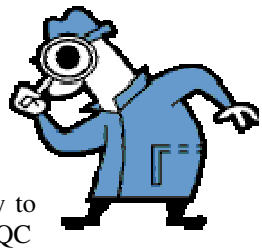
The committee has continued to be very competently chaired by Tim Hogan [West Kent PCT] Mahesh Patel [Eastern & Coastal Kent PCT] as vice-chair; Julian Unter [Medway PCT] and Huw Winstone [West Kent PCT] remained as Secretary and Treasurer respectively.

The KLDC meets as a joint committee representing all three PCTs in Kent. We have three individual DoH & BDA approved constitutions – one with each PCT allowing this arrangement.

Our last biennial election in April 2011 brought new blood to the committee that reflected a truly representative committee of all performers and providers in our region. The committee has full representation in all three constituencies. Regretfully there continues to be a lack of elected representation from dentists / performers working in the salaried services. Fortunately, continued co-option of the salaried services dental leads for both East and West Kent has allowed the committee to maintain effective dialogue.

Previous and current membership of the committee (and the roles undertaken within the committee), are listed on page 11 of the report.

CQC (Care Quality Commission)



What can I say that has not already been said? At a time when general dental practice is under an unprecedented demand to fulfil HTM01-05 requirements, policies on policies and dealing with soaring expenses … along came the CQC!

The LDC has offered much support to a myriad of enquiries from constituents as practice owners try to come to terms with the apparent duplication and seemingly over-complex requirements of CQC registration. Guidance has been given to colleagues on issues ranging from Legionella surveys to eCRB checks in particular. Fortunately it appears all practices have been successfully registered and no practice has had to suspend or stop care for their patients while paperwork for the CQC is processed.

At the time of writing the first visits by CQC Compliance Officers are starting to happen across Kent – usually with as little as 48hours notice. **Provider Compliance Assessment** visits seem to take up to three hours and practice owners and their managers have been asked a series of probing questions and requested to produce various documents in support of their claims for registration. A list of collated questions so far reported will be available on the KLDC website shortly as guidance. Knowledge of the Mental Capacity Act, infection control, HTM01-05 audit and staff training are among the most likely to be assessed areas (see below).

Improvements to the way the CQC regulate and inspect?

The CQC publications state that they focus on their core job to inspect services to make sure that the essential standards are being met and to take action where they are not. They plan to inspect dental services at least once every two years – potentially without prior notice. Inspections focus on a minimum of five standards (one from each of the five chapter headings in their Guidance about Compliance). This apparently allows their inspections to be more tailored to take account of the type of care provided and the information they currently hold about that service. Between inspections, inspectors have continual oversight of information about the services they regulate against all 16 essential standards to decide where there is a risk of poor care.

Following an inspection, the CQC will judge your service to be either compliant or non-compliant with the regulations. Inspectors will focus on identifying non-compliance when they are inspecting, but they will also describe what they see, hear and find, including care that is meeting the essential standards. This means their reports should provide a balanced view of a service and reflect the feedback they received during the consultation.

Inspection guidance……. Your Secretary's advice!

Practices should be aware that the main findings of CQC inspections are available for public consumption on the CQC website. This means that any of your patients (current or potential) can check up on what has been said about you. Many dentists are taking the view that that is all the more reason to make sure that when your turn comes you have done everything you can to ensure that your practice is the picture of compliance health.

A key message is don't underestimate the depth into which the inspectors will go, and expect probing in areas where you declared non-compliance on your registration form.

If you are the provider or have a registered manager, expect an interview of some two-and-a-half to three hours. Practices have been asked for meeting minutes particularly where this was an audit or training meeting. Be ready to show personnel files. Inspectors have checked the content and paid special attention to the contract, records of training and appraisal or performance review records. If you do not have these, expect to give a good and compelling reason why not.

Make sure that all your staff who have contact with children and vulnerable adults have enhanced CRB disclosures (eCRB). Keep a note of the date, certificate number and your decision based on the information from the certificate on their personnel files. Inspectors have also asked staff about the way they are managed and supported.

Some of the inspectors have a good understanding of infection control issues and have checked the dates of all the materials in all surgeries, asked to look at the autoclaves and asked all team members to demonstrate the decontamination process starting

from scrubbing instruments. Inspectors have also checked that all instruments were bagged and labelled. Be prepared to provide good answers to questions.

Staff may also be asked about patient care; specifically if staff have been asked to explain the process of what they should do if they suspected that an adult was being abused. Nationally, some inspectors have asked a great deal about this and the recent bad press concerning care homes may perhaps be part of the reason for this. Some inspectors have also focused on dealing with patients with disabilities and have asked whether the receptionists asked new patients if they needed any assistance when they visited the practice. Evidence of staff training in the Mental Capacity Act is essential.

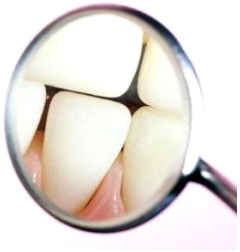
Clinical records may also be scrutinised. It is not unusual for a staff member to be asked to get the relevant PPE for a dental check up, and colleagues report being asked for a sample of records of different groups of patients. It would be worth considering which ones you would pull up if asked for the same information. If you are in a mixed practice stand by too for thorny questions about the differences in the level of service NHS and private patients receive, and make sure that you are all agreed in your answer. Be aware that your patients will almost certainly be interviewed as part of the inspection process as well – either on the day of the visit or by telephone subsequently.

CQC reports contain information from a number of areas, including those statements you made at registration, evidence observed and checked by the inspector, and indeed patient feedback. The reports hopefully will contain some very positive information about the practice and patients who have been contacted or spoken to whilst the inspector was at the practice (who are quoted anonymously). Some of these comments that I have seen are highly complimentary and would be an asset on any report on view in the public domain on the website. Bear in mind also that patients also have the ability to provide feedback direct to the CQC on the website about your practice and it remains to be seen how far, if at all, this is taken into consideration in the next round of inspections – and at least one practice has been told to expect another inspection in a year.

Information Governance (IG9)

This tedious document needs to be completed to at least level 2 by 31st March 2012. PCTs are aware that for many practices this is a significant and time consuming document to complete. So far they have not insisted this is fully completed on time. There are rumours that the need for dental practices to complete a document initially set up for hospitals and Trusts may be reduced or possibly withdrawn altogether. I would however advise caution and encourage practitioners to attempt to complete this task as once responsibility moves away from PCTs when they "disappear" in September 2013 the National Commissioning Board may have a different and not so accommodating view on its urgency. Recent questioning of the CQC has not produced any particular urgency either. This may well change once we get past 31st March 2012 however.

Complaints & LDC Support for Practitioners



Complaints made direct to PCTs are, initially at least, handled by individual PCTs complaints officers. The complaints system changed in April 2009 and now much more closely involves the PCT. The new procedure is called "Making Experiences Count" and is centred on resolving a complaint to the complainant's satisfaction the first time around by ascertaining the outcome they wish to see from their complaint. This can be achieved in a number of ways including a meeting with staff and the complainant, a phone call or a letter. The previous ten day timescale has been abolished. Complaints must be acknowledged within 3 days and responded to / dealt with, within a time frame agreed with the patient (although I would advise the quicker this is dealt with the more likely you are to have a successful outcome). A complainant can opt for the PCT to manage their complaint for them and the practice is then obliged to cooperate with the PCT to answer and resolve the complaint.

Mediation – what's that then? Colleagues have been able to use the Mediation Services available via your PCT. The mediation service is available to help mediate any patient complaints. A free service (funded by NHS Kent & Medway) for people who are complaining about NHS and Social Care Services and need independent help to reach a resolution is available. Either party can make a request for Mediation services through their PCT Customer Services; healthmediation@gmail.com or ☎ 07751 576562

Help! Counselling Support Line – Sometimes things just get too much – both for dentists and their staff/colleagues. Staff Care Services (run by Medway Community Healthcare) "Support Line" provides a personal and confidential counselling self-referral **free** service to all practices and their staff through a network of independent short-term solution focused counselling practitioners. They provide the interpersonal skills, knowledge and problem solving capabilities to deal with specific issues and traumas.

Appointments can be organised at the most convenient and appropriate times and locations to ensure that there are no issues of privacy or embarrassment with those concerned and that there is minimum disruption to working schedules.

The Service is provided by a team of professionally trained and widely experienced counsellors, who are accustomed to helping people from many different backgrounds and cultures and with a wide range of personal and work issues.

What should you expect?

The first session with the counsellor will be an assessment where you can talk over the reasons for seeking counselling and together with your counsellor decide on the most appropriate way forward. Each one-hour session is normally offered once a week but may be spread over a longer period where appropriate. We aim to offer you a location that is near where you live or

work. We have over 50 counselling venues throughout Kent and so you will usually not have to travel very far for your appointments.

The aims of short-term counselling typically are to:

- Clarify what the problem is and how it is affecting you
- Help you to find out the most appropriate way of managing your problem
- Help you to identify sources of stress and how to deal with them effectively
- Help you to cope with major life changes and traumatic events
- Look at what is possible for you to achieve
- Encourage you to identify other sources of support
- Encourage you to build self-confidence and self-esteem

Call Staff Care Services ☎ 01732 526910 or check out http://www.staffcareservices.com.

More information available from the **Dental Referee** [Link to Medway PCT on: http://www.medwaypct.nhs.uk/for-practitioners/dentists/?assetdet3103162=166299&categoryesctl3134699=5795]

Remember – this is a totally confidential service so it is therefore up to you whether or not anyone knows that you are going for counselling.

How can <u>your</u> LDC help…? Please remember that your LDCs' elected members are always willing *on a strictly confidential basis*, to offer advice on complaints and practice problems, should you feel in need of support, in addition to recommending the assistance of your professional indemnity provider if appropriate. If you are unsure who to approach on the LDCs, or you want advice from someone out of your area, speak to the Secretary as a first point of contact – PLEASE DON'T GO IT ALONE! A number of colleagues avail themselves of this confidential service and usually find the reassurance and advice of a like-minded colleague of considerable support. Contact details are given on pages 12 & 13.

Occupational Health

OH Works Ltd, commissioned by all the Kent PCTs, is currently responsible for providing an Occupational Health Service for dentists and their staff. This appears to be a significant improvement from the previous provider and there has been a seamless transfer of service. OHWorks can be contacted on ☎01233 811888 or ohconsult@ohworks.co.uk. Any concerns about the service by practitioners or their staff should be directed to Dr Christopher Allen the Consultant in Dental Public Health ☎ 01634 335 182.

Practice Sales, Purchase and Incorporation advice

The "new" contract has brought difficulties to practitioners wishing to transfer NHS contracts on practice sale or acquisition. Subsequent to advice from the KLDC a number of transfers have been successfully completed. The three PCTs have varied in the way they deal with contract transfers and the KLDC has offered support and advice to both PCT and practitioners to ease potential difficulties. Limits set within PCT Standing Financial Instructions (SFI's) do not allow PCTs to transfer existing contracts above a certain value to purchasers of existing practices. This potential loss of transferability has significant issues with "goodwill" valuations etc. If this is a problem you are wrestling with, please contact the Secretary (in confidence) in the first instance.

PCTs have until recently had very differing ways of dealing with practices who wish to Incorporate. Incorporation has financial advantages in certain cases for practice owners but is a cause for concern for PCTs who effectively have to change the contract from one with an individual to one with a company/share holder.

Medway PCT has tried to produce a suitable cluster Incorporation Policy based on a draft version produced by West Kent amalgamated with one apparently approved by the Board of Eastern and Coastal PCT. This was passed for comments at a PCT meeting just before Christmas 2011. Unfortunately, I a number of other members attending the meeting, did not recall ever seeing or approving the East Kent version either before or since its submission to the East Kent Board. As a consequence, on behalf of the KLDC, I attended a further meeting to discuss this in detail with Mrs Annie Godden (Head of Quality) and the West and East Kent Dental Contracts managers. This was a long but hopefully productive meeting were significant compromises where made by both party's to produce a workable solution to the Incorporation issue. PCTs are not bound in law to agree to incorporation (despite what you may have read elsewhere). However they do recognise why this is an advantage to practice owners and the next draft should cover the interests of both party's. We still await submission of this further draft. We anticipate this will be satisfactorily resolved shortly.

Dental Performance Advisory Group (PAG) - A very serious business……..

Each PCT has had its own Performance Advisory Group (PAG), that deals with specific issues referred to it regarding alleged practitioner performance issues. These individual groups maintain strict confidentiality and include KLDC representation to ensure balanced assessment of affected practitioners. Investigations include inviting practitioners to talk directly to dentally qualified investigating officers and to confidentially discuss matters of concern when serious complaints have been raised against them. In suitable cases, this may reassure the PCT to defer possible further disciplinary action being taken against the practitioner and persuade the practitioner to make a marked change in practice or clinical procedures to prevent further problems. The PAG has continued to be effective in supporting colleagues throughout the area – and the 'Kent Model' has become a significant example nationally in practitioner support and assistance. All group discussions of individual cases are

done on an anonymous basis so that the group can learn from the difficulties practitioners are experiencing whilst strictly protecting the identity of the individual practitioners. More significant performance issues are now also handled nationally by NCAS the National Clinical Assessment Service (www.ncas.npsa.nhs.uk) who are part of the National Patient Safety Agency. With the case-load of the GDC reaching epidemic proportions all that can be done to resolve local concerns locally is being done. With "Clustering" future meetings of PAG will be joint (as one group meeting) to cover all contractor/performer performance issues in Kent. Contract issues are dealt with separately.

Dentist agreements – not a problem…or is it? – Sadly the answer is YES and FREQUENTLY! Every year for the last 20+ years I have to repeat the need for Providers and Performers (Principals and Associates), to have a written agreement between them as I regularly find they need to seek advice from the KLDC when verbal or poorly written agreements fail. In the new world of Providers and Performers many existing 'old style' Associate Agreements require significant amendment (The BDA currently has available a new model agreement on their website). Providers (Principals) generally hold the NHS contract for themselves and their Performers (Associates) in Practice based contracts and (especially where this is not the case) a written agreement covering arrangements is absolutely crucial.

Colleagues are again reminded that it is essential that Practitioners have proper written contracts between themselves that set out the basis of the agreements between the two parties covering working conditions and financial matters. This requirement extends to self-employed Hygienists and Therapists too.

LDCs 59th Annual Conference – June 2011* GRAND CONNAUGHT ROOMS, LONDON

This year's conference was at the Grand Connaught Rooms in London. Drs Hymas, Hammond, U Patel, Trivedi and Winstone represented Kent GDPs. Drs Ahmad and Bishop attended as GDPC representatives for Kent. Dr Allen (Consultant in Dental Public Health) attended the pre-conference dinner as a guest of the KLDC.

Conference began with CDO and pantomime villain, Barry Cockcroft, speaking on the future of new pilots and ways of commissioning services. However, his inability to offer any acknowledgement/apology of the current UDA system and his overseeing of it, made his words and future plans ring hollow. John Milne was next on stage, recounting the work of GDPC throughout the year. Whilst talk on piloting, new remuneration methods all sound encouraging, with an at best static NHS dental budget, will we really get more for less? Maybe they are hoping that as we tick all the boxes, fill the registration forms, quantify, assess, evaluate, etc., the caries will just take care of itself.

Motions followed with a number of interesting but rather bland proposals, none of which could really be objected to. At least the venue and audio-video were up to scratch (although sitting next to a big screen did help immensely) as the Grand Connaught Room lived up to its name. Lunch followed and proved to be an interesting affair, curry and coleslaw not being a combo that I would normally put together. This at least gave us an opportunity to visit the sponsors' stalls and whilst we thank them for their support, DenPlan does sit uncomfortably as a platinum sponsor for an event catering for NHS dentists.

The final session began with presentations by the various dental funds and all those afflicted have our best wishes and great sympathy. Next were addresses on the role of LDC's in the new world and by IDH showing off their new phantom head workshop; whether this is to enhance the already existing skill-base or to teach their dentists how to cut a cavity, I leave to your judgement. Helen Hurst of the NHS commissioning board then gave us a series of unbelievably complicated slides showing the various interactions between commissioners, providers, dentists, LDC's and various other groups (funny, I did not see patients in there). Perchance the bewilderment of the audience (or the little known fact that she is the sister of GDPC chair John Milne) meant that she was given a surprisingly easy time. Conference then concluded with the remaining motions and the introduction of next years' chairman, Richard Elvin.

A plea to our LDC younger members to take an active part in what we do; even Graham [Bishop] has only got another 10-15 years left in him.

The Conference is a major forum for political expression within the profession and is always an extremely important event. Overall, delegate members found the conference needed more political interest to be an effective forum.

* With special thanks to Dr Nasir Ahmad for help preparing this report

DentaLine - Out-of-Hours Emergency Dental Services (EDS)

Performers and providers are not contractually responsible for providing out-of-hours emergency cover for their NHS patients (but remember you continue to have a professional responsibility for your private patients). The four DentaLine centres continue to attract much out-of-hours activity in Kent. The use of telephone triage at the centres has effectively filtered out many non-emergency attendances significantly improving the availability and particularly the quality of the service provided by DentaLine care in the centres. Daytime access slots negotiated with individual practices have further relieved the excessive demands previously experienced by the EDS service. We understand the Tunbridge Wells centre is shortly to be relocated to Aylesford (near Maidstone)

Practices not providing adequate day-time emergency either/or appropriate out-of-hours arrangements for their patients, continue to be actively pursued by the PCTs and ultimately the GDC. The KLDC supports action taken by PCTs against patients *and* dental practitioners who abuse the DentaLine service. The GDC take a serious view of any practitioner not acting in a professional and ethical manner dealing with their patient's emergencies.

If you have problems providing emergency cover during any periods of absence or holiday, then the Dental Advisers: [EK] Ken Hymas; [WK South] Graham Bishop; and [WK North & Medway] Huw Winstone via the Department of Dental Public Health ☎ 01634 335 182, can help put you in touch with local colleagues who may be able to assist.

DentaLine Management – DentaLine (commissioned on behalf of the three Kent PCTs by Medway PCT) is managed and provided by Medway Community Healthcare (MCH) based in Ambley Green, Gillingham. Although the service continues to be provided there has been little communication between MCH and the KLDC. As previously reported, the PCT Provider team at MCH responsible for providing the DentaLine service no longer feel it necessary to run an advisory group attended by the Dental Advisers or the KLDC. Colleagues working within DentaLine are encouraged to approach the KLDC if there are any issues that raise concern either about the quality of the care provided or the facilities the service is run from.

Unfortunately there has recently been an extended closure of the Canterbury facility due to a minor equipment failure which caused unnecessary inconvenience and should have been resolved more promptly.

Practice Inspections

The Primary Care Trusts continue to carry out the ongoing 'rolling' three year practice inspections in order to assess the compliance of dental practices with the standards agreed in the KLDC's approved practice inspection document. This now forms a corner stone of practice Clinical Governance compliance in the Quality Standards obligations of the current dental contract. The inspection document has undergone further significant review in order to comply with the ever changing legislative regulations affecting businesses and especially including HTM01-05. All changes are agreed in advance with the KLDC and a new agreed version of the checklist has being introduced since October 2011. The CQC in particular has been very interested in the depth of inspection already carried out in Kent under the rolling scheme.

Colleagues are reminded that two members of the KLDC are trained to undertake practice inspections and are able to offer realistic advice to practices undergoing compulsory inspection from the PCTs. Contact the Chairman or Secretary in the first instance (secretary@kldc.org.uk).

Dental Practice Advisers

We continue to maintain an excellent dialogue with the three Dental Advisers to the Kent PCTs; Graham Bishop (SW Kent), Ken Hymas (E Kent inc Swale) and Huw Winstone (NW Kent & Medway). All three advisers are experienced General Dental Practitioners and as members of the LDC regularly attend LDC meetings to receive feedback from GDPs. Similarly all three advisers have close links with the Deanery and the training of Foundation dentists

Kent Dental Advisory Committee

Members of the LDCs have maintained a positive contributory role on the Kent Dental Advisory Committee, which is attended by hospital (HDS) & salaried (CDS/PDS) practitioners as well as general dental practitioners (GDPs). It has become even more important to understand the possible difficulties that our community and hospital colleagues are experiencing in providing a dental service and also for them to appreciate the problems experienced by the GDPs. This important committee hopes to link with the new Local Professional Network which in turn will report to both the Local Authority Health & Wellbeing Board and the NHS Commissioning Board.

South Eastern Coast LDCs ('Channel Group')

The South East Coast group (previously Channel LDC group) meetings, enables Kent LDC to compare and contrast with the other S E Corner LDCs many matters of mutual interest that are occurring throughout the South East Region of Kent, Surrey and Sussex. Wide-ranging discussions have covered, amongst other things: contract problems; funding for training, complaints, Emergency Dental Services, NHS Direct and the new White paper. As previously mentioned generally KLDC seems to have a very good relationship with the PCTs in Kent in comparison to LDCs in other areas.

Something else to chomp on!

☺ **LDC Officials Day -** Drs Tim Hogan & Julian Unter attended the LDC Officials Day organised by the BDA at the Cavendish Conference Centre in London in December 2011.

Jim Lafferty was the first speaker of the day. Sue Gregory, Deputy Chief Officer gave an update on the new contract pilots and how the new software was working with the oral health assessment for patients that places them on the new care pathway. Reports given by practitioners undertaking the current pilots were not convincing and raised more questions than answers.

A report was given by the Office of Fair Trading who are looking critically at dentistry (yes – someone else having a prod at the profession). Planned reforms in the NHS and how this may affect commissioning, the formation of "Local Professional Networks". Finally there were presentations from the British Dental Guild, Dental Health Support Trust and the BDA Benevolent fund. All three organisations do fantastic work supporting both the profession and individuals who have may have fallen on hard times and great needs – but all three need financial support to continue these good works. [See Treasurers report to see how Kent LDC has helped these organisations with financial assistance this year].

Officials Day is always a useful day in seeing how the rest of the country are handling the current difficulties in dentistry and to obtain current up-to-date accurate information.

☺ **Resuscitation Training** – The complication of complying with European Law for tendering a replacement for the previous county-wide "Heartstart" resuscitation training service has resulted in complete failure much to the frustration of committee. Colleagues will know that resuscitation training is mandatory but all three PCTs have now withdrawn from offering financial support or assistance with this training. Various organisations have been however providing this service along with support from the Deanery who have arranged courses at several venues. Talk to your Dental Adviser if you are having trouble finding a suitable course. More details are available in the Dental Referee – link for Medway PCT is:
http://www.medwaypct.nhs.uk/for-practitioners/dentists/?assetdet3103162=166299&categoryesctl3134699=5795

☺ **KLDC Website** – www.kldc.org.uk The website is available and going from strength to strength. As we develop the site, it is hoped it will post urgent information pertinent to Kent GDPs as soon as it is released. The site also posts: what the KLDC is; its' functions and activities; funding via the Statutory & Voluntary Levies; membership inc. telephone and email contact details. Approved Minutes of LDC meetings and advice on topical issues such as CQC registration are on the site too. Our current website provider has not been ideal and it is hopes to re-launch the site by late summer 2012 with more current and easier to access information. Have a look!

☺ **Statutory & Voluntary Levy –** All GDPs are working in the General Dental Services are statutorily required to pay the Statutory Levy which funds members supporting practitioners, funds attending PCT meetings and day-to-day running and office expenses of the committee. The LDC continues to appeal to colleagues in Kent paying the Statutory Levy to also contribute to the LDCs Voluntary Levy. The Voluntary Levy supports the very important activities of the BDA's General Dental Practice Committee and, more particularly, any actions taken by the KLDC in support of practitioners to promote practice viability in Kent. Locally this would be activities such as practitioner support meetings; backing for individual practitioners with performance issues with their PCT (attending hearings offering support and an independent view); assisting colleagues with alcohol/drug problems.

...and finally.

Huw Winstone has reported on the KSS Deanery Dental Foundation Training Schemes in Kent and the Statutory and Voluntary Levies. A statement of accounts for 2011/2012 is also presented together with full details of the membership of the Committees for 2012/2013, including the status of members and their main functions on the Committee(s): additionally, representation on other committees and related bodies is listed.

Julian M. Unter BDS LDSRCS
April 2012 ©
Secretary to the Kent Local Dental Committee
secretary@kldc.org.uk

KENT LOCAL DENTAL COMMITTEE 2011/2012

	TRAVEL	LOSS OF EARNINGS	OFFICE	STATIONERY POST & PHONE	CLERICAL	SUBSISTENCE	HONORARIA	ANNUAL CONFERENCE	OTHERS	TOTAL
2010/2011	3,419.18	32,975.00	637.73	2,438.16	2,522.88	540.05	25,170.00	3,700.00	2,429.59	73,832.59
2011/2012	3,548.96	30,275.00	0.00	3,459.75	1,988.10	719.95	25,545.00	4,378.90	2,379.98	72,295.64

RECEIPTS

Balance b/fwd	£60,863.07
Income Statutory & Voluntary Levies	£113,477.89
	£174,340.96

EXPENDITURE

Expenditure Above	72,295.64
To British Dental Guild	17,000.00
To Dentists Health Support Trust	6,000.00
To BDA Benevolent Fund	3,500.00
Balance at Bank at year end	75,545.32
	£174,340.96

KSS NHS Postgraduate Deanery for Kent, Surrey and Sussex
www.kssdeanery.ac.uk

7 Bermondsey Street
London
SE1 2DD
Main Tel: 0207 415 3400
Main Fax: 0207 415 3686

Brighton and Sussex University Hospitals NHS Trust

2011 / 2012 Report of KSS Dental Foundation Training for Kent LDC Annual Report

1. In August 2011, twelve new graduates commenced the 2011/2012 KSS East (Canterbury) Dental FT scheme and another twelve commenced the KSS Central (Tunbridge Wells) scheme. The Central scheme has now relocated to the Education Centre at the new Tunbridge Wells Hospital at Pembury.

2. Recruitment of dental foundation practitioners for all England and Wales DFT schemes is via a national recruitment process. Interviews for the 2012/2013 entrants took place in November 2011 at various venues around the U.K. This resulted in 12 successful candidates for the KSS East and KSS Central schemes being selected.

3. Allocation to individual practices was via a local appointment event held in April 2012.

4. Applications for the KSS dental FT schemes commencing in August 2013 close in November 2011. For an application form, contact Iris Handy on ☎ 020 7415 3424 or email: ihandy@kssdeanery.ac.uk

5. For local advice about dental FT, Shabir Shivji or I can be contacted via Iris Handy on ☎ 020 7415 3424 or email: sshivji@kssdeanery.ac.uk or hwinstone@kssdeanery.ac.uk .

6. Full-time trainers will receive a contract value of approximately £103,000 for a full time foundation dental practitioner (FDP).
From this money the trainer will need to pay the FDP their salary (currently) £30,132 and will also have to fund their own loss of earnings for FT sessions attended – usually 14 half days per year, for which a trainer grant of £8,952 is received. The remainder (£63,216) represents the reimbursement of the cost of treatments provided by the FDP.

Huw Winstone
Associate Dean for Dental Foundation Training, KSS Deanery
26th May 2012

Listing of Representatives on KLDC Committees/Other Bodies

2012/13 members are listed for guidance. Members are appointed to certain positions by the committee rather than elected (indicated thus †). All other positions listed are open to elected members however some committee positions require continuity each year because of the nature of the work involved.

Name of Committee	Member(s)
PAG/DMG **KLDC Observer(s)**	Dr J M Unter Dr M Patel (as deputy)
Kent Dental Advisory Committee (Co-ordinator - Dr C Allen)	Dr J Lynch — Dr M Nugent Dr M Patel — Dr U Patel Dr R Trivedi — Dr J M Unter (as LDC Sec) Dr M Watts (attends as East Kent BDA Rep)
OMCN Orthodontic Managed Clinical Network Service Improvement Group	Dr C Sheridan Dr N Ahmad (deputy)
Dental Practice Inspectors	Dr T Hogan † — Dr J M Unter†
IMOS Intermediate Minor Oral Surgery Service Improvement Group	Dr J M Unter Dr M Watts (as deputy)
Postgraduate Advisory Committees	**Canterbury** — Dr P Coakley **Tunbridge Wells** — Vacant
Dental Foundation Training Programme Directors (Kent)	Dr H Winstone* & Dr S Shivji*
Hospital Representative	Dr S Newell
LMC Representative	Dr M Nugent
BDA - General Dental Practice Committee	East Kent — Dr Manoj Patel* West Kent — Dr Elizabeth Hartle*

† Appointed position * Denotes not appointed by the KLDC

April 2012

J. M. Unter BDS(Lond) LDS RCS(Eng)
Secretary to the Kent Local Dental Committee

Membership of the Kent Local Dental Committee - April 2012

Constituency/PCT, Main Functions and Telephone No. ☎

OLUROTIMI ADESANYA: Medway PCT
☎ 01634 576688

NASIR AHMAD: Eastern & Coastal Kent PCT**;** Orthodontic Managed Clinical Network (OMCN) (*deputy)*
☎ 01233-610353

CHRISTOPHER ALLEN: Co-opted member; Consultant in Dental Public Health; Kent Dental Advisory Committee (co-ordinator)
☎ 01634-335198 Fax: 01634-335272

GRAHAM BISHOP: Co-opted member; Dental Practice Adviser (West Kent - South)
☎ 01622-728159

PARMAJIT CHOPRA: Eastern & Coastal Kent PCT
☎ 01795 477224

EVELYN CLARKE: Co-opted member; Clinical Director West Kent Community Dental Service.
☎ 01622- 717776

PAUL COAKLEY: Eastern & Coastal Kent PCT; Canterbury Postgraduate Dental Advisory Committee
☎ 01227-463529

JOHN COSTELLO: West Kent PCT
☎ 01732-367874

SIMON COURTNEY: West Kent PCT
☎ 01622-730548

SUBHRADEEP DE SARKAR: Eastern & Coastal Kent PCT
☎ 01227 773175

ZOPHYA HAMMOND: Eastern & Coastal Kent
☎ 01227 – 765851

TIMOTHY P. HOGAN: West Kent PCT; Chairman to Kent LDC; Dental Practice Inspector; KLDC Website; S E Coast (Channel) LDCs Group Representative
☎ 01622-752356 email: tim1.hogan@blueyonder.co.uk

KENNETH HYMAS: Eastern & Coastal Kent PCT; Dental Practice Adviser (Swale & East Kent)
☎ 01227-463529

MARK JOHNSTONE: Co-opted member; Clinical Director East Kent Salaried Primary Care Dental Service (Eastern & Coastal Kent PCT)
☎ 01227-812011

JOHN LYNCH: West Kent PCT; Kent Dental Advisory Committee
☎ 01474-352548

RANSLEY MORENAS: West Kent PCT
☎ 01732-865021

STEVE NEWELL: Co-opted member; Consultant Orthodontist; Hospital Representative
☎ 01634-83000/825078

MARK NUGENT: Medway PCT; Kent Dental Advisory Committee; LMC Representative
☎ 01634-231776

OLUFUNMILAYO OGUNLESI: West Kent PCT
☎ 01322 223352

MAHESH PATEL: Eastern & Coastal Kent PCT; Vice-Chair to Kent LDC; Kent Cluster PCTs Dental Performance Advisory Group (Deputy); Kent Dental Advisory Committee
☎ 01634-231776 or 01795 874914 e-mail: maheshjs.patel@btinternet.com

NAISHAD PATEL: Eastern & Coastal Kent PCT
☎ 01303 262683

UJWAL PATEL: Medway PCT; Kent Dental Advisory Committee
☎ 07985 710036

ASHKAN PITCHFORTH: Eastern & Coastal Kent PCT
☎ 01303 244785

CONNIE SHERIDAN: West Kent PCT; Orthodontic Adviser; Orthodontic Managed Clinical Network (OMCN)
☎ 01474-704736

SHABIR SHIVJI: West Kent PCT; Programme Director KSS Central (Tunbridge Wells) Dental Foundation Training Scheme
☎ 01622 750809

RIK TRIVEDI: West Kent PCT; Kent Dental Advisory Committee
☎ 01474-537191

JULIAN M. UNTER: Medway PCT; Secretary to Kent LDC; Dental Practice Inspector; Kent Dental Advisory Committee; Kent Cluster PCTs Local Professional Network (LPN); Kent Cluster PCTs Dental Performance Advisory Group (PAG) & Decision Making Group (DMG); IMOS LDC Rep; KLDC Website; S E Coast (Channel) LDCs Group Representative/Treasurer
☎ 01634-235377 Fax: 01634-378890 e-mail: kldc@unter.co.uk

HARDEEP WALIA: Medway PCT
☎ 01634-577794 / 853030

MIKE WATTS: Eastern & Coastal Kent PCT**;** Kent Dental Advisory Committee; IMOS LDC Rep *(Deputy)*
☎ 01843-591155

HUW M. WINSTONE: West Kent PCT; Treasurer to Kent LDC; Programme Director KSS East (Canterbury) Dental Foundation Training Scheme; Associate Dean for Dental Foundation Training (Year One) KSS Deanery; Dental Practice adviser (West Kent - North & Medway PCTs).
☎ 01634-335182 (Dept Dental Public Health) Fax: 01474- 873495 e-mail: h.winstone@btopenworld.com

GDPC Members (who attend KLDC meetings as Observers)
East Kent: Manoj Patel
West Kent: Elizabeth Hartle

Member who served until March 2012
There have been no changes to membership of the committee this year

Abbreviation key:
DMG – Decision Making Group
PCT – Primary Care Trust
PAG – Performance Advisory Group
FT – Foundation Trainee / Trainer

Membership List 2012.doc

Thank you to all who have contributed to the production of this report. Please address any comments or queries to the Secretary.