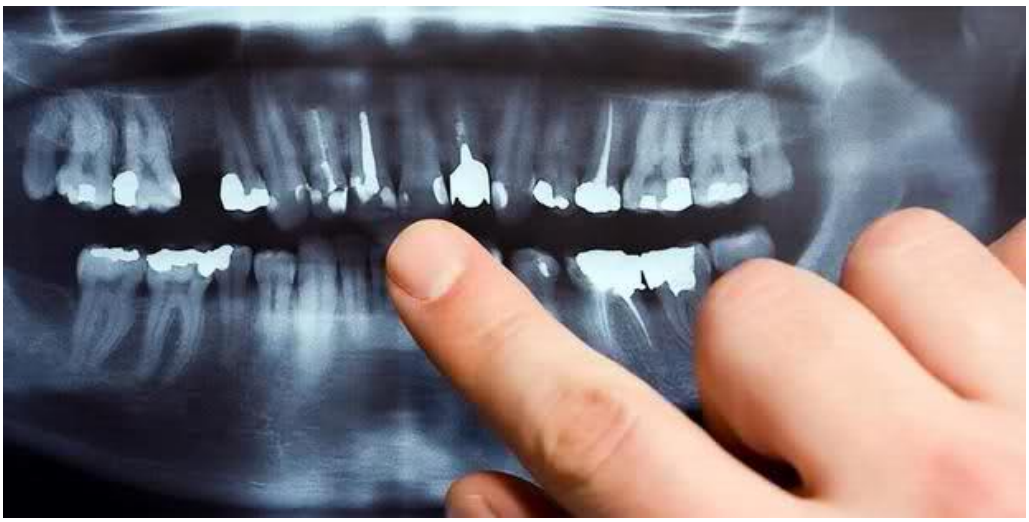
KLDC

The 2015/16 Annual Report



KENT LOCAL DENTAL COMMITTEE

www.kldc.org.uk

KENT LOCAL DENTAL COMMITTEE

THE 2015/2016 ANNUAL REPORT

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Kent Local Dental Committee

The Secretary's 2015/2016 Annual Report

The KLDC 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.

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

- LDCs were set up in 1948, at the inception of the NHS. The Kent LDC remains as the only NHS body created by Statute representing dentist's interests within the NHS in the Kent and Medway area. The KLDC's function is to represent the interests of all Performers and Providers through its representation on various committees. Since 1st April 2013, NHS England has taken responsibility for the provision and commissioning of all NHS dental services provided in England. The legislation in which the provision for LDCs is made was amended to incorporate NHS England in place of Primary Care Trusts and pass the responsibility for the recognition of LDC's and levy collection to NHS England.

- The KLDC continues to be officially recognised by NHS England South (South East) as the statutory representative of primary care practitioners working within the NHS in the former Kent & Medway boundary. We continue to advise the NHS England South (South East) commissioners, contracts managers, and the Primary Care Directors, Medical Directors and Dental Leads on any issue that is in the interests of GDPs. Meetings are increasing held that also cover Surrey and Sussex (part of NHS England South (South East) administrative responsibilities.

- The Kent LDC has been elected from general dental practitioners (GDPs) on the list of the three former Primary Care Trusts (PCTs) in Kent & Medway. In addition, we have co-opted members such as the Consultant in Dental Public Health (this seat now vacant since the retirement of Christopher Allen) 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.

- The Kent LDC continues to work closely with AT on all dental contractual and performance related matters. 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, Health & Wellbeing Boards (HWBs), various Borough Councils in Kent and other Local Representative Dental Committees throughout the South East (Surrey, East and West Sussex) 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 on a regular basis.

- The 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 tba & tba). Colleagues are welcome to attend one of the quarterly meetings of the LDC as an observer – details of meetings are available from any member. Contact the chair in the first instance chairman@kldc.ork.uk

Membership

The committee has continued to be very competently chaired by Tim Hogan; Steve Newell as vice-chair; Julian Unter and Huw Winstone remained as Secretary and Treasurer respectively.

The KLDC meets as a committee representing all of Kent and Medway coterminous with the current boundaries of NHS England Kent & Medway Area Team. Our next biennial election when approximately half the full committee is re-elected will be due in April 2017. At the time of writing we currently have a vacancy for one year in the West Kent constituency.

Current membership of the committee (and the roles undertaken within the committee) are listed at the end of the Annual Report (pages 12 to 13).

NHS England - Kent & Medway, Surrey and Sussex

NHS England continues to re-invent itself with NHS England redescribing the Local "Area Team" (AT) covering Kent, Surrey and Sussex as simply the Local Office (LO) of NHS England South (South East).

The main offices for dental contracts and contract/clinical performance issues are now in Tonbridge and Lewes with performance issues handled in the Horley offices.

NHS England is responsible for national strategy and planning, commissioning and monitoring all primary care medical, dental, optical and pharmacy services. Dental community, secondary and urgent care services are also directly commissioned by NHS England.

Clinical Commissioning Groups and Kent Local (Dental) Professional Network in Kent.

The Governments stated purpose of the reforms is (*apparently*) to refine and streamline the NHS and to make greater use of clinicians in decision making. GP-led NHS commissioning through Clinical Commissioning Groups (CCGs) are still settling in and at this stage have not had much if any involvement with primary care dentistry in Kent. There are however two CCGs involving LDC members in development of Antimicrobial Resistance (AMR) planning and the misuse of antibiotics (in dentistry).

For other directly-commissioned services, clinical expertise resides in Local Professional Networks (LPNs) which are meant to function as an integral part of the Area Team. For dentistry, the LPN which replaced the former Dental Network group (LDN) is already well developed in Kent and was chaired by our former Consultant in Dental Public Health Christopher Allen. Christopher retired from the LPN in December 2015 and we are grateful for his skilled development of this important committee. Mark Johnstone remains as interim chair to the LPN.

The past year has seen the development of Managed Clinical Networks (MCNs) in Orthodontics, Oral Surgery, Oral Health Promotion, Restorative Dentistry and Special Needs Dentistry (the latter two both across KSS rather than just Kent). The Chairs of the MCNs feed directly into the LPN and provide a rapid and effective way of working for the benefit of patients and clinicians.

As the LPN develops it is hoped it will clinically lead and own the delivery of: quality and performance improvement and assurance; local implementation of NHS England strategy; planning and designing local care pathways and services; oral health strategy and improvement; clinical and professional leadership and engagement.

The LPN has Kent Local Dental Committee (KLDC) representation and works with the KLDC to ensure that there are clear lines of engagement with the profession locally so that contracting and provider issues across the Kent patch can be openly discussed and receive a consistent response. All NHS England South (South East) Dental Leads, Dental Advisers for Kent, representatives from the Salaried Services, Hospital Representatives, Kent Surrey & Sussex (KSS) Education and Training Board (LETB) also attend the LPN.

Kent, Surrey & Sussex (KSS) "Area Team" Contract and "Year End".

Colleagues have probably had reduced personal contact with the renamed NHS England South (South East) as the number of NHS England staff in Tonbridge, Horley and Lewes maintaining contract matters has remained significantly reduced. Many six month and full year contract reviews have effectively been an email exercise. Despite this, the KLDC has been actively involved maintaining open lines of communication with the NHS England Team and has continued to act as 'go between' linking GDPs and the NHS England management. Contract and performance leads often seek advice from the KLDC on day-to-day matters assisting management of the large dental work force in Kent.

As I comment every year - relating UDA/UOA as the target by which all judgements are made and by which potential financial sanctions may be applied is iniquitous. It merely continues to generate resentment in practitioners and is unhelpful to patients. A new contract is desperately needed but little progress appears to have been made?

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. However, the development of the DAF (Dental Assurance Framework) has resulted in reports being available from the BSA which look in some detail at the claims submitted by performers for NHS treatments. This framework was developed with the objective of giving dental commissioners, contractors and

performers as simple a set of indicators as possible along with narrative on how they might be interpreted and how any concerns can be followed up.

Where concerns or "flags" are raised contractors are required to submit a written explanation or action plan around their interpretation of the reports. In some cases contractors have been invited into the Tonbridge or Lewes offices for a face-to-face meeting with contracts/Dental Leads staff who will have sought clinical advice through the medical directorate usually via their Dental Practice advisers. The LDC Chair and Secretary have attended several meetings with colleagues to offer support and advice. Some matters are easily explained – however some flags will require a significant correction of current practice and claiming, plus in some cases a reimbursement of fees to NHS England for inappropriate claiming.

Generally the Dental Leads in have all been extremely supportive of practitioners in Kent. We shall continue to press them to discuss issues on an individual performer basis so that fair and equitable solutions can always be found. I feel strongly that 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.

Breach & Remedial Notices.

Not a popular threat and one that NHS England seems to threaten for any deemed misdemeanor. As warned previously, the Area Team has issued "Breach Notices" to those contract holders who have not performed to their contract requirements i.e. less than 96% performance of their allocation. There is little room for manoeuvre as the AT is required to follow policy issued by NHS England and the only exceptions seem to be those that are *force majeure* ie that essentially frees both parties from liability or obligation when an extraordinary event or circumstance beyond the control of the parties occurs. That may be hard to prove and therefore is best avoided wherever possible. Early discussions with the AT regarding potential contract under-performance are absolutely essential.

We are advised by NHS England South (South East) contract commissioners that the common **breaches** are:

- Contract Under performance greater than 4%
- Information Governance – usually sending patient identifiable information via non nhs.net email (there has to be 2 pieces of information to identify a patient, ie name and dob or name and address)
- Purchase of counterfeit equipment
- Incorrect claiming

Common **remedial** notices are:

- Failure to address issues identified at practice inspections (this is only issued after repeated chases)
- Failure to provide information requested in clauses 211 and 212 (this could be for a variety of issues).

These two clauses require the contract holder to respond to information requested by the commissioners in connection with the contract. Several practitioners failed to respond to a request initially sent direct by NHS England and subsequently with non-responders followed up by the contracts team regarding Christmas opening arrangements. This is a clear breach of contracts conditions and although discussed in some depth between the KLDC and the contracts staff a breach notice issue is very likely to follow for those providers that did not respond/reply.

Dental Electronic Referral Service (DERS)

The West Kent Primary Care Booking Service (PCBS) which undertakes the administrative process for Kent oral surgery referrals gave notice mid-year that it wished to terminate the contract handling referrals in Kent for IMOS and endodontics. The commissioners had already been looking at the service which was unfortunately slow and simply had too many stages for errors to cause delays.

With the variety of referral arrangements for the different dental specialties in Kent, NHS England – South (South East) has been looking to introduce a comprehensive dental electronic referral service (DERS). This will assist dentists to comply with the GDC "Standards for the Dental Team" supporting them to provide sufficient detail of the care required when referring patients. NHS England – South (South East) recognises the need for dentists to meet these standards and ensure patients are treated at the right location, by the right service, at the right time.

Following a procurement exercise the contract for DERS was awarded to Vantage Diagnostic Ltd who have ten years experience in dealing with patient referrals. Considerable consultation took place both prior and subsequent to

launch between Vantage, the KLDC, Dental Practice Advisers, Specialists and Consultants across Kent to ensure that their cloud-based system 'Rego' was customised appropriately for Kent's referral processes. Rego, as a system, is compatible with most existing dental software and so there is no need to populate patient demographic information and it has the ability to upload digital radiographs. Scanners were supplied to practices that were still film based. The option to include all endodontic referrals was included in the initial launch with all orthodontic referrals commencing hopefully by April 2016. Eventually Community and sedation referrals will be added too.

Whilst there have been "teething troubles" - generally the system has proved to be very effective speeding up the system considerably. Uniquely it allows practitioners to monitor the progress of all referrals once initiated. The opportunity to fine tune the system ahead of its launch to Surrey and West and East Sussex has quickly resolved the need to manually triage every oral surgery referral and raised the clinical and administrative standards of the referral process.

Intermediate Minor Oral Surgery (IMOS)

The Intermediate Minor Oral Surgery referral service (IMOS) is now well established across Kent. All practitioners are required to refer difficult extractions or other surgery of complexity beyond their competence to the IMOS service. This service has reduced the number of inappropriate referrals to the hospital services and provides care more locally and promptly for your patients. Some inappropriate referrals continue to be received however and where possible training concerns are raised the Kent Dental Practice advisers will usually make discrete contact.

Endodontic referrals

Referrals to the Kent endodontic referral service also continue to be monitored to avoid overload and abuse. Referrals are accepted against some fairly strict criteria effectively excluding molar teeth unless they are an essential requirement such as a bridge abutment. Like the IMOS referrals, the quality of referrals and particularly radiographs submitted by practitioners are often of an extremely poor standard and reflect badly upon the referring dentist. The new DERS system is improving the quality of referrals as data often missed previously now has to be entered before the referral process proceeds. See the KLDC website www.kldc.org.uk for the current restrictions on cases that can be referred.

CQC (Care Quality Commission)

The LDC has continued to offer support subsequent to enquiries from constituents, as practice owners try to fulfil the somewhat onerous continuing requirements of CGQ registration and regulation.

Provider Compliance Assessment visits by CQC Officers have continued across Kent – although the process seems to have slowed considerably. The CQC apparently now operate a more "targeted" approach to their inspections relying upon varying sources of soft as well as tangible information. Since the arrival of John Milne (Senior National Dental Adviser) and the appointment of Sampana Banga – Head of Dental Inspections at the CQC plus using dentally qualified support for the inspections some sense has at last arrived.

A list of collated questions so far reported are still available on the KLDC website as guidance. Knowledge of the Mental Capacity Act, Infection Control, HTM01-05, audit and staff training are still among the most likely to be assessed areas.

Complaints & LDC Support for Practitioners

The basics are that any complaints should be acknowledged within 2 working days. The complaints investigation/response period should be negotiated with the complainant, but there is nothing wrong in suggesting 10 working days and if they do not contest that then that would be taken as agreement. However, if you are going to take longer than you need to notify the complainant, and the date for doing this would be part of negotiating the complaints plan with the complainant. Verbal complaints can be taken, but should be written up and if possible confirmed with the complainant.

NHS complaints may be made to either the practice directly, or to NHS England for the Area Team to investigate as the Commissioners.

Help! Counselling Support Line – Sometimes things just get too much - both for dentists and their staff/colleagues. Frustratingly in the move from PCT to Area Team the funding for the much needed support service offering a personal and confidential counselling self-referral service to all practices and their staff through a network of counselling practitioners disappeared. Up to date information regarding self-referral counselling is available on the KLDC website www.kldc.org.uk. Help with

psychological therapies is free of charge through the NHS or you can pay to receive service by 'going private' – which inevitably will be quicker. Please contact the KLDC (*in confidence*) if you need help (secretary@kldc.org.uk)

Some useful further contacts include:
HSE Guidance: http://www.hse.gov.uk/stress/mystress.htm
NHS Choices: Beat stress at work http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/workplace-stress.aspx and Ten stress busters http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/reduce-stress.aspx to identify signs of stress and monitor personal stress levels
MIND: How to be mentally healthy at work http://www.mind.org.uk/media/46937/how_to_be_mentally_health_at_work_2013.pdf
Relate: Maintaining a healthy work-life balance http://www.relate.org.uk/relationship-help/help-relationships/relationship-common-problems/im-finding-it-hard-maintain-good-work-life-balance
The Dentists' Health Support Programme (DHSP): The DHSP provides advice and support on addiction, mental illness and fitness-to-practise concerns. Advice is free of charge via a confidential helpline: 020 7224 4671 or dentistsprogramme@gmail.com

How can your 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 listed at the end of the Annual Report.

Dental Advisory Group (PAG) – Representing practitioners' interests

NHS England, South (South Coast) have replaced the previous Performance Screening Group (PSG) with a group with similar function once again called the Performance Advisory Group (PAG). PAG deals with specific issues referred to it regarding alleged practitioner performance issues. This group has always extended an invitation for KLDC Representation and this is now taken in rotation with Surrey and East Sussex LDCs.

The PAG maintains strict confidentiality. 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 NHS England 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. Discussions of individual cases enable the group to learn from the difficulties practitioners are experiencing and offer experienced support as necessary. The PAG makes recommendations to the Performance List Decision Panel (PLDP) who ultimately decide whether practitioners continue to be suitable to remain on the NHS Performers List and practice in Kent. KLDC is also represented with continuing voting rights at PLDP.

Dentist agreements – not a problem…or is it?

Sadly the answer is **YES** and **FREQUENTLY**! Every year for the last 24+ years I have to repeat the need for Providers and Performers to have an approved 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 will have required significant amendment to meet new CQC obligations. Providers (Principals) generally hold the NHS contract for themselves and their Performers in Practice based contracts and a written agreement covering arrangements is absolutely crucial.

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 63rd Annual Conference – June 2015* *@ GRAND CONNAUGHT ROOMS, LONDON.*

Drs, Hogan, Nugent, Uj Patel, Shivji and Winstone attended the conference and dinner as members of the LDC with Dr Hartle (who kindly prepared a written report) attending under the GDPC.

> *The 2015 LDC Conference kicked off with a formal dinner in The Grand Connaught Rooms, London. A historical venue where it is said the rules for the FA were laid down in 1863!*
>
> *The after dinner speaker was Roger Matthews CDO of Denplan, who reminisced about the past and wondered what the future may bring!*

Motions, motions, motions!

Unanimously passed were 16, 20, 28 and almost two others with only two against. Only two out of the forty three motions were defeated. These related to associates having a policy that defined their terms and conditions when working in the NHS and asking Health Education England to provide free IOTN training for all GDPs. A motion put forward by Derek Watson, there representing the press, was to televise conference so that there is live reporting. This motion was narrowly defeated as it was felt it would stifle debate.

***16.** This conference urges NHS England to adopt a greater degree of flexibility in relation to small practices in all (inc rural) areas closing for dentists' and staff holidays when perfectly adequate substitute arrangements are offered for the care of patients with emergencies. Decisions that practices can't close because patients are not permitted to travel more than an arbitrarily set distance have a disproportionate impact in rural areas. Conference believes that this policy is ultimately going to make small rural practices unsustainable, harming the oral health of those populations. Passed unanimously.*

***20.** Stress levels are now dangerously high for primary care dentists. Conference demands that GDPC take a firmer line with the Department/CQC/GDC in defence of the profession. Passed unanimously.*

***28.** This conference insists that the NHS fee uplifts must fully compensate dental practices, to reflect the additional costs to practices for the implantation of new regulations, including the Friends and Family Test. Again passed unanimously.*

Henrik Overgaard-Nielsen, current Chair of GDPC, spoke about the current state of play with the prototypes.
John Milne, formerly Chair of GDPC, now a Senior National Dental Advisor for the CQC, brought his calm approach to his talk and urged us all to download and read The Dental Provider Handbook from the CQC website.. The parting words from Sampana Banga, Head of Dentistry Inspection were "we don't expect to be liked but hope to be transparent and an honest regulator".

There was a presentation on the Dental Activity Review Programme from Carole Doble, Head of Dental Services, Sarah McCallum, Dental Activity Review Programme Lead and Carol Reece from NHSE. It was enlightening to hear that they can save, according to NHS Protect, up to £92 million from the year 2014/2015 after conducting a review on patients re-attending within 28 days! So splitting treatments is what is being looked at. Realistically, some of these will be genuine, but still they were looking to claw back somewhere in the region of £52-£63 million from the estimated over claiming of the previous year where NHS Protect identified a potential claw back of £74 million. They want to help clinicians to focus on areas where they are "out of step" with their colleagues. So behaviour change is what they want from all and they will take action against the extremes.

There was a further presentation from a panel in the afternoon about the Contract Reform Policy. Helen Miscampbell, Serbjit Kaur, Carol Reece and David Glover led us through the fact that 10% of our contracts will be at risk and how improving oral health, access and value for money could be achieved from the existing financial envelope. This story was worthy of a place in the fantasy section of any library.

Presentations from the Benevolent Fund, DHST and the Dental Guild were all received and as ever KLDC continues to support all three and the work that they do for our profession and their families.

Conference next year will be back to Manchester, with Nick Stolls in the hot seat.
Good luck to GDPC in actioning the motions passed by conference. Henrik, and Mick Armstrong, Chair of the PEC, have some tough tasks, but will not be shy. A fun time lies ahead!

* With special thanks to Dr Liz Hartle for preparing this report which has been condensed from the original.

LDC Officials Day December 2015

LDC Officials Day in December 2015 was attended by Drs. Hogan & Unter. Chaired by Nick Stolls (LDC Conference Chair 2016) we were welcomed by Mick Armstrong Chair of the BDA Principle Executive Committee. The keynote speech was given by Sara Hurley the recently appointed Chief Dental Officer for NHS England. Sara gave a powerful introduction to what she hopes to achieve in her tenure of CDO and it is the closest in my 25 years as an LDC Secretary to seeing a room full of over 150 hardened LDC officials want to give her a standing ovation (but ultimately failed!) There were further presentations on Antimicrobial Resistance (something the KLDC Chair Tim Hogan is championing in Kent currently); Henrik Overgaard Nielsen (Chair GDPC) updated us on the activities of the GDPC; we had presentations from three organisations Kent LDC already supports – the British Dental Guild, Dentists' Health Support Trust and the BDA Benevolent Fund,

The afternoon had a thought provoking presentation of some significant recent legal case conundrums that affect the way we work and an update of CQC inspections from John Milne (former Chair of GDPC and now senior National Dental Adviser to the CQC.

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 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.

DentaLine is managed and provided by Medway Community Healthcare (MCH) based in MCN House, Gillingham Business Park. Facilities at the Canterbury DentaLine centre are poor and efforts are still being made to relocate the service within the Canterbury area. This relocation has unfortunately become excessively protracted and no real change has occurred since I reported last year.

If you have problems providing emergency cover during any periods of absence or holiday, then contact the Dental Advisers: [EK] Ken Hymas; [WK & Medway] Huw Winstone via the NHS England offices at Wharf House in Tonbridge ☎ 0113 807 0104, who can help put you in touch with local colleagues who may be able to assist.

Dental Practice Advisers

We have continued to maintain an excellent dialogue with the three Dental Advisers to the Kent & Medway Area Team; Graham Bishop, Ken Hymas (East Kent inc Swale) and Huw Winstone (West Kent & Medway). All three advisers are experienced General Dental Practitioners and regularly attend LDC meetings to receive feedback from GDPs. Similarly all three advisers have close links with the Deanery (now called KSS Health Education England) and the training of Foundation dentists. We were sad to see Graham retire at Xmas 2015 and wish him well in his retirement.

Practice Inspections

The NHS England South (South East) dental team continued over the year to carry out the on-going 'rolling' three year practice inspections in order to assess the compliance of dental practices. The practice inspection document forms a corner stone of practice Clinical Governance compliance in the Quality Standards obligations of the current dental contract. The inspection document has recently undergone extensive review in order to comply with the recently published GDC Standards document in addition to the ever changing legislative regulations affecting dental practice including CQC etc. The KLDC has unfortunately had a protracted period of discussions with NHS England regarding what qualifies as an instrument and therefore what has to be "wrapped" when it is stored. Some sense has finally been agreed regarding film holders, plastic sucker tips and impression trays and removed an apparent "jobs worth" attitude to some aspects of infection control that are not covered in HTM01-05.

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

Kent Oral Health Promotion Network (OHPN) (previously Kent Dental Advisory Committee)

Members of the KLDC have maintained a positive contributory role on the Kent Oral Health Promotion Network chaired by Mary Henderson (Dental Clinical Director Kent Community Health NHS Trust) until September 2015 and now chaired by Sarah Davies (Clinical Lead Dental Service - MCH Community Dental Service).

The committee is attended by hospital (HDS) & salaried (CDS/PDS) practitioners, BDA representatives, KSS Deanery staff as well as general dental practitioners (GDPs) and colleagues working with Oral Health promotion in Kent.

As the role of the Dental Local Professional Network (DLPN) has further developed during 2015, a decision was taken in early 2015 to change the name, Terms of Reference and previous role of the Advisory Committee to the self-explanatory Kent Oral Health Promotion Network (OHPN). OHPN now advises the DLPN on oral health promotion matters through the Chair with the aim to improve the oral health of the residents of Kent through partnership working, building healthy public policy, strengthening community action, creating supportive environments, developing personal skills and re-orientating health services.

There is great impetus and desire in all attendees to promote dental health and discussion have been wide ranging. Much is already being done in Kent – and plenty more is planned!

South East Coast LDCs ('Channel Group')

The South East Coast group quarterly 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 (KSS). Wide-ranging discussions have covered, amongst other things: contract problems; funding for training, complaints, Practice Inspections, Emergency Dental Services and most recently a small group meeting with Sara Hurley the recently appointed Chief Dental Officer for England.

With the reorganisation of Kent, East and West Sussex and Surrey into one Area Team (now simply NHS England South (South East), maintaining this unique dialogue continues to be very important and now incorporates liaison attendance by the Senior Contracts Manager (Dental) for NHS England – South (South East). This is particularly important now that contract issues and performance matters are dealt with centrally for all four LDCs

Something else to munch on!

- **KLDC Website** – **www.kldc.org.uk** The website is going from strength to strength. We have posted urgent information pertinent to Kent GDPs as soon as it is released. The site also posts KLDC membership inc. telephone and email contact details; approved Minutes of KLDC meetings and advice on topical issues such as CQC registration are on the site too. Have a look at this useful resource and let us know if there is anything you would like to see published on the website to assist you or colleagues in Kent that we have not already thought of!
- **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 NHS England Area Team meetings and day-to-day running and office expenses of the committee. 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 the AT (attending hearings offering support and an independent view); assisting colleagues with alcohol/drug and /or emotional problems.

...and finally.

Huw Winstone and Shabir Shivji have reported on the KSS Deanery (KSS Health Education England) Dental Foundation Training Schemes in Kent and the Statutory and Voluntary Levies. A statement of accounts for 2015/2016 is also presented together with full details of the membership of the Committees for 2015/2016, 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
March 2016 ©
Secretary to the Kent Local Dental Committee
secretary@kldc.org.uk

KLDC Secretary's REP 2015~16.Doc

KENT LOCAL DENTAL COMMITTEE 2015/2016

	TRAVEL	LOSS OF EARNINGS	OFFICE	STATIONERY POST & PHONE	CLERICAL	SUBSIST-ENCE	HONORARIA	ANNUAL CONFERENCE	OTHERS	TOTAL
2014/2015	3,794.22	30,940.79	0.00	2,500.71	2,495.70	977.65	25,820.00	3,770.00	2,210.59	72,634.63
2015/2016	4,052.00	31,892.00	0.00	2,498.22	2,581.80	996.00	25,850.00	450.00	1,231.43	69,551.45

RECEIPTS

Balance b/fwd	£80,628.96
Income Statutory & Voluntary Levies	£76,695.15
	£157,324.11

EXPENDITURE

Expenditure above	£69,551.45
To British Dental Guild	£16,575.00
To Dentists Health Support Trust	£10,000.00
To BDA Benevolent Fund	£4,000.00
Balance at Bank at year end	£57,197.66
	£157,324.11

Huw Winstone – Treasurer April 2016

2015/16 Report of HEKSS Dental Foundation Training Report

Health Education Kent Surrey and Sussex

1. In September 2015, twelve new graduates commenced the 2015/2016 HEKSS (Health Education, Kent, Surrey & Sussex) East (Canterbury) Dental FT scheme and another twelve commenced the HEKSS Central (Pembury) scheme. Foundation Dentists on the HEKSS Schemes all are entered for the Postgraduate Certificate in Primary Dental Care, which is validated by the University of Kent.

2. Commencing this academic year, HEKSS Dental Foundation Training has been part of the National Satisfactory Completion for Dental Foundation Training Pilot. The Mid Year reviews were undertaken in February and the Final Review will be undertaken in June. Further details can be found at: http://www.copdend.org/content.aspx?Group=foundation&Page=dentalfoundationtrainingblueguideforrcppilotyear. Guidance is also being compiled to bring the processes for Dental Foundation Training by Equivalence in line with the Satisfactory Completion processes.

3. Foundation Dentists on all HEKSS schemes took part in the Older Persons Oral Health Initiative. This involved visiting care homes to help carers to improve the oral health of residents. This is running again this year under the guidance of Mike Wheeler.

4. HEKSS continues to work with Health Education London to identify common areas where joint working will lead to efficiency savings.

5. Recruitment of foundation dentists for all England and Wales DFT schemes is via a national recruitment process. Interviews for the 2016/2017 entrants took place in November 2015 at various venues around the U.K. Confirmation of the full list of successful candidates for HEKSS East and Central will be available by the end of June 2016.

6. A local recruitment event where potential Foundation Dentists meet the trainers on the schemes they have been provisionally allocated to took place in April 2016 at the postgraduate centres.

7. Dentists wishing to be trainers for the HEKSS Dental FT schemes should check the HEKSS web site dental pages for details. For further details, contact Iris Handy on ☎ 020 7415 3424 or ihandy@kss.hee.nhs.uk All new applicants will be expected to attend an information introductory session.

8. For local advice about Dental FT, Shabir Shivji or Huw Winstone can be contacted via Iris Handy on ☎ 020 7127 6264 or sshivji@kss.hee.nhs.uk and hwinstone@kss.hee.nhs.uk .

9. Full-time trainers received (2015/2016) a total contract value of approximately £103,700 for a full time foundation dentist (FD). From this money the trainer pays the Foundation Dentist their salary (currently) £30,433 and also has to fund their own loss of earnings for Foundation Training sessions attended – usually 14 half days per year, for which a trainer grant of £9,132 is included in the total sum. The remainder (£64,164) represents the reimbursement of the cost of treatments provided by the Foundation Dentist.

Huw Winstone - Associate Dean for Dental Foundation Training & Training Programme Director HEKSS East
Shabir Shivji - Training Programme Director HEKSS Central
May 2016

Dental Department
Health Education England working across Kent, Surrey and Sussex
Stewart House | 2nd Floor | 32 Russell Square | London | WC1B 5DN
W: www.kss.hee.nhs.uk

Listing of Representatives on KLDC Committees/Other Bodies

2016/17 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. In this case members are appointed.

Name of Committee	Member(s)
Performance Advice Group PAG (was PSG) **Performance List Decision Panel PLDP** (was DMG)	Dr J M Unter (as LDC Sec) † Dr T Hogan†
Kent Oral Health Promotion Network *previously called* **Kent Dental Advisory Committee** (Co-ordinator - Dr M Henderson)	Dr T Hogan — Dr S Kulkarni Dr M Nugent — Dr J Lynch Dr J M Unter (as LDC Sec) † — Dr M Watts
OMCN Orthodontic Managed Clinical Network Service Improvement Group	Dr C Sheridan Dr N Ahmad (deputy)
Oral Surgery Clinical Network *previously called* **IMOS** Intermediate Minor Oral Surgery Service Improvement Group	Dr J M Unter (as LDC Sec)† Dr M Watts (as deputy)†
Dental Foundation Training Programme Directors (Kent)	Dr H Winstone* & Dr S Shivji*
Hospital Representative	Dr A Elder
LMC Representative	Dr M Nugent
BDA - General Dental Practice Committee	East Kent — Dr Cheryl Wood* West Kent — Dr Elizabeth Hartle*

† Appointed position * Denotes not appointed by the KLDC

April 2016

Membership of the Kent Local Dental Committee - April 2016

Constituency / *former PCT*, Main Functions and contact number ☎

OLUROTIMI ADESANYA: Medway
☎ 01634 576688

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

SURINDER BHATTI: Eastern & Coastal Kent
☎ 01227 761158

SOMITRA BANVIR: Eastern & Coastal Kent
☎ 01227 765851

JUDITH BARHAM: West Kent
☎ 01622 756652

SARAH DAVIES: Co-opted member; Clinical Lead for MCH Community Dental Service.
☎ 01634 334660

ANDREW ELDER: Co-opted member; Consultant in Restorative Dentistry; Hospital Representative
☎ Sec: 01233 616683 / Mob: 07887 560275

ELIZABETH HARTLE: Eastern & Coastal Kent; GDPC member for West Kent
☎ 01892 833926

TIMOTHY P. HOGAN: West Kent; Chairman to Kent LDC; NHS England South (SE) Local Office Performance List Decision Panel (PLDP); Kent Oral Health Promotion Network; NHS England South (South East) Local Office Dental Contracts and Quality Assurance Panel (DCQAP); S E Coast (Channel) LDCs Group Representative
☎ 01622-844892 email: tim1.hogan76@gmail.com or chairman@kldc.org.uk

KENNETH HYMAS: Eastern & Coastal Kent; Dental Practice Adviser (Swale & East Kent)
☎ 07939 527253

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

SHRIKANT KULKARNI: West Kent; Kent Oral Health Promotion Network
☎ 01322 225397

JOHN LYNCH: West Kent; Kent Oral Health Promotion Network
☎ 01474-352548

YE KYAW MYINT: Eastern & Coastal Kent
☎ 01227 765851

STEVE NEWELL: West Kent; Vice-Chair to Kent LDC; (Specialist Orthodontist)
☎ 01474 358104 e-mail: ortho@may.be

MARK NUGENT: Medway; Kent Oral Health Promotion Network; LMC Representative
☎ 01634-231776

COLETTE O'SULLIVAN: West Kent
☎ 01622 890574

MAHESH PATEL: Eastern & Coastal Kent
☎ 01634-231776 or 01795 874914

MANOJ PATEL: Eastern & Coastal Kent
☎ 07961 114 397

NAISHAD PATEL: Eastern & Coastal Kent
☎ 01303 262683

UJWAL PATEL: Medway
☎ 07985 710036

VIKAS PATEL: Medway
☎ 01634 232204

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

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

JULIAN M. UNTER: Medway; Secretary to Kent LDC; Kent Oral Health Promotion Network; Kent Local Professional (Dental) Network (LPN); NHS England South (South East) Local Office Performance Advice Group (PAG); Oral Surgery Managed Clinical Network (IMOS) LDC Rep; NHS England South (South East) Local Office Dental Contracts and Quality Assurance Panel (DCQAP); KLDC Website; S E Coast (Channel) LDCs Group Representative/Treasurer

☎ 01634-235377 Fax: by arrangement *(call or email first)* e-mail: secretary@kldc.org.uk

MIKE WATTS: Kent Oral Health Promotion Network; Oral Surgery Clinical Network (IMOS) LDC Rep *(Deputy)*

☎ 01843-591155

HUW M. WINSTONE: West Kent; Treasurer to Kent LDC; Programme Director KSS East (Canterbury) Dental Foundation Training Scheme; Associate Dean for Dental Foundation Training (Year One) HEKSS East; Dental Practice adviser (West Kent - North & Medway).

☎ 01634-*335182* e-mail: huw.winstone@nhs.net or treasurer@kldc.org.uk

CHERYL WOOD: Eastern & Coastal Kent; GDPC member for East Kent

☎ 01303 251598

GDPC Members (who attend KLDC meetings)
East Kent: Cheryl Wood
West Kent: Elizabeth Hartle
Both attend KLDC meetings as elected members of the committee

Members who served during the year to March 2015
CHRISTOPHER ALLEN: Consultant in Dental Public Health (Retr'd)
BRETT DUANE: Consultant in Dental Public Health (Relocated)
GRAHAM BISHOP
We are very grateful for their help and support

There are currently (April 2016) three vacancies on the committee – two in West Kent and one in East Kent. These are open to any eligible practitioner on the Kent list.

Abbreviation key:
DERS – Dental Electronic Referral Service
LO – Local Office - of NHS England South (South East) – *was called* - AT - Area Team
PLDP – Performers' List Decision Panel
PAG – Performance Advisory Group
FT – Foundation Trainee / Trainer
KSS – Kent, Surrey & Sussex
IMOS - Intermediate Minor Oral Surgery

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