

KLDC

The 2017/18 Annual Report



KENT LOCAL DENTAL COMMITTEE

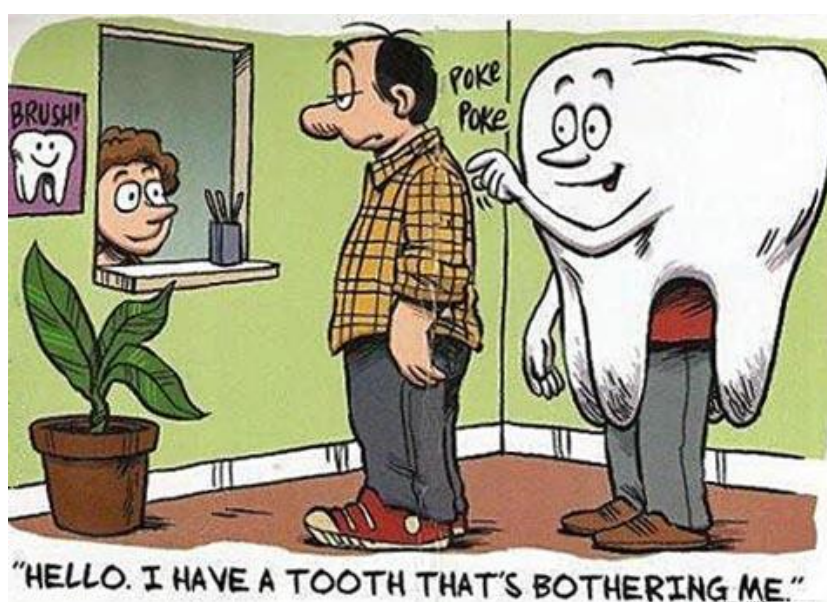
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KENT LOCAL DENTAL COMMITTEE

THE 2017/2018 ANNUAL REPORT

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Kent Local Dental Committee

The Secretary's 2017/2018 Annual Report

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The KLDC Secretary Julian Unter writes...

An active year again for your Kent Local Dental Committee (KLDC)! Your elected dental representative colleagues on the KLDC have continued to meet at least quarterly to discuss matters that affect the quality of your daily professional working lives and try to seek ways to improve matters for 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 give you an outline of the many 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.

As usual a lot of time has been spent again this year supporting practitioners with patient complaints handling, issues surrounding underperformance (both contractual and clinical) and possible inappropriate claiming. We have given support to practices trying to cope with increasingly complex administration requirements of practice inspections, CQC visits, Information Governance requirements and the common pitfalls to avoid. Whistle blowing continues to be in sharp focus as some dentists are using this as a threat in breakdowns of their business relationships with former colleagues with some unreasonable financial demands rather than for patient protection as originally intended. The GDC is aware of our concerns and will view cases reported accordingly whilst gathering their evidence. Similarly the principle Indemnity Providers have woken up to this issue – especially when they indemnify both members. Colleagues are welcome to respond to any issues raised in this report (secretary@kldc.org.uk) and always welcome as observers at the quarterly KLDC meetings currently held in the Holiday Inn Hotel, Rochester. Contact the chair in the first instance at chairman@kldc.org.uk

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 reorganisation of NHS England (NHSE) a couple of years ago to have a "Local Office" (LO) covering Kent Surrey and Sussex has meant closer ties with our neighbouring LDCs in East Sussex, West Sussex and Surrey through the Channel LDCs Group and joint participation in KSS wide committees and processes. The KLDC's function is to represent the interests of all Performers and Providers through its representation on various committees.
- The Kent LDC continues to be officially recognised by the NHS England South East (Kent, Surrey, Sussex) Local Office 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 East (KSS) 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 increasingly held that also cover Surrey and Sussex (part of NHS England South East administrative responsibilities), in Tonbridge, Horley and Lewes.

The Committee is funded by the statutory levy from all NHS dental practitioners practising in Kent.

- 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 giving representation from the dental leads of the Salaried and Hospital Dental Services. Currently the post for Consultant in Dental Public Health is vacant although we do have input from Dr Jenny Oliver Consultant in Dental Public Health and Dr Jackie Sowerbutts from Public Health England South East.
- The Kent LDC continues to work closely with the NHS England Local Office on all dental contractual and performance related matters. It has given business-related 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 & West Sussex) and the rest of the UK. We meet with our colleagues on the other Local 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 12 & 13).

Membership

The committee has continued to be adeptly chaired by Tim Hogan; Steve Newell as vice-chair (until January 2018); 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 South East in Kent. Our next biennial election when approximately half the full committee is re-elected will be due in late March 2019. Any colleagues interested in joining the committee are welcome to approach the Secretary for more information secretary@kldc.org.uk.

Current membership of the committee (and the roles undertaken within the committee) are listed at the end of the Annual Report (pages 10 & 12 to 13).

LDCs 65th Annual Conference - on 8TH- 9TH June held in the Hilton Metropole hotel, Birmingham

Drs Hogan, Nugent, U Patel, V Patel and Winstone attended the conference and dinner as members of the LDC with Drs Hartle and Wood (who kindly prepared a written report available on the KLDC website at www.kldc.org.uk/ldc-conference-reports) attending on behalf of the GDPC.

Kent submitted the following motion - *This Conference deplores the mechanism by which NHS England is attempting to procure orthodontic contracts. There is a strong bias against the smaller contract holder in favour of the larger group practices and corporates. The elements of competition and easier patient access and choice are being removed by the process.* The motion had already been accepted as GDPC policy by the time of conference so it was not voted on but was still presented to conference by Dr Hogan.

NHS England South East - Kent (& Medway), Surrey and Sussex

NHS England continues to re-invent itself redescribing themselves more recently as simply the Local Office (LO) of NHS England South East (KSS). 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.

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.

Kent Local (Dental) Professional Network.

GP-led NHS commissioning through Clinical Commissioning Groups (CCGs) progress although they so far have not had much if any involvement with primary care dentistry in Kent.

For other directly-commissioned services, clinical expertise resides in Local Professional Networks (LPNs) which are meant to function as an integral part of the NHSE Local Office. For dentistry, the LPN which replaced the former Dental Network group (LDN) was already well developed in Kent.

Complications with the initial separate development of a matching LDN in Surrey and Sussex led to the ongoing trial formation of a single LDN representing Kent, Surrey and East & West Sussex. The joint LDN meets alternately in Horley and Tonbridge and is currently co-chaired by Mark Johnstone (Kent) and Brett Duane (Surrey/Sussex).

The stated purpose of the LDN is to work with commissioners to help deliver a service which: - is Patient-centred - gives a structured delivery of care - is Accountable - is Safe - is High quality - is Responsive - is Communicative and is Innovative..... Hopefully full co-operation and hard work by the committee will achieve this significant task.

The past year has seen the further development of the Managed Clinical Networks (MCNs) in Orthodontics, Oral Surgery, Urgent Dental Care (UDC/EDS), Oral Health Promotion, Restorative Dentistry and Special Needs Dentistry (the latter three both across KSS rather than just Kent). The Chairs of the Managed Clinical Networks sit on the main LDN so they can feed directly into the main LDN meetings and provide a rapid and effective way of working for the benefit of patients and clinicians. MCNs link all clinicians from primary, salaried, secondary and tertiary care, to encourage all to work in a co-ordinated manner. Where feasible they are unconstrained by existing professional and organisational boundaries and hopefully assist equitable provision of high quality clinically effective services.

The LDN has KLDC representation that ensures 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. NHS England South East (KSS) Dental Leads, representatives from the Salaried Services,

Hospital Representatives, the Health Education London & South East and Consultants in Dental Public Health also attend the LPN.

Kent, Surrey & Sussex (KSS) “Local Team” & Contract “Year End”.

Colleagues have probably had reduced personal contact with NHSE South East (KSS) Local Office (LO) as the number of NHSE staff in Tonbridge, Horley and Lewes maintaining contract matters has remained significantly reduced. Many six month and full year contract reviews are a routine email exercise. Despite this, the KLDC has been actively involved maintaining open lines of communication with the NHSE Local Office and has continued to act as ‘go between’ linking GDPs and the NHSE management. Most “year-end” matters in Kent are now dealt with directly by the Business Services Authority (BSA) under the watchful eye of the Local Office. 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. Our attendance at the regular KSS Dental Contracts Quality and Assurance Panel (DCQAP) meetings enable us to be well aware of any problems and commissioning staff openly welcome KLDC input.

As I comment every year since the introduction of the 2006 contract - 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. Many younger colleagues only know the current UDA system so have nothing to compare it with. NHSE continues to trial new ideas with pilot sites but there are none currently in Kent. There are concerns with the number of practices who have to hand back funding for contract underperformance every year, as this money is usually irretrievably lost from the Kent dental budget year-on-year into the NHS financial black hole.

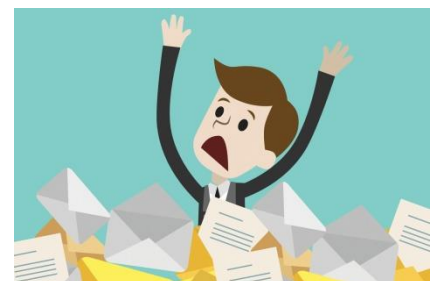
The data being produced by the Dental Payments Department (DPD) of the Business Services Authority (BSA) still does not truly reflect day-to-day activity. However, the development of the DAF (Dental Assurance Framework) has resulted in reports being available from the BSA which look in some detail at the claims submitted by performers for NHS treatments. 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 NHSE 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 KLDC 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.

The Contracts Team are particularly interested in same day band III claims as is often the case with mouthguards – especially in the month of March every year! Also what attracts interest is higher than average claims for inlays. We are still finding a lot of practitioners do not know when fitting a gold inlay that it must have a minimum of 60% fine gold content backup up by an appropriate laboratory docket.

Generally the Dental Leads 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 Local Office (LO) 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 LO is required to follow policy issued by NHSE 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.



Contract “underperformance” is one of several reasons for the issue of a Breach or Remedial Notice. Colleagues will find extensive guidance regarding common reasons for Breach and Remedial notices in an article available on the KLDC website which gives accurate and updated information. www.kldc.org.uk/information/breach-notice. The current Chair (Tim Hogan) and Secretary (Julian Unter) are always available to support individual cases if confidential advice is needed.

Dental Electronic Referral Service (DERS)

Most colleagues will now be familiar with the Dental Electronic Referral Service (DERS) introduced by the NHS England Local Office supplied by Vantage Diagnostic Ltd. The system ensures dentists comply with the GDC “Standards for the Dental Team” supporting them to provide sufficient detail of the care required when referring patients to help dentists meet the standards and ensure patients are treated at the right location, by the right service, at the right time.

Considerable consultation has continued to take place subsequent to launch to ensure that DERS is customised appropriately for Kent’s referral processes. DERS, as a system, is compatible with most existing dental software and so there is no need to populate patient personal information and it has the ability to upload digital radiographs & photographs. All aspects of referral are now available across KSS depending on where the practice is located and where the patient lives. This now includes all IMOS, endodontic, sedation, orthodontic and restorative referrals. Restorative service provision differs across the locality depending on the old PCT boundaries and previous service provision procurement. Imminently community/salaried services referrals will be possible too.



Whilst there continue to be “teething troubles” - generally the system has proved to be very effective speeding up the referral process considerably. Uniquely it allows practitioners to monitor the progress of all referrals once initiated. A recent comprehensive update to the system released in January 2018 has considerably eased the speed and accuracy of the referral process although review of the system now in use across KSS continues.

Endodontic referrals

Referrals to the Kent endodontic referral service via DERS continue to be carefully triaged 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. The protocol is available at http://www.kldc.org.uk/files/endodontic_referrals/Referral_for_Endodontic_Treatment_in_Kent_Surrey_E_Sussex.pdf. Like the IMOS referrals, the quality of referrals and particularly radiographs submitted by practitioners regrettably are often of an extremely poor standard and reflect badly upon the referring dentist.

CQC (Care Quality Commission)

The KLDC has continued to offer support subsequent to enquiries from constituents. Provider Compliance Assessment visits by CQC Officers has continued across Kent – although the process seems to have slowed considerably. The CQC ostensibly 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.

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 & KLDC Support for Practitioners

The basics are that any complaints should be acknowledged within 3 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 then 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 Local Office to investigate as the Commissioners. “Learning line” is published on the KLDC website at <http://www.kldc.org.uk/learning-line> and is an extract by KSS NHSE Clinical Advisers when they review patient complaints regarding clinical issues. This publication details some of these topics that have recently arisen and the lessons that have been learnt from them.

Help! Counselling Support Line – Sometimes things just get too much - both for dentists and their staff/colleagues. Up to date information regarding self-referral counselling is available on the KLDC website <http://www.kldc.org.uk/information/counselling-services>. 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.

Some useful further contacts include:

HSE Guidance: <http://www.hse.gov.uk/stress/index.htm>

NHS Choices: Beat stress at work - 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

https://www.mind.org.uk/media/4297733/mind_how_to_be_mentally_healthy_at_work_singles_4-web.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 Dentists' Health Support Trust

<http://dentistshealthsupporttrust.org> 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 LDC 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



"I'm not writing anything bad; mostly I'm just doodling.
Please continue."

addition to recommending the assistance of your Professional Indemnity provider if appropriate. If you are unsure who to approach on the LDC, or you want advice from someone out of your area, speak to the Chairman or 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. Remember -saying "sorry" sometimes resolves matters very easily and quickly and does not necessarily mean an admission of guilt!

Performance Advisory Group (PAG) & Performer List Decision Panel (PLDP) – Representing practitioners' interests

The NHS England South East (KSS) Local Office has two committees that deal with concerns over practitioner performance and "suitability". PAG deals with specific issues referred to it regarding alleged practitioner performance issues. Referral may come from contract performance / claiming concerns; whistle blowing; patient complaints; GDC referrals etc. 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 Performers List Decision Panel (PLDP) who ultimately decide whether practitioners continue to be suitable to remain on the NHS Performers List and practice in KSS. Each case is thoroughly investigated. Panel procedures are very strict and discuss conditions and standards based on civil law rather than criminal law. KLDC is also represented with voting rights at PLDP.

Dentist agreements – not a problem...or is it?

Sadly the answer is **YES, FREQUENTLY** and **INCREASINGLY!** Every year for the last 27+ 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. 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. As reported earlier there is an increasing trend for dentists to whistle-blow vindictively to the GDC over matters that could reasonably be resolved by sensible negotiation.

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. It is a common problem when a performer hasn't been paid for some reason by their provider to find there is no written agreement to fall back on. This requirement extends to self-employed Hygienists and Therapists too. The BDA is a good source for outline contracts that can be amended to suit specific practice circumstances.

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

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.



If you have problems providing emergency cover within your NHS contractual obligations during any periods of absence or holiday, then contact the Dental Clinical Advisers 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 Clinical Advisers

We have continued to maintain an excellent dialogue with the Dental Clinical Advisers (DCAs) to the NHS England South East Local Office. All advisers are experienced General Dental Practitioners and regularly attend LDC meetings to receive feedback from GDPs. The NHS England South East Local Office has recently appointed several new advisers after suitable selection. We now have based in Kent Drs Hymas, Shivji, Winstone and now Claire Hamill.

Practice Inspections

The NHS England South East dental team continued over the year to carry out the on-going 'rolling' practice inspections in order to assess the compliance of dental practices. The practice inspection document establishes a corner stone of practice Clinical Governance compliance in the Quality Standards obligations of the current dental contract. The inspection document has recently undergone further review in order to comply with the ever changing legislative regulations affecting dental practice including CQC, IRR, GDPR etc. A post inspection feedback form is being devised that will allow practices either directly or anonymously via the KLDC to feedback to the Local Office and DPAs on any aspect of the inspection process.

KSS Oral Health Promotion Network (OHPN) MCN - (*previously* Kent Oral Health Advisory Committee)

The OHPN is part of the Managed Clinical Network that reports directly to the Kent Local Dental Network (LDN). The committee has recently changed to become a KSS wide group under the joint chairs Drs Sarah Davies and June Willis-Lake. OHPN advises the LDN on oral health promotion matters through the Chairs with the aim to improve the oral health of the residents of KSS through partnership working, building healthy public policy, strengthening community action, creating supportive environments, developing personal skills and re-orientating health services.

The KLDC has maintained a positive contributory role on the OHPN with a representative at Kent meetings and at KSS core OHPN meetings. The committee is attended by hospital (HDS) & salaried (CDS/PDS) practitioners, KSS Deanery staff, Dental Practice Advisers (DPAs) as well as general dental practitioners (GDPs) and colleagues working with Oral Health promotion in Kent.

South East Coast LDCs ('Channel Group')

The South East Coast group of LDCs (Kent, East Sussex, West Sussex & Surrey) have quarterly meetings of the chairs and secretaries. This 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: NHS England Local Office contract problems; breach and remedial notices, complaints and actions of the Performers List Decision Panel (PLDP) and Performance Advice Panel (PAG), Practice Inspections, Emergency Dental Services, Orthodontic Procurement and roll out of the Dental Electronic Referrals service (DERS) across KSS. The Channel Group also send a representative to the BDA's Regional Representative Group of LDCs so we are in touch with national issues affecting general practice.

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

News round-up!

- **Orthodontic Procurement** – There has been much activity in KSS with the handling of the orthodontic procurement exercise by NHSE South East. Many colleagues have been left somewhat bewildered by the

seemingly arbitrary reallocations of patients proposed by the procurement exercise and whether they will have a viable practice this time next year to carry on treating their patients.

As a result of this case and developing disquiet with the plans for future tendering of Orthodontic contracts, the BDA has initiated legal proceedings against NHSE (SE) for setting up potentially impossible barriers to smaller contractors. It also claims NHS (SE) has acted unlawfully by failing to engage with patients or provide a robust “needs assessment” on changes that will radically impact on services. The registration period has already been extended by NHSE.

- **Occupational Health and Hep B** - The Occupational Health services contract now in place in Kent only provides service to dentists – no longer hygienists, dental nurses etc. – except in the case of needle stick injury.

Further to complaints about the level of service provided by the new occupational Health Supplier we have discussed this with the Medical Directorate of NHSE to make them aware of our concerns. The KLDC Secretary now has the direct contact address of the senior NHSE Medical Directorate responsible officer in order to raise any issues. There has been an agreement that colleagues with unresolved issues can pass them through the KLDC Secretary to the designated person responsible within the Medical Directorate. This filter is to ensure that potential complaints get suitably triaged and get the weight of the KLDC behind them.

The KLDC received an important letter from Public Health England regarding the shortage of Hep B vaccines and recommendations for general practice. A copy can be sent on request secretary@kldc.org.uk.

- **Practice closures, access and recruitment issues** - An area of concern is the access issues in Kent following contract termination and reduction requests resulting in a shortage of roughly 100,000 UDA provision after 1st April 2018. Four large practices in East Kent are withdrawing from their NHS contracts and other East Kent practices have been approached by the NHSE LO offering temporary UDAs they might be willing to take on and if so how they might be able to deliver these before a decision to grant extra UDAs is made.

Members have raised considerable concerns regarding the closure of Ramsgate and Sandwich practices currently managed by the Kent Community Health NHS Foundation Trust (KCHFT) and the impact this will have on the patients. Approaches to both the Trust and the NHSE offices have been made. The local MP for the area is also now involved.

Before new contracts can be awarded however there needs to be a needs assessment carried out. Once service need is established and a specification developed NHSE will carry out an open procurement process where interested providers submit sealed bids for contracts which panel evaluation will award contract(s) to the bid(s) considered the most appropriate. Inevitably this all takes time and meanwhile patient care inevitably may be compromised.

- **KLDC Website** – www.kldc.org.uk - The website continues to be developed and is an increasingly useful resource for colleagues. We have posted urgent information pertinent to Kent GDPs as soon as it is released. More recently we have updated guidance on:- Learning Line; orthodontic procurement update; proforma “Dental Practice Referral Policy”, recruitment problems and UDA targets; how NHS structures are evolving, useful video by the Kings Fund on developing new structures of organisation with the NHS; cancer awareness month (November 2017), posting and posters, advice etc.; complete update of “safeguarding information for children” in the Dental Referee; update on management of patients and risk of medications related osteonecrosis of the jaw; Breach & Remedial Notices and how to avoid them; Anticoagulants – Reference guide for management of dental patients taking anticoagulants or antiplatelet drugs; Antimicrobial Prescribing & Resistance in Dental Practice. More recently we have published information on the General Data Protection Regulation 2018 (GDPR) which comes into effect in May 2018.



“Our web site got 150 hits today!”

The site also posts KLDC membership including 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 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 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 NHS England (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 Health Education England London and Kent, Surrey and Sussex Dental Foundation Training Schemes in Kent. A statement of accounts for 2017/2018 is also presented together with full details of the membership of the Committees for 2017/2018, 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 2018 ©

Secretary to the Kent Local Dental Committee

secretary@kldc.org.uk

KLDC Secretary's REP 2017~18.Doc

Kent Local Dental Committee 2017/2018

	TRAVEL	LOSS OF EARNINGS	OFFICE	STATIONERY POST & PHONE	CLERICAL	SUBSIST- ENCE	HONORARIA	ANNUAL CONFERENCE	OTHERS	TOTAL
2016/2017	4,240.22	40,582.50	772.95	1,287.57	2,745.00	1,134.75	26,290.00	3,525.76	1,866.00	82,444.75
2017/2018	4,868.70	40,451.00	604.87	731.07	2,565.00	2,374.40	25,905.00	3,483.02	2,077.22	83,060.28

RECEIPTS

Balance b/fwd	£52,622.69
<i>Income</i>	
Statutory Levy	£98,475.00
	<u>£151,097.69</u>

EXPENDITURE

<i>Expenditure above</i>	83,060.28
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	<u>37,462.41</u>
	<u>£151,097.69</u>

2017/18 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)
PAG Performance Advice Group	Dr J M Unter (as KLDC Sec) [†]
PLDP Performance List Decision Panel	Dr T P Hogan [†]
KSS LDN Kent, Surrey & Sussex Local Dental Network	Dr J M Unter [†] (as LDC Sec) Dr T P Hogan [†] (deputy)
OHI MCN Oral Health Improvement Managed Clinical Network (Co-ordinators - Drs Sarah Davies & June Willis-Lake)	Kent Meetings - Dr Laura Smith KSS Core meetings - Dr T P Hogan <i>or</i> (deputy) Dr J M Unter (as KLDC Sec)
OMCN Orthodontic Managed Clinical Network Service Improvement Group	Dr C Sheridan Dr N Ahmad (deputy)
OSMCN Oral Surgery Managed Clinical Network Service Improvement Group	tba Dr J M Unter (as KLDC Sec) Dr M Watts (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 Adrian Lesnyak * West Kent Dr Elizabeth Hartle*

[†] Appointed position * Denotes not appointed by the KLDC

April 2018

April 2018 2017/18 Report on HEE Dental Foundation Training for Kent LDC Annual Report

1. In September 2017, eleven new graduates commenced the 2017/2018 LaKSS (Health Education, London and Kent, Surrey & Sussex) East (Canterbury) Dental FT scheme and another twelve commenced the LaKSS Central (Pembury) scheme. Foundation Dentists on the LaKSS Schemes all can enter for the Postgraduate Certificate in Primary Dental Care, which is validated by the University of Kent.
2. Foundation Dentists on all LaKSS 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. LaKSS continues the merger process with Health Education London and will in future be known as Health Education London and Kent, Surrey and Sussex. The eWisdom website now details all dental courses run by HE LaKSS across the area.
5. Stephen Lambert-Humble retired as postgraduate dental dean last September and Peter Briggs has the role of interim dental dean across London and Kent, Surrey and Sussex.
6. Recruitment of foundation dentists for all England and Wales DFT schemes is via a national recruitment process. Interviews for the 2018/2019 entrants took place in November 2017 at various venues around the U.K.
7. A local recruitment event where potential Foundation Dentists meet the educational supervisors on the schemes they have been provisionally allocated will take place in June 2018 at the education centres.
8. Dentists wishing to be educational supervisors for the LaKSS Dental FT schemes should check the LaKSS web site dental pages for details www.lpmde.ac.uk or email to dentalqualitylase@hee.nhs.uk
9. For local advice about Dental FT, Shabir Shivji or Huw Winstone can be contacted via sshivji@hee.nhs.uk and hwinstone@hee.nhs.uk
10. Full-time trainers received (2017/2018) a total contract value of approximately £108,140 for a full time foundation dentist (FD). From this money the trainer pays the Foundation Dentist their salary (currently) £31,356 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 £9,420 is included in the total sum. Employer's National Insurance costs are also reimbursed. The remainder (£64,164) represents a payment for the cost of treatments provided by the Foundation Dentist.

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

Dental Department

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GDPC Members for Kent (who attend KLDC meetings)

East Kent: Adrian Lesnyak (*was Cheryl Wood*)

West Kent: Elizabeth Hartle

Dr Hartle attends KLDC meetings as an elected member of the committee

Members who served during the year to March 2018

Steve Newell: West Kent; Vice-Chair to Kent LDC; (Specialist Orthodontist)

We are very grateful for his help and support

There are currently (April 2018) four vacancies on the committee- one for one year and three for three years – all in West Kent. These are open to any eligible practitioner on the Kent list in West Kent. Contact the Hon Secretary if you are interested.

Abbreviation key:

DERS Dental Electronic Referral Service

FD / FT Foundation Dentist ~ Foundation Trainee / Trainer

IMOS Intermediate Minor Oral Surgery

KSS Kent, Surrey & Sussex

LDN (Kent) Local Dental Network

LO Local Office - of NHS England South East – *was called* - AT - Area Team

NHSE NHS England

PLDP Performers' List Decision Panel

PAG Performance Advisory Group

Membership List 2018/9.doc



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