

KLDC

The 2019/20 Annual Report



KENT LOCAL DENTAL COMMITTEE

www.kldc.org.uk

KENT LOCAL DENTAL COMMITTEE

THE 2019/2020 ANNUAL REPORT

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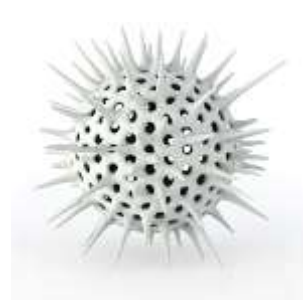
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Other antivirus products are also available.....

Attached to this document is a copy of the KLDC report for April 2019 to March 2020. The publication of this document has been severely delayed by matters that the dental profession will be very well aware of affecting our lives – Covid-19! The report covers the time before this crisis and although not relevant to our immediate current situation does explain what the committee made up of your colleagues in Kent have been achieving.

The spreading Coronavirus Pandemic resulted in the cessation of all dental care in England with effect from Monday 25th March 2020 under the direction of the Chief Dental Officer. Dental practices were required to provide ongoing patient care avoiding face-to-face contact and provide AAA – Advice, Analgesics and Antibiotics (*if indicated*). This was a most unusual position for colleagues to be put in as dentistry has essentially been a surgical approach to relieve pain and sepsis. We are not used to having to maintain our patients with advice and a prescription pad – and yet over 90% of practices have indeed managed to consistently provide this care for their patients and the significant number of “un-registered patients” seeking help.



The role of the KLDC since the pandemic started has been extensive with almost daily virtual meetings, telephone calls and emails. There has been close involvement along with our neighbouring LDCs (with whom we have had a minimum of weekly meetings) in the setting up of the Urgent Dental Care centres (UDCs) throughout KSS with NHSE/I SE. This has involved detailed discussions with the sub-groups associated with workforce, premises, Standard Operating Procedures (SOPs), PPE, communications, contracts & project management.

Obstacles that previously would have taken days or even weeks of negotiation and discussion have been resolved in hours instead as a willingness to resolve problems has managed to achieve urgently needed common goals.

There have been many and sometimes difficult conversations with principals (providers) and their associates (performers) regarding pay arrangements during the shutdown whilst practices have continued to receive 1/12 NHS contract payments in exchange for providing AAA. It seems that the guidance issued by the OCDO and NHSE/I has not always been seen as something colleagues are contractually obliged to observe and the KLDC has attempted to resolve real difficulties at a time of stress for practice owners and associates alike.

We are supporting colleagues with inevitable concerns regarding the threatened contract payment abatement in England, whether any clawback of payments already made will occur (unlikely for those practices that have performed AAA etc.) and how future NHS dental care can be provided within the current now effectively broken UDA system. We urge all practices to diligently record all aspects of practice management from phone calls to on-line conferences and not just patient contacts. This record of information could be taken into account when NHSE/I considers the justification for ongoing funding for those who did not open up their practices by the 8th June.

The resumption of dental services in England came with very short notice and the issues with the severe lack of appropriate PPE, the interpretation and availability of it, along with the onerous requirements of the changes needed to practices involving patient flow, layout, equipment, materials & staff considerations will have caused significant difficulties for practices. As far as possible the KLDC is trying to locate suitable supplies for respirator fit training and testing kits. It is apparent that each practice will need access to testing on a regular basis with natural staff churn and variation in respirator availability and supply. Additionally, we are collating information on sources of PPE and services now needed complying with the new requirements for practice in the Covid-19 era. It is understood that the practicalities of following SOPs and the PPE requirements have within them certain challenges. We are therefore responding to this and will include opinion pieces on the KLDC website from those who have front line experiences of these.

Tim P Hogan Chair Kent LDC and **Julian M Unter** Secretary Kent LDC

12th June 2020

The Secretary's 2019/2020 Annual Report

The KLDC Secretary Julian Unter writes...

Your elected dental representative colleagues on the KLDC have continued to meet 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 and how this links with our colleagues in Surrey and Sussex. As in previous years, 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. The KLDC website reports in full all committee meeting minutes and reports submitted by members from the other associated committees they have attended in the year.

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 as well as giving support to practices trying to cope with increasingly complex administration requirements of NHS England & NHS Improvement South East (NHSE/I-SE) practice inspections, CQC visits, Information Governance requirements, GDPR and the common pitfalls to avoid. Whistle-blowing continues to be in sharp focus. Whilst there is an obligation to "Whistle-blow" when registrants encounter inappropriate care or behaviour by colleagues, the GDC is not necessarily the first port of call. Colleagues are welcome to respond to any issues raised in this report and are able at the Chairs discretion to attend as observers at the quarterly KLDC meetings* currently held in the Holiday Inn Hotel, Rochester. Contact the secretary in the first instance at secretary@kldc.ork.uk.

* KLDC meetings on 1st April & 1st July 2020 were held virtually on Zoom due to Covid-19 social distancing restrictions.

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 regional reorganisation of NHS England & NHS Improvement (NHSE/I) covering Kent Surrey and Sussex (KSS) has meant closer ties with our neighbouring LDCs in East Sussex, West Sussex and Surrey through the South East (Channel) LDCs Group and joint participation in KSS wide committees and processes.
- The Kent LDC is officially recognised by NHSE/I-SE (KSS) as the statutory representative of primary care practitioners working within the NHS in the former Kent & Medway boundary. We continue to advise the NHSE/I-SE commissioners, contracts managers, Primary Care Directors, Medical Directors / Directorate and Dental Leads on any issue that is in the interests of GDPs. We continue to work closely with the NHSE/I-SE on all dental contractual and performance related matters including the Performance Advice and Performers List Decision panels.
- 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 Community/Salaried and Hospital Dental Services.
The Committee is funded by the statutory levy from all NHS dental practitioners practising in Kent. Our budget is set annually and published in the Treasurer's annual report (see page 7).
- We continue to consult widely with colleagues in other regions and professional bodies such as the General Dental Council, the British Dental Association and other local Representative Dental Committees throughout the South East (Surrey, East & West Sussex) and the rest of the UK via representation at the BDA Regional Liaison Groups and national LDC Officials Day and LDC Annual Conference. 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 quarterly basis.
- The Kent LDC remains committed to improving the viability of general dental practice in your part of Kent and dedicated to representing 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 9 & 10).

Membership

The committee has continued to be proficiently chaired by Tim Hogan. 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 NHSE/I SE in Kent. Our next biennial election when approximately half the full committee is re-elected will take place in February 2021 although we have just completed a by-election in East Kent to replace two retiring colleagues. At the time of writing the KLDC has over 30 members but currently has one vacancy available (for one year) in the West Kent constituency. Any colleague interested in joining the committee is 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 8 to 10).

LDCs 66th Annual Conference 6th & 7th June 2019 – Birmingham Conference & Events Centre

Drs Hartle (GDPC Rep), Hogan, Nugent, Smith and Winstone attended the conference and dinner. Drs Hartle, Hogan and Smith kindly prepared a written report which is available on the KLDC website at www.kldc.org.uk/lcd-conference-reports.

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

NHS England continues to reformulate itself titling themselves more recently as simply NHSE/I South East Region (KSS). NHSE/I-SE are 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 NHSE/I-SE.

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. We understand however the Tonbridge offices at Wharf House will close in late 2020.

Kent Local (Dental) Professional Network - LPN.

For directly-commissioned services, clinical expertise resides in Local Professional Networks (LPNs) which are meant to function as an integral part of the NHSE/I-SE.

The single dental LDN represents Kent, Surrey and East & West Sussex. The 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 general ambition is to improve access, quality and public awareness.

This committee has developed further over the year with the development of a number of specialist sub-committees/managed clinical networks (MCNs). These include Orthodontics, Urgent Dental Care (UDC/EDS), Special Care and Paedodontics, Oral Health Improvement, Restorative Dentistry, Routine Dentistry (General Practice) and Oral Surgery. 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 LDC representation from the four LDCs in KSS that ensures there are clear lines of engagement with the profession locally and so that contracting and provider issues across the KSS patch can be openly discussed and receive a consistent response. NHSE/I SE 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) "South East" & Contract Year End.

Most "year-end" matters in Kent are now dealt with directly by the Business Services Authority (BSA) under the watchful eye of NHSE/I-SE. 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. The attendance of a KLDC member 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. There are concerns with the number of practices who have to hand back funding for contract underperformance every year, as this money is more often than not irretrievably lost from the Kent dental budget year-on-year into the NHS financial black hole.

Where contract activity concerns or "flags" are raised contractors are required to submit a written explanation or action plan around their own interpretation of Business Services Authority (BSA) generated

reports. In some cases contractors have been invited into the NHSE/I 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 NHSE/I-SE.

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.

Breach & Remedial Notices.

Not a popular threat and one that NHS England seems to threaten for any deemed misdemeanor. As warned previously, NHSE/I-SE have 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 NHSE/I-SE is required to follow policy issued by the DoH and the only exceptions seem to be those that are *force majeure* i.e. 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 only 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-notices. 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/REGO)

Most colleagues will now be familiar with the Dental Electronic Referral Service (DERS) introduced by the NHSE/I-SE supplied by Vantage Diagnostics 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.

Whilst there continue to be regular updates, generally the system has proved to be very effective speeding up the referral process. Uniquely it allows practitioners to monitor the progress of all referrals once initiated. Several DERS user forum meetings have met to present problems and seek solutions from the software writers. Quick fixes are promptly applied but more complex requests require time and budget considerations for software rewrites before implementation can proceed.

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](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 with practices visited less frequently. The CQC ostensibly now operate a more “targeted” approach to their inspections relying upon varying sources of soft as well as tangible information.

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 NHSE/I-SE 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/I-SE Clinical Advisers when they review patient complaints regarding clinical issues. These publications detail 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 for counselling support 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. [March 2020 - This part of the KLDC website is being updated currently.]

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/information-support/tips-for-everyday-living/workplace-mental-health/work-and-mental-health/>
- **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: ☎ 0207 224 4671 or dentistsprogramme@gmail.com

[All correct at the time of writing this report in June 2020]

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 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!

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

The NHS England SE 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 panel has always extended an invitation for KLDC Representation and this is now taken in rotation with Surrey and East Sussex LDCs. LDC members attending have received special training to help considering the cases presented.

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 NHSE/I-SE 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 29+ years I have been Honorary Secretary 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 (Associates) in practice based contracts and a written agreement covering arrangements is absolutely crucial. Sadly, there is an increasing trend for dentists to whistle-blow vindictively to the GDC over matters that could reasonably be resolved by sensible discussion and negotiation. Have you thought about both using a mediator?

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.

Kent Practitioner Advice and Support Scheme (PASS)

The recognised increase both in stress and regulation in dentistry together with the increasing number of PAG referrals has resulted in more and more dentists needing help of differing degrees. Kent LDC provides a Practitioner Advice and Support (PASS) scheme to support colleagues. PASS aims to provide an initial, confidential and informal point of contact for non-maliciously raised concerns whether it is by self-referral or from the profession or professional bodies (this includes colleagues, dental practice advisors, NHSE/I-SE, GDC, CQC, Deanery, Indemnity Providers). It supports dentists whose performance is recognised by themselves or by others as potentially causing concern and provide support at an appropriate level to help protect patients and dentists from possible harm and to signpost dentists to other sources of help where appropriate.

The Objective of PASS is to resolve performance issues before they are escalated to formal NHS Performance Procedures or the GDC; to provide support and advice for dentists with difficulties and to demonstrate to the public, politicians and the profession that the issue of sub-optimal performance is being addressed responsibly and appropriately

The scheme deals with cases involving: communication; confidence; practice management problems; career matters; challenges and obstacles affecting a dentist's performance at work; stress and clinical concerns

The scheme does not normally deal with the following types of cases: contract management; education and training issues (for example dentists with GDC undertakings or who have been recommended a formal mentoring or educational program); alcohol and substance misuse issues; health issues that are the main reason for the poor performance; suspected fraud/criminal activity; poor performance that has already caused harm (physical, mental or financial) to patients/practice staff/public - as these issues are more appropriately dealt with on a case by case basis with the relevant organisation such as Deanery/HEE Office, NHSE/I-SE, The Dentists Health Support Program and in extreme cases the GDC. Information is published on the KLDC website <https://www.kldc.org.uk/kent-practitioner-advice-support-service-pass>.

The KLDC is however always available for advice and sign-posting in any given circumstance. Contact for PASS is via the secretary secretary@kldc.org.uk or ☎01634 865111 (24 Hr answerphone)

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.

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 on ☎ 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 NHSE/I SE Local Office. All Kent based advisers are experienced General Dental Practitioners and members of the KLDC who regularly attend KLDC meetings to receive feedback from GDPs. We now have based in Kent Drs Clair Hamill, Shab Shivji and Huw Winstone. ☎ 0113 807 0104

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 SE 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 and the 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 NHS locality maintaining this unique dialogue continues to be very important. Where appropriate we reach out to our neighbouring LDCs in London and Hampshire / IoW as the NHSE/I SE region expands.

Orthodontic Procurement

There has been much activity and disquiet in KSS with the handling of the orthodontic procurement exercise by NHSE/I-SE. Many colleagues have been left somewhat bewildered by the seemingly arbitrary reallocations of patients as a result of the procurement exercise which has seen several new Providers with little apparent previous experience running orthodontic services winning contracts. Some Providers are entirely new to the area and of course we have lost old and long-established Providers – so much for patient choice. In KSS only one in three contracts have been granted to the former Providers although some successful bidders are the same people now under a different or company name. We continue to monitor the service provision for our patients.

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. However, the current contract is with Heales who have very high costs and candidly are generally unresponsive and unhelpful. 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/I-SE to make them aware of our concerns. However even this has failed to address the significant short-comings as no person seems willing to accept responsibility despite promises to the contrary.

With little or no area-wide service provision for needle stick injuries except A&E or for Hep-B vaccinations, the KLDC are currently liaising with pharmacies in Kent to see if we can set up geographically strategic pharmacy services to help with Hep-B vaccinations on a private basis. Our previous attempt to liaise with GP practices via the LMC has unfortunately been unsuccessful.

KLDC Website – www.kldc.org.uk

The website continues to be developed and is an increasingly useful resource for colleagues and indeed apparently NHSE/I-SE! We post information pertinent to Kent GDPs as soon as it is released.

Copies of all KLDC meeting minutes and reports submitted for these meetings are all published on the site in full along with many current useful reference documents.

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! The site also posts KLDC membership including telephone and email contact details.

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 NHSE/I-SE 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); the Kent LDC PASS scheme; and, assisting colleagues with alcohol/drug and /or emotional problems.

...and finally.

A statement of accounts for 2019/2020 is also presented together with full details of the membership of the Committees for 2020/2021, 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(Lond); LDS RCS(Eng)

April 2020[®]

Secretary to the Kent Local Dental Committee

secretary@kldc.org.uk

KLDC Secretary's REP 2019~20.Doc v001



KENT LOCAL DENTAL COMMITTEE 2019/2020

	TRAVEL	TIME SPENT ON LDC MATTERS/MEETING ALLOWANCE	OFFICE	STATIONERY POST PHONE WEBSITE	CLERICAL	SUBSIST- ENCE	HONORARIA	ANNUAL CONFERENCE	OTHERS	TOTAL
2018/2019	4,276.11	38,847.00	1,265.32	1,270.13	2,925.00	1,460.50	27,640.00	3,709.97	2,006.59	83,400.62
2019/2020	5,117.11	46,440.00	75.00	1,232.44	2,715.00	1,517.15	28,200.00	3,011.66	1,958.07	90,266.43

RECEIPTS

Balance	
b/fwd	£ 68,100.10
Income	
Statutory Levy	£ 95,270.39
	<u>£163,370.49</u>

EXPENDITURE

Expenditure Above	£ 90,266.43
To British Dental Guild	£ 15,000.00
To Dentists Health Support Trust	£ 12,000.00
To BDA Benevolent Fund	£ 2,000.00
Balance at Bank at year end	<u>£ 44,104.06</u>
	<u>£163,370.49</u>

Huw Winstone ~ Hon Treasurer to KLDC
1st April 2020

Listing of Representatives on KLDC Committees/Other Bodies

2020/21 members are listed for guidance. Members are appointed to certain positions by the committee rather than elected (indicated thus †). Other positions listed are open to elected members however some committee positions require continuity each year because of the nature of the work and required training involved.

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)
Oral Health Improvement MCN Oral Health Improvement Managed Clinical Network (Co-ordinators - Drs Sarah Davies & June Willis-Lake)	KSS Core meetings - Vacant * (deputy) Dr J M Unter (as KLDC Sec)
Orthodontic MCN Orthodontic Managed Clinical Network	Dr Connie Sheridan Dr N Ahmad (deputy)
Restorative MCN Restorative Managed Clinical Network	Dr J M Unter
General Practice MCN General Practice Managed Clinical Network	Dr Laura Smith Dr Y K Myint (Deputy)
Oral Surgery Forum / MCN Oral Surgery Managed Clinical Network	Dr J M Unter (as KLDC Sec) tbc
Dental Foundation Training Programme Directors (Kent)	Dr S Shivji *
Hospital Representative	Dr A Elder †
LMC Representative	Dr H Winstone
BDA - General Dental Practice Committee	East Kent * West Kent Dr Elizabeth Hartle *

† Appointed position

* Denotes not appointed by the KLDC

April 2020

Representatives on KLDC Committees 2020~21

Membership of the Kent Local Dental Committee - April 2020

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

OLUROTIMI ADESANYA: Medway

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GDPG Members for Kent

East Kent:

West Kent: Elizabeth Hartle (attends KLDC meetings as an elected member of the committee)

Members who served during the year to March 2020

Mike Watts: Eastern & Coastal Kent

Ken Hymas: Eastern & Coastal Kent

We are very grateful for their help and support. We wish them well in their retirement.

There is currently (April 2020) one vacancy on the committee for one year in West Kent. The vacancy is open to any eligible practitioner on the Kent list in West Kent. Contact the Hon Secretary if you are interested.

Abbreviation key:

DEERS	Dental Electronic Referral Service (Vantage /REGO)
FD / FT	Foundation Dentist ~ Foundation Trainee / Trainer
IMOS	Intermediate Minor Oral Surgery
KSS	Kent, Surrey & Sussex
LDN	(Kent) Local Dental Network
MCN	Managed Clinical Network
NHSE	NHS England
NHSE/I SE	Local Office of NHS England & Improvement South East
PLDP	Performers' List Decision Panel
PAG	Performance Advisory Group

Membership List for AR ~ KLDC 2020~21

