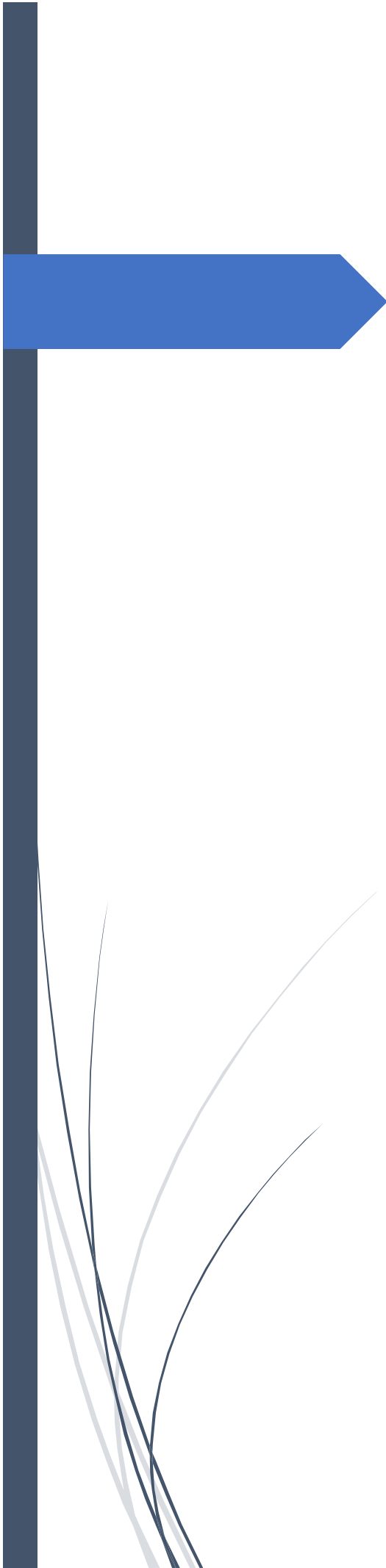




The 2023/24 Annual Report

Kent Local Dental Committee

KLDC

WWW.KLDC.ORG.UK

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Secretary's Report 2023-2024

Introduction

This has been a year of big changes for Kent Local Dental Committee with both the former Chair, Tim Hogan, and Secretary, Julian Unter stepping down from those roles after an incredible 22 and 32 years respectively. Both left extremely big shoes to fill. Cheryl Wood was elected to the role of Chair and this is my first Secretary's report having accepted election to that role.

It has been a year of learning and developing relationships for both of us, particularly as the role of the Integrated Care Board has also evolved. Nonetheless, we have continued, with help from our predecessors and the entire committee, to support practices and individual dentists working in Kent, providing information and assisting with queries. Kent LDC exists to represent the interests of dentists working in NHS primary care dentistry across the county.

Hot Topics 2023-2024

These are the topics which have generated the most discussion and concerns over the previous 12 months.

The Dental Recovery Plan

The Government's long awaited Dental Recovery Plan was finally published on the 7th of February. As you will no doubt be aware, this included a promise of additional funding and several schemes to supposedly widen access including a "New Patient Premium", a new minimum UDA rate, "Golden Hello" payments to attract dentists to underserved areas and the possibility of mobile dental vans to serve areas where access is poorest.

Much like the "marginal changes" that went before this, the new patient premium will do nothing to improve access as it is funded from the existing pot of money. This means that practices seeing many new patients will hit their UDA targets sooner since they are effectively being paid more per patient. Whilst this may help when we are faced with patients with high treatment needs, it will do nothing to increase the total number of courses of treatment carried out.

The new minimum UDA rate is likely to affect 33 practices across Kent and Medway, but currently it is still unclear if this will be achieved by reducing the UDA target for these practices or by providing actual additional funding.

It is not yet known whether "Golden Hellos" will apply in Kent and Medway but it has been confirmed that the dental vans scheme will not run here.

It is abundantly clear that these changes do not go far enough to addressing the issues with NHS dentistry.

Recruitment and Retention

Recruitment and retention of both dentists and other staff remains perhaps the number one problem facing practices in Kent and Medway with over two thirds of respondents to a workforce survey carried out by the ICB stating that they had been impacted by staff shortages and many had had the same vacancies open for over a year.

In this context, locum pay rates have rocketed creating difficulties for practice owners who must rely on them to deliver their contracted services, but also for associates who are contracted to provide locum cover at times of – sometimes unexpected - absence and may suffer difficulties in covering the costs.

Many dentists are attracted to more favourable working conditions in the private sector. It is not just about money. It is about feeling valued and able to offer the kind of dentistry you want to do without target pressures, plus access to equipment and materials and more time to spend with each patient.

For nurses and other staff, the pressures of working in clinical dentistry, including the need for indemnity, registration and CPD, are not outweighed by any perks, such as entitlement to NHS pensions. It is little wonder that jobs with fewer regulations and requirements, yet paying more money, are attractive to these staff.

Targets, Hand-backs and Overperformance

At the time of writing, UDA delivery across Kent and Medway has still not returned to pre-pandemic levels (although there is hope that parity may be reached shortly). Previous contract reductions and hand-backs, with newly commissioned UDAs to replace them not yet mobilised in all areas are one factor. But beyond this, the recruitment and retention crisis, staff sickness and loss of activity due to patient cancellations or failures to attend appointments cannot be underestimated as causes.

At the other end of the scale, there was frustration for some practitioners with delays in the decision on, and ultimate lack of approval of payment for up to 10% contract overperformance. The delays were caused by mistakes in the data in the mid-year review and the final decision was made on financial grounds. We continue to push for earlier decisions and blanket agreement on this, particularly with the effects of the marginal changes (Band 2b and 2C) and now the new patient premium, on potential performance for some practices.

The workforce survey completed last year showed lots of appetite from staff for flexible commissioning options and looking at how UDAs can potentially be delivered in different ways to the benefit of both dental staff and patients. Unfortunately progress on flexible commissioning in Kent lags behind other areas, mainly for financial reasons. We have pushed for consideration of flexibility within the current contract (i.e. without additional funding being required) but due to the local focus on restoring UDA activity to pre-pandemic levels and securing additional access, anything which does not align with these goals cannot currently be approved.

On the plus side, Kent and Medway have the best uptake in the region of “Additional Hours” sessions, and this scheme is set to continue in 2024-25.

Skill Mix

There have been several queries around the role of therapists in NHS practice and the need for Patient Group Directives to allow independent administration of fluoride varnish and local anaesthetics. For private patients these are arranged locally, but currently these cannot be signed off for therapists completing NHS work in general practice. It is hoped that this issue will be resolved by changes to the Human Medicines Act.

GA Access in Kent and Medway

Lastly, but by no means least is the issue of paediatric GA access across Kent and Medway, probably the single topic which has created the majority of discussion at our quarterly committee meetings.

A number of potential solutions (including sending patients across the channel to France and utilising facilities in neighbouring counties) have been explored which ultimately proved unviable. A more recent suggestion has been the creation of a semi-permanent mobile unit (almost like a field hospital) but funding and staffing remain challenges. The issue has been escalated to the ICB’s risk register, showing awareness of the issue, but sadly generating no solutions.

We continue to push to get all the relevant parties sitting down around the table to explore options moving forwards before children suffer severe harm.

What is KLDC? Who are we and what do we do?

- LDCs are statutory NHS bodies created in 1948 at the inception of the NHS. Kent LDC exists to represent dentists’ interests across the Kent and Medway area. As part of NHS South East, we are involved in regular meetings with our colleagues from across Surrey, Sussex, Hampshire/Isle of Wight, Bucks, Oxford and Bedfordshire LDCs. We have an important role in advising the Integrated Care Board, NHSE SE Commissioners, Contracts Managers, Primary Care Directors, Medical Directors / Professional Standards department and Dental Leads on any issue that is in the interests of GDPs in Kent. We along with our neighbouring LDCs in KSS, continue to work closely with the NHSE SE on all dental contractual and performance related matters including the Performance Advisory Group
- 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 East & West Kent Community/Salaried and Hospital Dental Services in Kent.
- The full committee meets quarterly at a face-to-face meeting, but we have also maintained a virtual option, allowing members who cannot make the face-to-face

meeting for any reason to join remotely. This facilitates greater attendance leading to wide-ranging discussion and sharing of ideas and expertise.

- The Committee is funded by the statutory levy from all NHS dental practitioners providing mandatory dental services in Kent. Our budget is set annually and published in the Treasurer's annual report (Page 9).
- We continue to consult widely with colleagues in other regions and professional bodies such as the the British Dental Association and the rest of the UK via representation at the BDA Regional Liaison Groups, the national LDC Officials Day hosted by the BDA and LDC Annual Conference.
- We meet in Kent with our colleagues on the other Local Medical, Optical and Pharmaceutical Representative Committees to discuss matters of mutual interest on a regular six-monthly basis.
- A large part of our role is supporting individual practitioners with complaints or concerns that arise in their day to day working life. Kent LDC is committed to improving the viability of general dental practice in the county and dedicated to representing your interests. Please feel free to confidentially approach any members of the Local Dental Committee if you require any assistance.
- 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 usually held in the Bridgewood Manor Hotel, Rochester and virtually. Contact the secretary in the first instance at secretary@klcdc.org.uk.

Membership 2023/24

As discussed in the introduction, the 2023 AGM saw a huge change for KLDC with both Tim Hogan and Julian Unter stepping down from their roles as Chair and Secretary respectively after and incredible 54 years of combined service! Their achievements were marked by gifts from the committee, and both were also recipients of the "Unsung Heroes Award" given annually at the LDC Conference to individuals who have gone above and beyond in their service to their LDC. I must extend my personal thanks to both Tim and Jules for all the work they have done, but also for their continued support in this new era for KLDC.

Cheryl Wood was elected as the new Chair. Caroline Batistoni was elected as the new Secretary. Huw Winstone was re-elected as Treasurer, and Elizabeth Hartle and Mark Nugent were re-elected as Vice Chairs.

Following biennial elections, at which several members chose to stand down, 3 new members were elected in West Kent.

The current membership of the committee and the roles undertaken within the committee are listed at the end of this report (Page 10)

Highlights from this year

(Or what else we've been up to that isn't covered above)

Working closely with our ICB Colleagues

A large part of our work this year has been with our colleagues at the Integrated Care Board. We're pleased to have forged a really good working relationship with Louise Matthews in particular, who holds the position of Deputy Director of Primary Care Pharmacy Optometry and Dental (POD) Delegated Services and have had regular face to face meetings. Early in the year we supported the development and sharing of the ICBs workforce survey, which proved to be an invaluable opportunity for many dentists to have their say on issues such as recruitment and retention and flexible commissioning and help the ICB understand the feelings of the dental workforce.

We have been given further opportunities to have our voice heard with attendance at specific committees including the Primary Care Strategic Oversight Committee which has a remit to make collective decisions on the planning and delivery of primary care services, and most recently the Primary Care Workforce Implementation Group, which previously focused its work on training and education matters mainly related to GPs, but is looking to expand and see how it can support the dental workforce.

I also attended a recent NHS Strategy Workshop aimed at collecting viewpoints on strategy for the NHS in Kent over the next 5 years. It is encouraging to be included in such events and that the ICB appears committed to ensuring the voices of dentists are heard and trying where possible to integrate dental services into wider primary care services, ensuring that dentists feel valued and part of the NHS team.

Finally, I also attended the Medway Council Health and Adult Social Care Overview Scrutiny Committee meeting in March. These meetings are an opportunity for local government to hold health service providers to account and scrutinise aspects of the health service in their area. It was an opportunity to share the realities of working in NHS dentistry and attempt to convey just how constrained local services are by the national contract. Cheryl will attend a similar meeting in East Kent in April 2024.

LDC Conference

This year's conference was held in Harrogate and attended by Drs Caroline Batistoni, Tim Hogan, Shabir Shivji, Shrine Ramamoorthy and Huw Winstone. Drs Cheryl Wood and Elizabeth Hartle attended as GDPC members from Kent. As always, it was an excellent opportunity to meet with colleagues from around the country and discuss our shared issues.

The resounding message of the conference was that NHS dentistry is at a tipping point with its future depending on effective contract reform and fair funding. The NHS needs to be attractive for dentists to work within to stop the loss of workforce. Common themes across the two days were improving access to dental services, recruitment and retention and related workforce issues and obviously contract reform. There is a need for better workforce data to inform both commissioning and contract reform.

The major take home messages included the importance of dentists getting their voices heard within the ICBs/ICSs and with MPs, and working collaboratively together with both commissioners and our other related professional groups.

A full report is available on the KLDC website.

LDC Officials' Day

Held for the first time since 2019 as a face-to-face meeting in London and attended by Drs Caroline Batistoni, Elizabeth Hartle, Huw Winstone and Cheryl Wood. This day presented an excellent opportunity to learn about what is working well in other regions in terms of flexible commissioning, clinical leadership, and collaboration with wider primary care services.

Antimicrobial Prescribing Advice

A final topic from the year that I'd like to draw attention to is the work on updating the advice to practitioners on antimicrobial prescribing. Much of the credit for this work goes to Tim Hogan and Julian Unter. An excellent single page aide memoire for prescribing for dental infections is available on the KLDC website. Prescribers should be mindful of their responsibility for every prescription that they write and the need for standard principals of consent. This includes warning patients of all relevant risks, such as antibiotic-related colitis. All prescriptions should be clinically justified.

Other information

KLDC Website

The website remains an invaluable source of information and resources for dentists in Kent and Medway. This includes NHS publications and clinical reference documents by bodies such as CGDent and SDCEP and information on issues ranging from breach notices to referrals and antimicrobial prescribing.

Copies of all KLDC meeting minutes and reports submitted by members from the other associated committees they have attended in the year are all published on the site in full along with past Annual Reports and meetings of the BDA GDPC. The site also posts KLDC membership including contact details.

If you have a query about an issue that you cannot find the answer to on the website, then please don't hesitate to get in touch with myself or another member of the committee for assistance.

Kent Local (Dental) Professional Network (LDN)

Representing Kent, Surrey and East and West Sussex (KSS), the LDN exists to provide clinical leadership, professional expert advice and expertise through working with stakeholders to develop and deliver local oral health and service development priorities. It covers the whole

dental pathway, including secondary care and out of hours. There are several specialist sub-committees, known as 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, and the LDN provides an opportunity for KSS LDCs to discuss matters of mutual concern directly with colleagues in these sectors.

Recently, the LDN has been meeting four times per year on a virtual basis. Some concerns had been raised about this format moving forwards as it does not always allow timely response to issues which may be out of date by the next quarterly meeting, and there is also a tendency for the agenda to be rather full, limiting the ability to raise issues. It has therefore been decided to try changing the format to twice yearly face-to-face meetings, with an online discussion channel available in between. In theory this should enable more timely sharing of issues and more time to share ideas. This change was implemented in January 2024 and there have been teething troubles with access to the online channel, so we will need to watch this space to see how it develops.

Changes to Performer's List Applications

There have previously been criticisms of the process for overseas qualified dentists to join the performers list via the PLVE process. In April last year this process was removed, and a new more streamlined process introduced. This involves basic checks and then the development of an educational support plan with a clinical adviser. Dentists are then included on the list with a probationary flag and then enter practice with a supporting dentist/supervisor. Depending on previous experience and progress, it will take between 3 to 12 months for them to be signed off and the probationary flag removed. Hopefully this new process will have a positive impact on time taken for overseas graduates or returners to the NHS to gain performer numbers.

Finally... what can your LDC do to help you?

Please remember that your KLDC elected members are always willing on a strictly confidential and independent basis to offer advice on complaints and practice problems in addition to recommending the assistance of your Professional Indemnity provider if appropriate. If you are unsure who to approach on the KLDC or want advice from someone out of your area, speak to the Chair or Secretary in the first instance. Contact details for all members are currently available on the KLDC website.

If you have a concern or issue, PLEASE DON'T GO IT ALONE! Dentists who have approached us have often found that simply having the reassurance of an understanding colleague a valuable support. We can also signpost to further services if these are needed.

Caroline Batistoni
May 2024

Statement of Accounts

KENT LOCAL DENTAL COMMITTEE 2023/2024

	TRAVEL	TIME SPENT ON LDC MATTERS/MEEIN G ALLOWANCE	STATIONERY POST PHONE WEBSITE	CLERICAL	SUBSIST - ENCE	HONORARI A	ANNUAL CONFERENC E	OTHERS	TOTAL
2022/202 3	£974.87	£41,230.60	£1,794.76	£2,520.00	£735.00	£31,780.00	£2,907.62	£2,214.9 3	£84,157.78
2023/202 4	£1,926.1 2	£52,277.88	£624.97	£1,860.00	£1,205.00	£41,599.00	£3,457.95	£2,649.1 3	£105,600.05

RECEIPTS

Balance b/fwd	£32,310.66
Income Statutory Levy	£126,840.00
	<u>£159,150.66</u>

EXPENDITURE

Expenditure Above	£105,600.0 5
To British Dental Guild	£17,000.00
To Dentists Health Support Trust	£12,000.00
To BDA Benevolent Fund	£2,000.00
Balance at Bank at year end	<u>£22,550.60</u>
	<u>£159,150.6 5</u>

Huw Winstone

Hon Treasurer April 2024

Listing of Representatives on KLDC Committees/Other Bodies [April 2023]

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 Caroline Batistoni (as KLDC Sec) †
PLDP Performance List Decision Panel	Dr Cheryl Wood †
KSS LDN Kent, Surrey & Sussex Local Dental Network	Dr Caroline Batistoni † (as LDC Sec)
Oral Health Improvement MCN Oral Health Improvement Managed Clinical Network (Co-ordinators / Joint Chairs - Drs Sarah Davies & June Willis-Lake)	Dr Francisca Arinze Dr Caroline Batistoni (<i>Deputy</i>)
Orthodontic MCN Orthodontic Managed Clinical Network	Vacant
Restorative MCN Restorative Managed Clinical Network	Dr Cheryl Wood
General Practice MCN General Practice Managed Clinical Network	Dr Laura Smith Dr Y K Myint (<i>Deputy</i>)
Oral Surgery Forum / MCN Oral Surgery Managed Clinical Network	Dr Muneer Patel
Dental Foundation Training Programme Director (Kent)	Dr P Mauthe *
Hospital Representative	Dr A Elder †
LMC Representative	Dr Tim Hogan
BDA - General Dental Practice Committee	East Kent Dr Cheryl Wood * West Kent Dr Elizabeth Hartle *

† Appointed position * Denotes not appointed by the KLDC

April 2023

Membership: 2024 / 2025

SURINDER BHATTI: Eastern & Coastal Kent

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SOMITRA BANVIR: Eastern & Coastal Kent

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CAROLINE BATISTONI: West Kent; Secretary to Kent LDC; KSS NHSE SE Regional LDC Liaison Group; KSS Local Dental Network (LDN); KSS NHSE SE Performance Advice Group (PAG); KSS Oral Health Improvement MCN (deputy); SE Coast (Channel) LDCs Group Representative; KLDC Website

 Email contact only  caroline.batistoni@nhs.net or secretary@kldc.org.uk

PARAMJIT CHOPRA: Eastern & Coastal Kent

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RISHI CHOPRA: West Kent

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

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ANDREW ELDER: Co-opted member; Consultant in Restorative Dentistry; Hospital Representative

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CLAIR HAMILL: Eastern & Coastal Kent; NHSE/I Clinical Dental Advisor SE Region.

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LAURA SMITH: Eastern & Coastal Kent; General Practice Managed Clinical Network (MCN)

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SHABIR SHIVJI: West Kent; Regional Dental Advisor for HEE Thames Valley and Wessex (Workforce); NHSE Clinical Dental Advisor SE Region; National Dental CVD Prevention Lead, Office of the CDO; CORE20PLUS5 Ambassador for the National Health Inequalities Team; NHSE National Hypertension Oversight Group.

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JULIAN M. UNTER: West Kent; KSS NHSE SE Performance Advice Group (PAG); KLDC Website; SE Coast (Channel) LDCs Group Treasurer

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JUNE WILLIS-LAKE: Co-opted member; Strategic Dental Director, Governance - Dental Service Business Unit, East Kent Salaried Primary Care Dental Service

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HUW M. WINSTONE: West Kent; Treasurer to Kent LDC; Regional Senior Dental Clinical Adviser SE region.

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CHERYL WOOD: Eastern & Coastal Kent; Chair to Kent LDC; KSS Restorative Managed Clinical Network (MCN); KSS NHSE SE Regional LDC Liaison Group; SE Coast (Channel) LDCs Group Representative; GDPC member for East Kent.

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