

LDC Conference 2012



**LDC Conference at the Cutlers' Hall, Sheffield
Chaired by Dr Jim Lafferty**

15 June 2012



Dr Jim Lafferty, LDC Conference Chair, 2012

Conference 2012 at a glance:

Registration, coffee and exhibition

Jim Lafferty, LDC Conference Chair 2012

Proposed amendments to Standing Orders to be ratified

Conference Motions

Piloting a reformed dental contract, Barry Cockcroft, DH, and Mark Nanda, GDP and pilot practice

Ministerial address to LDC Conference, Earl Howe, Parliamentary Under-Secretary of State for Health

Coffee break and exhibition

Foundation Training (FT) in England and Wales

Presentations from the panel:

- Student views (current dental students)
- Chris Franklin, Chair, Council of Post-graduate Dental Deaneries
- Barry Cockcroft, Chief Dental Officer for England, DH
- Kevin O'Brien, Chair, General Dental Council
- Judith Husband, British Dental Association

Questions to follow the discussion

Conference Motions

Report of the Honorary Treasurer to the Conference and Accounts for the year to 31 October 2011

Elections

Chair Elect for Conference 2013/2014 with nominations taken from the floor (two minutes will be offered to candidates to make an election address to Conference prior to the vote)

Lunch

Report of the British Dental Guild (*Howard Jones*)

Presentation by the Dentists' Health Support Trust (*Brian Westbury*)

Presentation by the BDA Benevolent Fund (*Bill Nichols*)

General Dental Practice Committee (GDPC), John Milne, GDPC Chair

Coffee break and exhibition

NHS Commissioning Board – the operating model for commissioning primary care dentistry

Helen Parkin and John Morris, NHS Commissioning Board development team, Department of Health

Conference motions

Induction of new Chair 2012/2013 and address to Conference

Closing remarks from Chair of Conference 2013

Chair of Conference, Jim Lafferty

Chair of Conference Jim Lafferty welcomed representatives to the Conference in Sheffield. He stated his feelings of pride and honour for being elected to chair the 2012 Conference and mentioned that he hoped delegates had enjoyed the dinner and hospitality of Sheffield.

Piloting a reformed dental contract, Barry Cockcroft, DH, and Mark Nanda, GDP and pilot practice

Barry Cockcroft (CDO for England)



Barry Cockcroft opened by reminding delegates that there had been a commitment to pilot for some time. He noted that the eventual contractual arrangements would owe a great debt to those involved in the pilots as the beginnings were not easy. He emphasised the repetition of what he was about to say and stated he would, therefore, be brief.

The CDO mentioned the focus on the capitation and outcomes based approach being followed by the Department, recognising that the difficulty would be likely to be how the capitation payment actually is set and functions.

In terms of how the process is being managed, he described the National Steering Group, who are overseeing the work, and he noted the involvement in the Group of both the NHS Commissioning Board and BDA representatives (John Milne and Henrik Overgaard-Nielsen)

Mark Nanda (Pilot Practice)

Mark began by suggesting that 'the good, the bad and the ugly' might be a fitting description for his experience of the pilots. He posited that the good was the *potential* for the pilots to deliver a high quality service for dentists and patients, provided it was financed appropriately; that the bad was the software system and the various frustrations he had had with the system since the beginning of the pilot; and the ugly: the inevitable discussion about funding and the potential to undermine a potentially much improved system with a lack of appropriate resourcing.

Mark told delegates that he was now enjoying going into the surgery because he no longer had to spend his time counting UDAs and worrying about his targets. He praised the system for allowing for adequate time for clinical treatment – particularly complicated treatments such as root treatments. Beyond this, he noted that there was a protected budget for



the pilot period and so this allowed the practice to see many fewer patients whilst working with the same resources. It is not yet clear how this might work under a new contract but he was cautious of extrapolating his experiences to predict the benefits of a new contract. In terms of audit, Mark noted the usefulness of a comprehensive computer records system.

Mark warned delegates that the impact of considerably increased patient treatment times (as a result primarily of the OHA) would be to send most practices' patient waiting times 'through the roof'. There were two essential factors for the roll-out of any new capitation based dental contract in his opinion; first, that there was adequate funding to support this new way of working and of providing services to patients; and second, that practices were able to manage their staffing appropriately.

In terms of his frustrations with the software system, Mark mentioned his disappointment at the eighteen different screens required to click through in undertaking an oral health assessment. He described quite a number of anomalies still within the software and hoped that they would be resolved at the earliest opportunity. Interestingly, he also warned delegates to consider the costs of reminding patients of their appointments via post when post is now so expensive. He then talked briefly about the importance of using text and email communication with his patients. In addition to this, Mark referred to the patient treatment plans that need to be printed and provided to each patient, noting that printers and printing ink was all extra expense for practices, large or small.

In relation to 'the ugly', Mark discussed the threat of unprotected budgets under this model of working and the potential for staffing changes to support this system, including the obvious threat to associates in practices.

Ministerial address to LDC Conference, Earl Howe, Parliamentary Under-Secretary of State for Health



The Minister thanked LDC Conference for the invitation to speak. He noted that one of the features of the NHS we were all living with was the disparate way in which services have been commissioned by different PCTs across the country. He noted he had been struck by the way in which the new proposals for a centralised commissioning system had been supported.

Earl Howe reiterated the focus of piloting on a system based around registration, capitation and quality. He noted that the Government wanted to see an accessible service for patients, delivering the highest quality care. For dentists, he hoped to create a system that would support modern clinical treatments without the pressure on dentists to perform high volumes of treatments, as was currently the case. And for the NHS, the Minister stated that it was important that the new system was not driven by bureaucracy or inappropriate incentives.

The Minister described the importance of the piloting process and the exciting new era of change being heralded for the future. He emphasised that the outcome was not simply about deciding between a Type 1, 2 and 3 system, but about exploring various aspects of systems which could inform a new contractual framework for NHS dentistry. The Minister offered his sincere thanks to those dentists working within the pilots.

Questions:

Should the OFT recommendation of time-limiting all dental contracts be imposed?

The Minister emphasised his belief that continuity of patient care is critical. He noted that the provision for time-limiting contracts is already in place for commissioners to use when tendering for new services.

Will there be additional funding for an ageing population?

Despite a recognition of the issue of appropriate funding being provided for the treatment of the ageing population with specific oral health needs and the maintenance of their existing fillings, the Minister could not confirm how spending would be apportioned in future as those discussion and budgetary decisions had not yet happened.

Can the existing contract be improved so that dentists can work under the existing system more effectively, in advance of any new contract being introduced?

The Minister admitted that his intention had been to amend and tweak the existing contract in the interim period to improve the working lives of dentists. On consultation with DH officials, however, he had found the barriers to amending an existing contract to be so considerable that he had accepted it was unachievable in the current context and with existing financial resources.

Foundation Training in England and Wales



Tom Howe addresses representatives at the LDC Conference 2012

The Conference received presentations from:

- Kevin O’Brien, Chair, General Dental Council
- Newly qualified dental students (Alex Ha and Tom Howe)
- Chris Franklin, Chair, Council of Post-graduate Dental Deaneries

Following the presentations, Barry Cockcroft, Chief Dental Officer for England, and Judith Husband, British Dental Association, commented on the process and the difficulties with the system as it stands.

Key concerns from the presentations and discussion centred around the ranking system used to allocate DFT places and the frustrations with how the interview process could be improved to assure candidates of consistency of approach within this new national system.

Judith Husband referred to the fact that UK dental students were not being offered the mentoring and practical opportunities to develop their skills in doing what they had been trained to do as ‘a disgrace’.

Both dental students emphasised their concerns that rankings were just not calibrated carefully enough to provide a fair way of limiting the DFT places available. In addition, both students noted the problem with using the same test scenarios over the testing period, highlighting the advantage of knowing what was to come for those candidates attending test later in the testing period.





Chris Franklin, the COPDEND Chair, admitted that some problems with the system existed but tried to reassure delegates that they were being addressed in time for next year's process.

Barry Cockcroft, CDO for England, noted that there was some work underway, to explore how the DFT process could be integrated into dental undergraduate training to avoid the complications centering around 'employment' and the

implications this has for EU employment law.

Tom Howe, dental graduate, voiced his particular frustrations about the additional hurdle of DFT and whether the requirement for students to undertake DFT in order to work within the NHS is really necessary.

The panel also faced questions about the potential de-skilling of dentists and the likelihood of future workforce implications for dentists, given the drive towards prevention. The panel agreed that workforce change would take place over a very long period of time. The CDO suggested that one model for patient care might be that patients were seen by hygienists and therapists (so called 'direct access') and that they could refer patients to dentists as appropriate.



General Dental Practice Committee, John Milne, Chair



John Milne greeted Conference and provided an update on the work currently underway.

John Milne spoke about the importance of LDC Conference as it provides the formal channel for policy direction to the GDPC. John noted that the views of Conference generally reflected the opinions expressed at GDPC and the members of the Committee

were working hard around the country to represent GDPs in their constituencies.

Considering the emphasis from the Government on prevention, capitation and quality, John Milne stated that the challenge of designing a system for charging patients and for paying dentists was a considerable one. He also highlighted the recent OFT report and noted that media pressure on dentists was considerable. The reputation of dentists was under threat and it was a duty of all professional representatives to ensure that messages about how high quality modern dentistry can really improve people's lives are heard amongst the patients they serve.

John Milne discussed the issues around PCT claw-back and the unacceptably aggressive tactics being employed around the country. He urged any LDCs experiencing approaches of this nature should contact the BDA urgently.

Focussing on engagement with the Department of Health and other stakeholders, John Milne described the influence that the GDPC and the BDA could have on improving the future regulatory system under which dentists practise. He mentioned the Government's vision to ensure a clinically led NHS and urged representatives to look carefully at the importance of engaging with the local agenda.

John Milne thanked the Conference for their hospitality and inviting him to present.

NHS Commissioning Board - the operating model for commissioning primary care dentistry, Helen Parkin & John Morris, NHS Commissioning Board development team, Department of Health

Helen Parkin introduced herself to the Conference and explained that she had been working within the NHS CB to design local arrangements focussing on primary medical care. She described how the ambition for the Board was to ensure only minimal staff input is required at local area team (LAT) level. The aspiration of the development team was to ensure clinical leadership and to support that appropriately.

Helen Parkin noted that the NHS CB would focus on quality and reducing inequalities across the country. In doing so, the Board would publish single operating models for each of the policy areas where there is currently considerable local variation.



John Morris, a Consultant in Dental Public Health, spoke about his work with the NHS CB and the importance of Local Professional Networks, specifically Local Dental Networks (LDNs). He highlighted the necessity for evolving LDNs to be flexible enough to cope with boundary changes at LAT level and changes to their mandate and remit as the NHS reforms bed-in.

John Morris described the structure of LDNs and the central role they would play within LATs from the outset. He noted the three layers of engagement via LDNs, that being the core team of clinicians at LAT level, the intermediate layer of input from task and finish groups and the larger outer layer of all clinicians in the locality. He also talked about the evaluation of LDNs and how it could be proved to be of value to the LAT and the clinicians locally.

Following these remarks, information was provided to Conference about the work of performance management beyond April 2013. John Morris spoke about the importance of producing models for the NHS CB to be able to pick up and use at the transition point in April 2013. He stated that the focus of work would be on taking over management of the existing system and so would therefore have to be able to cope in its management of the UDA/UOA based system at the inception of the NHS CB.

Responding to questions about the appointment of clinicians to LDNs, John Morris noted that it would be important for LATs to adopt a transparent and fair appointment procedure.

Conference motions

Derby

This conference demands that PCTs allow providers to incorporate without contractual penalty.

Hertfordshire

This conference demands that the GDC ensures there is a comprehensive occupational health service for all GPs and their staff.

Birmingham

This Conference believes that the time limiting of dental contracts is detrimental to patients and the continued investment in practices and as such no future contract should include a time-limitation.

Oxfordshire

This Conference demands that the UK Health Departments fully fund Foundation Training for all UK graduates qualifying, regardless of the number of EU graduates applying each year.

Devon

This Conference demands that COPDEND consult with GDC prior to any future modifications of the Foundation Dentist appointment system, and acts upon constructive advice to improve the system for both Foundation Dentists and Trainers.

Norfolk

This conference demands of the Department of Health, the publication of a strategy to support dynamic and transparent dental workforce planning for the future.

Oxfordshire

This Conference proposes that Local Dental Networks be democratically accountable and clinically representative, with the minimum remuneration for dentists at British Dental Guild rate or above.

Birmingham

This Conference believes that a mechanism of appeal must be created by the NHS National Commissioning Board for decisions made by Local Dental Networks.

Northamptonshire

This Conference believes the Government have abrogated responsibility for providing dental advice to commissioners. Conference therefore demands that the BDA publicise the failings of the Department of Health in this regard.

Norfolk

This Conference demands the urgent review of raising the retirement age of dentists to 68.
Birmingham

Birmingham

This Conference believes that based on the removal of seniority pay and enforced pay cuts that the Dept of Health cannot be trusted to install a new dental contract with the trust of the profession.

Avon

This conference proposes that the BDA instigates a test case to recoup the contributions made by all dentists towards seniority pay, despite the legal opinion obtained by the BDA.

Northamptonshire

This Conference demands GDPC and the BDA cease co-operating with the Department of Health on systems and regulations that are unfit for purpose.

Northamptonshire

This Conferences demands that the CQC prove the cost-effectiveness and patient benefit of dental provider registration

Devon

This conference believes that trainers have a right to be involved in the selection of their Foundation Dentist. Conference demands that trainers are involved in selecting Foundation Dentists for their own practices.

Birmingham

This Conference believes that the current contract pilots, if adopted as currently modelled, pose a real risk to the future of a large number of associates. This Conference demands GDPC ensure these colleagues are not disadvantaged.

Birmingham

This Conference demands GDPC lobby MPs to reverse unfair trade union legislation that limits industrial action by dentists.

Birmingham

This Conference believes that the bullying tactics of PCT Clusters in their attempt to achieve their efficiency targets should be vigorously resisted by GDPC.

Devon

This conference deplores the sudden withdrawal of seniority pay and demands reinstatement or an urgent replacement scheme or compensation for those who have contributed, backdated where necessary.

LDC Conference 2012 Election results

Chair Elect for Conference 2014

Tony Jacobs

Honorary Treasurer of Conference

Tim Harker

Two Honorary Auditors to the Conference

Brett Sinson & Jonathan Randall

Conference Representative to the Agenda Committee

Mick Armstrong

One Representative to the GDPC

Dave Cottam

Representative to the Board of Managers of the British Dental Guild

Mark Haigh

The Chair closed Conference by noting the pleasure he had got from chairing the Conference. He thanked everyone for attending and playing their part in representing the profession.

The Chair Elect thanked Conference for the honour of chairing next years' Conference and said that he was looking forward to a great Conference in London.



Conference Chair, Jim Lafferty, hands the Chain of Office to the new Conference Chair for 2012/13, Richard Elvin.