

**Primary and Community Care Directorate
General Dental & Ophthalmic Services Branch
Castle Buildings
Stormont
BELFAST
BT4 3SQ**



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

Chief Executives of Health and Social Services Boards and the Central Services Agency; Dental Directors of Health and Social Services Boards and the Central Services Agency; Finance Directors of Health and Social Services Boards.

Tel: 028 90520242
Fax: 028 90765624
Email:
Ernie.Swain@dhsspsni.gov.uk

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Dear Colleague

FUNDING TO IMPROVE THE DELIVERY OF GENERAL DENTAL SERVICES - 2007/08 THROUGH THE QUALITY IMPROVEMENT SCHEME

NON-RECURRENT £1.5 MILLION CASH INJECTION ANNOUNCED BY MINISTER MICHAEL MCGIMPSEY IN THE ASSEMBLY ON 17TH SEPTEMBER 2007

Policy Background

In January 2005 an audit of decontamination procedures and processes was completed across all health service dental practices. The audit was followed by a comprehensive training programme for dental teams across Northern Ireland and this training programme was complemented with a bespoke cross infection control manual and CD Rom which has been distributed to dental practices. The audit highlighted the following priority areas:

1. Amalgam separators
2. Chart recorders for autoclaves
3. Independent water bottles
4. Dedicated rooms with sinks and extraction ventilation for washing and sterilisation of instruments
5. Washer Disinfectors
6. Single use instruments.

Points number 1 to 3 were considered to involve relatively minor financial resource implications and also achievable in the short term and to this end the QIS funding over the past 2 years has been targeted at these areas. Boards report that most, if not all practices, have now complied with these three priority areas. It was recognised that the areas highlighted in points 4 to 6 would be more costly and logistically more difficult to achieve in the short term but nonetheless needed to be addressed.

Representatives from the Department, Boards, Health Estates and the Dental Hospital met in September 2006 to discuss how to progress these remaining priority areas. This culminated in a workshop in February 2007 where a 10 point action plan was drawn up. It is the intention to implement this plan within the next 3 - 5 years. The main points emerging from this plan were:

- introduction of washer disinfectors
- quality water supply
- improved surgery layouts
- use of vacuum autoclaves
- appropriate testing of decontamination equipment
- procurement of equipment

A further policy driver is the development of HTM 01-05 which will set government policy for cross infection control procedures in dental practice. It is expected that HTM 01-05 will be published in early 2008 and from sight of the current draft it is clear that the emerging themes are consistent with the priorities in our action plan.

Further resources needed to be identified to implement the action plan and the Department has allocated an additional £1.5 million (non-recurrent) this year to effect the priority areas within the plan. These priority areas are detailed at the end of the attached Annex. It is our intention to implement these priorities in a phased manner over a 3-5 year period. We cannot be more precise on this time line at the moment as the speed of implementation will depend on the ability of the supply houses to provide the new equipment and the availability of testing services.

Future QIS funding will continue to be targeted at our cross infection priorities over the next 3-5 years and dentists should consider their likely QIS allocation over the coming years when planning the necessary changes to their practices.

QIS Funding

In 2002 the Department agreed to provide funding through a Quality Improvement Scheme to support improvements in the delivery of General Dental Services. The thrust of the scheme was to improve working practices that, in turn, will lead to service improvements and ultimately benefit patients.

Approximately £1.m has already been made available for the scheme during the 2007/08 financial year. This is a further £1.5m which, it must be stressed, is **non-recurrent**. Unlike previous allocations, the Department will clearly define the areas on which this funding can be spent and this is detailed in the Annex. As before, practices which avail of this additional funding will be expected to maintain their GDS

list size within a -5% tolerance level.

It has been agreed that for this allocation the amount of any potential reimbursement will be determined on the basis of the number of GDS registered patients in a practice. Each Health Board will determine its own capitation fee based on the funding available and the number of registered patients in their area. This fee will be applied to the number of registered patients in a practice to determine the maximum level of funding, which could be available. **Boards will be expected to verify the information supplied by practitioners on the number of registered GDS patients in the practice.**

Set out below is the funding available to each Board, based on its capitation share.

BOARD	FUNDING AVAILABLE
Eastern	£ 599,000
Northern	£ 364,000
Southern	£ 280,000
Western	£ 257,000
TOTAL	£1,500,000

By 31 March 2009, Boards are required to provide the Department with the following information: -

- a. nature and amount of expenditure against each of the key areas;
- b. an evaluation on how the funding has met the objectives of the Scheme; and
- c. details on those practices which have not maintained their list size for the 2-year period and what action, if any that was taken.

Details of the scheme are set out in the Annex together with the priority areas for the allocation of funding. Health Estates Agency has developed guidance to help General Dental Practitioners to develop bids pertinent to those areas covered by the additional funding together with equipment specifications. This information is available on the Health Estates website at <http://www.dhsspsni.gov.uk/hea> . The website also includes contact details of Health Estates staff that will be available to provide specific advice concerning decontamination processes and equipment specifications. If there are problems in accessing the Internet, the advisory documentation can be provided on a CD ROM by contacting Health Estates at:

GDP Advisory
 Room D4
 EP Admin
 Health Estates
 Stoney Road
 Belfast
 BT16 1US
 Tel: 02890 523724
 E-mail: epadmin@dhsspsni.gov.uk

It is important that every effort is made to commit and spend the funding in the financial year 2007/08. Practices that meet the qualifying criteria, and wish to fund improvements in services that the Board considers will benefit patients, should be eligible for consideration for payments. Boards will need to have systems in place to satisfy themselves that the funding has been used for the agreed purpose. This might be usefully tied into the local practice inspection scheme.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ernie Swain', with a horizontal line drawn underneath it.

ERNIE SWAIN
GENERAL DENTAL AND OPHTHALMIC SERVICES BRANCH

IMPROVING THE DELIVERY OF GENERAL DENTAL SERVICES

General

1. Allowances may be paid, at the Board's discretion, to practices towards the cost of improving their delivery of General Dental Services. The Board should exercise discretion, having regard to the pre-determined criteria for prioritising funding, its own priorities and to its cash allocation for the relevant period. It may decide that a practice will not receive an allowance at all.
- 2 The allocation process will be based on the number of registered GDS patients in a practice at 1 April 2007.

Eligibility Criteria

3. Areas, which have been determined as suitable for funding are outlined in the list below. It should be noted that applications for funding can only be made in the priority areas stipulated.

Amount

4. Boards should ensure that the total reimbursement for the year under this scheme does not exceed the amount allocated to the Board by the Department.

Applications for Allowances

5. Applications for allowances should be made by practices to the Board and should state how the funding meets the priority areas as stipulated in the list below.

Payment of Allowance

6. An initial payment will be made to the practice Principal in advance subject to :
 - a. submission of a plan by the Principal detailing what it is proposed to do and within what timescale in response to the DHSSPS / Board correspondence;
 - b. Board scrutiny of submitted plan and if satisfied, its authorisation of payment of the first tranche towards costs to be incurred;
 - c. the Principal submitting appropriate receipted invoices at agreed stages and if the Board is satisfied with these and that progress is in line with the overall plan, it will authorise payment of further tranches as appropriate; and

- d. the Board reserving the right to recover all or part of monies allocated to the Principal as appropriate, if at any stage it is not satisfied with implementation of the agreed plan

Conditions

7. In addition to meeting the eligibility criteria, practices will be expected to maintain their GDS list size, within a tolerance level of -5%, for a period of not less than two years from the 1 April 2007. However, in this regard Boards should take account of any extenuating circumstances that may have affected the practice's ability to maintain its list size. Boards will also need to have systems in place to satisfy themselves that the funding has been used for the agreed purpose and that such other conditions as the Board may think fit are satisfied. This might be usefully tied into the local practice inspection scheme.
8. Where there has been a breach of paragraph 7 above, the allowance should be recovered in whole or in part. If the dentist fails to repay the amount due, appropriate recovery action by the Board should follow.

AREAS FOR FUNDING IN ORDER OF PRIORITY

- 1 Washer Disinfectors & Reverse Osmosis Water Plant***; This equipment must meet the specification available from Health Estates. In addition, any bids must be accompanied by a written commitment that the necessary commissioning, validation and periodic testing are included in the purchase of the equipment. The costs of commissioning and periodic testing of the equipment can be included in the bid.
- 2 Surgery layout (including additional instrument storage)***; Changes to surgery layout to improve cross infection control standards. Guidance on exemplar surgery layouts are available on the website. Layouts will depend on the available physical environment and each case will need to be treated on its own merits.
- 3 Vacuum Benchtop Steam Sterilizers (Type B) ***; This equipment must meet the specification available from Health Estates. In addition, any bids must be accompanied by a written commitment that the necessary commissioning, validation and periodic testing are included in the purchase of the equipment. The costs of commissioning and testing can be included in the bid
- 4 Additional sets of dental instruments.** The use of Washer Disinfectors together with Vacuum Benchtop Steam Sterilizers may impact on the way that instrumentation is currently reprocessed due to the necessity for bulk reprocessing of instrumentation using this type of equipment as opposed to reprocessing instrumentation on an “as you need it” basis. The instrument reprocessing capacity requirements of the practice therefore needs to be considered collectively when considering the introduction of the Washer Disinfectors and Vacuum type of Sterilizers. This may result in an increased stock of instrumentation being required to match the number of patient sessions. In such cases, bids will need to detail the volume of additional instrumentation estimated based on an analysis of the reprocessing cycle needed to meet the practice patient session profile.

* Installation costs can be included in the bids.