

## Foreword

Dear Colleague,

It is difficult to lift any dental publication at the moment without finding an article about some aspect of the new contract which is scheduled for introduction in England next April.

Unfortunately, most of the comments are negative and it is difficult to find an objective explanation of what is contained within the new proposals. When the critics are so negative, it is easy to overlook the positives of any new system.

Within the next few weeks, you will be receiving the Primary Dental Care Strategy (PCDS) document for consultation. I want to emphasise that this is not linked to the English contract. It is our, i.e. the Northern Ireland, response to new arrangements which will need to be put in place in order to deliver dental services in the future.

There will no longer be an SDR published in England and the terms and conditions of service will change. In the past, we have merely lifted these over from England and made a few tweaks of our own. That will no longer be possible. In the intervening period to introducing our own arrangements, we will continue to use the existing

SDR as a base and will uplift fees as appropriate. We would also hope to simplify some of the items of service.

The PCDS sets out the framework or context in which those negotiations for a new remuneration system will take place. It will state what we are trying to achieve, what the specific problems are here in relation to providing dental treatment and how we visualise the service in the future.

It does not say, or pretend to say, what sort of remuneration arrangements that will lead to. That is what will be negotiated when we have heard your view. What do you think will work here? What sort of a service would you like to see? Your comments are important and I urge you to reply. It is going to be at least 2 years before new remuneration arrangements will be put in place. We want you to take an interest and be fully involved in your professional future.

Regards,  
Doreen Wilson  
Chief Dental Officer  
October 2005

## Dental Nurse Access to Registration Training (DNART) Comes To Northern Ireland

A new e-learning programme to enable those dental nurses who have the equivalent of two years full time chair side experience to get onto the GDC register has been purchased by the DHSSPS for distribution to health service dental practices in Northern Ireland. The system is called 'Dental Nurse Access to Registration Training' (DNART)

The GDC will begin to register dental nurses in 2006 and under the proposed system dental nurses without a formal qualification may still qualify for registration if they can demonstrate four years full time work in the past eight years. There may however be a significant number of dental nurses who are unable to avail of this opportunity and the idea behind DNART is that those nurses with two years full time experience who have successfully completed the DNART course will be eligible to apply for registration.

The training package was developed by the Kent, Surrey and Sussex Deanery, Department of Health, COPDEND and Smile-On. The content of the course has been selected to meet the six areas of competence outlined by the regulations governing dental nurse registration:

- Health and safety
- Infection control
- Cardiopulmonary resuscitation, medical and dental emergencies
- Personal development plans, CPD and reflective learning
- Working with dentists and patients
- Ionising radiation

The course consists of computer based learning modules, which can be accessed through a CD-ROM.

The DHSSPS is liaising with the further education sector to investigate the possibility of providing a blended learning programme to compliment the package sent to dental practices.

The DNART programme will also be a useful tool for qualified dental nurses to bring themselves up to date and confirm their basic knowledge.

The Department hopes to distribute the DNART package to dental practices in the near future.

## Are General Dental Practitioners Interested in Providing Fissure Sealants?

In April 2005 a new fissure sealant scheme was introduced in to the GDS in Northern Ireland targeted at children under the age of 12. Under this scheme, dentists, hygienists and therapists are able to apply preventive sealants to the occlusal surfaces to first molar teeth of children under the age of 8, and to the occlusal surfaces of second molar teeth under the age of 12. Prior approval can be sought for preventive sealants required on the first and second molar teeth outside these age limits.

The scheme was introduced to support recommendation 3.7 of the Oral Health Strategy in an attempt to reduce the unacceptably high levels of dental caries in our child population. The Dental Practice Committee of the BDA, in a submission to the Department in August 2004, also requested that a fissure sealant scheme be introduced into the GDS using recognised clinical guidelines. The table shows the total number of preventive sealants placed for the first six months of the scheme. For comparison, the total number of restorative sealants placed for the same period is included along with the total number of restorative sealants for the period April to September 2004.

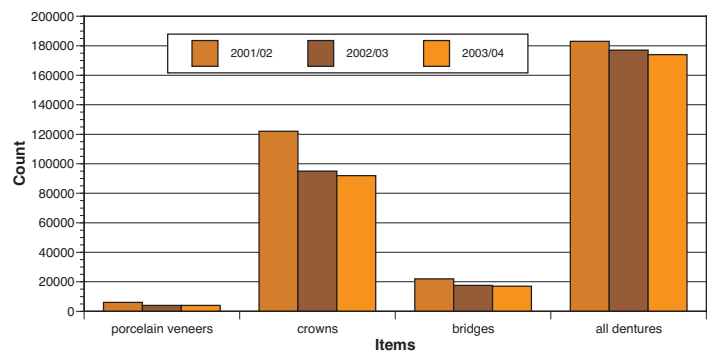
There has been a very disappointing uptake of the scheme and the reasons why are unclear. The Department is committed to a targeted fissure scheme for our child population. We will continue to monitor the uptake of this scheme and will reconsider how best to implement the scheme, perhaps outside of the GDS.

	Preventive 0701 (2005)	Restorative 1441 (2005)	Restorative 1441-4 (2004)
April	0	3514	5000
May	64	4072	4906
June	273	4776	5705
July	342	4399	5472
August	356	4322	4495
September	392	3728	5619
<b>TOTAL</b>	<b>1427</b>	<b>24811</b>	<b>31197</b>

## Laboratory items in GDS

As in previous newsletters, it is often interesting to look at trends in the GDS. In this issue, we are looking at the pattern of provision of items that attract a laboratory fee from the financial years 2001/02 to 2003/04.

The graph shows the trends for provision of veneers, crowns, bridgework and dentures. A very definite decrease in the provision of laboratory items is apparent, perhaps a reflection of the private provision of these items?



## Learning Disability Report

Dental Branch sought to undertake a survey of dental services for the learning disabled at the end of 2004. The project was put out to tender and the contract was awarded to Research Evaluation Services, Belfast. Dr Ruth Gray was appointed as research consultant to the project and the survey was undertaken in the first six months of 2005.

The aims of this survey were:

- > To investigate the experience of service users (people with learning disabilities, their families and carers) on seeking and attending dental services
- > To measure the baseline levels of oral health of people with learning disabilities (over 13 years old) in Northern Ireland
- > To assess the level of support and priority given to the oral healthcare in residential units for people with learning disabilities in Northern Ireland
- > To establish the nature of the dental service provided by the Community Dental Service for people with learning disabilities.

Data and information was collected by a variety of methods including questionnaires, telephone surveys, audit of screening programmes and focus group meetings. Areas covered in the report include:

- Prevention of oral disease
- Training of dental teams
- Status of oral health and disease
- General anaesthetic services
- Access to dental services.

The report makes a series of recommendations, which will inform the Department in developing its policy on the provision of dental services to learning disabled patients in Northern Ireland.

It is hoped that the report will be available in early November 2005 and will be posted on the Dental Branch website.

## Referral Dental Service

Changes to patient sampling; The Referral Dental Service aims to examine four patients per dentist per year to assure the quality and probity of dental treatment claimed through the GDS. The sample is randomly selected at the CSA from GDS claims made within the previous three months. The very old and very young are excluded from the sample for the purely practical reasons of difficulty in attending an examination.

Analysis of the patient sample has revealed that it is largely made up of extremely low value claims such as reregistrations, exam only, single radiographs etc. While this allows the probity element of the claims to be assured it does not permit the RDS to adequately assure the quality of treatment provided. Analysis of claims submitted to the CSA indicate that 50% of claims are below the value of £25 and 50% above. For a trial period the sample will be drawn half from below and half from above the £25 threshold to ensure that a broader range of treatment is examined.

Table of Referral Dental Service coding from 1 January 2005 to 30 September 2005 by Health & Social Services Board

	called	examined	A		B		C		D		E		X	
Eastern	1716	528	244	46.2%	191	36.1%	77	14.5%	0	0.0%	0	0.0%	16	3.0%
Northern	1140	467	216	46.2%	142	30.4%	89	19.0%	2	0.4%	0	0.0%	18	3.8%
Southern	693	225	97	43.1%	72	32.0%	46	20.4%	0	0.0%	0	0.0%	10	4.4%
Western	801	314	121	38.5%	128	40.7%	58	18.4%	0	0.0%	0	0.0%	7	2.2%
NI	4350	1534	676	44.1%	532	34.7%	270	17.6%	2	0.1%	0	0.0%	51	3.3%

## Investing for Health Funding

Dental Branch have secured £100k recurrent for three years from Departmental Investing for Health funds to support caries prevention. In May 2005, the Community Dental Service was invited to submit bids to support a fluoride toothpaste programme to address dental caries in deprived areas. The bids invited were to complement, rather than replace, existing evidence based caries reduction (EBCR) programmes.

A total of 16 applications were received and 11 have been accepted and funding has been sent out to the HPSS to implement these programmes. This initiative should further support recommendation 3.6 of the oral health strategy.

The Department will continue to monitor the EBCR programmes and it is hoped that a successful outcome will be reflected in future school screening returns.

## Primary Dental Care Strategy

At the time of publication, the Primary Dental Care Strategy is awaiting clearance by the Departmental Board. Following this, Ministerial approval will be required. It is hoped that the document will be published for consultation in November 2005. A full update will be included in the next newsletter

## GDC Private Patient Complaints Scheme

As part of the reforms taking place at the GDC, a private patient complaint scheme is being developed and it is hoped to be in place next year when the necessary legislative process has been completed. The GDC, consumer organisations and the dental profession have long recognised the need for a complaints service that deals with complaints about non-NHS dental care. This gap which exists in relation to private patient complaints needs to be filled and hence the development of the scheme.

The private patient complaints scheme will cover the whole of the UK and all the registered dental team. Along with private complaints, it will also deal with mixed NHS/Private complaints by agreement with the local health board. To this end, a memorandum of understanding is being agreed between the four HSSB's and the GDC on how to handle these mixed cases.

The new complaints scheme will have its own distinct identity, will have its own Director, staff and an advisory board comprising GDC, patient, consumer and professional representation and will be located in Croydon. This service will have two main features:

1. An information service open to anyone with a query or complaint about the dental care they have received
2. A complaints resolution service

To service the first function a team of advisers will be trained, providing the service primarily by phone but also by email or letter.

If the complaints resolution service is required then a panel will be convened to consider the complaint and make recommendations. The GDC are currently recruiting panel volunteers and hope to be in Belfast to select the panel members in November (numbers of applicants permitting). Further details of recruitment of panel volunteers can be seen at the General Dental Council website [www.gdc-uk.org](http://www.gdc-uk.org) and click on the box on the right of the screen titled Join a Dental Complaints Panel. This has the FAQ and other information including application forms.

Or <http://www.gdcuk.org/News+publications+and+events/News+releases/Dental+volunteers+sought+for+new+complaints+service.htm>  
Or by calling 08456 120540

## Dental Branch Annual Report

The 2004/2005 Dental Branch Annual report will be available in early November 2005. The report details the main policy issues that the branch has been involved with over the 04/05 business year together with dental public health data. The report also covers activity in the Referral Dental Service and Prison Dental Service. A limited number of hard copies are available but the report will be available on the dental branch website or can be e-mailed on request.

## European Union Presidency Dental Programme

To mark the United Kingdom's EU Presidency, Raman Bedi (English CDO) together with support from the Northern Ireland and Welsh CDO's hosted a week-long dental programme from 5th to 9th September 2005 in London and Liverpool entitled 'Meeting the Challenge of Change'. Chief Dental Officers, senior dental advisers and academics from Europe, G8 and the commonwealth countries attended. The opening meeting of the programme involved the signing of the Declaration on Child

Oral Health, which was drafted by the four UK CDO's and was supported by all the countries that attended.

The programme focused on the UK Presidency themes of patient safety and health inequalities. Part of the programme included a visit to the World Congress on Preventative Dentistry in Liverpool.

The successful event culminated with a gala dinner at the Tower of London where Raman Bedi performed his final function as CDO England.



N.I. contingent at the gala dinner of the EU Presidency Dental Programme

## The Declaration on Child Oral Health

Good oral health is a fundamental element of good general health. Through the establishment of a global child dental health taskforce we will share information on evidence-based prevention. We will work to implement appropriate and effective initiatives to improve oral health and to reduce oral health inequalities both within and between nations.

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Printed and produced by Central Print Unit