

Foreword

Dear Colleague,

We knew at the start of this year that we had a heavy and varied workload planned, and it has certainly swept us along at a pace. But it is satisfying when we see positive results of that work and, in this newsletter, you will be able to read the details of the projects that I will just mention in passing.

Firstly, it is very gratifying to announce the package of a £2.2M increased spend made available for General Dental Practitioners.

Undertaking a review of the SDR was only made possible by the excellent work of our two statisticians, Penny and Alison. We are much better informed on the trend and pattern of spend activity in the GDS over the past number of years. The changes we are proposing to the SDR are ones that we believe have evidence to support the change and are fair and equitable to both practitioners and patients. I am aware that some of you will regard the practice allowance as an access allowance, but it was not devised as such. I feel it is only fair that it should be offered to those General Dental Practitioners who give an undertaking to maintain their current Health Service commitment. Read the details and make your own decision.

A big thank you for all the Cross Infection Audits returned on time. An incredible 100% return from three Health Boards and only 3 practices missing in the fourth! I am glad to see that you respond to the brown envelopes despite the protests! We'll be giving you an analysis of the results of the audit in another Newsletter, but they are very positive and show Northern Ireland to be well ahead in cross-infection procedures and practice. The Primary Dental Care Strategy is moving on and should be in draft form by the summer. Michael Donaldson has done a tremendous amount of hard work in both the research and drafting of the document. Many of you will already know that Michael has been appointed as Director of Dental Services in the NHSSB. We are very pleased for him and the Northern Board on their gain but we mourn our own loss at the Department. Michael has been invaluable in giving the academic rigour to our recent policy. We wish him every success in his new post.

Regards,
Doreen Wilson
Chief Dental Officer

Changes to the SDR

April 2005 will see changes to the SDR in Northern Ireland, which are distinct from the SDR in other parts of the UK and are detailed below.

Background:

In June 2004, representatives from the Department met with DPC and LDC members to discuss possible interim measures that could be introduced into the GDS before a new contract could be agreed. We all realised, at that stage, that it would probably be 2007 before any radical change to the GDS could be implemented, in the form of a new contract, as the latter depends on completion and consultation on the Primary Dental Care Strategy (PDCS) and any necessary legislative changes. We were aware that the profession wanted more immediate changes to the GDS and it was against this backdrop that the Department commenced work on the review of the SDR. We also agreed with the representatives of the profession that we would consult

with them on any changes and would aim to implement the changes in April 2005.

Process:

In reviewing the SDR there were 2 main objectives:

- Simplify the items
- Direct the SDR towards prevention

In undertaking the review we were fortunate to have the services of two statisticians, Penny Murray and Alison Dunwoody, who spent many hours reviewing, cleansing and presenting the GDS data into a format that could be modelled for the purposes that we required. This data exercise took up the lion's share of the time dedicated to the project but now means that we hold valuable data in a format that will allow any further modelling to be effected more quickly.

Having defined our objectives and collected the necessary information it was apparent that in order to meet

the April 2005 deadline only a limited number of areas could be looked at in this round and we decided to focus on:

- Preventive sealants
- Sealant restorations
- Sedation
- Capitation payments

In addition, the Department took the opportunity to consider the feasibility of introducing a Practice Allowance to offset the traditional administrative burden facing practices largely because of regulatory and clinical governance requirements. This was something that the profession was particularly keen for the Department to consider.

Having worked up detailed and priced changes to the SDR on these areas, the Department held meetings with DPC in February and March 2005 at which the changes to the SDR, detailed below, were agreed.

Changes to SDR Items:

1. Preventive Sealants A targeted fissure sealant scheme will be introduced aimed at children under the age of 12. Dentists, hygienists and therapists will be able to apply preventive sealants to the occlusal surfaces of first molar teeth to children under the age of 8, and to the occlusal surfaces of second molar teeth to children under the age of 12 and unfilled third molar teeth within 2 years of eruption. Any preventive sealants on molar teeth outside these age groups will require prior approval. These sealants are described in Section 111 of the SDR (Preventive Care) under item code 0701 and will attract a fee of £8.85. This expansion of item 0701 supports recommendation 3.7 of the Oral Health Strategy (OHS) and requests from DPC for a caries prevention scheme. The changes are evidence based and it is hoped will help to reduce the very high levels of caries that we currently experience.

2. Restorative Sealants Items 1442 (sealant & composite), 1443 (glass ionomer & sealant) and 1444 (glass ionomer, composite & sealant) have all been deleted. Instead, all restorative sealants will be paid as one single fee under Item 1441 at a rate of £8.85. Analysis of past claims for these items showed that they tended to be placed in age groups older than the caries pattern would have suggested. Monitoring by the Referral Dental Service indicated that there was much confusion within the profession both in relation to interpretation and appropriate claiming of Item 14(e). Simplifying Item 14(e) should overcome these problems and also allows resources to be transferred to the changes to the SDR that are detailed in this article.

3. Sedation Previously inhalation (Items 2571 & 2573) and intravenous (Items 2572 & 2574) sedation were paid on a two tier basis and this had led to confusion as to which of these levels should be claimed and has proved difficult to monitor. Requests have come from the profession and Indemnity Organisations to remove this grey area. Therefore, Items 2573 and 2574 have been deleted. All inhalation and intravenous sedation will now be paid under Items 2571 and 2572 respectively. The good news for the profession is that both these items will be paid at the higher fee (Item 2571 @ £16.10, Item 2572 @ £26.30).

4. Capitation Payments for children under the age of 5 years, capitation payments have in the past been paid under two separate bands. In the new SDR one single band will be used for 0 - 5-year-old children and paid at a rate of £1.35. It is hoped this increased capitation payment for very young children will help increase registration rates for this age group.

5. Practice Allowance A new Determination XI has been inserted into the SDR to allow the payment of a practice allowance. The aim of this allowance is to assist with the costs associated with running a health service dental practice. The amount of allowance is detailed in the table below and is based on average gross income for a practice, a concept that has been successfully used for the payment of a practice allowance in Scotland. The bandings are based on those used for the commitment payments and the allowance has been designed to provide a greater financial reward to practices providing higher levels of health service treatment. The amount of allowance paid to a practice will be the amount specified in column 2 of the table below, determined by the average gross earnings of the practice as specified in column 1, multiplied by the number of dentists within the practice on the 1 April in the financial year in respect of which the allowance is to be paid. When applied to the current GDS data, the payments to practices would range from £500 to £24,000. Payments will be made half-yearly in arrears.

Column 1 Average Gross Practice Earnings	Column 2 Practice Allowance Per Annum
£1 - £24,199.00	Nil
£24,200.00 - £56,499.99	£500 per dentist
£56,500.00 - £77,999.99	£750 per dentist
£78,000.00 - £101,499.99	£1,250 per dentist
£101,500.00 - £123,999.99	£2,000 per dentist
£124,000 or over	£3,000 per dentist

Provisos (paraphrased) to claiming the allowance include:

- The practice has been satisfactorily inspected by the appropriate Board within 3 years prior to the claim
- Maintenance of existing list size by individual dentists within the practice subject to a tolerance of -5%
- Notwithstanding regulation 2(2) of the *Health Services (Choice of Dental Practitioner) Regulations (Northern Ireland) 1998*, the practice gives an undertaking to make available all proper and necessary care and treatment under GDS (except for specialist services on referral) to the full range of health service patients for the following 2 years.

The changes outlined above will inject in excess of £2 million pounds into the current GDS spend. In addition to the changes mentioned above, the gross fees will be uplifted by 3.4% and all changes are effective from 1 April 2005.

We will monitor the in-year effects of these changes and will look at making other positive changes in the coming year, budget permitting.

Primary Dental Care Strategy (PDCS) Update

As part of the continuing development of a PDCS, the Department is has organised Focus Group sessions for the profession in each of the Health Board areas. The purpose of these sessions is to allow a representative cross section of the profession to evaluate and comment on a number of models that are emerging for the future delivery of dental services in Northern Ireland.

The Project Team have always been keen to hear the views of the profession throughout the process and these Focus Groups are seen as supplementing the previous arrangements for collating data from the GDS and CDS questionnaires as well as feedback from initial meetings with the 4 Northern Ireland LDCs.

Focus Group sessions have been planned for the middle to the end of April and will be facilitated by external consultants. You will already have received a letter from the Department seeking participation. A representative random sample will be selected from those who put their names forward. This will include representation from GDS and CDS; Practice Owners and Associates; Male and Female practitioners. In order to facilitate effective working, Focus Groups will be restricted to 12 to 14 participants in size, ensuring all the relevant groupings are represented.

This latest stage in the development of the strategy provides a useful and important opportunity for dentists to contribute and ensure any issues impacting on the profession from the various models can be appropriately addressed.

CDS AWAY DAY

The Chief Dental Officer has organised a one-day event for the CDS in the Radisson Roe Hotel, Limavady, on the 31 May 2005. The programme for the day will run from 10am to 4 pm. All community dentists will be invited. Although the final programme has yet to be finalised, it is hoped to cover areas such as Priorities for Action, decontamination issues, the future of primary care facilities, Reform and Modernisation, further work on the CDS Review, surveys under way in relation to learning disabled, caries reduction programmes and school screening. Further details will be communicated to all CDS dentists. If further information required, contact our information officer, Liam McGuckin by email; liam.mcguckin@dhsspsni.gov.uk

Dental Services for the Learning Disabled

Dental Branch recently secured funding to carry out an oral healthcare needs assessment and a review of dental services for the learning disabled. These tasks were put out to tender as a single piece of work and the contract was won by Research Evaluation Services, Belfast. This important project has three separate elements:

- An estimation of burden of oral disease experienced by this group;
- An evaluation of the current level of dental service provision for the learning disabled;
- A survey of the views of carers on dental services for the learning disabled.

As the Community Dental Service is the most significant provider of dental care to this group it is anticipated that RES will have to work closely with the 11 Community Health and Social Services Trusts. RES are due to deliver their final report in September 2005.

PDCS Survey

Questionnaire Results

In November last year DHSSPS sent questionnaires to every General and Community Dental Practitioner in Northern Ireland. Over 500 completed questionnaires were returned giving response rates of 65% and 82% in the GDS and the CDS respectively. The results make very interesting reading.

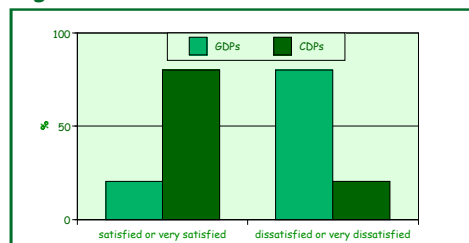
Among GDPs the average number of sessions worked per week (i.e. private and health service) was 9.0 of which approximately 7.7 were devoted to the health service. Health service commitment was highest among males and younger practitioners. Within the CDS, the average number of sessions worked per week was 7.9, all of which were, of course, within the health service.

When GDPs were asked what their Health Service commitment would be in 5 year's time if the current system was unchanged, the predicted mean number of sessions was 5.0 per week, a drop of over 1/3 from current levels.

GDPs felt, by some margin, that "the current remuneration system" was the most important issue facing them with "maintaining the quality of treatment" the second most frequently cited area for concern. Interestingly, when asked what type of remuneration method they would prefer, overall GDPs favoured "item-of-service" with "salary" a close second. However, the salaried option was the most popular choice among young dentists, females and associates.

Satisfaction levels among dentists working in the GDS and the CDS were strikingly different. The vast majority of GDPs are dissatisfied with their working arrangements while the converse is the case for community dentists (figure 1).

Figure 1. GDP/CDP Satisfaction levels



GDPs felt that the 3 most important requirements for new primary dental care system were (in decreasing order of importance):

1. To improve oral health;
2. To place more emphasis on treatment quality as opposed to quantity;
3. To increase dentists' pay.

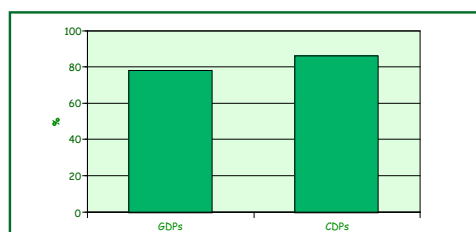
Community dentists also felt that improving oral health and treatment quality were the number 1 and 2 issues for the new primary dental care system but they ranked ability to adjust to local needs in third place. Increased dentists' pay was the sixth most important issue for CDS dentists.

Only 37% of GDPs felt that Health Service dentistry should continue to be available to all of the Northern Ireland population. In addition, three quarters of GDPs wanted to see the current range of treatments revised.

Of those dentists who wanted the treatment range reformed, one third would like to see crowns, bridges and chrome dentures removed from the health service. Eleven and twelve percent respectively would like to see fissure sealants and oral health advice added.

PDCS Survey - continued

Figure 2. Proportions of GDS and CDS dentists who felt a need for additional therapists/hygienists in their workplace



A sizeable majority of CDPs and the GDPs felt that their Trust/practice had a requirement for increased input from dental hygienists and/or therapists (figure 2).

Thanks to all of you who returned questionnaires. The information provided has proved extremely useful in the ongoing development of the new Primary Dental Care Strategy. The full results of both questionnaires are available on the DHSSPS website at:

<http://www.dhsspsni.gov.uk/pgroups/dental/dentalnew.asp>

News in Brief

PRISON DENTAL SERVICE

The prison dental service at Maghaberry prison and Young Offenders Centre (YOC) Hydebank have been contracted out to the CDS in the Down and Lisburn Trust. Two Senior Dental Officer posts are being advertised to service this contract.

This development follows the successful contracting out of the dental service at Magilligan prison in January 2004.

SEDATION SURVEY

The report of the sedation survey carried out in July 2004 is now available on the dental branch website at:

<http://www.dhsspsni.gov.uk/pgroups/dental/dentalpubs.asp>

NEW APPOINTMENTS

- Michael Donaldson has been appointed Consultant in Dental Public Health in the NHSSB
- Adrian Millen has been appointed CDS Clinical Director in Foyle Trust
- Claudette Christie has been appointed Associate Adviser in General Professional Training at NIMDTA.

CAPRAP 99.5% return!

Only 3 practitioners have not completed the mandatory number of hours during the 3 year cycle. Everyone else has completed.

Well done !

Cross Infection Control Audit

There was an excellent response to the cross infection control audit with 3 of the Boards reporting a 100% return rate. We thank all the general dental practitioners for their diligence in completing this audit. There were two aspects to this audit:

1. To provide the necessary information in order that Chief Executives of Boards could assure the Permanent Secretary in the Department that cross infection procedures in general dental practice meet the required standard
2. To provide baseline information in order to roll out a programme of training and support to general dental practices on an ongoing basis.

In relation to the first point, the initial results show that compliance with cross infection control procedures is very good in Northern Ireland. A working group comprising the Dental Practice Advisers (DPAs) from the 4 Boards and Dr Wil Coulter at the School of Dentistry looked at the anonymised returns and agreed the high priority questions. They then set traffic light levels with any less than 40% of the questions answered satisfactorily being classified as Red, 40 -70% answered satisfactorily as Amber and >70% answered satisfactorily as Green. Amber is considered good but room for improvement while green is considered a high standard of cross infection control. Using this system, the results have shown, reassuringly, no red returns, 53% Amber and 47% Green.

In relation to the second point, Dr Coulter will provide a detailed analysis of the audit returns and will compile a priority list of areas where improvement is required. He has also developed a cross infection control manual and CD ROM which, with the help of the DPAs and infection control nurses, will hopefully raise the standards of cross infection control in the Amber practices into the Green range.

We are grateful to Dr Wil Coulter, the DPAs from the 4 Boards and the Dental Directors for their successful teamwork on this project.

GDC PCD Road Show

The GDC held two successful PCD events in Northern Ireland on 22 March in Derry and 23 March in Belfast. Both events were well attended by a wide range of the PCD work force. Presentations were given by GDC member Rosemarie Khan on the role of the GDC and by Antony Townsend on PCD registration. Included in Antony's presentation were key areas such as:

- Registration of PCD's (likely in early 2006)
- Changes to the list of duties that PCD's may undertake (will be competency based as opposed to a prescribed list)

- Mandatory CPD (will be introduced after PCD register fully in force)
- Annual retention fee (likely to be same as that for hygienists & therapists)
- Indemnity cover (required for all PCD's)
- How to register (information pack detailed requirements for various PCD groups)
- Qualifications mandatory for PCD's 2 years after register opens
- Professional guidance for PCD's will be set out in 'Standards for Dental Professionals'.

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