

## Foreword

Dear Colleague,

Welcome to the Spring edition of CDO News. Our Information Officer, Liam McGuckin, has given the newsletter a 'face lift' with a new font to improve visual impact and, hopefully, ease of reading. I trust you'll agree that this is an improvement.

We have been very busy over the past few months, particularly in the area of cross infection control. I know many in the profession will have their concerns about the costs of the UK-wide advice on disposal of endodontic instruments, but we have put substantial resources into the GDS in the last three months to help with practice costs in the form of the practice allowance and the supplement to the endodontic fees.

On the CDS front, we have gone out for advertisement for a project manager for the implementation of the recommendations of the Review of the CDS and, hopefully by the time of the next CDO...news, we will have someone in post.

The changes brought on by the Review of Public Administration continue to progress at an active pace with the five new Trusts now established and recruitment to the LCG's almost complete.

Congratulations to those dentists who were successful in securing a place on the LCG's. Within the next 12 months the dental unit at the Authority should start to evolve and take shape; so much change afoot for all of us employed at DHSSPS, CSA and the four Boards.

Regards,

**Donncha O'Carolan**

Acting Chief Dental Officer  
April 2007

## Practice Allowance

In February 2007, the Minister announced additional funding of £2 million to further support the practice allowance paid to health service dentists. In making the announcement, the Minister Paul Goggins said:

*My aim is to provide the best oral healthcare possible for the people of Northern Ireland. That can only happen if we have high standards, delivered by dentists in modern practices, which put patients first. I have listened carefully to the concerns raised by the dental profession, and believe that this additional £2 million will be a significant boost for them in meeting the increasing costs of running their practices.*

The practice allowance was introduced in April 2005 to assist with the costs associated with running a health service dental practice and to reward, and encourage, health service commitment. The practice allowance was further modified in April 2006 to simplify its calculation; the allowance was calculated as 3% of practice gross GDS income (subject to provisos in the SDR) and a further allowance of 2% paid to practices who demonstrated additional commitment to the Health Service. The criteria applied to the additional Health Service commitment was:

- an average list size of 500 patients per dentist, of which 100 must be fee paying;
- the average gross GDS income for each dentist is in excess of £50,000.

Under the new arrangements, the practice allowance will be calculated as 4% of practice gross for all Health Service practices (subject to provisos in the SDR) and an additional 4% for practices who demonstrate additional commitment to the Health Service. The same criteria as before

will be applied to the additional Health Service commitment. These changes were made in agreement with the BDA.

The BDA pointed out that problems have arisen with the calculation of the 2006/07 practice allowance in respect of paragraph 2(4)(b) of the Determination XI, whereby those practices where patient numbers dip temporarily were losing out on the additional practice allowance. This was not the intention of the Department and, having considered the issue, the Determination has been amended. Paragraph 2(4)(b) has been removed in its entirety and the Department has asked the CSA to treat this change retrospectively, in order that those practices who were denied payment of the additional practice allowance during the first six months of the current financial year will now receive it.

Another issue raised by the BDA concerned the possibility of fully health service committed practices in deprived areas being denied the additional practice allowance payment because of an inability to attract 100 fee paying adults. While this might be more difficult to both prove and to correct, in order to ensure that no practice is detrimentally affected by the Determination due to circumstances beyond the practice holder's control, the Department has introduced an appeal mechanism; where a practice has a minimum of 500 health service patients and is fully committed to the health service, but is unable to attract the required 100 fee paying patients, the practice holder may apply to the Board for payment of the additional practice allowance. Again this provision has been made retrospective to the beginning of April 2006 to ensure that no practice loses out unfairly. It will be the responsibility of the practice, in circumstances such as those described, to make the appeal and to provide relevant facts to support their case. ❁

## Single use of Endodontic Files and Reamers

On the 19 April 2007, guidance was issued to the dental profession in Northern Ireland, advising all dentists that endodontic files and reamers must be treated as single use instruments. This advice follows preliminary findings from research in progress by the Health Protection Agency in England. Similar advice in relation to single use of endodontic files and reamers has been issued in England, Scotland and Wales.

The advice states:

***All dentists must ensure that endodontic files and reamers are treated as single use instruments. In view of the microbiological evidence which shows that endodontic reamers and files cannot be reliably decontaminated it is advised that these instruments be treated as single use and disposed of appropriately after each patient. This should be done whether or not the instruments are labelled as single-use.***

Previous risk assessments for the transfer of vCJD infectivity via dental surgery have concluded that the risk is low. In 2006, the Spongiform Encephalopathy Advisory Committee (SEAC) issued a position statement on vCJD and endodontic dentistry based on a revised risk

***'All dentists must ensure that endodontic files and reamers are treated as single use instruments'***

assessment produced by the Department of Health. The SEAC statement noted that there were uncertainties around the data and assumptions underpinning the assessment but that research underway should address some of these uncertainties. They recommended that

***Once the research is complete and/or other data became available, the risks should be reassessed. A watching brief should be maintained.***

The Department of Health has now received preliminary findings from research in progress by the Health Protection Agency. Early results from studies in mice suggest that TSE (Transmissible Spongiform Encephalopathy), the group of diseases that include BSE, vCJD and scrapie) infectivity can be found in dental tissues. The research is ongoing and further advice is being sought from SEAC. However, the results support the possibility that files and reamers could pose an effective route of transmission of infection, and therefore support the restriction of these instruments to single use on a precautionary basis in order to reduce any risk of vCJD transmission.

This risk needs to be seen in context. Since 1996 there have been 165 cases of vCJD in the UK. There are approximately 1 million NHS endodontic treatments undertaken every year in England and Wales, 125,000 in Scotland and 55,000 in Northern Ireland. There is however no current evidence of vCJD being transmitted by any form of dentistry.

In addition to the increase in the Practice Allowance, the Department has proposed adding an additional £10 to the endodontic fees in the SDR in order to help with the extra costs associated with this advice. This additional resource will be backdated to 19 April 2007. The letter issued to the profession is available on our website.

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## Appropriate referrals for medically compromised patients to SoD

*Dear Colleague,*

I am taking this opportunity to update you on my consultant service in an effort to improve the management of patients with medical conditions who require restorative dental care. I receive referrals from medical and dental colleagues both within the hospital, community and general practice environment. The medical conditions and dental needs for these patients are variable. Most commonly these include serious cardiac conditions, severe bleeding disorders, organ transplants, allergies and neurological conditions. I am also attending to a number of patients who received chemotherapy and radiotherapy and a smaller number with syndromal conditions and special needs. In addition I provide restorative care for a significant number of patients who have blood borne viral disease such as HIV.

There are three main areas where I feel that you can help to improve patient management by more careful selection of patients for hospital care:

- A significant number of referrals are for non-restorative management such

as extractions or surgical removal of retained roots. These patients where appropriate should be referred to oral surgery;

- Patients who are taking anticoagulants such as Warfarin do not routinely need to be treated in a hospital environment and this is also the case for those requiring simple antibiotic cover on account of valvular heart disease;
- A major source of additional work for my department involves the dental care of patients with a diagnosis of HIV. Many of these are medically well and maintained by our colleagues in Genito-Urinary Medicine. Their routine dental care requires nothing additional to the normal universal precautions.

It has become increasingly difficult for a large number of these patients to access dental care in general practice. Some report being turned away on the grounds of their HIV status and feel stigmatised by the dental profession. This is in contravention to advice from the General Dental Council and is indeed unethical.

There are around 400 patients with a diagnosis of HIV in Northern Ireland and I do not have the clinical capacity to treat them all. Often I receive referrals directly from Genito-Urinary Medical staff because these patients have been refused routine care in practice. Referral to my clinic on the sole grounds that a patient has HIV is not acceptable. These patients should be offered treatment in dental practice in the same way as any other patient.

I am happy to give any necessary advice or clarification on the management of these or any other patient groups perceived to be medically compromised. I trust that you will appreciate the lengthy waiting lists that have accumulated within the hospital services and realise the need for us to focus our efforts to improve the delivery of specialist services to those who need them most.

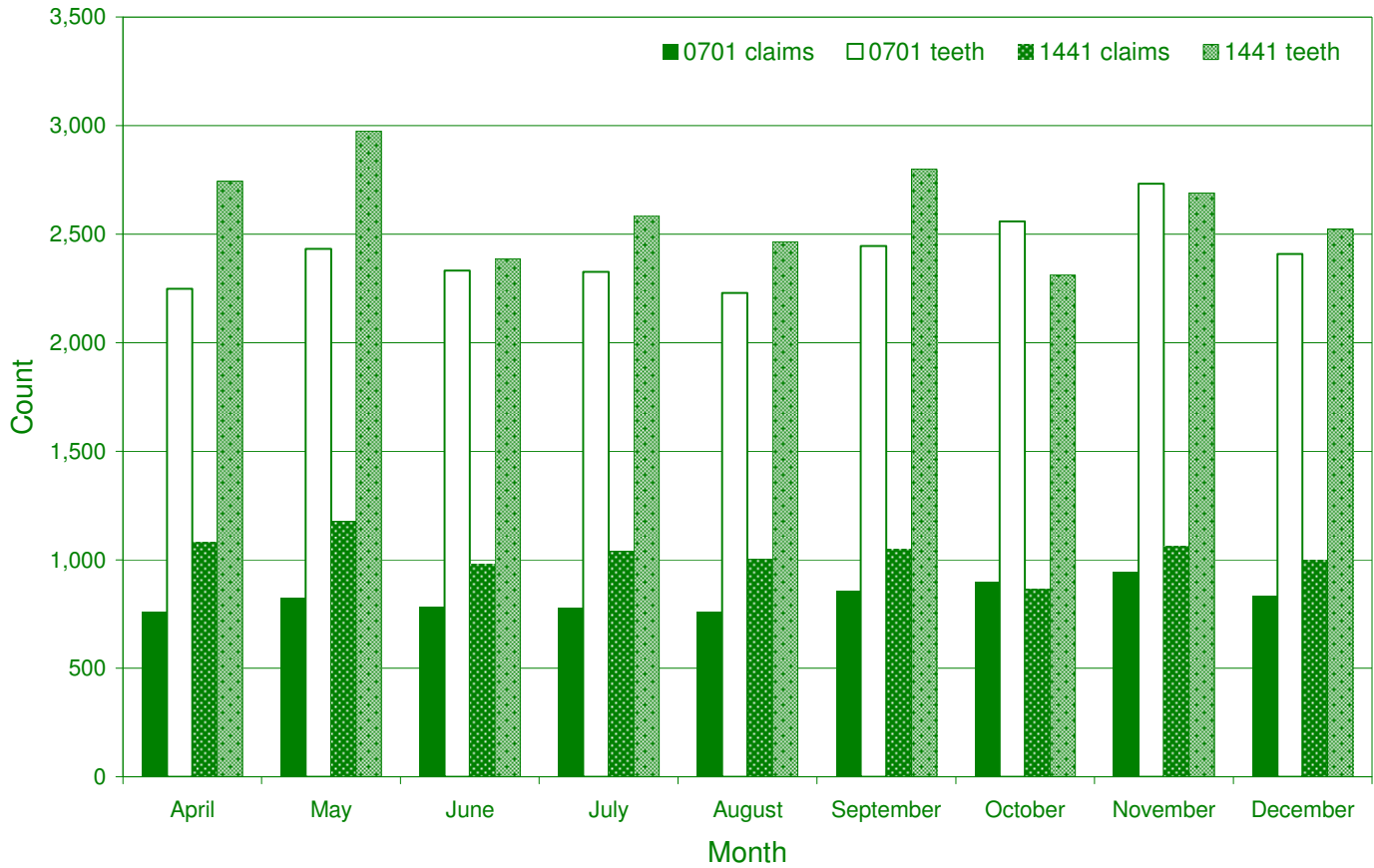
**Brian Mullally**

Consultant in Restorative Dentistry with Special Responsibility for Adult Medically Compromised Patients

Did you know you can download all the previous CDO...news and keep up-to-date with dental announcements by visiting our website?  
<http://www.dhsspsni.gov.uk/index/dental/dental-whatsnew.htm>

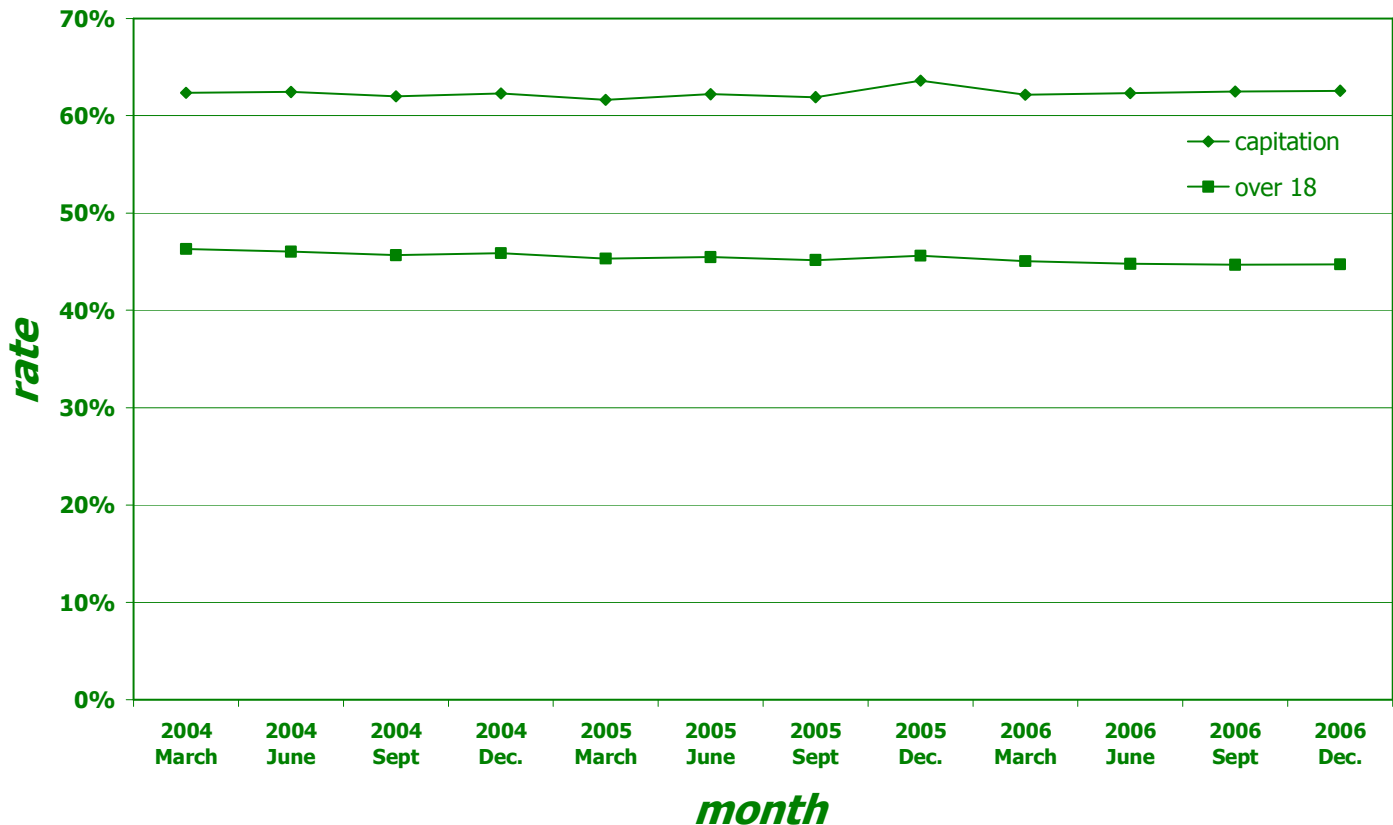
# Dentistry in numbers

## Fissure sealant trend April to December 2006 [source: Central Services Agency]



Previous editions of CDO...news have featured information on the uptake of preventive sealants versus restorative sealants. We continue this series with the graphical illustration above. Also, we felt that it would be helpful to illustrate the trend in dental registrations for adults and children. This is shown in the graph below.

## Registration rates March 2004 to December 2006 [source: Central Services Agency]



## Clinical Audit & Peer Review Assessment Panel (CAPRAP)

New arrangements for regional clinical and social care audit in Northern Ireland have been agreed by the Departmental Board. Under these new arrangements, there will be a single regional audit focus for Northern Ireland which will initially bring together the Regional Multi-professional Audit Group (RMAG), the Northern Ireland Regional Audit Advisory Committee (NIRAAC) and will later incorporate dental audit arrangements which includes the work of the Clinical Audit & Peer Review Advisory Panel (CAPRAP).

The background to this development began with the Northern Ireland Review of Clinical and Social Care Governance Audit which was comm-

issioned by the Department in 2004. This Review was tasked with making recommendations to the Department on future arrangements for the support of clinical and social care audit in Northern Ireland to support the agenda set out in Best Practice-Best Care. The review, which reported to the Department in January 2005, found that there was a need for a single regional audit focus. It recommended that a single regional audit focus would help to ensure more effective development of multi-professional clinical and social care audit in Northern Ireland. It also recommended the development of a regional audit strategy and improved dissemination of audit results. Along with this development it is also proposed to reconfigure the Clinical Resource and Efficiency Support Team (CREST) and position the two bodies along side each other in order to bring greater coherence to the audit and standards and guidelines processes in Northern Ireland. The first steps in the process will be to amalgamate RMAG and NIRAAC and to reconfigure CREST. The integration of CAPRAP into the new central audit focus will follow later.

***The review, which reported to the Department in January 2005, found that there was a need for a single regional audit focus***

## Cross infection Control Workshop

Following on from the cross infection control audit of all dental practices in 2005 and the subsequent training programme, manual and CD-ROM developed by Dr Wil Coulter and Dr Caroline Pankhurst, the Department held a cross infection control workshop in the Hilton Templepatrick on 16 February 2007 to decide the next steps. The aims of this workshop were to:

- Clarify our future policy for local decontamination in general dental practice
- Agree an action plan for next 3-5 years
- List our top 10 priorities
- Link priorities to the Quality Improvement Scheme.

The workshop was attended by dental practice advisers and Dental Directors from the four Boards, cross infection control nurses, Dr Wil Coulter, colleagues from the Republic of Ireland and representatives from the Local Dental Committees.

An action plan has been drafted and will be discussed further with colleagues in the Department and Health Estates before rolling out.

## SIGN Guidelines

The SIGN guidelines No.83 *Prevention and Management of Dental Decay in the Pre-School Child* and No.47 *Preventing Dental Caries in Children at High Risk* were officially adopted in Northern Ireland at a workshop in the Hilton Templepatrick on 23 March 2007. The workshop was organized by Judi McGaffin in her role as lead of the Oral Health Promotion working group of the implementation of the Review of the CDS.

The main speaker at the event was Dr Jan Clarkson (Dental Health Service Research Unit, University of Dundee) who had direct involvement in developing the SIGN guidelines. The workshop was attended by a broad spectrum of professionals from the CDS and it is planned that the SIGN guidelines can be incorporated into the evidence based oral health improvement programmes as defined in the CDS corporate plan.

## Health & Social Care Authority update

Seven Local Commissioning Groups (LCG's) came into operation on 1 April 2007. The LCG's will have significant planning, purchasing and performance monitoring responsibility and will cover populations of around 250,000. LCG's will progressively establish locality commissioning arrangements, known as Community Commissioning Associations (CCA's). Interviews for independent contractors and lay members for the seven LCG's took place at the end of February and the dental membership for each LCG is shown in the table below.

LCG	Dental representative
Belfast	Mike Townsend
East	Alan Beck
North West	Adrian Millen
Inner East	currently vacant
West	Brian Mulholland
North East	Fergus Lynch
South	Paul Maguire

Correspondence by e-mail to: [dentalbranch@dhsspsni.gov.uk](mailto:dentalbranch@dhsspsni.gov.uk)  
<http://www.dhsspsni.gov.uk/index/dental/dental-whatsnew.htm>

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