

## Foreword

It's hard to believe we're into the summer months already. There has been a flurry of work in the Department since the new year; largely we've been busy with the new Oral Health Strategy, Positive Assurance, Dental Nurse training and planning for the future of the GDS and this is reflected in the content of the newsletter.

In this newsletter we've tried to go into a bit more depth than we normally do on some of these issues as we know these are among the key issues that currently face the profession.

We've deliberately headlined with the future of the GDS as we are only too aware that there is much uncertainty and unease among dentists out in general dental practice. We don't pretend to have all the answers; in fact when I think of reforming the GDS I am reminded of Donald Rumsfeld's infamous quote, 'there are known knowns, known unknowns and unknown unknowns!' Hopefully as we embark on planning for the future we can, in cooperation with the profession, develop a system of service delivery which is attractive to work in, meets patients' needs and fairly remunerates the dentists who work within it.

On a lighter note, I hope you all manage to grab a well earned break during the summer months. I managed to fit in a holiday around the Council of European Chief Dental Officers conference in Norway and it was interesting to see the Scandinavian model of health care in action.

We will continue to keep you updated throughout the year with further newsletters.

Regards - Doreen Wilson  
Chief Dental Officer

## Future of the GDS in Northern Ireland

With much talk in the national dental press regarding the proposed changes to the GDS contract in England after April 2005, many in the profession are asking here what exactly will be the situation in Northern Ireland post April 2005? Indeed, feedback from the Board Dental Directors, Vocational Training Advisers and some general dental practitioners has alerted the Department that there is uncertainty and confusion among a considerable proportion of the profession. Hopefully this article will outline the approach that the Department intends to take in relation to the future of the GDS.

### Background

In late spring 2003 the Department started planning its strategy for the future of primary care dental services in Northern Ireland for the next 10 years. One issue that immediately needed to be recognised was that the oral health of the Northern Ireland population ranks among the worst in Western Europe and that a key objective of the Department was to improve this situation. Thus any new primary care dental service must be able to deliver on this objective. Two areas of planning were therefore required, a new Oral Health Strategy (OHS) to make recommendations and set targets to improve the poor oral health and a strategy to plan a new primary care dental service to deliver on the OHS. Initially consideration was given to developing the two strategies together, but on the advice of the Departmental Board it was decided to develop the OHS first and the primary care dental strategy next.

Work commenced on the new OHS in August 2003 and the final report is now ready to go out for consultation.

### Current Situation

Responsibility for the GDS lies, at Departmental level, with the Primary Care Directorate (PCD) under the directorship of Dr Jim Livingstone with professional input from the Chief Dental Officer (CDO). Primary Care Directorate are now planning the primary care dental strategy and we will keep you informed as more detail emerges.

There will of course be a considerable time factor involved in developing, drafting, consulting on and finally implementing any new strategy, particularly if legislative change is required. What the final model of primary care dentistry will look like will be up for discussion; it may be a variation on the existing model or a radically different form of service delivery. All this could take several years depending on the degree of change needed.

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This however does not mean that change to the current GDS is ruled out. We are all very aware that Health Service dentists do not want to keep on working with the current GDS arrangements and require change in order to make their practising lives more attractive. Within the existing SDR there are various options for movement, for example:

1. Payments to dentists from the SDR come from a mixture of Item of Service (IoS), capitation and block payments (eg commitment payments). At the moment the vast bulk of payment comes from IoS. There is an opportunity to redistribute the current global spend over these 3 areas to reduce the dependence on IoS
2. There are circa 400 items in the SDR with around 40 of them claimed the most frequently. There is an opportunity to simplify the number of Items and redistribute the existing spend across this reduced number of items
3. The current legislation allows for Personal Dental Services (PDS). There is the potential to develop PDS schemes within Northern Ireland if the profession was interested
4. The current legislation permits Boards to employ salaried dental practitioners where a demand exists.

Within the coming months the Department will be looking at the various options outlined above and hope to provide some worked up examples for the consideration of the political representatives of the dental profession. If agreement can be reached, then change to the SDR would be possible in April 2005 and further changes after this date until the new contractual arrangements are agreed.

### What's Happening Elsewhere

England are continuing on with planning for the Options for Change style GDS contract, although after the negative response to the consultation exercise in England it appears that the proposed implementation date of April 2005 may have to slip into later on in the year. Wales will probably follow England into Options for Change but have not publicly committed to this stance.

Scotland have just completed their consultation exercise on 'Modernising NHS Dental Services in Scotland'. The results of this consultation show that there is no appetite for Options for Change in Scotland, the preferred model being a phased change to the current SDR.

### Conclusion

What we can say for certain, is that the 'Options for Change' style contract which is planned to be introduced in 2005 in England will not be introduced into Northern Ireland in April 2005.

There is a possibility that changes to the SDR can be introduced in Northern Ireland from April 2005 and onwards.

A new strategy for primary care dental services will be commenced in 2004.

Any changes to current contracting arrangements will require consultation and agreement with the profession and we look forward to engaging with a wide cross section of the profession.

## User Survey

The Chief Dental Officer commissioned a user survey in January 2004 in order to garner the views of the public in relation to oral health issues and provision of dental services. The information gathered has been used to inform the new Oral Health Strategy and will be also be used in the forth coming primary care dental strategy. The survey was undertaken by an independent research company and involved a phone survey of 1000 members of the public, the sample being selected to reflect the age, gender, socio-economic status and geographical distribution of the Northern Ireland population. The results are too numerous to reproduce here, but below are a few interesting findings which came out of the survey ( questions have been abbreviated):

Q. What is the main reason you attend your dentist as opposed to any other dentist?

- A. (Percentage of responses in brackets)
- Historical, family & friends go there (26%)
  - Quality, they feel quality of work is good (24%)
  - Location, convenient to where they live or work (21%)
  - Trust, they have trust in their dentist (20%)
  - Others (9%)

Q. How much importance do you think should be attached to each of the following in the future, given that the Department must prioritise it's spending?

- A. (Percentage of responses in brackets)
- Core service i.e basic treatment such as fillings/extractions/gum treatment (85%)
  - Access to emergency treatment (80%)
  - Treatment for learning disabled (74%)
  - All denture work (52%)
  - Surgeries open at weekends and evening (49%)
  - Domiciliary work, where appropriate (40%)
  - Crown & bridgework (40%)
  - Orthodontic treatment on demand (12%)

Q. Which of the following groups of patients should receive free treatment bearing in mind that the Department has spending priorities?

- A. (Percentage of responses in brackets)
- Those under 18 (85%)
  - Retired people (76%)
  - Expectant mothers (73%)
  - Mothers with children < 1 year old (62%)
  - Low income groups (59%)
  - Students (52%)

# Positive Assurance

By now all general dental practitioners should have received a letter from the Chief Dental Officer outlining the future of Positive Assurance. In a nutshell, the responsibility for Positive Assurance will shift from the Referral Dental Service back to the 4 Health Boards from 1 July 2004.

What this will mean in immediate practical terms is that from 1 July 2004, practitioners will no longer have to submit patient records along with their D 4T return form to the Referral Dental Service (RDS). The RDS will revert to the original monitoring system which was in place prior to September 2003. As per the Regulations (Paragraph 25, sub para 3) the RDOs may call in record cards for inspection where they feel it is necessary, but this will be the exception rather than the norm.

The decision to put the responsibility back to Boards was taken as a result of the end of year evaluation of Positive Assurance. This evaluation showed that while there were many operational problems with the system as it stood, it had brought to light areas of risk and weaknesses within the payment system which previously were not apparent.

Central to the problems with Positive Assurance was the very poor standard of record keeping and preparation of claims to the CSA. Improvement in this area is in the interests of all as any new system will still have to focus on this area of administration within practices.

The onus of responsibility for Positive Assurance always lay with the Boards, the RDOs role was simply to collect information on their behalf. Feedback from the profession has shown that the role of the Boards was far from evident and this led to confusion within the profession as to who was making the decisions and who they had to account to.

It will now fall to the Regional Probity and Counter Fraud Steering Group to develop a new system operational at Board level.

The tables below show some figures as to how the system of Positive Assurance affected the working of the RDS.

PRE POSITIVE ASSURANCE Feb '03 to Aug '03	POST POSITIVE ASSURANCE Sept '03 to Mar '04
No. of Sessions of Clinical Examination	
112	84
No. of Patients called for Examination	
2607	1900
No. of Patients Examined	
1102	632
No. of Clinical Record Cards Examined	
0	1900

CODE BY BOARD								
PRE POSITIVE ASSURANCE Feb '03 to Aug '03					POST POSITIVE ASSURANCE Sept '03 to Mar '04			
	A/B	C	D	X	A/B	C	D	X
EASTERN	301 (66%)	136 (30%)	0	18 (4%)	50 (25%)	147 (74%)	0	1 (1%)
NORTHERN	234 (77.5%)	59 (19.5%)	0	9 (3%)	65 (38%)	104 (60%)	0	3 (2%)
SOUTHERN	116 (74%)	40 (25%)	0	1 (1%)	40 (30.5%)	90 (69%)	1 (0.5%)	0
WESTERN	129 (67%)	53 (28%)	0	6 (5%)	20 (15%)	107 (82%)	3 (2%)	1 (1%)

# Dental Nurse Training

There are many issues facing the dental nurse profession in the near future which will impact on the whole dental team. Among these issues are :

1. Pre-qualification training,
  2. Registration
  3. CPD
1. Pre-qualification training: There has been a considerable amount of work ongoing in the Department to identify the type, volume and future capacity for dental nurse training throughout the province. Dental nurse training is provided through two main sources:
    - Colleges of Further Education; Colleges of further education provide the lions share of training with Belfast Institute of Further & Higher Education ( BIFHE) being the largest provider with 120 places. Other further education centres providing training are North Down & Ards , Derry (BIFHE outreach) , Enniskillen, Ballymena (BIFHE outreach) and Portadown. The further education sector has indicated to the Department that it has further capacity to expand and is keen to work with the Department to further develop dental nurse training provision. These colleges of further education train their students for the National Certificate examination and this year 190 dental nurses sat the exam in Northern Ireland, making Belfast the largest examination centre in the United Kingdom .
    - Dental Hospital; The dental hospital provides 8 places for dental nurse training. The qualification offered at the dental hospital is the NVQ level 3 and the course takes 2 years to complete. Retention of students on this course has varied considerably over the past 3 years and the Department has suspended intake onto the course pending a review of future training provision at the dental hospital.
  2. Registration: The Department is keeping a close eye on developments at the GDC in relation to the date of mandatory registration, grand parenting criteria to be applied and the effect on the profession locally. The Department are planning to bring the GDC back over to Northern Ireland in the autumn for a series of work shops in relation to the whole issue of registration.
  3. CPD: There are many unanswered questions in relation to what type and amount of CPD that dental nurses are expected to do, these can only be answered by the GDC and it is a matter of waiting and seeing. Initial feedback from the GDC is that mandatory CPD for PCDs is some way down the line and is likely to be introduced as part of the revalidation scheme for the whole dental team. The other main issue around CPD is by whom and where is it to be delivered . At present there is no ring fenced funding for CPD for PCDs and CDO is in negotiation with the Human Resources Directorate about the future funding, and deciding which organisation will have responsibility for post qualification training, for this sector of the dental workforce.

The Department facilitated a Skills for Health workshop in relation to dental nurse training in May 2004 at which the major stakeholders discussed the whole issue of training both at a local and national level

Negotiations with the further education sector and dental hospital will continue over the coming months to ensure that adequate training provision for dental nurses is available to address the current and future needs of the workforce.

## Extra Funding for NIMDTA

The Department has released a further £34,000 to the Northern Ireland Medical & Dental Training Agency (NIMDTA) towards funding additional postgraduate courses for dentists and the wider dental team. This funding is recurrent and 1/3rd of it has been specifically ear marked for team based courses.

In addition the Department has committed a further £172,000 towards the GPT scheme which commenced in August 2003, bringing the total spend on GPT to £250,000.

The Department is currently considering further enhancements to the Vocational Training scheme.

## New appointments

Dental branch is pleased to welcome our new information officer, Liam McGuckin. Liam has been with the Civil Service for 15 years and has just recently joined the DHSSPS. With the increasing work load in dental branch, Liam's arrival couldn't have come at a better time and already he has made a significant contribution to the work on the Oral Health Strategy and the sedation survey which was recently sent out to general dental practitioners.

We hope to be able to call on Liam's skill and knowledge in IT matters to help us develop our website and a robust regional information database. Liam can be contacted by phone on: 028 9052 0212.