

Foreword

Dear Colleague,

Firstly, may I wish all the dental profession in Northern Ireland a Happy New Year. 2007 promises to be a busy year, with much change on the horizon. Perhaps the most important development for General Dental Practitioners is the commencement of negotiations on the new contract with the BDA. We have deliberately made the negotiations the focus of this newsletter. We are hopeful of productive dialogue with the BDA and we will keep you updated in future newsletters. We have an agreement with the BDA that all negotiations with the profession are conducted through them and so would ask that all approaches from the profession are made through the BDA.

Other major changes over the next year will be those brought about by the RPA, which will affect virtually every salaried dentist - including those in the Department! While there may be some unease and uncertainty about these changes, I believe that they are in the best interests of the public and the profession, and will lead to a more efficient, less bureaucratic service.

We will continue to keep you updated as more information becomes available.

Regards,



Donncha O'Carolan
Acting Chief Dental Officer

January 2007

Primary Dental Care Strategy

The Primary Dental Care Strategy was launched by the Minister, Paul Goggins, on the 16 November 2006. The strategy aims to modernise dental services and ensure that everyone has access to a dentist.

The package of reforms includes:

- local commissioning of services;
- access to appropriate dental care for everyone who needs it;
- a clear definition of treatments available under the health service;
- a greater emphasis on disease prevention;
- guaranteed out-of-hours services;
- a revised remuneration system, which rewards dentists fairly for operating the new arrangements.

In launching the strategy the Minister said:

"At present, far too many patients have problems finding a health service dentist. I am determined to change that. This ground breaking package of reforms will radically improve access to health service dentistry. I am giving the health service the resources, tools and flexibility it needs to find new solutions. That's why, for the first time, local services will be commissioned at a local level, to determine when and where services will be provided and by whom."

"The traditional system has failed some patients and we need to be more imaginative and more robust and put patients first. We will also provide a greater focus on disease prevention and patient-centred services as set out in the Oral Health Strategy."

The Minister continued:

"In making these changes, we should not forget our dentists and the wider dental team who are vital to modernisation. We need to improve their working lives, enhance lifelong skills improvement and promote clinical governance."

"Many dentists are unhappy with the current payment system. Under the new commissioning arrangements, my Department and the dental profession will agree a more appropriate method of remuneration, which will fit in with the overall aim of the Strategy."

Speaking on the need to adopt best practice Paul Goggins said:

"There are many examples of excellent Health Service dental services and we want to reward dentists and make practice in the Health Service an attractive option. The programme of reform will enable the Health Service, dentists and patients to influence local services in the future."

The Department has now commenced negotiations with the BDA in order to develop new contractual arrangements and a series of meetings have been scheduled up to summer 2007 to progress the negotiations. It is important to stress that it is not the intention of either the Department or BDA to simply introduce the English contract. Northern Ireland has specific problems, such as our poor levels of oral health, which need to be addressed in any new contract. At this stage there is no specified date for introducing the new contract but it is hoped to be able to pilot the new arrangements

across agreed sites in 2008. Following evaluation of these pilots, a new contract could be rolled out Northern Ireland, most likely some time in 2009. We feel that it is better to spend time now developing an acceptable contract for patients, the profession and government, rather than set tight deadlines which may not deliver the result we all need.

In the interim, the Department will continue to look at ways of rewarding dentists for their commitment to the Health Service and ensure patients have access to health service dentistry.

Many dentists will want to know how the Northern Ireland contract will differ to the contract which was introduced in England and

Wales in April 2006. While the negotiating team is not in a position to specify detail, there are some significant areas where we differ from England and Wales:

- The strategy allows us to define the range of treatments which will be available under the contract
- We are not compelled to use Units of Dental Activity (UDA's) as performance measures and the negotiating team will be looking at the various output measures available with a view to determining the most appropriate measure.
- There is a commitment to piloting the new contract before rolling

out across the region in order that any problems may be addressed and allow dentists to be familiar with the operational aspects of the contract.

- There is a strong desire to factor prevention into the new arrangements
- There is a commitment to reward quality and not just output.
- There will be one body, the Health & Social Services Authority, dealing with implementing and administering the new contract across Northern Ireland.

We will continue to keep you informed of developments in future issues of CDO... *News*.

Resuscitation Council Report

In July 2006 the Resuscitation Council (UK) published a document called *Medical Emergencies and Resuscitation - Standards for Clinical Practice and Training for Dental Practitioners and Dental Care Professionals in General Dental Practice*. The aim of this document is to provide guidance to dental practitioners and dental care professionals in general dental practice on the following:

- Exactly what training should be undertaken in order to be competent in dealing effectively with medical emergencies and resuscitation.
- The equipment and drugs that should be available.
- How this process should be managed.

The guidance from the Resuscitation Council is very welcome and presented in a well written and laid out document and we would recommend that all general dental practitioners read it:

<http://www.resus.org.uk/pages/MEdental.htm>

We have been asked by dentists from the Community Dental Service as to whether we would support the recommendation in the guidance that *...all clinical areas should have access to an automated external defibrillator (AED)...* Having consulted with other medical and dental colleagues, we do not consider it necessary or cost effective for all general dental practices to have an AED on their premises. This advice is consistent with the position of the other Health Departments in the UK.

Dentists are, of course, free to make their own clinical judgment as to whether they feel that an AED is appropriate for their own circumstances and we would advise that they should take into consideration the ongoing training requirements associated with AED's should they chose to go down this route.

Complaints Consultation

The DHSSPS issued a consultation paper *Complaints in the Health and Personal Social Services* in November 2006.

The paper details the new proposals for the handling and consideration of HPSS complaints. These proposals have been developed in conjunction with representatives from organisations within and beyond the HPSS, staff and user interest groups.

For some time user groups have been pressing for existing procedures in the HPSS to be changed. Previous reviews have highlighted the need to:

- simplify the process;
- improve local resolution;
- resolve complaints more quickly;
- address weaknesses in the system, particularly in primary care;
- reconsider the independent review element;
- ensure that complaints are used as an improvement tool.

In designing the new complaints procedure, the Department took account of these issues and also other factors, including the Shipman and other inquiries, the Review of Public Administration (RPA) and the establishment of the Regulation and Quality Improvement Authority (RQIA). Developments on complaints handling in England, Scotland and Wales have also been closely monitored including the proposals for a Redress Scheme in England.

Responses to the paper should be made by 23rd February 2007 and can be obtained by visiting:

<http://www.dhsspsni.gov.uk/showconsultations?txtid=20726>

Bisphosphonates

We have received reports from oral surgery colleagues of an increasing incidence of osteonecrosis of the jaws associated with bisphosphonate usage, both intravenous and oral formats. Colleagues will no doubt have seen the extensive coverage of this adverse side effect in the dental and medical journals. Osteonecrosis is a recognised serious side effect of bisphosphonates and is an irreversible condition which is distressing to patients and difficult for clinicians to manage and so the focus must be on prevention. Although a certain number of cases occur spontaneously, a large proportion of cases are associated with dental procedures such as extractions and periodontal treatment. Therefore, before commencing any bisphosphonate therapy, any remedial dental work should be carried out and adequate oral hygiene procedures should be maintained during drug therapy. A dental professional's advice should be sought, where appropriate, before commencing therapy. This advice is further reiterated at section 6.6.2 in the BNF No.52. The DHSSPS plans to issue a letter to all prescribers to alert them of this harmful side effect and emphasis the need to focus on prevention.

Northern Ireland Shipman Response

The Department issued *Improving Patient Safety: Building Public Confidence* in November 2006. This document is the Northern Ireland Response to the Shipman Inquiry Reports. The action plan contained in the document covers such areas as:

- Improving quality through education and training
- Better death certification processes
- Enhancing the prescribing, regulation and monitoring of controlled drugs
- Improving governance, systems and professional performance.

It is hoped to achieve completion of this plan by the end of 2008.

There are several actions in the document which will be of particular interest to dentists (*italic text is quoted directly from the Departmental document*):

- **Private Dentistry:** *Consult on amendments to legislation, and develop local standards for private general dental (and medical) practice, to enhance*

governance arrangements through inspection and regulation by the Regulation and Quality Improvement Authority, by April 2008.

- **Whistle Blowing:** *DHSSPS to produce policy guidance to HSS Boards/HSS Authority and family practitioner services on how to raise concerns when the performance of an individual primary care practitioner gives rise for concern.*
- **Performance of General Dental Practitioners:** *DHSSPS to produce guidance on the handling of concerns about the performance of general medical and general dental practitioners in the HPSS to harmonise procedures across the HPSS.*
- **Controlled drugs:** There are a series of actions listed which will improve prescribing, regulation, control and monitoring of controlled drugs in the independent, statutory, voluntary and community healthcare sectors.
- **Clinical Governance:** The document also notes the action plan to further develop clinical and social care governance in general dental practice (detailed in previous CDO News)

Responsible Prescribing

Following on the foot of the Northern Ireland Shipman Response, the DHSSPS will be issuing a letter to prescribers of controlled drugs reminding them of their professional responsibilities in relation self prescribing and prescribing for family members. The GDC has issued the following statement to the Department in regard to responsible prescribing:

*Dentists have an obligation to prescribe responsibly and in their patients' best interests, in accordance with the principles set out in **Standards for Dental Professionals**.*

National Health Service (NHS) regulations define what drugs can be prescribed on the NHS. Until 2004, dentists treating NHS patients were expected to prescribe from the Dental Practitioners Formulary (DPF), a concise list of permissible drugs annexed to the British National Formulary (BNF). The DPF has subsequently been incorporated

into the BNF, no longer existing as a separate list, but interspersed between drugs that cannot be prescribed by dentists on the NHS. However, a dentist can prescribe any drug from the BNF on private prescription.

We would like to remind all dentists that it is a criminal offence to prescribe drugs other than to meet the identified needs of your patients. You must make an appropriate assessment of your patient's condition, prescribe within your experience and competence and keep accurate records of the treatment.

Prescribing drugs is an integral aspect of many treatment plans, where you have knowledge of your patient's health and medical history. It is important to have an understanding of your patient's current health and medication, including any relevant medical history, in order to prescribe drugs safely.

If in doubt, a dentist should contact the patient's General Practitioner (GP) or alternative General Dental Practitioner (GDP) to clarify any queries.

Part of prescribing drugs responsibly means prescribing only where you are able to form an objective view of your patient's health and clinical needs. Everyone needs objective clinical advice and treatment. Dentists who prescribe drugs for themselves or those close to them may not be able to remain objective and risk overlooking serious problems, encouraging or tolerating addiction, or interfering with care or treatment provided by other healthcare professionals. Other than in emergencies, you should not, therefore, prescribe drugs for yourself or for anyone with whom you have a close personal or emotional relationship.

Referral Dental Service

The Referral Dental Service (RDS) has recently reviewed its monitoring criteria of the GDS and, following this review, it has been decided to change the sampling criteria. With the current Claims to Record (CRC) process assuring the probity of GDS claims, the RDS want to focus more closely on the quality of patient care provided.

Under the previous sampling criteria, virtually any claim could be sampled and, as 50% of GDS claims are less than £26.50, the Referral Dental Officers (RDO's) spent much of their time examining very basic procedures such as exam only, scale and polish, radiographs etc. While this approach gave assurance on financial probity, it did not provide adequate assurance on quality of dental care and patient safety. In addition all dentists, irrespective of their track record, had patients sampled. Thus the system was not risk-based and left resources stretched when targeted examinations were required. In order to address these issues, the following changes have been applied to the sampling criteria from December 2006:

- A target of three patients per dentist per year to be examined will be applied; this is reduced from the previous quota of 4 patients and is necessary because of the reduced number of RDO's employed by the DHSSPS.
- Only claims in excess of £26.50 will be sampled for RDS examination; this will permit the RDO's to examine more substantial courses of treatment and thus provide a greater assurance on the quality of patient care.
- Dentists who have had only **A** or **B** codes awarded for 3 or more patients within the past 2 years will be given a fallow year in which no patients will be called. This change recognizes the high quality of care provided by many of our practitioners and, in fact, reduces the size of the sample by almost 30%. The RDO's would like to assure dentists that A and B codes fully assure the treatment claimed by practitioners and neither code requires a reply to the CSA. Some dentists have interpreted the B code as a criticism of their treatment; this is not the case, but the RDO is obliged to record any additional treatment required at the time of the examination and hence the need for the B code.
- The current quota of 10 new patients to be examined for all new entrants onto the dental list has been refined in order that only dentists entering the list for the first time or dentists who have been off the list for more than 1 year will have 10 patients called. This change has been necessary as previously anyone who changed their contract number automatically had the 10 patient quota applied.

We feel that this new sampling criteria is fair to dentists and a more effective use of the RDS resources.

The tables below show some analysis of RDS activity from January 2006 to December 2006, inclusive.

RDS Patient Attendances by Board

Board	Called	Attended		Cancelled		Failed to Attend	
Eastern	2336	805	34.4%	267	11.4%	1262	54%
Northern	1364	535	39.2%	143	10.4%	686	50.2%
Southern	1140	103	35.3%	133	11.6%	604	52.9%
Western	1193	507	42.4%	131	10.9%	555	46.5%
NI	6033	2250	37.2%	674	11.1%	3107	51.5%

RDS Report Codes by Board

Board	Called	Examined	A		B		C		D		E		X	
Eastern	2336	805	448	55.7%	270	33.5%	67	8.3%	2	0.2%	0	0%	18	2.2%
Northern	1364	535	313	58.5%	146	27.3%	61	11.4%	0	0%	0	0%	15	2.8%
Southern	1140	403	230	57.1%	116	28.8%	43	10.7%	0	0%	0	0%	14	3.5%
Western	1193	507	290	57.2%	154	30.4%	46	9.1%	1	0.2%	0	0%	16	3.2%
NI	6033	2250	1281	56.9%	686	30.5%	217	9.6%	3	0.1%	0	0%	63	2.8%

Consent for School Dental Screening

The Department has reviewed its guidance on School Dental Screening (SDS) following communication from the Community Dental Service regarding clarification on the use of positive consent for SDS. The Department's position is that, while the principal of positive consent still holds, there is some flexibility on how this can be interpreted. The statement proposes obtaining positive consent from the parents/guardians at the beginning of the school year followed up by a reminder closer to the time of the screening, giving them the opportunity to withdraw consent if they so wish, a sequence of positive consent followed up by negative consent. This is consistent with advice from the Department of Health in London.

The full statement on consent for SDS is available on the Dental Branch website at <http://www.dhsspsni.gov.uk/index/dental/dental-whatsnew.htm>

Orphaned X-rays

Recently, the Referral Service received 10 small radiographs titled *Mrs Armstrong*, but unfortunately no further details/ paperwork were attached. An extensive investigation here has produced no clues. We would be grateful if the practitioner concerned would contact us on 028 90 523273 so we may reunite you!