

Foreword

Dear Colleague,

A Happy New Year to all the Dental Team! 2006 looks set to be an exciting, interesting and challenging year for dentistry both locally and nationally. On the wider front, we have the introduction of registration for dental nurses and dental technicians. I believe this to be the first step towards a fully competent, trained quality dental workforce. I think we already have a well-trained dental nurse and technician workforce here in Northern Ireland but until registration starts that cannot be confirmed. By now, you should have received a copy of the consultation document - "Primary Dental Care Strategy". We have devoted much of the Newsletter to this important topic and would urge you to send in your response. Your response will make a difference and help to shape the direction of the service. You can write to or e-mail the Department. Work on the new contract will start after the responses have been analysed so now is your opportunity to influence the dental service of the future. Work has commenced also on taking forward the recommendations of the CDS Review. It is envisaged that the CDS and GDS should be a much more integrated primary care dental service. I hope you will avail of the opportunity to contribute constructive comments on how we can make dental services here accessible and attractive to everyone. Remember - our mission is to improve the oral health of the population. There is a role for every member of the dental team. I'd like to think you are part of it.

Regards,
Doreen Wilson
Chief Dental Officer
January 2006

PDCS

The **Primary Dental Care Strategy** was issued for public consultation on 13 December 2005 and all dentists working in primary dental care should have received a copy. The consultation document sets out the context for the future delivery of primary dental care in Northern Ireland and is designed to support the implementation of the Oral Health Strategy by developing an effective primary care delivery system.

The main emerging themes from the consultation document, which differ from the current arrangements are:

- A service with a much greater focus on prevention, rather than treatment
- A service which is commissioned locally, in order to better address local needs
- A service in which there is greater integration of the GDS and CDS
- Access to health service dentistry will remain universal, but the range of treatments available should clearly reflect oral health needs rather than dental aesthetic needs
- The duty for arranging out-of-hours dental services will be the responsibility of the commissioning body.
- There will be the potential to redefine the exempt categories of patients
- A new patient charging system may be introduced

The consultation period will end on 17 March 2006 and we would urge all interested parties to respond to this strategy. In order to probe further some of the areas within the strategy, below is a Q&A with John Farrell, Acting Director for Primary Care, who has lead responsibility for the strategy.

Q. There has been much discussion of the new contract in England. Is this our version of a new contract?

A. Definitely not. This is not a remuneration contract. This is a strategy for how to best deliver the dental service as opposed to how it is remunerated. Once we have agreed the framework for delivering the service, then we can work with the profession to develop new remuneration arrangements.

Q. Local commissioning is a strong theme in the consultation document. In view of the reconfiguration of Boards and Trusts recently announced as part of RPA who will be the commissioning body responsible for primary dental care?

A. No one can say with certainty what the exact role, function and size of each of the new agencies will be. That will emerge over the coming months. However, overall responsibility for commissioning for both the CDS and GDS will sit with the Strategic Health and Social Services Authority (SHSSA). The Local Commissioning Groups (LCG's), as substructures of the SHSSA, will inform and advise the Authority of local needs. As the Minister outlined in his speech on 22 November, it will take some time before the LCG's will have the capacity to commission primary care services to the level envisaged. In the interim, the balance of power for local commissioning will sit with the SHSSA.

Q. In the strategy, greater integration of the GDS and CDS is an aspiration. How do you envisage this happening with CDS in the future being employed by the new Trusts and the GDS being commissioned by the new SHSSA?

A. Again, it is hard to be prescriptive when the exact roles and remits of the new organisations have not been agreed. However, one significant change will be that all the GDS and all the CDS will in the future be commissioned by one body, the SHSSA. This is a distinct change from the current set up where GDS and CDS are commissioned by four separate Boards. In

addition, it allows flexibility for certain services that are currently commissioned through the GDS to be commissioned through the CDS and vice versa. I certainly think that the new arrangements will permit greater integration than is currently the case.

Q. What would you say is the most significant difference that this strategy offers over the current arrangements?

A. Two things; the focus on prevention rather than treatment and directing the service at local needs. In terms of prevention, we really need to improve the poor state of our oral health, which has shown little improvement over the years, particularly in the most deprived sections of society. As was outlined in the Oral Health Strategy we need to do this through public health measures such as fluoride schemes and improving the diet of our population as well as one-to-one preventive measures such as fissure sealants. Much has been done to improve the dietary aspects largely as a result of concerns about the growing problems of obesity and diabetes in our young people. The soon to be launched *Fit Futures* document is the blueprint for improving the diet of our population and as well as addressing the obesity problem will also help address the caries problem we experience. It links dietary improvement schemes across the professions, Agencies and very importantly with the Education sector. While that doesn't remove dietary advice from the dental professions responsibility, it does mean that we should be concentrating on targeted fluoride schemes and fissure sealants, all areas that involve a greater skill mix in the team.

Review of Public Administration

The Health and Social Services reforms associated with the Review of Public Administration (RPA) and the Appleby Review were announced by the Minister, Shaun Woodward, on 22 November 2005. Within these reforms, there will be radical changes to the structures and functions of the agencies that will commission and deliver health and social services in the future.

In summary:

- Five new integrated Trusts will replace eighteen of the existing Trusts, integrated so as to promote links

between hospitals and community-based services. Larger Trusts will promote integration both within and across Trusts as well as across professional groupings.

- One single Strategic Health and Social Services Authority will replace the four Boards. The role of the Authority will be to implement the Government's policies for health and social services, and to manage the performance of the system. Also, in conjunction with Local Commissioning Groups

the Authority will commission services.

- Seven Local Commissioning Groups will replace the fifteen Local Health and Social Groups and these seven local commissioning groups will map against the seven District Councils announced in RPA.
- A new Patient and Client Council will replace the four Health and Social Services Councils. Although it will have a regional remit, it will also have a strong emphasis on representing individual patients and local communities.

With regard to local commissioning, under the current arrangements Health Boards have no control over where, and to whom, services are delivered. It is important that services are targeted at the areas of most need and that those in need can access the service. It is also important to plan that services are sustainable in the long-term. To that end we need to start thinking of the estate out there, is it fit for purpose and sustainable? We also need to consider how the health estate can be developed in order to improve service delivery, outreach services and training. It will be important, therefore, to link in with work that has already commenced on that front within the Department.

Q. What is the timescale for the strategy and when will we see a new contract?

A. The consultation period closes on 17 March 2006. I would encourage all interested parties to reply. Following the consultation period, we then need to consider and take forward any necessary legislative changes and work with the Boards to implement the new delivery arrangements. At the same time, consultation will take place with the profession on the development of a new remuneration framework. At this stage, it is proposed to introduce a new regional contract framework from April 2007.

Q. In the strategy it states that any new arrangements will be poted? How does ths ft into the timetable above?

A. What we are proposing in the Strategy will lead to significant change for the future delivery of primary dental care services in Northern

Ireland. Many of the recommendations from the strategy will entail a lot of work, not just in putting the systems and mechanisms in place but also in supporting everyone during the period of change. For example, HSS Boards will have more responsibility and accountability for the delivery of dental services in their area. Whilst this will subsequently fall to the Strategic Health and Social Services Authority, the groundwork on the change in terms of identifying local needs and securing the delivery of services will fall to the Boards in the first instance. Additionally, as greater emphasis will be placed on prevention and improving the oral health of the population, the remuneration framework for dentists will have to be directed towards achieving this. This is going to mean a change to the way dentists are rewarded. Furthermore, we need to put in place the necessary support structures for all members of the dental team to ensure they are developed with the skills they require to enable them to deliver a first class service in the future. For many of us this will be a new direction of travel and it will be important that everyone will feel comfortable with the journey. No doubt, as we progress, we will learn lessons and will want to take these on board. It makes sense, therefore, that we try to pilot the changes as much as possible.

It is important that we see the changes for the future as a continuum rather than a shutting down of the old one-day and switching on the new the following day. Nothing can really start until the consultation period is over. At that stage we will develop an Implementation Action Plan to take forward all the recommendations including those arrangements we wish to pilot.

- The Central Services Agency will remain, but may take on some of the functions currently in the Department.
- The Health Promotion Agency will be incorporated into the Strategic Health and Social Services Agency.
- The Regional Medical Physics Agency will be incorporated into one of the new Trusts.
- The Department will reduce considerably in size, with many of its functions moving to the new Strategic Health and Social Services Authority. The role of the Department will be to set

policy, set targets and to lead the drive for improved performance and efficiency.

It is hoped that these reforms will lead to a more efficient service which is patient centred, well governed and continually improving. Some of these changes will require primary legislation and so reform will be phased rather than a big bang, but critically they do not depend on the reorganisation of local district councils to take effect.

So, what will this all mean for dentistry? It is too early to be prescriptive just yet but already it can be seen that primary care dental services

will commissioned, in partnership with the Local Commissioning Groups, by one single body and the new Authority also provides the opportunity for centralised monitoring. The consolidation of the Trusts offers the opportunity for a less fragmented CDS with regional commissioning. Much has yet to be decided, and the Chief Dental Officer is organising a series of meetings with the dental staff from Boards and Trusts to seek their views. There is no doubt that the reforms announced will have significant implications for the PDCS and Review of Community Dental Services.

Learning Disability Report

The executive summary of the 'Survey of Dental Services to People with Learning Disabilities in Northern Ireland' is now available. This study on learning disabled patients was commissioned by the Chief Dental Officer and was undertaken by Dr Ruth Gray during 2005.

The aims of this multifaceted study 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.

The executive summary is divided into 5 themes against which a series of recommendations have been made. These themes are:

1. Prevention of oral disease.
2. Training of Dental Teams
3. The status of Oral Health and Disease.
4. General Anaesthetics.
5. Access to Dental Services.

A copy of the executive summary has been sent to the main stakeholders involved with caring for the learning disabled

The full report and executive summary are available on the Dental Branch website at:
www.dhsspsni.gov.uk/pgroups/dental/dental.asp

Uptake of practice allowance

The practice allowance was introduced in April 2005 with the aim of assisting with costs associated with running a health service dental practice. After an extension of the closing date was agreed with the BDA, the period for claiming the allowance has now closed. There were 292 practices out of a possible 376 who applied for the allowance. When setting up the scheme, the CSA set up a database to monitor the registration levels of each health service practice in Northern Ireland. An audit is now being undertaken to ensure the claims made for this allowance meet the criteria set out in determination XI, i.e. that list sizes are maintained within tolerance of - 5% of the 1 April 2005 levels.

Professions Complimentary to Dentistry Report

The Review of the Professions Complimentary to Dentistry (PCD) Workforce was issued in November 2005. The principal focus of the review is to provide the Department with information concerning recruitment and retention issues within the PCD workforce, and a projection of supply and demand within the profession for the next 5 years.

This is the first review of the PCD workforce and forms part of the Department's Regional Workforce Planning initiative. As with all the workforce reviews, the report contains a mixture of statistical and qualitative information. While the qualitative information addresses such matters as career development, training and planning roles for the future, it is recognised that on the quantitative side that it proved difficult to establish accurate workforce numbers across the PCD workforce.

The report reflects a transitional stage for the PCD workforce as they come within the regulatory framework. The Department will revisit the review during 2006, to provide up-date information on issues affecting employment of the PCD workforce

The report can be downloaded from the Dental Branch website at:

www.dhsspsni.gov.uk/foi/consultationdocuments.asp.

Some of the Key Findings:

- The review found that the supply of dental nurses is adequately covered by the Further Education Sector, raised serious concerns around the continuing viability of the provision of dental nurse training at the Dental School, and recommended review of that training as a matter of urgency.¹
- The review indicates that overall the supply of dental nurses is likely to remain adequate, however it will be important that the dental nurses currently employed ensure that their training satisfies the regulatory requirements shortly to be introduced. There is shifting emphasis in dental care towards improving oral health by prevention rather than treatment. It is anticipated

that, over the next few years, this will increase the demand for hygienists in particular due to the preventative nature of their work and, as the role of the hygienist is extended, there will be increased blurring between the role of the therapist and that of the hygienist. At present there is no locally provided joint therapist/hygienist course to enable students to dual qualify with therapist and hygienist skills. The review recommends that the scope for local provision be investigated.

- It will be necessary to identify who is best placed to provide ongoing training for PCD's. In order to maximise the efficiency of the dental team it is recommended that training be provided on a team basis by the most appropriate provider. It is further recommended that work be taken forward to develop meaningful career development options for people in the respective complementary professions.
- The review identified potential recruitment and retention challenges in relation to Dental technicians and laboratory assistants. Employment in these fields is not considered to be vocational, and hence staff can be attracted away for other reasons including pay. Currently there is no clear career development pathway for laboratory assistants to progress to technician level; such development would enhance retention potential.
- Due to the dispersed nature of these groups, with many employed in private practices and companies, the collection of accurate data for the review was particularly difficult. The need for development of a uniform recording system, to be applied uniformly by all HSS Trusts, and other employers was highlighted as a priority.
- The Professions Complimentary to Dentistry are currently facing a time of change in relation to their professional status and qualification requirements. Additionally, in view of a developing focus on preventative dentistry and promotion of the dental team, the roles of individual professionals are evolving.

¹ A separate exercise to review this training provision was taken forward during 2004 and as a result dental nurse training at the School of Dentistry was ceased.

Fissure sealant Update

Following on from the article in the last CDO News, the Department has undertaken an in-year review of the recently introduced fissure sealant scheme. Uptake of the scheme has been slow and feedback from the profession suggested that one of the reasons was that the age bands were too limited. In order to address this, the age bands have been increased so that under item, 0701 first molar teeth can be sealed in children under age 9 and second molar teeth in children under age 13. The fee has been increased to £9.85. This change came into effect on 1 December 2005.

Vocational Training

(Increase In Numbers)

The number of vocational training places in Northern Ireland will be increased to 30 for the 2006 intake. This will mean that there will be 3 schemes with 10 training places each operational this year.

Training practices outside the greater Belfast area have reported difficulties in attracting trainees in the past and NIMDTA are looking at ways to encourage applications from all areas of the province. To facilitate the additional training places an adviser with specific responsibilities for remote practices will be appointed.

The number of general professional training places remains unchanged for 2006 and brings the total number of training places available in Northern Ireland to 34. Further information can be obtained from NIMDTA on 0289040009 or at: www.nimdta.gov.uk.

Review of the SDR

Following on from the changes to the Statement of Dental Remuneration (SDR) last year, the Department is considering further changes to the SDR for 2006. The Department plans to meet with DPC in early February to discuss the proposed changes and will endeavour to implement changes as soon as is reasonably practical. A full update will appear in the next CDO News.

On-line CPD

There has been a change in policy for payment of allowances for on-line CPD. From the 1 January 2006, eligible GDPs may claim 1 session of CPDA for verifiable on-line CPD. Practitioners who wish to claim allowances for on-line CPD must forward the appropriate documentation that indicates that the activity was verifiable to NIMDTA. On receipt of the documentation, NIMDTA can then authorise the CSA to pay the allowance.

At the end of the year, NIMDTA will undertake an audit of the documentation submitted to evaluate the quality of the on-line CPD being undertaken. The policy on on-line CPD will be reviewed following this audit.

CAPRAP

The Clinical Audit and Peer Review Panel (CAPRAP) would like to remind practitioners of their obligations regarding clinical audit activities. Under Regulations, GDS dentists are required to undertake at least 15 hours of clinical audit activities within a 3-year cycle. Clinical audit activities include peer review groups as well as individual clinical audits. The scheme was introduced in October 2001 and the first 3-year cycle is now complete. Dentists who entered the GDS after 2001 are nearing the end of their 3-year cycle and CAPRAP are concerned at the low uptake of clinical audit activities. The data below indicates current clinical audit activity as of November 2005:

REPORT ON PEER REVIEW SINCE 1 OCTOBER 2004

Board	Applications	No of dentists involved	Number of Dentists In Board Area
Eastern	21	140	358
Northern	13	62	203
Southern	8	49	161
Western	3	21	131
	45	272	853

REPORT ON CLINICAL AUDIT SINCE 1 OCTOBER 2004

Board	Applications	No of dentists involved	Number of Dentists In Board Area
Eastern	9	14	358
Northern	2	2	203
Southern	3	6	161
Western	2	3	131
	15	25	853

Totals eligible to participate in PR/CA	
Principal Associate Dentists	853
Assistants & VDP's	36
General Practitioner Training Scheme	4
	893

It takes 9 - 12 months to organize, participate in and write up a peer review or clinical audit project. The CSA have compiled a database to track those dentists who are likely not to meet their clinical audit requirement.

If you are one of these dentists and want some further information then contact Gillian Weir on: 02890535649 or email: weirg@csa.n-i.nhs.uk. Dentists who fail to meet their 15 hour requirement are in breach of their terms of services and may have had financial sanctions imposed, as was the case in the 3-year cycle which has just passed.

Review of The Community Dental Service

Following the consultation period of the Review of Community Dental Service (CDS) and analysis of the responses received, it was decided to await the development of the PDCS and RPA before bringing forward the recommendations of the Review as it was recognised that both these pieces of work would have a significant bearing on the future direction of the CDS.

With the PDCS and RPA now completed, work can now resume on the Review of CDS. The Chief Dental Officer is establishing an Implementation Steering Group, which will draw membership from the Department, HSS Boards and HSS Trusts. In addition, the department are working on submitting a bid for a project manager to manage and coordinate the project and ensure the implementation is in line with the agreed action plan and project timetable. It is likely that a series of working groups will be set up to advance the 6 work streams which were identified in the Review:

1. Corporate Plan
2. ICT
3. Staff Development and CPD
4. Research and Identification of Best Practice
5. Clinical Governance
6. Oral Health Promotion.

Further updates on the progress of the implementation programme will appear in subsequent issues of CDO News.