

Foreword

Dear Colleague,

This edition of CDO...news has a strong focus on the new dental contract. We have been in negotiations with the BDA for two years now on developing a bespoke contract for Northern Ireland and across the first three pages of this newsletter we've outlined the background and framework of the new contract. What is very apparent is that we will have a completely different dental contract from the rest of the United Kingdom. I would like to thank Simon Reid for his dedication and hard work in developing the contract framework. Much work is still needed if we are to pilot the contract next year and we look forward to working with the BDA to set up the pilot sites.

Since the last newsletter we have spent a considerable amount of time developing the dental tender. The purpose of this tender is to get additional Health Service dentists into areas where there are significant access problems in Northern Ireland. The tender opens opportunities for dentists from Northern Ireland and further afield to expand existing practices or open new practices in the designated areas where access is a problem. Additional dental services will not be tendered into areas where adequate Health Service provision exists and therefore will not impact those practices that are committed to the Health Service. Our Minister has made it clear that it is important that patients across Northern Ireland have the option of accessing Health Service dentistry no matter where they live. Much time and hard work has gone into developing this project and I would particularly like to thank Judi McGaffin (WHSSB) for acting as professional lead and facilitator on behalf of the four Boards, Myles O'Hagan (RSS) for his expertise in drafting and issuing the tender and Margaret Glass (DHSSPS) for her expertise and advice on drafting and issuing the directions for the pilot PDS. We look forward to a successful outcome to the tender exercise in January 2009.

By the time of the next Newsletter we will be rapidly approaching the setting up of the new Regional Health and Social Care Board and Regional Agency Public for Health and Social Well-Being. At the time of going to print the final details regarding where dentistry and dental staff will sit in the new structures have not been agreed and we hope to be in a position to update on this issue in the next CDO...news.

I hope you all have a peaceful Christmas and wish you a Happy New Year,

Donncha O'Carolan



Acting Chief Dental Officer
November 2008

New Primary Dental Care Contract Framework

Background

The DHSSPS has been in negotiations with the Dental Practice Committee of the BDA since November 2006 to develop a bespoke dental contract for Northern Ireland.

This is a first for both the DHSSPS and BDA(NI) as, to date, we always have been part of a national contract. We had to start from scratch and develop a framework which could be translated into a new contract.

Simon Reid was seconded to the DHSSPS in November 2006 on a part-time basis to work exclusively on the contract. To inform the contract development, the DHSSPS asked Professor Ciaran O'Neill, a Health Economist from Queen's University, to review existing dental remuneration systems from across the world and, from this analysis, recommend an appropriate model for Northern Ireland.

Professor O'Neill advised a blended system of remuneration comprising payment through a block component along with a limited item of service component. Simon Reid has worked up the detail of both these components and developed a contract framework for Northern Ireland.

Throughout the stages of development, the Department has presented its proposals to the BDA for agreement. The following sections give more detail behind the principles and structure of the contract framework. We are also planning to publish a document on our website which describes in more detail the new dental contract framework. This document will be available at <http://www.dhsspsni.gov.uk/index/dental/dental-pubs.htm>

Principles Underpinning the New Contract

The new dental contract has, as its basis, the recommendations arising from the Primary Dental Care Strategy (PDCS) 2006 and also from the Oral Health Strategy (OHS) 2007.

Key Aims of the PDCS

- 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 addition, the following key principles were used when developing the framework for the new contract.

Common Underpinning Principles

- Cost-effective
- Evidence-based
- Equitable access to care:
 - Opportunity to access services defined in the new contract is available to all
 - Contractor commitment to offer services
- Simplified system of administration and monitoring:
 - Fewer categories/descriptors of treatment
 - Simpler administration and data returns
- Easier for patients to understand
- Equality impact assessment considerations

Two key elements that are fundamental to the new contract are providing preventive care for patients and defining a core range of treatments to be available under Health Service dental care. The former will reward practitioners for providing preventive advice and interventions, getting away from the *drill & fill* mentality and which will impact in the longer term on the oral health of the population. The latter will clearly define the clinically necessary and cost-effective treatments available to restore oral health rather than for cosmetic or aspirational needs. The new model will also allow clearer mixing of treatment modalities at the patients' request, by informed choice.

The blended system of service delivery and remuneration is illustrated in **Figure 1**

The blended payment system will consist of regular *Care Payments* along with supplementary *Item of Service* payments for restorative treatments from a clearly defined range of *Essential Services*. The *Care Payments* will consist of *Patient Care Payments* (PCP's) and *Quality Care Payments* (QCP's). PCP's will be regular enhanced registration payments for ongoing patient care including examination, patient appraisal, simple periodontal care and preventive advice/interventions. QCP's will additionally be payable as quality assurance payments relating to the practice environment and the individual practitioner.

Essential services will comprise a scaled down list of treatments that are available to all under health service arrangements and will be paid through *Item of Service*. A list of *Exceptional Treatments* may be provided through a strict prior approval

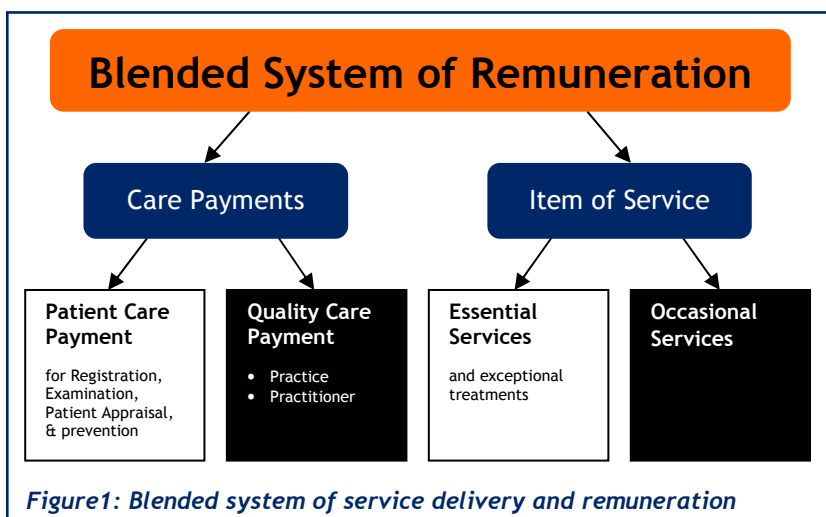


Figure 1: Blended system of service delivery and remuneration

mechanism and will only be approved where the treatment is clinically necessary and cost effective. This will also be paid through *Item of Service*. Any items of treatment not included in the *Essential Services* or allowed through *Exceptional Services* may be provided privately to patients.

Occasional treatments are still included, now known as *Occasional Services*, as there will always be a patient group who only want to access care on an occasional basis. Whilst we would encourage patients to register for ongoing care, we still need to have such a facility available.

Figure 2 illustrates the *Care Pathway* from the new contract. This shows how a patient's care would be provided and how the components within the contract will integrate.

Benefits and Advantages of New Contract

The benefits and advantages of the proposed Northern Ireland dental contract over the existing system include:

- Preventive care is integrated into the remuneration system, through a system of prospective payments, thus rewarding the dental team for providing preventive care to patients and in the long term delivering improvements in the overall oral health of the population
- There will be payments that reward quality of patient care, which is a welcome move away from the current system that tends to reward quantity rather than quality
- Guaranteed regular payments will be made to practitioners based on the needs of their patients and thus allow for better financial planning and aid cash flow, coupled with effective checks and balances to assure the system and ensure value for money
- The *treadmill* of old will have been removed thus allowing dentists to spend more time with patients and improve working conditions
- It is not a target-based system and therefore dentists can work at a pace that is suitable for the dental team and their patients
- There is clear definition of the treatments which are available under the Health Service thus defining for patients and dentists *what is in and what is out*
- Registration of patients will continue under the new arrangements as recommended by the Health Select Committee in England, thus providing clarity to patients and the profession alike
- Local commissioning will be facilitated, thus improving access to dental services across the whole of Northern Ireland
- The system will be less administratively complex and therefore easier for dental teams to operate and commissioners to monitor



Next Stage

Much detailed and important work has been carried out, to date, to develop this **standalone** contract framework. Further work needs to be undertaken to model the dental budget against this framework, in order that the framework can be translated into a workable contract.

We are already doing some detailed work on the patient care payments to devise a formula, which will integrate patient need and anticipated workload into a patient specific payment and hope to have this work completed

early in the New Year.

The DHSSPS and BDA(NI) are committed to working towards setting up pilot sites to test the new contract. This will require significant input from both sides and we are aiming to start the pilots in October 2009 and start evaluating in October 2010.

Pending a successful evaluation, we would aim to roll out the new contract in April 2011. ■

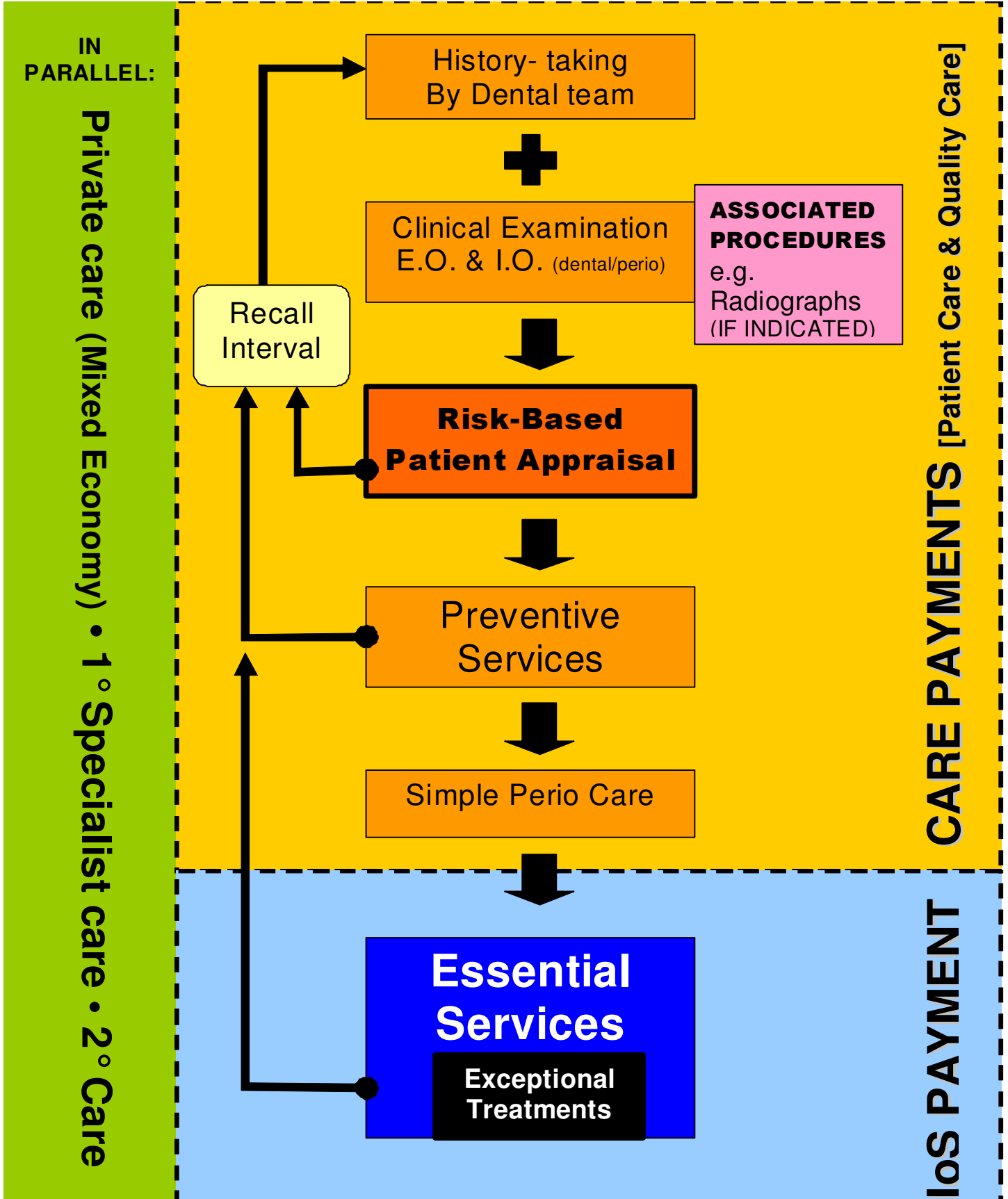


Figure 2: Care Pathway

Dental Tender

The Minister, Michael McGimpsey, announced his intention to provide additional dental services in areas of Northern Ireland where access to health service dentistry is problematic. At the Assembly on 29 April 2008, the Minister stated:

It is my aim that everyone in Northern Ireland should be able to access Health Service dentistry no matter where they live or their circumstances

These additional dental services are being sought through a tendering exercise.

In order to attract applications to this tender from as wide a range of dental providers as possible it has been necessary to move beyond the usual system whereby Health and Social Services Boards make arrangements with dental practitioners for general dental services. Instead, these additional services will be established under pilot Personal Dental Services schemes. This will ensure an open and competitive tender across all those working in the private/independent sector.

The Western HSS Board has taken on responsibility for facilitating this tendering exercise on behalf of all the

Northern Ireland HSS Boards. In order to meet the legislative requirements for pilot Personal Dental Service schemes under the 1997 Order, a Board must consult on the proposal to hold a pilot scheme. Directions made under the 1997 Order, issued by the Department on 9th July 2008 state that a Board must consult with the Local Dental Committee, the Health and Social Services Council and any other body or representative of any group of people which, in the opinion of the Board, is likely to be significantly affected by the proposals. The Western HSS Board facilitated this consultation on behalf of all the Boards.

Following consultation the Board, when making proposals to the Department for pilot schemes must include any written response received from Local Dental Committees and Health and Social Services Councils as well as a summary of all the responses received, including information indicating the level of local support for, and opposition to, the proposed arrangements.

The purpose of this consultation, therefore, is for the Board to obtain opinion on the level of support for providing additional dental services in Northern Ireland using pilot Personal Dental Services as a means of doing so.

The consultation process closed on 10 October 2008. In all 135 replies were received. These responses were evaluated and there was overwhelming support for the proposal to obtain additional dental services at the named locations.

The tender for additional dental services can be downloaded from www.csarss.net.

The tender is seeking additional health service dental provision in the following locations:

- Banbridge
- Bangor
- Outer Belfast⁵
- Carrickfergus
- Cookstown
- Derry
- Dundonald
- Dungannon
- Enniskillen
- Hollywood
- Newry
- Newtownabbey
- Omagh
- Strabane

Each of the 38 dentists will be required to register 1500 patients. The tendering process closes on January 7, 2009 and it is hoped to have named preferred bidder(s) early in the New Year.

⁵ (Lisburn Castlereagh and Carryduff)

New Community Dental Service Contract

A new contract for dentists employed within the salaried primary dental care services in England has been agreed between the BDA and NHS Employers.

This is a modern employment contract which creates a new single pay spine based upon demonstrable competencies which facilitates enhanced career development structures. The new contract introduces annual appraisal and job planning, and specified competencies for each pay band. The contract also introduces an annual training allowance per dentist to explicitly support training and development.

The contract is being introduced in Wales but not in Scotland.

The BDA(NI) has asked the Department to introduce a similar contract into Northern Ireland. Several meetings have taken place between the BDA and the Department to develop a business case for a new Community Dental Service (CDS) contract here. Approval needs to be granted by the Department of Finance and Personnel (DFP) before a new CDS can be introduced here. A sub-group of the Joint Negotiating Forum is currently working on drafting the business case.

Continuing Professional Development for Dental Care Professionals

The Department has made recurrent funding available for continuing professional development (CPD) for dental care professionals (DCP's).

Total funding available is £120K. The announcement of this additional funding was made by our Permanent Secretary, Dr Andrew McCormick, at an evening reception, hosted by the General Dental Council (GDC) in Belfast on 3 September 2008.

Compulsory CPD requirements for DCP's were introduced by the GDC on 1 August 2008. DCP's are required to undertake 150 hours of CPD over each five year cycle and at least 50 of these 150 hours must be verifiable. The GDC have stipulated three core areas which must be included in the 50 hours of verifiable CPD:

- Medical emergencies
(at least 10 hours in every CPD cycle)
- Disinfection and decontamination
(at least 5 hours in every CPD cycle)
- Radiography and radiation protection
(at least 5 hours in every CPD cycle)

The Department has asked NIMDTA to look at how best to deliver CPD for DCP's with the aim of setting up a programme of CPD in the 2009/10 business year. There is much work to be undertaken in setting up this programme and we will update the profession whenever further details become available.

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<http://www.dhsspsni.gov.uk/index/dental/dental-whatsnew.htm>

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