



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

PANDEMIC INFLUENZA

Guidance on the delivery of and contract arrangements
for primary care dentistry

September 2009

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Appendix 1

Community Dental Service Contact Details

1. Introduction

1.1 This good practice guidance provides specific advice to the Health Service on the delivery and contract arrangements for primary care dentistry in the event of a pandemic. It supplements, and should be read with, other guidance on pandemic flu, which is available on the DHSSPSNI Website

www.dhsspsni.gov.uk/index/phealth/php/infectious_diseases/pandemic_flu.htm

1.2 The Board refers to the Health and Social Care Board which has been operational from April 2009.

1.3 This guidance should be read in conjunction with “Pandemic Influenza: Guidance for dental practices” which has been issued along with this document (provide web link when available).

2. Impact of a flu pandemic on the delivery of primary care dentistry

2.1 While the pattern of development of a pandemic in Northern Ireland and the rest of the UK cannot be absolutely predicted, it is most likely that it would spread over a matter of weeks, and not necessarily uniformly, in the initial phase. It is therefore important for the Board to determine the impact on dental services in light of the development of the pandemic locally.

2.2 It is expected that the principle of ‘business as usual’ will operate for primary care dentistry until this is no longer feasible. Possible situations that may prevent business as usual at practice level, or more widely, include:

- well-asymptomatic patients choosing not to attend for treatment
- pandemic penetration at such levels that a significant proportion of the population are ill and therefore not able to attend for treatment.
- insufficient clinical and non-clinical practice staff available to enable safe running of the service, owing to illness or a need to be absent to care for dependants

2.3 Further information on the likely nature and spread of an influenza pandemic can be found in chapters 4 and 5 of *Northern Ireland Contingency Plan for Health Response for an Influenza Pandemic*, available at the DHSSPSNI website

www.dhsspsni.gov.uk/index/phealth/php/infectious_diseases/pandemic_flu.htm

3. Monitoring provision of General dental services

3.1 The Board will wish to ensure that Principals¹ take all action within their power to continue providing General Dental Services as fully as possible. However, it is acknowledged that a significant pandemic could affect service delivery and the ability of patients to attend appointments.

3.2 The Board will need to inform Principals of the information they need them to provide in such circumstances. This information can then be taken into account if compensatory payments need to be agreed. Examples might include records of staff absence/illness and the number of patients failing to attend appointments over defined time periods.

4. Payments to Principals

4.1 This section should be read in conjunction with paragraphs 8.8 to 8.12 in “Pandemic Influenza: Guidance for dental practices” which was issued along with this guidance

4.2 The Board will agree a reasonable and proportionate response to the disruption of normal service provision with Principals and compensatory payments will be paid. Levels of compensation will be decided on a case by case basis by the Board. Compensatory payments are intended to protect Principal’s **gross Health Service** income for the period where **patients are unable to attend** and because of this, business as normal is no longer feasible. Compensatory payments will not be made because of practice closure due to illness among practice staff.

4.3 If business as normal is no longer feasible, then in order for compensatory payments to be paid, **the Board requires that:**

- Business Continuity Plans are completed and agreed with the Board;
- A proforma with information required by the Board is completed and returned **weekly** by each practice, retrospective submission is not acceptable;
- Principals will be willing to support the delivery of essential dental services;
- Those staff able to work will attend their place of work to carry out agreed practice-based duties; and

¹ For the purposes of this guidance a Principal is defined as any dentist holding a contract number.

- Principals will support the wider Health Service.

4.4 Compensatory payments will be made retrospectively and will be based on:

- the factors outlined in 4.3 above;
- compensatory payments will be based on a comparison between monthly gross Health Service income during the pandemic and the monthly gross Health Service income for the months before and, if appropriate, after the affected period. This will be based on the weekly returns and other information available to the Board .

4.5 Where delivery of services is compromised, practices should gather the following information on the proforma return in order to associate the shortfall in service delivery with the pandemic:

- record the number of patients attending the practice. This information can then be compared with a typical working day,
- maintain records of other work carried out within the practice as a result of patients not being seen (updating policies and undertaking audits, for example) to demonstrate that time spent not seeing patients was used constructively and contributed to the improvement of patient services
- maintain records of staff and dentist absence, both for illness and caring for dependants. Week by week records will help to demonstrate the varying impact of the pandemic
- identify days when the practice is unable to open as a result of insufficient staff
- maintain records of any other work undertaken at the request of the Health and Social Care Board or Public Health Agency.

4.6 These records will provide documentary evidence in support of situations where there is a shortfall in the delivery of services. The Board reserves the right to request or check additional information in order to verify compensatory payments.

5. Supporting the delivery of primary care dentistry and the work of the wider Health Service

5.1 Unlike primary medical care, the total Health Service dental practice capacity will probably not be challenged by an increased number of patient attendances. Consideration needs to be given as to how primary care dental staff who are well and able to attend work might be able to contribute to supporting the Health Service in dentistry and other roles during the pandemic period.

5.2 The Board will work with Principals and other primary dental care providers to address the following:

- arrangements should be in place to ensure that asymptomatic individuals with an urgent dental problem can access appropriate care through the general dental services
- to ensure that symptomatic individuals with influenza who require urgent dental treatment are referred to the Community Dental Service. It is anticipated that relatively few people will need such treatment each day.
- Clinical and non-clinical staff may be able to provide support to the wider Health Service where roles have been identified that are within their skills set, and where support and training is available to ensure their competence and confidence. The Board should consider the potential roles that members of the dental team could support, and should discuss this with their local profession/Principals. Examples include taking phone calls, triaging patients, providing information and signposting patients to other services
- If primary care dentistry is no longer possible in a practice, it would be reasonable to expect those who are able to attend work to do so in order that patients contacting the practice can be appropriately advised. The Board should also engage with local Principals to consider how primary care dental practice staff could best be deployed within the practice – for example, in updating practice policies, undertaking audits based on record card information, and undertaking other activities that enhance the service provided by the practice.

5.3 **Symptomatic patients** who require **urgent** dental treatment will be treated by the **Community Dental Service** to whom they should be referred by a GDP. Dentists within the CDS will have been provided with the training and Personal Protective Equipment required to treat symptomatic patients safely. For contact details regarding local arrangements see appendix 1

5.4 Further information on personal protective equipment can be found in chapter 6 of *Northern Ireland Contingency Plan for Health Response for an Influenza Pandemic*, available at www.dhsspsni.gov.uk/index/phealth/php/infectious_diseases/pandemic_flu.htm

6. Staff Sharing

6.1 There may be situations where the sharing of dental practice staff between practices may help to enable a practice to continue providing a dental service. The employment law implications of this are complex, and appropriate advice should be sought in such situations.

7. Indemnity for primary care dental staff

7.1 Where primary care dental staff working in the independent contractor setting agree to work in Health Service healthcare settings or organisations outside their usual workplace, arrangements for them to be covered by Health Service indemnity should be arranged.

8. Education and support for Health Service Primary care dental staff

8.1 The Board will, with immediate effect, include Health Service primary care dental staff in all relevant communications regarding pandemic flu to increase knowledge and understanding and reduce unnecessary concerns.

9. Private Dental Practice

9.1 Pandemic flu is a public health matter, and private dental practices should comply with the general guidance for dentists to ensure that the infection is contained as far as possible. There will be no obligation for the Board to reimburse private practices when workload (and therefore income) is affected. Ad hoc arrangements might arise when private dental healthcare workers undertake dental and or non-dental duties at the request of the Board.

10. Resuming 'business as usual.'

10.1 A gradual return to normality should be anticipated and expectations regarding service delivery shaped accordingly. This will apply also to the Business Services Organisation (BSO), which may also be affected by pandemic issues affecting staffing, and this must be taken into account when claimed payments are due. The pace of recovery will depend on the residual impact of the pandemic, ongoing demands, backlogs, staff recovery and continuing supply difficulties. The rate of recovery may differ from practice to practice.

Appendix 1

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