

Foreword

The 17th March deadline for responses to the Primary Dental Care Strategy has passed. The General Dental & Ophthalmic Services Branch is collating the responses and we will report your views in another issue. We have watched the scenario in England and Wales with interest. There appears to be a conflicting view on the uptake of nGDS with newspaper and DoH reporting different figures. We will await the official statistics. It is important to stress that the nGDS will not be transposed to Northern Ireland. I am aware that some practitioners are telling their patients that the 'new contract' is forcing them to go private. Let's be honest with our patients - there is no new contract in place here yet and there are different reasons for going private than just a new contract. The SDR will continue in Northern Ireland for the foreseeable future. There is much work to be completed before we have any new arrangements in place. This will be my last Newsletter - I retire on 1st September. Time has flown; I've thoroughly enjoyed my time as Chief Dental Officer - as I also enjoyed being a general practitioner. Dentistry is a wonderful, challenging profession and I wish I had another 10 years to sort it out! That view may not be shared by all! I do hope a satisfactory contract, to dentist, patient and paymaster, can be negotiated. I will continue to follow dental politics with great interest

Thank you to all my colleagues for your support over the years and making this job worthwhile.

Regards,
Doreen Wilson
Chief Dental Officer
May 2006

Primary Dental Care Strategy - Update

Consultation on the Strategy ended on 17 March and the Department is currently in the process of analysing the 44 responses received. Although this exercise is not yet complete, it would appear that responses are mainly supportive of the recommendations. The Strategy will be finalised following consideration of the comments received and, subject to Ministerial approval, is expected to be published in early summer 2006.

Following publication of the Strategy, the Department will need to prepare the necessary legislation to allow the new delivery arrangements to operate. It will also begin discussions with the Dental Practice Committee on future remuneration arrangements. Although it is anticipated that implementation of the Strategy will commence in April 2007, it is likely to be a staged process, particularly as any new arrangements will need to be piloted. In addition, commissioners will require time to undertake a dental needs analysis study for their population. Given this situation, it is likely that most GDS dentists will continue to work under present arrangements for some time.

It should be emphasised that, in relation to any new remuneration arrangements, the Department will not be simply adopting the new contract for England and Wales. Instead, it is committed to working with the dental profession to arrive at arrangements that are best suited to Northern Ireland, both in terms of appropriate delivery to patients and satisfactory rewards for dentists.

CDS Review

Progress has been ongoing on bringing forward the implementation of the Review of the CDS. Since the beginning of the year:

- A steering group has been appointed by the CDO
- Six working groups have been established and have commenced work on their respective areas:
 - Corporate plan
 - ICT
 - Staff development and CPD
 - Research and identification of best practice
 - Clinical governance
 - Oral health promotion
- A workshop, which a wide range of stakeholders attended, was held on 16 March to look at such areas as:
 - Overall scope of the salaried services
 - Future service provision,
 - High level aims and objectives
 - Special needs patients
- Building on from the first workshop, the working group responsible for the Corporate Plan held another workshop on 4 May to further develop the corporate strategy.
- The six working groups are to report on their progress before mid June
- A steering group meeting is planned for the end of June at which progress to date will be assessed.

The Department is still progressing a bid to appoint a project manager. Updates will appear in future newsletters.

Changes to the SDR

There have been several significant changes to the new SDR.

Practice Allowance

Since the introduction of the practice allowance in 2005 and subsequent feedback from the Profession and DPC, the Department have made some further changes. These will simplify the calculation of the allowance, remove the anomalies which may have impacted on part-time dentists and reward dentists for improved commitment to health service dentistry. From April 2006, all health service practices will receive a practice allowance which will be calculated as 3% of practice gross GDS income (subject to provisos in the SDR). In addition, a further allowance of 2% will be paid to practices who demonstrate additional commitment to the Health Service. The criteria applied to this extra 2% will be:

- an average list size of 500 patients per dentist of which 100 must be fee paying
- the average gross GDS income for each dentist is in excess of £50,000.

Further details on the practice allowance are detailed in the SDR.

Capitation and Continuing Care Payments

In order to target resources at the areas of greatest need and encourage dentists to register and provide care for those patients with greatest need, capitation and continuing care payments will be increased for patients who live in the 20% most deprived wards. The 20% most deprived wards are identified in the 2006/07 SDR. Also, to encourage adult registrations overall, the continuing care fee for all adults will be increased by around 15%.

The changes in these fees are detailed below:

Capitation

Age Group	0-5	6-12	13-17
Monthly Capitation Fees	£1.39	£2.94	£4.27
Deprivation (100% of fee per month)	£1.39	-	-
Deprivation (50% of fee per month)	-	£1.47	£2.14
Special Needs (Double the fee per month)	-	£5.88	£8.54

Continuing Care

Age Group	18-64	65+
Current Fee	£0.64	£0.71
Revised Fee	£0.74	£0.81
Deprivation (50% of fee per month)	£0.37	£0.42

Registration of Dental Care Professionals (DCP's)

Dentists, dental hygienists and dental therapists are required, by law, to register with the GDC. From July 2006, other Dental Care Professionals (DCP's) will have to register:

- dental nurses,
- dental technicians,
- clinical dental technicians
- orthodontic therapists

Usually, a DCP would need an approved qualification to register. When the new DCP Register opens in July 2006, dental nurses and dental technicians with no formal qualification may be eligible if they have the right experience. This is known as 'transitional entry'. After the two-year 'transitional' period, experience will not be enough to gain registration, and the DCP will need an approved qualification. So if you don't have the qualifications, you must apply for registration as soon as the register opens.

The following are some quick facts from the GDC website:

- When you have shown you meet the standards to be put on the DCP register, and have paid your registration fee, we will put your name on the register and you can practise as a registered DCP.
- Registering with us shows you have met the standards expected of members of the dental team and that you are professionally accountable for your actions. It also means the GDC could investigate any complaint we receive about your professional conduct or fitness to practise.
- When you join our registers, you undertake to follow the standards we set out in our ethical guidance, Standards for dental professionals, and supporting guidance.
- Each year you will have to pay a fee to stay on the register and be allowed to keep practising. The cost to register for the first time will be £72. This first fee will cover your registration up to the end of the first year of compulsory registration in July 2009. So, if you register at the start of the transitional period, you will get three years' registration for one fee.
- At the moment DCP's do not have a formal CPD scheme where you have to complete a specific number of CPD hours each year. We are not intending to introduce a formal CPD scheme for DCP's before July 2008.
- As is the case now, DCP's do need cover. Usually this is done through the employer's insurance at work. But you may want to consider getting cover and advice if you have a problem at work, or if a complaint is made against you. Your professional association should be able to give you more advice on this.
- When the register opens in July 2006, you will need to contact us about how you go about applying, as the process will depend on your qualifications, training or experience. You will also need to show evidence of good character and health.
- Some experienced DCP's, such as dental nurses and dental technicians, who are not professionally qualified, may be eligible to join the register during a two-year 'transitional period' starting from the date of the register opening. During this time, applicants can apply to go on the register and we will assess whether your training and experience is enough to be a registered DCP.

For up-to-date information on all aspects of GDC registration, go to their website at www.gdc-uk.org or call 020 7887 3800 or e-mail the registration team at gdcregistration@gdc-uk.org

Workforce Review

The latest review of the dental workforce was published at the end of March 2006. This is the second main review of the dental professional workforce carried out by the Department, the first having been completed in 2002. The review forms part of the regional workforce planning cycle whereby all main HPSS groups are reviewed on a uni-professional basis every three years with updates carried out each intervening year. The workforce planning cycle was designed to ensure that the data in relation to the workforce is up-to-date and accurate.

The purpose of the review is to provide the Department with comprehensive current information on the dental profession across Northern Ireland. This will inform the Department's planning in the provision of training for this profession to facilitate service provision over the next ten years.

The review investigates current and future supply and demand factors that will impact on the delivery and development of dental services.

A key aim of this work is to enable the development of strategies that can assure the correct number of these professionals is in place and working in the most effective way to offer maximum benefit to the overall healthcare team and optimal patient outcomes.

The review takes into account the dental workforce in the Hospital, Community and Independent Practitioner contexts, and addresses issues for the overall dental care team.

Some of the Key Findings include:

Workforce Statistics

The review notes a total of 896 Dental professionals are employed in Northern Ireland, comprising the following:

- 726 in General Dental Service (42% female and 58% male);
- 94 in the Community Dental Service (74% female and 26% male);
- 58 in the Hospital Dental Service (36% female and 64% male);
- 18 Others.

Supply vs. Demand

Whereas the 2002 review indicated an under-provision of dentists by 2012, the findings of this review in respect of the CDS, GDS and HDS indicate that we are moving towards a relative balance in supply and demand over the next 10 years. Variation in any of the supply and demand factors will alter this situation. This will be kept under review annually and corrective action taken, as necessary.

Recommendations:

- Undergraduate places available in QUB School of Dentistry are increased by five places;
- Vocational training places are increased from the current 24 places, ideally to 40;
- A more creative approach is developed to recruit dentists to hard to fill posts;
- Reward and terms and conditions of employment for salaried dentists are reviewed to address recruitment and retention difficulties;
- Further work should be taken forward to develop career pathways in the HDS;
- Work is taken forward to address securing an adequate supply of consultants to cover the needs of the dental specialisms;
- Further work should be carried out on the development of the Dental Care Professionals groups to support provision of the full range of dental services;
- Given the high proportion of private practitioners in this field, it is recognised that gaps exist in the current sources of information available for workforce planning. It is proposed that a regular workforce census should be conducted to ensure accuracy of information for all staff in the profession.

PCCI

The Primary and Community Care Infrastructure (PCCI) project will see the development of over forty Health and Care Centres across Northern Ireland over the next ten years. These centres will encompass those services that do not require a hospital bed, but which are still complex or specialised in nature. They will act as a one stop shop for patients.

There has been much work put into the dental provision at these centres over the past 6 months, and initial plans propose dental services at over forty sites across the province facilitating more than three hundred dental chairs. The dental presence will vary at these sites but included in the planning are out of hours services, out reach teaching facilities to complement the School of Dentistry and provision for salaried general dental practitioners as well as established services such as the CDS.

Cross Infection Control Manual Launch

On 2 May the Chief Dental Officer officially launched the Northern Ireland Cross Infection Control manual and CD Rom at the Pavilion, Stormont. An invited audience included members of the dental profession, infection control nurses, clinical and social care governance support team, DHSSPS officials and representation from Health Estates. The manual was developed by Dr Pankhurst and Dr Coulter with support from other members of the profession locally. The project was funded by the four HSSB's and the DHSSPS. The manual and CD Rom are part of a package which included an audit of all the health service dental practices in Northern Ireland along with a series of training workshops across the province.

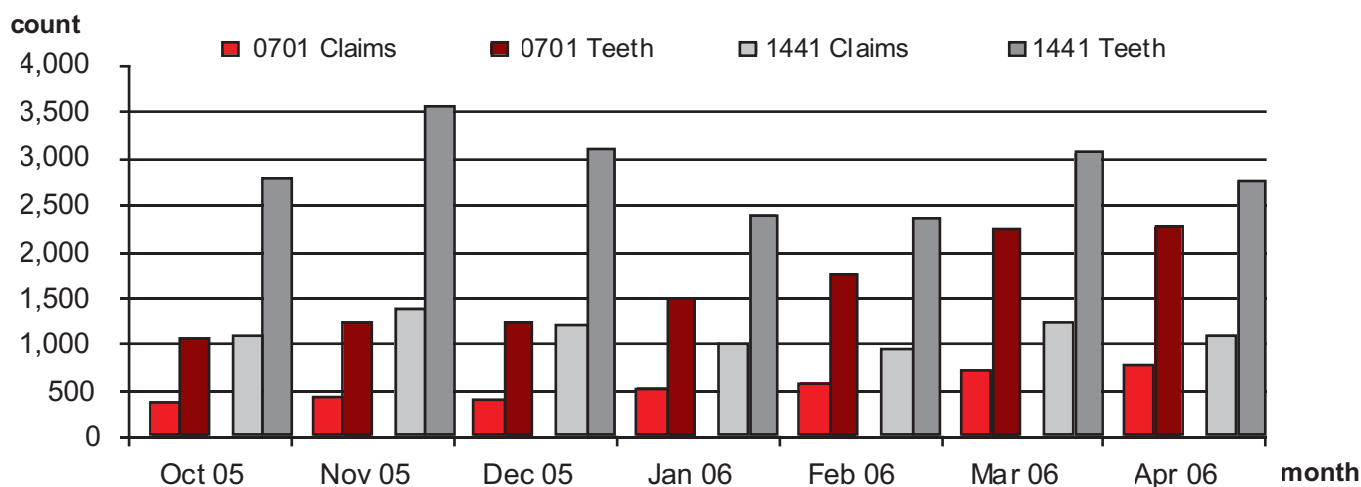
To mark the launch, Dr Andrew Smith (Glasgow), Dr Caroline Pankhurst (London) and Dr Wil Coulter (Belfast) presented information and findings on cross infection issues that had emerged from audits within their geographical areas. Dr Coulter used the opportunity to demonstrate the CD Rom which accompanies the manual. This was followed by a lively question and answer session on the whole range of issues concerning cross infection control.

Fissure sealants for the under 13's

In the autumn 2005 edition of CDO...News, we published data which showed a poor uptake of the new preventive fissure sealant item (0701). We have been closely monitoring the uptake of this item over the intervening period and the tables and graph below show an increase in the uptake of preventive sealants. However, practitioners are still claiming more restorative sealants in the under 13 age group than preventive sealants, which is a surprising treatment pattern. Are any dentists claiming the wrong code, item 1441 instead of 0701? Perhaps the claim pattern may be down to our high caries level, but we are keen to encourage dentists to seal these vulnerable teeth before they require restoration. The fees for 0701 were increased in December 2005 to encourage a more preventive approach to the dental care of children less than 13 years of age.

month	0701		Teeth/ Claim	1441		Teeth/ Claims
	Claims	Teeth		Claims	Teeth	
Oct 05	354	1,037	3	1,074	2,763	3
Nov 05	410	1,215	3	1,368	3,542	3
Dec 05	390	1,221	3	1,196	3,074	3
Jan 06	518	1,481	3	999	2,383	2
Feb 06	575	1,740	3	934	2,332	2
Mar 06	703	2,211	3	1,216	3,062	3
Apr 06	760	2,249	3	1,082	2,744	3
	3,710	11,154	3	7,869	19,900	3

0701 & 1441 uptake in the under 13's: October 2005 to April 2006



Changes in the Primary Care Directorate

Christine Jendoubi has taken up post as Director of Primary Care in the Department, replacing Dr Jim Livingstone. Christine has spent most of her career working in the Department of Education in a wide range of policy posts including responsibility for special education, child protection, school improvement and teachers pay and conditions.

John Farrell has moved from General Dental and Ophthalmic Services (GDOS) to General Medical Services. Denis O'Hara now has overall responsibility for GDOS.

Proposed changes to NIMDTA & CSA

Subsequent to the Health and Social Services reforms, announced as part of the Review of Public Administration (RPA), there was a further announcement in March 2006 regarding future reforms of quangos. Of interest to dentistry will be the proposed changes to CSA and NIMDTA.

CSA

Under the proposals functions such as the Family Practitioner Services, Counter Fraud and R&D will transfer to the new Strategic Health and Social Services Authority (SHSSA) while other services such as procurement and legal services will be managed on a shared basis under the management of Trusts.

NIMDTA

Under the proposals, NIMDTA will be abolished and most of its functions will transfer to the SHSSA.

Meanwhile, the Chief Dental Officer is working with other key stakeholders to develop a model which will decide how dental services will fit into the new structures proposed in RPA and ensure smooth implementation.

Supply of local anaesthesia

You may have heard about shortage of local anaesthesia (LA) in England. Dentsply and Deproco have reported increased supply of LA to the UK including 1.8ml capsules of Citanest with Octapressin. The Department of Health in England has said that there is enough supply to meet demand based on known usage patterns. Our CDO has been in contact with the local dental supply houses and they stress that practitioners should not panic buy or stockpile LA to ensure even availability across the profession.