



**Summer/Autumn 2007**

## Foreword

Dear Colleague,

There has been significant change at the top of the Department since the last edition of CDO...news was issued with the return of devolution and a new local Minister, Michael McGimpsey. Our Department had one of the first pieces of legislation to go through the Assembly with the Health (Miscellaneous Provisions) Bill and details are included on page 4.

Negotiations continue on the new dental contract and a joint communiqué has been agreed between the Department and the BDA to update the profession on progress to date. We plan to send out this communiqué in September, you may well have already received it by the time you read this newsletter. As the communiqué points out, it is likely to be some time before a new contract will be in place across Northern Ireland and in the interim we will continue to look at ways to reward dentists who remain committed to the health service.

We also publish the most current data on general anaesthetic extractions and fillings for young children in the centre spread. There has been an encouraging downward trend in the GA figures and also the number of fillings placed; however the figures are still too high and we will continue to focus our attention on reducing caries rates in our child population.

Many of you will be aware that our Minister is reconsidering some of the changes to the Health bodies which had been proposed by the previous administration under the RPA. At the time of going to press we have no further details of what the Minister's future plans are on this issue. We hope to be able to update you in the next CDO...news.

Regards,

**Donncha O'Carolan**

Acting Chief Dental Officer  
August 2007

## The Oral Health Strategy for Northern Ireland

The Department published the consultation document An Oral Health Strategy for Northern Ireland in September 2004.

We received 77 responses to the consultation questionnaire. Most of the responders either agreed or strongly agreed with the recommendations, and so have not required any change.

The targets for improving oral health in children in the consultation document, however, were written using data taken from the 2002 North South Survey Children's Dental Survey. The methodology used in this survey tended to underscore caries levels. When the results from the 2003 National Child Dental Health Survey were published they showed that the caries levels were in fact higher than the 2002 North-South survey suggested. In light of this the targets for improving caries levels in children have been revised in the final version of the Oral Health Strategy.

The bulk of the Oral Health Strategy remains unchanged from the consultation document. The Oral Health strategy is only available in electronic form and can be downloaded from our website at:

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

There is of course much more work needed to implement the wide ranging recommendations in this strategy. It is hoped that once the new health and social care bodies are established under the Review of Public Administration we can create the necessary structures to ensure effective implementation of the recommendations and progress against the targets.

## Endodontic Funding

Following on from the advice, issued by the DHSSPS in April 2007, that endodontic files and reamers should be treated as single use, we undertook to review the resource implications of this move.

We reviewed the prices of endodontic files available in the market and gave consideration of how the move to single use files was being resourced elsewhere in the UK. We also analysed the pattern of endodontic file use in the UK which shows that 80% of the entire market (private and health service) is hand files and 20% rotary NiTi type files.

Following on from this it has been decided, in line with Scotland, to increase the fee for endodontic items in the SDR by £10. This fee increase relates to items 1501, 1511, 1551, 5021, 5031, 5032, 6321, 6331, 6332, 6341 and 6351 and is outlined in MDS 670 which was issued on 19 June. In addition, the DHSSPS has agreed with the Dental Directors of the Health and Social Services to permit dentists to use their quality improvement scheme allowances (2007/08) towards the purchase of NiTi rotary endodontic files for health service endodontic treatment. Dentists will be expected to produce invoices to support payment towards these files.

The DHSSPS will continue to monitor the resource implications of the move to single use files.

# Public Attitudes Survey

In the winter 2005 edition of CDO...news we were pleased to report that dentists had done well in the recent public attitudes survey. The latest survey, carried out in 2006, shows that the public's satisfaction with dental services remains high.

Overall satisfaction with dental services was recorded at 96%, with 58% 'very satisfied' and 38% 'satisfied'. The level of dissatisfaction was recorded at 4%. The only respondent background characteristics found to be significantly associated with overall satisfaction with dental services were religion and health board region, with those more likely to be satisfied being: protestant (97% versus 95%) and, living in the NHSSB and EHSSB areas (98%) compared with the SHSSB (93%) and WHSSB (95%) areas.

The overall satisfaction level has remained unchanged between 2003 and 2006 (96%)

|                     | 2003<br>% | 2004<br>% | 2005<br>% | 2006<br>% |
|---------------------|-----------|-----------|-----------|-----------|
| Very Satisfied      | 55        | 64        | 59        | 58        |
| Satisfied           | 41        | 32        | 37        | 38        |
| Dissatisfied        | 2         | 2         | 3         | 3         |
| Very Dissatisfied   | 1         | 1         | 1         | 1         |
| Don't Know          | -         | -         | -         | 1         |
| <b>Satisfied</b>    | <b>96</b> | <b>96</b> | <b>96</b> | <b>96</b> |
| <b>Dissatisfied</b> | <b>3</b>  | <b>3</b>  | <b>4</b>  | <b>4</b>  |
| <b>Don't Know</b>   | <b>-</b>  | <b>-</b>  | <b>-</b>  | <b>1</b>  |
| Base                | 1011      | 915       | 962       | 962       |

## Respondents' views on services provided by dentists

|  | Excellent<br>% | Good<br>% | Fair<br>% | Poor<br>% | Don't know<br>% | Number of responses |
|--|----------------|-----------|-----------|-----------|-----------------|---------------------|
| The convenience of getting to the service      | 39.2           | 46.5      | 10.4      | 3.2       | 0.7             | 962                 |
| The length of time to obtain an appointment    | 22.9           | 38.9      | 23.1      | 13.4      | 1.8             | 962                 |
| The helpfulness of information provided        | 37.9           | 52.1      | 7.0       | 1.9       | 1.1             | 962                 |
| The explanation of the next steps in your care | 37.6           | 52.1      | 6.2       | 1.9       | 2.2             | 962                 |
| The general attitude of the Dentist            | 53.8           | 40.9      | 3.7       | 0.8       | 0.7             | 962                 |
| The general attitude of reception staff        | 49.9           | 43.2      | 4.8       | 1.6       | 0.5             | 962                 |

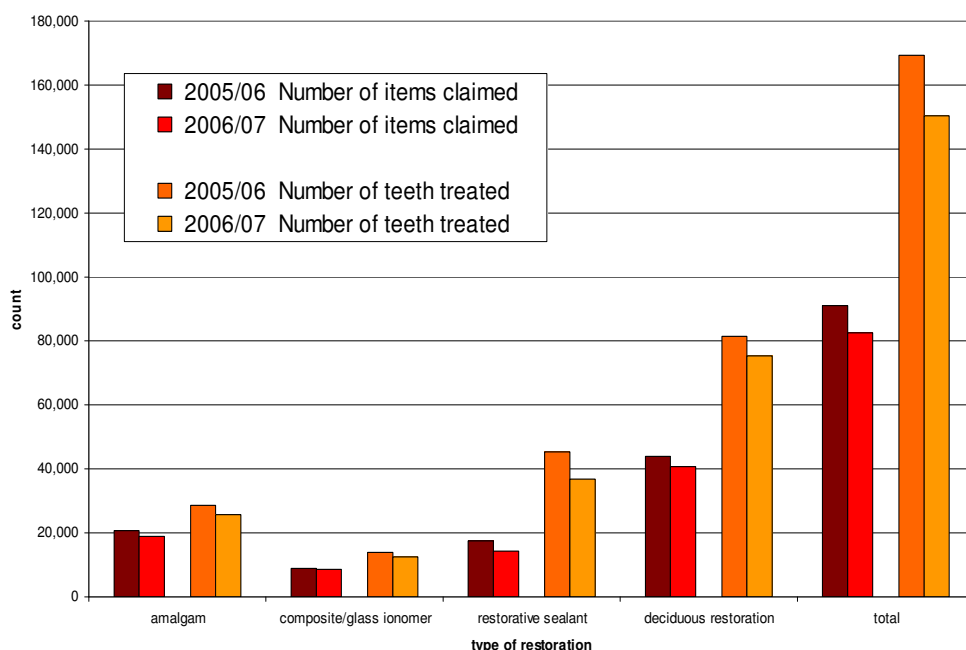
## Dental claims for fillings in children aged under 13

In last autumn's CDO...news, we published the 2005 figures for extractions under general anaesthetic (GA) carried out on young children in Northern Ireland and we publish (opposite) the 2006 figures in this edition of CDO News for comparison. We are glad to report that the downward trend for GA extractions continues; in 2004 there were 8631 GA cases undertaken and almost 40,000 teeth extracted compared to 2006 where 6468 GA cases were undertaken and just under 32,000 teeth extracted.

We also thought that it would be useful to publish figures on the number of restorations undertaken on children up to the age of 13 as this approximates to the age group which also avail of the GA extraction service. We include the 2005/06 and 2006/07 figures for comparison. Again a drop off in the number of fillings placed is noted and we will continue to monitor this trend.

### Dental Claims for Fillings in Children Aged Under 13 by type

| Type of restoration     | Number of Items Claimed |         | Number of Teeth Treated |         |
|-------------------------|-------------------------|---------|-------------------------|---------|
|                         | 2005/06                 | 2006/07 | 2005/06                 | 2006/07 |
| amalgam                 | 20,828                  | 18,957  | 28,559                  | 25,746  |
| composite/glass ionomer | 9,039                   | 8,499   | 13,951                  | 12,673  |
| restorative sealant     | 17,425                  | 14,228  | 45,458                  | 36,628  |
| deciduous restoration   | 43,778                  | 40,786  | 81,329                  | 75,234  |
| total                   | 91,070                  | 82,470  | 169,297                 | 150,281 |

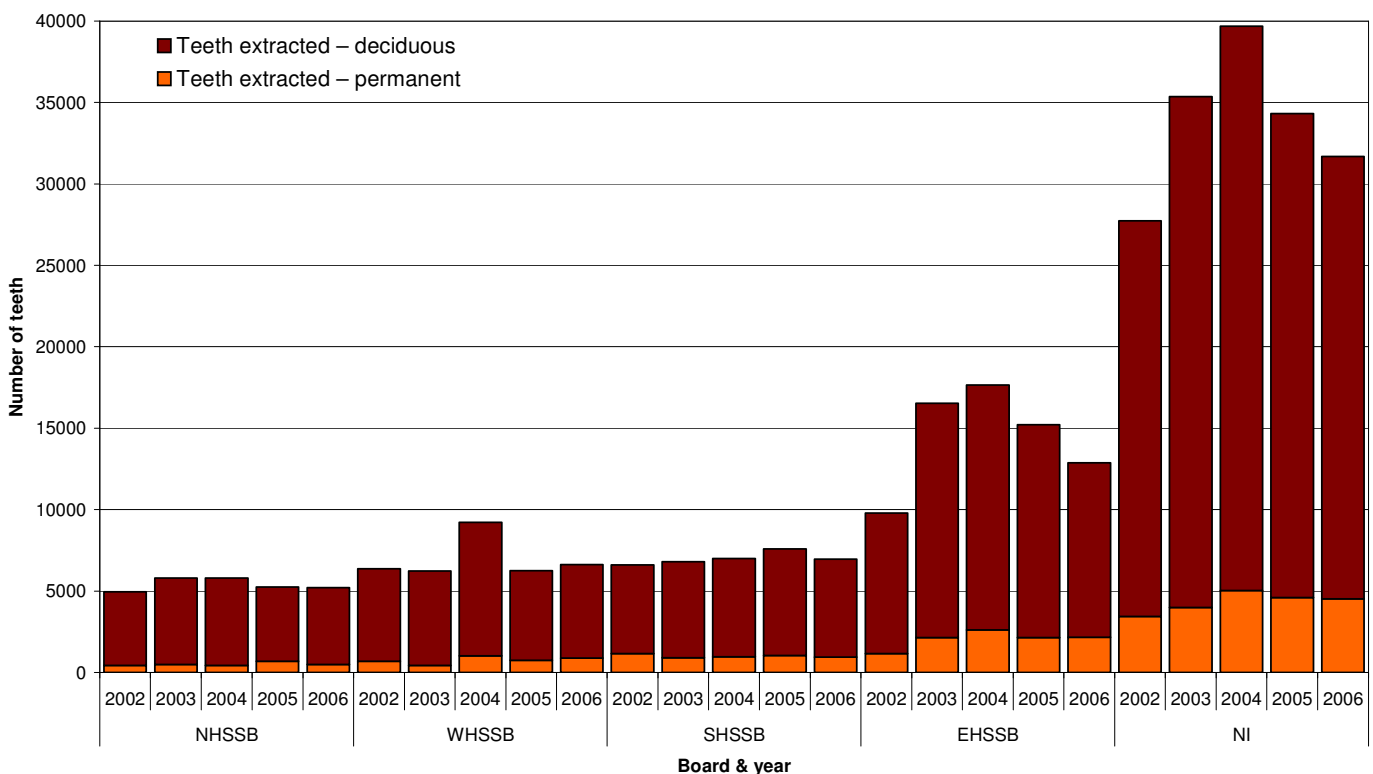
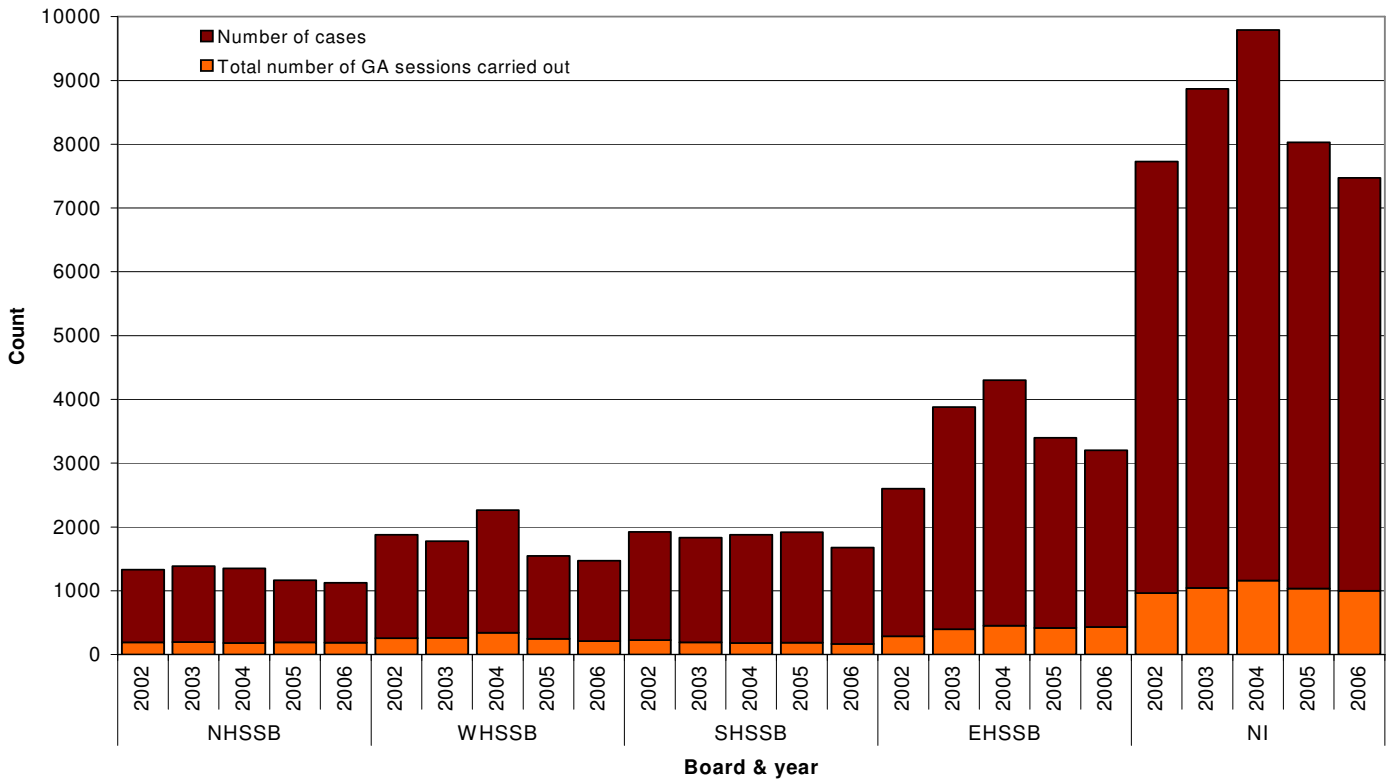


Did you know you can download all the previous CDO...news and keep up-to-date with dental announcements by visiting our website?  
<http://www.dhsspsni.gov.uk/index/dental/dental-whatsnew.htm>

# General Anaesthesia extractions

GA dental extractions (January - December 2006)

|   | NHSSB       | WHSSB       | SHSSB       | EHSSB        | NI           |
|---|-------------|-------------|-------------|--------------|--------------|
| Total number of GA sessions carried out | 187         | 214         | 169         | 433          | 1003         |
| Number of cases                         | 937         | 1257        | 1507        | 2767         | 6468         |
| <b>TOTAL teeth extracted</b>            | <b>5197</b> | <b>6636</b> | <b>6952</b> | <b>12886</b> | <b>31671</b> |
| Average number of teeth per patient     | 5.55        | 5.28        | 4.61        | 4.66         | 4.90         |



## Induction of new dentists

Problems in relation to inadequate induction into general dental practice and familiarity with the GDS regulations have recently been encountered by Health and Social Services Boards and the Referral Dental Service, particularly with overseas dentists. We would like to remind practice owners of their responsibilities when taking on a new dentist. This is particularly important if the new start is young, inexperienced or has qualified outside of the United Kingdom.

The GDC Gazette had this reminder in a recent issue:

*Principals and employing dentists must ensure that their employees are fully indemnified, and properly instructed in both the GDC's ethical guidance and (where appropriate) the NHS regulations. This is made clear in the Council's ethical guidance Principles of Dental Team Working, Section 5.4..*

## Health Bill

The legislation which underpins the new dental contract is contained in the Health (Miscellaneous Provisions) Bill and the second stage of this was debated on the floor of the Assembly on 19 June 2007.

The draft Bill plans to introduce policy changes which will permit local commissioning of dental services by Health and Social Services Boards to provide services either through contracts with individual practices or to directly employ dentists to provide dental services. The draft Bill also extends the functions of the Tribunal which is the principal health service disciplinary body for family health service practitioners. One of the changes which is proposed is to extend the powers of the four Boards to permit suspension of a practitioner in the interests of patient safety pending for example referral to the Tribunal, a regulatory body or a court case.

It is projected that the draft Bill will receive Royal assent by November/December 2007 after which it will be necessary to draft regulations for the new contract.

## Item Code 0111 and 0121

During discussions between the Referral Dental Service (RDS) and the some of the Health Boards it has become apparent that there continues to be some misinterpretation of SDR Items 0111 and 0121, extensive clinical examination and full case assessment respectively.

The SDR clearly states that:

- Item 0111 -- charting, including charting of periodontal status, and report is required
- Item 0121 -- full charting and report of periodontal status, treatment planning and report are necessary.

Problems have arisen particularly with specialist practitioners, such as orthodontists and oral surgeons, who frequently claim these items yet when records are inspected by Board Probity Officers or Referral Dental Officers no charting or record of periodontal status is noted. The same requirements of the SDR apply equally to specialist practitioners as they do general dental practitioners.

Dentists may be interested to know that at a hearing of the Professional Conduct Committee of the GDC earlier this year, charges were upheld against a practitioner who, among other shortcomings, had claimed Item 0111 on 3 patients but had not assessed the patient's periodontal condition; the Professional Conduct Committee ruled that these 3 claims were 'inappropriate, misleading and intended to mislead; in that it was for work you had not undertaken' and the practitioner was found guilty of serious professional conduct. We would urge all dentists who claim these items to ensure that they meet the requirements of the SDR.

Another area where the Referral Dental Service has encountered a misunderstanding is where orthodontic patients undergo post-treatment examinations and oral health problems such as caries or periodontal disease are noted. In these cases the dental officer has no option but to record these problems and make a note of them in the RDO report. This will automatically trigger a code B (or a code C if the oral problems are severe) which some orthodontists have challenged in so far as they do not feel that non-orthodontic conditions are their responsibility. We would point out that while we do not expect orthodontists to treat caries or periodontal disease, the orthodontist has a responsibility to note these problems (particularly if they have claimed item 0111 or 0121) and inform the patient's general dental practitioner that treatment is required. Orthodontists should also note these findings on the D4T form which needs to be returned to the RDS prior to the examination as such comments will favourably inform the RDO report.

## Age Restriction-revised

As from 25th June 2007, the General Dental Services Regulations (NI) 1993 have been amended so that dentists can no longer be removed from the dental list on the grounds of age.

Up to now a dentist had been removed from the dental list when they reached the age of 70. England and Wales removed the upper age level two years ago and Scotland did the same from 1st April 2007. The provisions in the Regulations bring NI into line with the rest of the UK

Correspondence by e-mail to: [dentalbranch@dhsspsni.gov.uk](mailto:dentalbranch@dhsspsni.gov.uk)  
<http://www.dhsspsni.gov.uk/index/dental/dental-whatsnew.htm>

Printed and produced by Central Print Unit