

NatPaCT Development Programme

Dental Significant Issues Group

High Priority Competencies - Descriptors and Demonstrators

The following dental competencies together with their descriptors and demonstrators have been identified by the NatPaCT Dental Significant Issues Group as of high priority for PCTs if they are to successfully manage and commission NHS dental services from 1st October 2002. They have been piloted and tested by a number of PCTs around the country.

The descriptors provide information on each competence together with its significance for PCTs whilst the demonstrators are designed to be an objective self-evaluation tool for PCTs to assist with testing competency.

We recommend that these competencies are read in conjunction with the new regulations, directions and guidance concerning the delegation of functions to PCTs from 1st October 2002 which can be found on the following website.

www.doh.gov.uk/nhsreformact

These web pages are designed to be a “live” information source and will be updated regularly to keep pace with the developing change agenda for NHS Dentistry. **WE HOPE YOU WILL FIND THIS INFORMATION USEFUL**

The Dental Significant Issues Group would welcome comments and suggestions on the competencies either through the comment forum on the website or alternatively sent directly to Tony Jenner, NHS Dentistry Change Project Leader at the Department of Health Tony.Jenner@doh.gsi.gov.uk

Finally NatPaCT would like to thank the following PCTs for their very helpful comments during the piloting process:

Portsmouth City PCT, Erewash PCT, Sunderland PCT, Milton Keynes PCT, Solihull PCT, Bristol S&W PCT, Ashton, Leigh & Wigan PCT, North Peterborough PCT and Huntingdonshire PCT.

Competence 1: Involving Dental Practices

Descriptor:

A key element in mainstreaming dentistry within the NHS is for Dentists and their staff to feel fully involved with and part of the PCT. On establishment, PCTs should implement a specific communications programme with all dental practices and individual dentists on their contract list. As part of this programme, reassurance will need to be given to dentists that with the transfer of functions from HAs to PCTs business continuity will be assured. A named dental contact at the PCT should also be identified who will take a pro-active role in communicating with dental practices and providing dentists with other essential information about the PCT. The General Dental Practice Advisor (GDPA) is also available for information cascading.

Demonstrators:

- Arrangements in place for maintaining local contract lists of GDPs and updating at least every two months.
- Arrangements in place for making contact with all GDPs and LDC.
- A named officer responsible for dentistry has been identified within the Trust.

Further information:

A model welcome pack is being developed by NatPaCT Dental Significant Issues Group and will appear on the website in due course

Competence 2: Dental Clinicians Involved in Networks

Descriptor:

Dental professional networks need to be established, built and nurtured. Oral Health Advisory Groups (or similar) have been established in most Health Authorities. Membership should be locally determined but as well as representatives from all branches of dentistry and professions complementary to dentistry (PCDs) the OHAG should have a patient representative and representatives from PCT management and the PEC. PCTs should recognise the value of such networks as a prime source of advice on dental services and oral health. They will also provide a key role in the commissioning of dental services.

Local Dental Committees are statutory committees currently providing advice to Health Authorities. PCTs either singly or as a network should work with existing LDCs to decide the most appropriate local arrangements for LDC advice to be received.

Depending on local circumstances, dental public health and dental practice advice may also need to be provided through a managed network covering a number of PCTs possibly across a Strategic Health Authority area. Dentists may also be involved in other networks e.g. Public Health

Demonstrators:

- The PCT should have access to advice from a consultant in dental public health and general dental practice adviser which may need to be provided from within a network that provides advice to a number of PCTs
- Local advisory groups (OHAGs, LDCs, DPH and GDPA networks) identified and integrated within the PCT professional advisory machinery

Competence 3: Dental Contractor Services – Maintaining the dental list

Descriptor:

As the list of general dental practitioners is the basic building block for information on the GDS services available to the public locally, PCTs will need to keep the lists of dental practitioners up to date and accurate in accordance with the GDS regulations and their duties under the Health and Social Care Act.

Applications by GDPs to join the dental list need to be processed speedily and accurately and when a GDP gives notice of termination of his or her contract patients are transferred or de-registered within the three-month period. This activity will require effective liaison with the DPB.

In accepting dentists on a list PCTs will need to be aware of regulations with respect to background checks and language testing etc

Demonstrators:

When an enquiry to join a dental list is received the PCT will:

- Process the application speedily and notify the dentist of its decision within 21 days from the PCT receiving all the information that it requires.

Where an application by a dentist is made to leave a dental list a PCT will:

- Ensure that the rules have been followed and patients' interests have been taken into consideration

Where there are grounds to suspend or remove a dentist from a dental list the PCT will:

- Follow the procedure, as described in the guidance to Health Authorities, including notifying the DPB.

Further information:

*Department of Health Guidance "Management of Primary Care Practitioner Lists" at www.doh.gov.uk/dental
BDA Advice Sheet E7 Introduction to General Dental Services
General Dental Services 1992 (No 6) Amendment Regulations
DPB Dental Contracts team on 01323 433369*

Competence 4: Dental Contractor Services – Terms of Service

Descriptor:

PCTs **must** have an understanding of the GDS Terms and Conditions of Service (Schedule 1 to the GDS Regulations 1992 (as amended)). Key areas are likely to include:

- Dental charges
- Mixing NHS and private care particularly the need to provide a full range of treatment
- Missed appointments and deposits
- Exemptions and point of treatment checks
- The requirement to secure and maintain a registered patient's oral health
- The difference between occasional treatment and treatment available to registered patients
- Requirements to provide emergency treatment (including agreed local protocols)
- Dentists provision of estimates, treatment plans (FP17DCs) and receipts
- The need for practices to have proper and sufficient surgery and waiting areas (except where care provided from a mobile surgery)
- The need for practices to have a patient information leaflet.

If there are problems locally in interpreting the Terms and Conditions of Service for GDS dental practitioners the DPB may be able to help.

Demonstrators:

- The PCT commissions or provides staff with the competence to be able to advise public and the dentists on issues relating to the GDS Terms and Conditions of service.
- The PCT has provided appropriate training for this individual

Further information:

GDS 1992 Regulations (as amended)

BDA Advice Sheet E7 Introduction to the General Dental Services

BDA Advice Sheet E8 Mixing NHS and Private Dental Care

DPB Helpdesk 01323 433550

Competence 5: Dental Contractor Services - Statement of Dental Remuneration (SDR)

Descriptor:

Whilst core GDS payments to dentists are dealt with directly between the dentists and the Dental Practice Board (DPB), there are several areas where PCTs will need to authorise the DPB to make payments to GDPs according to the Determinations in the SDR for which the DPB will be the main contact point.

These are:

- Seniority Payments (Determination 3)
- Maternity Payments (Determination 6)
- GDS Long Term Sickness Payments (Determination 7)
- Reimbursement of Non-Domestic Rates (Determination 9)
- Clinical Audit Allowances (Determination 10)

The DPB also assesses eligibility of GDS dentists for Commitment Payments and processes these as appropriate. (Determination 5)

There are other groups of payments made outside the SDR to dentists and these include access initiatives, payments during suspension on health grounds and sessional payments for emergency dental services.

In addition to payments there are also various deductions that the DPB can be authorised to make from GDS dentists' remuneration, these include:

- Clinical Waste collection services contracted out by a PCT
- Withholdings of remuneration as a result of disciplinary action
- Statutory Levies collected through dentist mandates to support Local Dental Committees
- Miscellaneous deductions e.g. autoclave cleaning services that may be contracted out by a PCT

Demonstrator

- The PCT has systems and appropriate personnel in place to ensure that all matters related to the SDR are undertaken expeditiously in accordance with national and local financial governance arrangements and in liaison with the DPB.
- The PCT has provided appropriate training for staff

Further information:

DPB Helpdesk 01323 433550 and Dental Payments Helpdesk 01323 433553

Competence 6: Dental Contractor Services – The GDS complaints procedure

Descriptor:

Every GDS practice must have an in-practice complaints procedure and record the number of complaints received. Each year (usually in May) the PCT should write to practices to undertake a return which provides the numbers of complaints received.

Factors which make the GDS complaints process complex include:

- Patients charges;
- Mixing NHS and private treatment;
- The likely complex clinical and technical nature of the complaint.

Where a complaint is received by the PCT it should be screened to determine the appropriate course of action within an established procedure.

The Dental Reference Service of the DPB can provide an independent examination of the patient at the local resolution stage on request, subject to the consent of the patient and practitioner. When a GDPA is not available the DPB can be approached particularly where disciplinary cases are envisaged.

Demonstrators:

- The PCT deals expeditiously with complaints which it receives within the prescribed timescale.
- The PCT recognises the value of and can demonstrate how it has used the information derived from the complaints process in improving the quality of the service.
- Complaints are reviewed by a complaints monitoring committee.

Further information:

DH complaints guidance

Complaints Listening...Acting...Improving a leaflet available (HPCOMP1) from 0800 555 777

BDA Advice sheet B10 Handling Complaints

BDA Advice sheet B5 Dental Discipline Committees

Dental Reference Service of the DRS: Helpdesk 01323 433554

<http://www.doh.gov.uk/buildsafernhs>

Competence 7: Dental Contractor Services - GDS disciplinary procedure

Descriptor:

Information which suggests a General Dental Practitioner may have breached the terms of service may come to the notice of a PCT in a number of ways. This may be through patient complaints, routine inspections of premises, reports from the Dental Practice Board (DPB) relating to clinical or financial monitoring.

The DPB also notifies PCTs when dentists working under certain PDS arrangements appear to have acted in a way which, under GDS arrangements, would constitute a breach of the terms of service. It will be a matter for the PCT as to any subsequent action in respect of its PDS Performers.

PCTs should send copies of dental disciplinary committee reports and the PCT's decision to the DPB if the DPB provided the information which the PCT submitted for investigation.

The GDS complaints and disciplinary procedures are the same as for other FHS contractor professions. The PCT may need to establish a reference committee, determine when a hearing is to be held, seek appropriate professional advice and prepare a statement of case.

The General Dental Council as the regulatory body for Dentists, Dental Therapists and Dental Hygienists should be informed where there are concerns about the conduct or fitness to practice.

Demonstrators:

- Every PCT must have in place a procedure for taking disciplinary action against GDS contract holding dentists who it is claimed have breached their terms of service.
- The PCT deals expeditiously and according to the directions with disciplinary cases within the prescribed timescale.
- PCTs will have a named person to liaise with the DPB on disciplinary issues
- There is a procedure where necessary for immediate referral to the GDC where appropriate

Further information:

DH FHS Discipline Guidance and Directions

BDA Advice sheet B5 Dental Discipline Committees

DPB Probity Liaison Branch

General Dental Council Conduct and Health procedures

Competence 8: Dental Contractor Services - Poorly performing dentists

Descriptor:

The PCT should have a procedure (produced in consultation with the LDC and OHAG) for identifying and dealing with cases of apparent poor performance. Poor performance can often be resolved without resorting to disciplinary measures through positive support and understanding particularly where alcohol, drug dependence or other health issues are suspected. In these case the Dentists Health Support Programme should be involved by an appropriate PCT officer. Patients however should under no circumstances be placed at risk

As part of its monitoring processes the DPB may identify GDS dentists who potentially are performing poorly and may refer this to PCTs.

PCTs will have separate arrangements for its employed dentists

Demonstrators:

- There is an agreed and comprehensive procedure in place to deal with poor performance including the collation of all appropriate information.
- There are no known cases of poor performance within the PCT area which are not being addressed.
- PCT will have a named person who can liaise with the OHAG and LDC on quality issues in relation to GDS contractors.

Further information

Dentists Health Support Programme information.

DPB Probity and Information team

GDC

PASS schemes in East Lancashire & Kent

Competence 9: Dental Contractor Services - Dental Practice Inspections

Descriptors:

Practice Inspections are undertaken with varying frequency by General Dental Practice Advisers. These are dentists who are employed to provide advice on General Dental Services and access to NHS dentistry. Not all Health Authorities have employed GDPAs but it is recommended that PCTs should have access to this advice and provide administrative support. As a minimum it is recommended that an inspection should be undertaken at least once every **three** years and should cover the following areas:

- Health and Safety
- Cross Infection control
- Equipment for the treatment of medical emergencies
- Clinical governance arrangements

The practice inspection has an important pastoral role in picking up failing practices.

Demonstrators:

- PCTs should employ or demonstrate that they have access to appropriate general dental practice advice, if necessary through a network.
- There is a regular and documented programme of practice inspections and follow up visits where necessary

Further Information:

BDA model contract for GDPAs,

DPB Surgery Inspections checklist

Updated guidance from BDA in consultation with ICNA

An Anatomy of General Dental Practice (FGDP – Royal College of Surgeons of England)

Competence 10: Oral Health and Dental Care Modernisation Strategies within the HIMP

Descriptors:

PCTs will have access to the former Health Authorities' Dental Action Plans and Oral Health Strategies. These are strategic documents for dentistry and oral health. PCTs should develop their own strategic dental and oral health modernisation plan. This should focus on taking forward the "Options for Change" agenda locally including access to NHS dentistry, the continued delivery of the dental pledge together with oral health improvement. This can then be used as a basis for providing the dental input into the HIMP. Appropriate advice and involvement of stakeholders should be sought in developing strategies. This can be obtained from a number of sources e.g. Consultant in Dental Public Health, GDPA, OHAG and other local stakeholders.

In order to take forward the "Options for Change" agenda, PCTs should consider establishing a dental modernisation steering group.

Demonstrators:

- PCTs should be able to demonstrate that they have a local modernisation strategy for NHS dental services
- PCTs should be able to demonstrate that they have in place an oral health strategy.
- HIMP should have a dental and oral health component.

Further Information: *SAFF's, Oral Health Strategy for England, Modernising NHS Dentistry – Implementing the Plan, NHS Dentistry - Options for Change*

Competence 11: Maintaining Access to NHS Dentistry

Descriptor:

In 1999 the Prime Minister pledged that by September 2001 everybody would be able to access NHS dentistry by phoning NHS Direct. Health Authorities were required to produce Dental Action Plans in which local time and distance standards were agreed for Routine, Urgent and Emergency Dental Care. Meeting the pledge was a SAFF requirement in 2001/2002. Maintaining the pledge in line with local time and distance criteria for routine, urgent and emergency care continues to be a SAFF requirement in 2002/2003.

PCTs should review the current criteria in place and decide whether any amendments need to be made to meet more local circumstances. Where change is necessary, representatives of the dental profession through the OHAG should be consulted, and any changes should be agreed with the Strategic Health Authority. PCTs should also decide whether the former Health Authority's Dental Action Plan is appropriate to the re-configured local health community.

A database of dentists accepting NHS dental patients is held by nhs.uk. Circumstances change rapidly, so **PCTs will need to ensure that this is kept up to date** as it is the source of the information used by NHS Direct for advice to callers wanting NHS dentists. SHAs will be expected to monitor that access to NHS dentistry is being maintained by PCTs.

PCTs need to be able to ensure that **all** groups within the population have access to appropriate services. The nhs.uk database for example provides details of the facilities that dentists have to treat special needs patients.

Demonstrators:

- Access to NHS dentistry is being maintained and there is good liaison with NHS Direct locally to ensure that information given to patients is accurate.
- PCTs have a procedure to collect access information from practices in order to keep the nhs.uk database up to date
- PCTs have reviewed and agreed local time and distant standards as part of their dental modernisation planning in liaison with local stakeholders and the StHA
- PCTs are responding rapidly to evidence that the pledge is not being met locally

Further information: *nhs.uk database, dental action plans, NHS Direct, DPB information services, GDC register*

Competence 12: Oral Health Needs Assessment

Descriptor:

Since 1985 Health Authorities have been required to undertake epidemiological surveys of 5, 12 and 14 year old children in the England coordinated on behalf of the Department of Health by the British Society for the Study of Community Dentistry (BASCD). These surveys undertaken as part of the role of the Community Dental Service have provided very useful data at national, regional and local level to assist with oral health needs assessment. Locally the data has also been used in planning to ensure that dental services and oral health promotion programmes are targeted to areas of highest need. The local surveys complement the decennial national surveys of adult and children's teeth and local school dental screening. In addition to local surveys of child oral health, PCTs may wish to commission surveys of adult dental health and other specific population groups to produce a full picture of oral health needs in the locality.

For BASCD co-ordinated surveys, PCTs will need to ensure that their Community Dental Services continue to undertake prescribed surveys in a coordinated way and that staff are appropriately trained and follow the protocols developed by the local BASCD Regional Coordinators.

The current national 2003 target for dental health of 5-year-old children is a high-level performance indicator.

Demonstrators:

- Through their Consultant in Dental Public Health, PCTs are commissioning their salaried primary dental care services to undertake oral health surveys as required
- There is evidence that PCTs are using this information to inform dental strategy
- Data for the BASCD co-ordinated surveys is provided within the appropriate timescale to the Regional Coordinator

Further information:

BASCD Website, Oral Health Strategy, Local Regional BASCD Survey Coordinator

Competence 13: Clinical Governance Strategy for Dentistry

Descriptor:

A key element for Primary Care Trusts will be the development of a strong clinical governance strategy. This will need to apply to services provided directly by the PCT and also to those services provided by independent contractors. Independent contractors working under NHS General Dental Services regulations are obliged to have a practice quality assurance system in place.

The PCT clinical governance lead should ensure that there is uniformity of approach across the professions whilst recognising specific applications within dentistry. Training and support for clinical governance should also be provided

Demonstrators:

- PCTs have developed and are building on a clinical governance strategy which includes all local dentists
- PCTs have established a means of ensuring that all GPs are supported in meeting clinical governance requirements.
- The PCT's Clinical Governance Lead should liaise with the professional dental advisors, the OHAG and LDC on dental clinical governance issues as appropriate.

Further information:

British Dental Association Clinical Governance Kit and Fact File
British dental association: Quality Systems for Dental Practice
GDS Regs

See also Dental Clinical Governance paper on the NatPaCT Website

Competence 14: Dental Public Health as part of the Public Health Network

Descriptor:

Given the large number of PCTs and the relatively small numbers of public health professionals many PCTs will rely on managed networks to provide appropriate public health advice.

Dental Public Health is a specialty within dentistry aimed at improving the oral health of the population through prevention and the commissioning of appropriate dental care services. Many of the wider determinants of health impact on oral health: poverty, social deprivation, poor diet etc. It is therefore very important that dental public health is seen as an integral part of wider generic public health team and therefore consultants and specialists in dental public health should be included in public health networks.

It may also be appropriate for dental public health networks or a dental public health unit to be established across a number of PCTs hosted by a lead PCT thereby ensuring that appropriate functional and geographic advice is maintained.

Demonstrators:

- PCT should have access to specialist dental public health advice
- PCT dental public health specialist should be linked into the public health network

Further Information:

BASCD Epidemiological Database

National Oral Health Surveys

Competence 15: Links with Local Authorities - Local Authority Involvement in Dental Services Programmes

Descriptors:

Many oral health improvement programmes require close liaison and engagement with local authorities or services provided by local authorities. PCTs should ensure that oral health is viewed as part of health in general and should be included as appropriate in local sure start programmes and that all *Sure Start* programmes are linked to the national “*Brushing for Life*” fluoridated toothpaste programme. PCTs should be a source of advice to Local Authorities on ‘Food and Nutrition’ policies within schools as part of the Healthy Schools initiative together with the “Water in Schools” programme. PCTs should support Strategic Health Authorities in developing water fluoridation programmes and provide the local input to Local Authorities during the consultation process. Liaison with Local Authorities is also very important with milk fluoridation programmes. Oral Health should be included in social care programmes such as “looked after children” and should be included in the inspection criteria for social care homes. Oral Health advice should also be sought by and provided to Care Trusts.

Liaison with local Authorities will also occur in relation to:

- business rates for GDPs
- waste disposal
- water pollution
- involvement in long term planning and planning applications

Demonstrators:

- PCT can demonstrate evidence of joint working with Local Authorities
- Local Authorities can demonstrate that they have considered the impact that their policies will have on oral health and the provision of dental services.
- HIMP for Oral Health should include reference to Local Authorities

Further information:

Brushing for Life Programme, Department of Health through local coordinators

Competence 16: Dental Team Development

Descriptor:

The PCT must develop an effective working relationship with all local dental professionals including professionals complementary to dentistry (PCDs) and encourage all of the stakeholders to work together. There should be good dental clinical leadership within the PCT to ensure that appropriate dental services are provided and are available to the local population. The development of a team approach between primary and secondary care dentistry should be encouraged through appropriate dental networks facilitated and supported by the PCT.

Primary care dental teams working within the PCT must have clear lines of managerial and professional accountability and clear and accessible routes for professional support, training and leadership.

Demonstrators:

- There is a clear and inclusive consultation mechanism with the dental community.
- There is a forum within which representatives of dental service providers, the PCT, patient interests and other relevant health professionals can consider dental provision.
- Professional support and training will be provided for dentists working within the PCT in liaison with the Post-graduate Deanery.
- There will be access to clinical leads for GDPs and other dentists requiring them.

Competence 17: Contracting and Managing Salaried Primary Care Dental Services

Descriptors:

Salaried primary care dental services are an important set of services provided by NHS and Primary Care Trusts that are complementary to NHS General Dental Services, which provide the majority of NHS Primary Dental Care.

There are 3 main strands:

Community Dental Services provide services as outlined in HC(89)2 and HSG(97)4 namely:

- Dental Care for people whose medical, mental or social condition means that alternative provision is not available
- Specialist services (on referral from doctors dentists and other health professionals) such as general anaesthesia in a hospital setting, orthodontics, restorative dentistry and surgical dentistry.
- Access to services where NHS dental care is not generally available (the safety net function)
- Screening of Children in state-maintained schools
- Oral Health Promotion
- The provision of epidemiological fieldwork, principally for use by PCTs in planning local dental services, but also when required as part of the periodic programme of national surveys of child and adult dental health sponsored by the Department of Health.

Salaried General Dental Services (formerly Family Health Service Authority/Health Authority Salaried Dental Services)

Salaried General Dental Practitioners have been appointed to meet particular access problems and may work in health centres or general dental practice settings (They may occasionally be based in hospital departments, providing primary care services).

Specific conditions of service, in addition to the General Dental Services Regulations, apply to these services, these are set out in Annex C to HSG(97)4 and in the NHS Salaried Dentist Directions 1996. Responsibility for the employment of Salaried Dentists will be delegated to PCTs when other GDS responsibilities are delegated.

Personal Dental Services

- Pilots as part of the 1997 Primary Care Act
- May be provided by NHS and Primary Care Trusts, General Dental Practitioners and Corporate Bodies
- Used to test new ways of delivering primary dental care services within a framework.
- Dental Access Centres (operating under PDS regulations)

Competence 17 (Cont)

Demonstrators:

- PCTs have robust management and clinical leadership arrangements in place through a Clinical Director of Dental Services shared if necessary with another PCT, to provide salaried primary care dental services.
- The functions outlined in Health Circular HC(89)2 and Health Service Guidance HSC(97)4 are carried out to meet the needs of the local population.
- The PCT has an oral health promotion strategy.
- PCTs have arrangements in place to monitor PDS performance against contract.
- PCTs have established links with the DPB for the delivery of PDS pilot requirements both to meet National Requirements and to gain Local Information to assist them in the evaluation of their schemes.
- There is a current service level agreement or contract for all salaried primary dental care services that refers to an agreed service specification.

Further Information:

HC(89)2 - CDS

HSG(97)4 - CDS

A Guide to Personal Dental Services Pilots under the NHS (Primary Care) Act 1997 <http://www.doh.gov.uk/dental/schemes.htm>

NHS (Primary Care Act) 1997 Directions to Health Authorities Concerning the Implementation of Pilot Schemes (PDS)

BDA Advice Sheet E5

DPB PDS Liaison Officer Tel: 01323 433405

See also *Commissioning and Contracting Paper on NatPaCT website*

Competence 18: Performance Monitoring and Evaluation – Salaried Dental Services and PDS

Descriptor:

Performance monitoring of salaried primary care dental services is carried out by commissioners, who will normally be Primary Care Trusts, either individually or as a federation; with one Primary Care Trust leading on behalf of the group.

Where PCTs are providers of PDS, Strategic Health Authorities are legally the commissioners for Personal Dental Service pilots, but they may delegate this function to a Primary Care Trust(s).

Each Personal Dental Service (PDS) pilot is unique, and a description of what is provided will be available in the PDS Application document. Each pilot will have a Service Level Agreement with the DPB for delivery of individual requirements including information, monitoring and, if appropriate, payment services. The commissioner is responsible for monitoring performance against the contract for PDS. Arrangements for local monitoring should be jointly developed between participants in the pilot. An annual report of the process and findings is required by the Department of Health in June.

Monitoring should be against a previously agreed service specification that describes the quantity, nature, duration and quality of services. Arrangements for local monitoring and central evaluation of primary care dental services should be carried out as part of service reviews and strategy development. Participation in national evaluation is a requirement for all PDS pilots

PCTs should monitor:

- Efficiency of Service (Cost and Activity e.g. Numbers of patients/interventions/registrations)
- Effectiveness of Service (Clinical outcome indicators)
- Clinical Governance compliance, including education and training, clinical audit
- Patient satisfaction
-

The DPB can assist in setting up bespoke monitoring of PDS schemes.

Demonstrators:

- Service specification agreed
- Regular reporting arrangements in place and documented performance monitoring meetings that contribute to SaFF and HIMP development
- Annual report of PDS activity published
- Identified PCT (devolved from Strategic Health Authority) as lead commissioner for PCT based PDS pilots and [subject to legislation] GDP led pilots

Further Information:

For PDS: The DPB - PDS team.

DH Contact: John Green, National PDS Manager, john.green@doh.gsi.gov.uk

Competence 19: Attracting GDPs: Recruitment and retention of GDPs and PCDs (See also Competency 20)

Descriptors:

Maintenance and improvement where necessary of the dental workforce is important in ensuring that PCTs can continue to deliver the dental pledge as part of the 2002/2003 SAFF requirements. PCTs should be prepared to act on the recommendations of the dental workforce review when published.

In the first instance, PCTs should engage with the dental profession locally and the local post graduate dental dean to discuss initiatives aimed at increasing the number of NHS dentists in a locality. Such initiatives might include:

- A welcome information pack
- Support for local vocational dental practitioner (VDP) schemes.
PCTs should encourage new schemes to be established in area if not already available.
- Funding of an associate incentive scheme in general dental practice.
- Actively promoting the PCT area and local dental practices.
- Encouraging and promoting part-time positions for GDP's unable or unwilling to work full time. A personal dental service (PDS) scheme is more likely to attract part-time GDPs and professions complementary to dentistry (PCD's). Support scheme for encouraging GDPs back into general dental practice.
- Providing greater support to GDP's for training of staff, clinical governance, risk management etc, to prevent further loss to private dentistry
- Supporting the Keeping in Touch Scheme (KITS)

PCTs should also ensure an appropriate workforce of Professions Complimentary to Dentistry (PCDs) if skill mix within dental practice is to be developed.

Appropriate initiatives might include:

- Supporting registration and training of dental nurses in primary dental care.
- Encouraging through WDCs the commissioning of more training places in local dental schools for hygienists and therapists.

Increased provision of specialist care within primary care settings will be encouraged by support training and development of specialist dental practitioner positions in primary care setting.

Competence 19 (cont)

Demonstrators:

In order to demonstrate their competency, PCTs should demonstrate

- That they are doing all they can to help prevent further erosion of GDPs from PCT list
- Support for VDP schemes thereby attracting VDPs attracted to area, and joining dental list.
- That they are using the full resource of all dentists within the primary dental care setting.
- Improved training and clinical governance support for PCDs and GDPs.
- Recruitment and support of overseas dentists and dentally qualified refugees within current regulations.
- Dental workforce is part of PCT workforce planning strategy.
- Links with WDC's, the Post-graduate Deanery and PCD training centres

Further Information:

DPB programme for VDPs

DVTA and DPB 'Getting Back to Practice Training'

NCCPED KITS

Refugee dentists Steering Group

National Advice Centre for Postgraduate dental education – Royal College of Surgeons of England

Competence 20: Dental Workforce (see also competence 19)

Descriptor:

It is important for PCTs to assess whether the dental workforce in their locality is adequate to provide appropriate access to NHS dental care for residents. This applies not only to the salaried services managed by the PCT but also to the contractor workforce as well.

In profiling the dental workforce and drawing up a local workforce strategy within their dental modernisation programme, PCTs should consult with local dental advisory bodies e.g. OHAGS and Local Dental Committees and also consider skill mix issues and the use and availability of appropriate professions complementary to dentistry eg. Dental Therapists and Dental Hygienists.

The Department of Health is currently undertaking a national dental workforce review and it will be important for PCTs to consider the recommendations of this review when published and discuss issues relating to workforce with their WDC's and postgraduate deanery

Demonstrators:

- PCTs should have a clear profile of the size, demography and appropriateness of their dental workforce
- PCTs should assess local recruitment and retention of the dental workforce
- Future workforce projections and requirements should be included in the PCTs' dental modernisation programmes in line with the national workforce review when published

Further Information

National dental workforce review (when published)

Competence 21: Partnerships with Secondary Dental Care:

Descriptors:

In order to support the commissioning function, PCTs need to engage with secondary care dental clinicians working both in primary and secondary care settings through Oral Health Advisory Groups (OHAGs) and links with both local hospital trusts and dental hospitals. In particular it is important that there is secondary care clinical representation on OHAGs and, where appropriate, representation of clinicians from the acute hospital or dental hospital on the OHAG as well. OHAGs or sub-committees thereof should provide advice to support the review of services for which they will require appropriate data on waiting times etc.

PCTs in liaison with GPs, specialist practitioners and hospital consultants should assess which secondary care services could be delivered appropriately in a primary care setting and through joint working develop appropriate care pathways.

Demonstrators:

PCTs can demonstrate partnerships with secondary dental care by:

- Secondary care dental clinicians being involved in Oral Health Advisory Groups and providing advice on needs and priorities.
- Secondary Care clinicians working closely with PCTs to identify and support services that could be provided in a primary care setting

Further information:

General Dental Council specialist list search:

<http://www.gdc-uk.org/search/searchspec.html>

Competence 22: Links with Non-Service Commissioning – Dental Hospitals

Descriptor:

PCTs should establish links with WDCs which are responsible for workforce planning and the contracts for PCD training in each locality. PCTs, particularly those hosting Dental Teaching Hospitals, need to maintain strong links with the National Dental Development Unit (NDDU) which is responsible for allocating the funds that provide the NHS costs of training undergraduate dentists (and post-graduate dentists at the Eastman Dental Institute in London).

Dental primary care service provision often takes place within dental teaching hospitals and outreach centres where the primary function is the education and training of dental students and PCD students. In recent years there has been an increase in the number of outreach centres where a combined function of service and teaching provision exists. This trend is set to expand and is a model recommended within "*Options for Change*". It is therefore important that where such arrangements exist, links are made with commissioners responsible for the non- - service element of dentistry.

Demonstrators:

Good links exist between PCT and WDC

Good links exist between and the NDDU

A PCT is represented on the NDDU's annual review with the dental hospital

Further Information:

NDDU at South Yorkshire Workforce Development Confederation

Competence 23: Links with appropriate NHS Dental Bodies

Descriptor: The Dental Practice Board for England and Wales (DPB)

The Dental Practice Board is a statutory body whose procedure is governed by the Dental Practice Board Regulations 1992.

Its core function is to approve payment applications and calculate and transfers payments to dentists. In liaison with CFOS it aims to prevent and detect fraud and abuse. It also provides information on GDS and PDS services to NHS health managers and clinicians.

PCTs will need to establish effective working relationships with the DPB, particularly to assist in the timely and effective administration of dental contracts, payments and disciplinary matters.

Demonstrators:

PCTs can demonstrate effective joint working with the DPB by:

- Ensuring the effective flow of information to the DPB dental contracts and dental payments operations;
- Bringing matters of concern regarding their practitioners to the attention of DPB Probity team;
- Engaging in dialogue with the DPB Probity team on disciplinary matters relating to independent GDPs;
- Liasing with the DPB Dental Reference Officers, on local issues where impartial views are required;
- Accessing information on primary care dentistry from the DPB website and through the DPB Dental Data team for bespoke information requests.

Further Information:

DPB Website www.dpb.nhs.uk

Dental Profile (the quarterly magazine from the DPB)

DPB Helpdesk 01323 433550

Competence 24: Out of Hours Services

Descriptor:

PCTs must ensure that there are appropriate out of hours services in place for both registered and non-registered dental patients which meet the urgent and emergency time and distance criteria which the PCT has adopted for maintaining the Prime Minister's pledge on dentistry. GDS contractors are required to provide out of hours emergency care for their registered patients. The local arrangements for this will probably have been agreed previously between the LDC and the former Health Authority. PCTs should therefore ensure that they are content with the current contractual arrangements.

The responsibility for providing emergency out of hours care for non registered patients rests with PCTs who should therefore ensure that appropriate arrangements are in place to meet the needs of the population. They will want to seek advice on this from their OHAG and LDC.

Where an enhanced service is recommended, PCTs should discuss the appropriateness and resourcing of this with their Strategic Health Authority.

In developing new or modified dental OOH arrangements PCTs should consider the interface with medical out of hours and NHS Direct. A consistent national approach to OOH for dentistry is likely to be developed soon.

Demonstrators:

- PCTs can demonstrate appropriate arrangements in place
- Urgent and emergency time and distance criteria are being met
- Evidence of interface with medical out of hours services and NHS Direct

Further Information:

Access Criteria

Local contract agreements with LDCs

HSG(93)34

10/10/02