PCT Competencies: Dentistry

March 2005
Introduction

These dental competencies together with examples of evidence were first identified by the NatPaCT Dental Significant Issues Group. They assisted PCTs in developing and testing competences in the lead up to commissioning NHS dental services. A small working group convened by the Head of Policy Section for The British Association for the Study of Community Dentistry (BASCD) reviewed the competencies following the publication of the Health and Social Care (Community Health and Standards) Act 2003.

This update incorporates their comments and additional information to keep up to date with the pace of change.

The competencies provide information for PCTs and examples of evidence describe good practice, structures and processes needing to be in place before April 2006. They can be used as an objective evaluation tool for PCTs to assist highlight areas that need capacity building and development. They reflect the increase in responsibilities that PCTs will have for dentistry and can be read in conjunction with other key documents and web sites signposted. This is designed to be a useful information source and will be updated to keep pace with the developing change agenda for NHS Dentistry in the lead up to the implementation of the new contract in April 2006.

Key References:

PDS implementation - www.dpb.nhs.uk/pds/getting_started.shtml and www.dentalandeyecare.nhs.uk/Dental/PDS.aspx,

General Dental Services 1992 (No 6) Amendment Regulations - www.legislation.hmso.gov.uk/si/si2001/20013741.htm,

BDA Advice Sheet E07 Introduction to General Dental Services – www.bda-dentistry.org.uk/bsdashop/itemdetail.cfm?ContentID=678&CFID=783627&CFTOKEN=30979005

Department of Health Guidance 'Management of Primary Care Practitioner Lists' - www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/ManagementPrimaryCarePractitioners/fs/en

The NHS (GDS Supplementary List) and (GDS) Amendment Regulations 2003 No.250 - www.legislation.hmso.gov.uk/si/si2003/20030250.htm

DPB Helpdesk for NHS General Dental Services 01323 433550 – www.dpb.nhs.uk, email: helpdesk@dpb.nhs.uk

General Dental Council – www.gdc-uk.org

Further information:

- nhs.uk database – www.nhs.uk
- NHS Direct – www.nhsdirect.nhs.uk
- DPB information services – www.dpb.nhs.uk
- GDC register – www.gdc-uk.org
- PCT Contractor Administration lists
D.1 Access - Lists

Previous Competence No. 3 Dental Contractor Services - Maintaining the dental list.

References:
- [http://www.dentalandeyecare.nhs.uk/Dental/PDS.aspx](http://www.dentalandeyecare.nhs.uk/Dental/PDS.aspx)
- BDA Advice Sheet E07 - ‘Introduction to General Dental Services’ - [www.bda-dentistry.org.uk/bdashop/itemdetail.cfm?ContentID=678&CFID=783627&CFTOKEN=30979005](http://www.bda-dentistry.org.uk/bdashop/itemdetail.cfm?ContentID=678&CFID=783627&CFTOKEN=30979005)

D.1.1

The list of general dental practitioners is currently the basic building block for information on the GDS services available to the public locally, PCTs 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 (Community Health and Standards) Act, 2003. PCTs may wish to negotiate a Personal Dental Services Contract to dentists wishing to join the list in the run up to local commissioning. Applications by GDPs to join the dental list need to be processed accurately. 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. The PCT need to be aware that registration with the GDC will be required for dental nurses and dental technicians. Check that PCDs are registered with the GDS.

D.1.1.1

The PCT need to be aware of PCDs registration requirements, in addition to GDPs. Annual registration checks will need to include the wider primary dental care team. This will include dental nurses and dental technicians.

D.1.1.2

When an enquiry to join a dental list is received the PCT will process the application and notify the dentist of its decision within 21 days from the PCT receiving all the information that it requires.

D.1.1.3

Where there are grounds to suspend or remove a dentist from a dental list the PCT follows guidance: Maintaining high professional Standards in the modern NHS Doctors’ and dentists disciplinary framework’ 17th Feb 2005.
D.2 Access – Plans

Previous Competence 11: Maintaining Access to NHS Dentistry

References:
Further information available from:
- nhs.uk database – www.nhs.uk
- NHS Direct – www.nhsdirect.nhs.uk
- DPB information services – www.dpb.nhs.uk
- GDC register – www.gdc-uk.org
- PCT Contractor Administration lists

D.2.1
Maintaining access to NHS dentistry in line with local time and distance criteria for routine, urgent and emergency care continued 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 should be consulted, and any changes should be reported to the Strategic Health Authority. A performance Framework 2004/5 published October 2004 sets out what SHAs and PCTs are expected to focus on and includes recruiting additional capacity and a free-up of a minimum 10% capacity on PDS conversion.

D.2.1.1 PCTs monitoring and achieving `access dividend’ in PDS contracts

Investment ‘access’ funds

D.2.2
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.

D.2.2.1 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.

D.2.2.2 PCTs have a procedure to collect access information from practices in order to keep the nhs.uk database up to date

D.2.2.3 PCTs have reviewed and agreed local time and distant standards as part of their dental modernisation planning in liaison with local stakeholders and the SHA

D.2.2.4 PCTs are responding rapidly to PPI and PALS information
D.2.2.5 SHAs & PCTs are responding to the Performance Framework October 2004.

D.2.3 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.

D.2.3.3 - named person responsible for updating NHS UK database
D.3 Dental team development

Previous Competence 16
Salaried Services Review –Consultation period March 05 - DoH
Gateway 4152 –
www.dh.gov.uk/Consultations/LiveConsultations/LiveConsultationsArticle/fs/en?CONTENT_ID=4098622&chk=hxR5XY

D.3.1
The PCT needs to work with patients, public and dental professionals to ensure the delivery of effective and efficient dental care. It should facilitate all of the stakeholders working together.

D.3.1.1 - patient representatives on dental forums -discussion on dentistry with patient forums

D.3.2
There should be effective clinical leadership for primary dental care within the PCT to ensure that appropriate dental services are provided and are available to the local population.

D.3.2.1 There is a clear and inclusive consultation mechanism within the dental community.

D.3.2.2 There will an agreed structure and process to access clinical leads for GDPs and other dentists requiring them.

D.3.3
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.

D.3.4
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, career development, training and leadership.

D.3.4.1 There is a clear and inclusive consultation mechanism within the dental community.

D.3.4.2 Professional support and training will be provided for dentists and PCDs in liaison with the Post-graduate Deanery.
Previous Competence 17: Contracting and Managing Salaried Primary Care Dental Services

References:
DPB PDS Liaison Team - pctliaisonteam@dpb.nhs.uk
See also Commissioning and Contracting Paper on NatPaCT website http://www.natpact.nhs.uk/primarycarecontracting
BDA Advice Sheet E05 www.bda-dentistry.org.uk/search/content.cfm?contentid=676

A Guide to Personal Dental Services Pilots under the NHS (Primary Care) Act 1997
http://www.publications.doh.gov.uk/pub/docs/doh/dental2.pdf

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

Directions to health authorities on dealing with complaints about providers of personal dental services other than NHS
Trusts(amendment) directions 2002 -

CDO Review of Salaried Services Consultation paper - consultation period to March 05 published DoH Gateway 4152 -
http://www.dh.gov.uk/Consultations/LiveConsultations/LiveConsultationArticle/fs/en?CONTENT_ID=4098622&chk=hXR5XY

HSG(97)4 –

D.4.1
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 and Personal Dental Services, which provide the majority of NHS Primary Dental Care. The three main strands are set out in the following Competency Statements
D.4.1.1 PCTs have effective clinical leadership arrangements in place, which are underpinned by general management support.

D.4.2 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
- Outreach undergraduate teaching programmes
- Oral Health Promotion and improvement
- 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.

D.4.2.1 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. Reference Salaried Services Review document (Gateway 4152).

PCTs need to ensure all salaried dentists are consulted and released to attend planned development sessions

D.4.2.2 PCTs need to ensure all salaried dentists are consulted and released to attend planned development sessions. Reference Salaried Services Review document (Gateway 4152).

D.4.2.3 The PCT has an oral health improvement strategy that supports Choosing Health White Paper

D.4.3 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.
D.4.4 Personal Dental Services. These pilots will become permanent by April 2006
- 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)

D.4.4.1 PCTs have arrangements in place to monitor PDS performance against contract.

D.4.4.2 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.

D.4.4.3 There is a current service level agreement or contract for all salaried primary dental care services that refers to an agreed service specification.
D.5 Attracting GDPs: Recruitment and retention of GDPs and PCDs

Previous Competences 19 and 20

D.5.1 Maintenance and development of the dental workforce is important in ensuring that PCTs can continue to deliver and improve dental services. PCTs should be prepared to act on the recommendations of the dental workforce review published September 2004.

D.5.1.1 Such initiatives might include:
- A welcome information pack
- Support for local vocational dental practitioner (VDP) schemes.

D.5.2 In the first instance, PCTs should engage with the dental profession locally and work with their SHAs and Workforce Development Confederations (WDCs) in conjunction with the local post graduate dental dean to discuss initiatives aimed at increasing the number of NHS dentists and PCDs in a locality.

D.5.3 PCTs should encourage new schemes to be established in area if not already available.

D.5.3.1 Funding/Support for joint appointments to establish or expand outreach teaching programmes.

D.5.3.2 Actively promoting the PCT area and local dental practices.

D.5.3.3 Encouraging and promoting part-time positions for GDP's unable or unwilling to work full time. Personal Dental Service (PDS) schemes are more likely to attract part-time GDPs and Professions Complementary to Dentistry (PCDs).

To facilitate the development of ‘family friendly’ HR policy/procedures in dentistry. Support scheme for encouraging GDPs back into general dental practice.

D.5.3.4 Providing greater support to GDP’s for training of staff, clinical governance, risk management etc, to prevent further loss to private dentistry

D.5.3.5 Supporting the Keeping in Touch Scheme (KITS)

D.5.4 PCTs should also ensure and develop an appropriate workforce of Professions Complementary to Dentistry (PCDs) to facilitate skill mix development within dental practice

D.5.4.1 Supporting registration and training of dental nurses in primary dental care through collaborative working with FE colleges
D.5.4.2 Encouraging, through SHAs/WDCs, the commissioning of more training places for hygienists and therapists in local dental and PCD schools and through development of outreach teaching programmes in primary care (examples Portsmouth and Greater Manchester PCD Schools)

D.5.4.3 Training practice-based NVQ assessors and introduction of Dental Nurse Cadet Schemes using modern apprenticeship models (example Oldham PCT)

D.5.5 Increased provision of specialist care within primary care settings will be encouraged by supporting training and development for Dentists with a Special Interest and their PCDs in a primary care setting.

D.5.5.1 Availability of opportunities and/or initiatives targeted at GDPs

D.5.5.2 Support for Outreach Teaching Programmes and VDP schemes thereby attracting young dentists and PCDs to area who may join the primary dental care team

D.5.5.3 That they are developing appropriate programmes for Dentists with Special Interests

D.5.5.4 Improved training and clinical governance support for PCDs and GDPs.

D.5.5.5 Recruitment and support for overseas dentists and dentally qualified refugees within current regulations.

D.5.5.6 Dental workforce is part of PCT workforce planning strategy and includes PCDs
D.6 Dental Workforce

Previous Competencies 19 and 20

References:
Report of the Primary Care Dental Workforce Review– DoH Gateway 3500 -
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/Publication
sPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CON
TENT_ID=4086050&chk=C2HjhP

D.6.1
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.

D.6.1.1 workforce information available

D.6.2
In profiling the dental workforce and drawing up a local workforce strategy within their dental modernisation programme, PCTs should consult with PEC dentists and local dental advisory bodies e.g. Modernising Dentistry Steering Groups/OHAGs and Local Dental Committees (LDCs) and also consider skill mix issues and the use and availability of appropriate Professions Complementary to Dentistry (PCDs) e.g. Dental Therapists and Dental Hygienists. It will also be necessary to consider premises that are ‘fit for purpose’ to meet the needs of the expansion of skill mix in the dental team.

D.6.2.1 PCTs should assess local recruitment and retention of the dental workforce.

D.6.3
The Dental Workforce Review was published September 2004 and it is important for PCTs to consider the recommendations of this in relation to local workforce with their SHA(WDC) and postgraduate deanery.

D.6.3.1 PCTs should have a clear profile of the size, demography and appropriateness of their dental workforce

D.6.3.2 Future workforce projections and requirements should be included in the PCT’s dental modernisation programmes.
## D.7 Out of Hours Services

### Previous Competence 24

**References:**
Access Criteria Local contract agreements with LDCs, - HSG(93)34 (Gateway 1997)-

### D.7.1
Currently 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. Although registration will end in 2006, GDS contractors are currently required to provide Out of Hours emergency care for their registered patients. From 2006 the PCT will have responsibility for this.

Established local arrangements will probably have been agreed between the LDC and the former Health Authority. PCTs should therefore ensure that they are content with the current contractual arrangements and plan to ensure arrangements are in place from October 2005. PCTs may need to work collaboratively to provide this service or may opt to integrate this locally with Out of Hours medical services.

#### D.7.1.1 PCTs can demonstrate appropriate arrangements in place

#### D.7.1.2 Urgent and emergency time and distance criteria are being met

### D.7.2
The responsibility for providing emergency Out of Hours care for non-registered patients currently 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 PEC dentists, OHAG (and or its equivalents) and LDC.

#### D.7.2.1 PCTs can demonstrate arrangements in place

### D.7.3
Where an enhanced service is recommended, PCTs should discuss the scope and appropriateness of this service with neighbouring PCTs and Trusts.

### D.7.4
In developing new or modified dental Out of Hours arrangements PCTs should consider the interface with medical and pharmaceutical services Out of Hours services and NHS Direct.

#### D.7.4.1 Evidence of interface with medical Out of Hours services and NHS Direct

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**Overall Section Mark**

**RED**

**AMBER**

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**March 2005**

**PCT Competency Framework - Dentistry**
D.8 Involving Dental Clinicians

Previous Competence 1

References:
Practice Visit guidance - www.dh.gov.uk/assetRoot/04/07/14/54/04071454.pdf

D.8.1
A key element in mainstreaming dentistry within the NHS is for Dentists and Professionals Complementary to Dentistry (PCDs), Therapists, Hygienists, Dental Nurses and Dental Technicians to feel involved with the PCT. PCTs should implement a specific communications programme with all dental practices and individual dentists on their contract list. Any communication strategy should address the needs of Dentists and PCDs.

D.8.1.1 Arrangements in place for maintaining local contact lists of GDPs and updating at least every two months.

D.8.1.2 Arrangements in place for making contact will all GDPs and LDC.

D.8.1.3 PCTS have dentist on PEC

D.8.2
A named Dental Lead at the Strategic Health Authority will cascade information and strategic direction from the Office of the Chief Dental Officer.

D.8.2.1 PCTs have contact with named SHA dental lead.

D.8.2.2 Cascade arrangements agreed

D.8.3 A named PCT Dental lead should take a pro-active role in communicating with dental practices and providing dentists with other essential information.

D.8.3.1 A named officer responsible for dentistry has been identified within the PCT.

D.8.4
The General Dental Practice Advisor (GDPA) is also available for information cascading to dental practices. The PCT will have responsibility for clinical governance, continuing professional development and audit. Practice visits are an important PCT responsibility and an essential vehicle to facilitate these responsibilities.

D.8.4.1 Clinical Governance, Continuing Professional Development and Audit accountability/programmes/plans agreed.
D.8.4.2 General Dental Practice Advisor programme of practice visits and reporting mechanisms agreed and cascaded.
D.9 Dental Clinicians Involved in Networks

Previous Competence 2

D.9.1 Dental professional networks need to be established, built and nurtured. Oral Health Advisory Groups OHAGs/Modernising Dentistry Steering Groups MDSGs (or similar) have been established in most PCTs. Membership should be locally determined but as well as representatives from all branches of dentistry and Professions Complementary to Dentistry (PCDs) they should have patient, PCT management and dental PEC representation.

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.

D.9.1.1 The PCT should have access to specialist objective advice from a consultant in dental public health which may need to be provided from within a network that provides advice to a number of PCTs.

D.9.1.2 The PCT should employ a GDP Advisor to monitor, advise and help local GDPs. They can also act as professional advisors to PCTs on general dental practice.

D.9.2 Local Dental Committees are statutory committees who provide advice to PCTs either singly or as a network. PCTs 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 need to be provided through a managed network covering a number of PCTs possibly across a Strategic Health Authority area.

D.9.2.1 Local advisory groups (OHAGs/MDSGs, LDCs, DPH and GDPA networks) identified and integrated within the PCT professional advisory machinery.

D.9.2.2 PEC dental representation.

D.9.3 Dentists may also be involved in other networks e.g. Public Health, Clinical Governance and Audit.

D.9.3.1 Clinical governance strategy, structures and processes includes dentistry.
# D.10 Oral Health and Dental Care Modernisation

Previous Competence 10

**References:**

## D.10.1
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.

### D.10.1.1
PCTs have accessed this as background to developing own strategy

## D.10.2
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 together with oral health improvement. The Local Development Plan should make reference to appropriate dental services.

### D.10.2.1
PCTs should have a local modernisation strategy for NHS dental services

### D.10.2.2
PCTs should be able to demonstrate that they have in place an oral health strategy that will contribute to the delivery of Choosing Health White Paper.

### D.10.2.3
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, Advisory groups such as OHAGs/MDSG and other local stakeholders. Many PCTs have established a representative dental modernisation steering group to take this work forward.

### D.10.2.4
LDPs should have a dental and oral health component.
D.11 Dental Public Health as part of the Public Health Network

D.11.1 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.

D.11.1.1 PCT should have access to specialist dental public health advice

D.11.2 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

D.11.2.1 PCT dental public health specialist should be linked into the public health network of the PCT

D.11.3 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.

References:
BASCD Epidemiological Database - www.bascd.org,
National Oral Health Surveys - www.statistics.gov.uk and
www.dh.gov.uk/PublicationsAndStatistics/PublishedSurvey/ListOfSurveySince1990/SurveyListHealthIssues/fs/en
### D.12 Local Authority Involvement in Dental Services Programmes

Previous Competency 15

**References:**
Brushing for Life Programme -

Department of Health through local co-ordinators mainstream with Sure Start

**D.12.1**
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 Health Improvement Programmes.

**D.12.1.1** PCT can demonstrate evidence of joint working with Local Authorities on oral health issues. PCT Oral Health Strategy should include reference to Local Authorities and impact on policies

**D.12.2**
The national 'Brushing for Life' fluoridated toothpaste programme will require mainstreaming to local Sure Start Programmes and incorporated into local commissioning plan.

**D.12.2.1** PCTs continue to support tooth brushing programmes

**D.12.3**
PCTs are 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, oral health should be an integral part of this advice.

**D.12.4**
PCTs should support Strategic Health Authorities in developing water fluoridation programmes and provide input to Local Authorities during the consultation process as required.

**D.12.5**
Liaison with Local Authorities is also very important with milk fluoridation programmes.

**D.12.6**
Oral Health should be included in social care programmes such as 'looked after children' and older people and should be included in the inspection criteria for social care homes.
Liaison with local Authorities will also occur in relation to waste pollution, water disposal, and involvement in planning applications for dental practices.

D.12.7
D.13 Partnerships with Specialist Services

Previous Competency 21

References:
GDC Register of Specialist Dental Lists - www.gdc-uk.org/speciali.html

D.13.1
In order to support the commissioning function, PCTs need to engage with specialist dental clinicians working both in primary and secondary care settings and include dental representation on the PEC

D.13.1.1 Secondary care dental clinicians being involved in Oral Health Advisory Groups and Dental Modernisation Steering Groups and providing advice on needs and priorities.

D.13.1.2 Secondary Care clinicians working closely with PCTs to identify and support services that could be provided in a primary care setting

D.13.2
In particular it is important that there is specialist services clinical representation on OHAGs or equivalent and, where appropriate, representation of clinicians from the acute hospital or dental hospital as well. These advisory groups or sub-committees thereof should provide advice to support the review of services for which they will require appropriate data on waiting times etc.

D.13.3
Involvement of specialist clinicians in commissioning and planning decisions will allow the development of outreach services and teaching programmes in primary care settings. General dental practitioner with special interests Guidance offers flexibilities, opportunities.

D.13.4
PCTs in liaison with GDPs, 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 in line with Tier 2 progress in other health care specialties.
D.14 Link with Non-Service Commissioning – Dental Hospital and Links with appropriate NHS Dental Bodies

Previous Competency 22

**References:**
National Dental Development Unit at South Yorkshire Workforce Development Confederation -
http://www.sywdc.nhs.uk/sys_upl/templates/StdLeft/StdLeft_disp.asp?pgid=3741&tid=50

**D.14.1**
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.

**D.14.1.1** Good links exist between PCT and SHA(WDC)

**D.14.2**
PCTs should establish links with the SHA(WDC) which is 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).

**D.14.2.1** A PCT is represented on the NDDU annual review with the dental hospital
D.15 GDS Contractor Services - Terms of Service

Previous Competence 4

References:
DPB Helpdesk 01323 433550
BDA Advice Sheet E07 ‘Introduction to the General Dental Services’ - http://www.bda-dentistry.org.uk/search/content.cfm?contentid=678
BDA Advice Sheet E08 ‘Mixing NHS and Private Dental Care’ - http://www.bda-dentistry.org.uk/search/content.cfm?contentid=679

D.15.1
PCTs must have an understanding of the GDS Terms and Conditions of Service (Schedule 1 to the GDS Regulations 1992 (as amended). This will continue to be necessary until all GDPs are in local commissioning arrangements, by April 2006. PCTs should establish links with SHA(WDC)s 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). Key areas include:-

D.15.1.1 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.
D.15.1.2 The PCT has provided appropriate training for this individual
D.15.1.3 Practice visit programme in place

D.15.2
Mixing NHS and private care particularly the need to provide a full range of treatment

D.15.3
Missed appointments and deposits

D.15.4
Exemptions and point of treatment checks

D.15.5
The requirement to secure and maintain a registered patient's oral health
D.15.6  
The difference between occasional treatment and treatment available to registered patients

D.15.7  
Requirements to provide emergency treatment (including agreed local protocols)

D.15.8  
Dentists provision of estimates, treatment plans (FP17DCs) and receipts

D.15.9  
The need for practices to have proper and sufficient surgery and waiting areas (except where care provided from a mobile surgery)

D.15.10  
The need for practices to have a patient information leaflet.

D.15.11  
If there are problems locally in interpreting the Terms and Conditions of Service for GDS dental practitioners the DPB may be able to help.
D.16 Dental Contractor Services - Statement of Dental Remuneration (SDR)

Previous Competence 5

References:
The Statement of Dental Remuneration - www.dpb.nhs.uk/dentist/pubs_sdr.shtml
DPB Helpdesk 01323 433550
Dental Payments Helpdesk 01323 433553

D.16.1
The SDR will not be required following April 2006 when local commissioning will be in place and details of the reformed patient charges system is published. Until then 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)

D.16.1.1 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.

D.16.1.2 The PCT has provided appropriate training for staff

D.16.2
The DPB also assesses eligibility of GDS dentists for Commitment Payments and processes these as appropriate. (Determination 5)

D.16.3
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.

D.16.4
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
D.17 Dental Contractor Services - The GDS complaints procedure

Previous Competence 6

**References:**
Building a safer NHS for patients – Gateway 1459 - 
BDA Advice sheet B10 Handling Complaints - http://www.bda-dentistry.org.uk/search/content.cfm?contentid=653
BDA Advice sheet B05 Discipline Committee Arrangements - http://www.bda-dentistry.org.uk/search/content.cfm?contentid=650
Dental Reference Service of the DPB: Helpdesk 01323 433554,

D.17.1
Every GDS practice must have an in-practice complaints procedure and record the number of complaints received.

D.17.1.1 The PCT deals expeditiously with complaints which it receives within the prescribed timescale.

D.17.1.2 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 and uses the information to learn from and support change as appropriate.

D.17.2
Each year (usually in May) the PCT should write to practices to undertake a return which provides the numbers of complaints received.

D.17.3
Factors which make the GDS complaints process complex include:
• Patients charges;
• Mixing NHS and private treatment;

D.17.4
Where a complaint is received by the PCT it should be screened to determine the appropriate course of action within an established procedure.

D.17.4.1 Complaints are reviewed by a complaints monitoring committee.
D.17.5
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.
D.18 Dental Contractor Services - GDS disciplinary procedure

Previous Competence 7

References:
DPB Probity Liaison Branch – tel. 01323 433550
General Dental Council Conduct and Health procedures - www.gdc-uk.org,
BDA Advice sheet B05 Discipline Committee Arrangements - http://www.bda-dentistry.org.uk/search/content.cfm?contentid=650

D.18.1
The regulatory body for the dental profession is the General Dental Council. Local Practitioner Advice and Support Schemes (PASS) aim to help dentists who are at risk of failing to meet their responsibilities to work ethically and safely, their main role being to protect patients.

D.18.1.1 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.

D.18.1.2 The PCT deals expeditiously and according to the directions with disciplinary cases within the prescribed timescale.

D.18.2
Information suggesting 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, concerns from colleagues or staff, PASS, routine practice visits to the premises, reports from the Dental Practice Board (DPB) relating to clinical or financial monitoring.

D.18.2.1 PASS in place

D.18.2.2 Practice visit programme in place

D.18.3
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 their terms of service. It will be a matter for the PCT as to any subsequent action in respect of its PDS Performers.

D.18.3.1 PCTs will have a named person to liaise with the DPB on disciplinary issues
D.18.4
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.

D.18.5
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.

D.18.6
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.

D.18.6.1 There is a procedure where necessary for immediate referral to the GDC where appropriate.
D.19 Dental Contractor Services - Poorly performing dentists

Previous Competence 8

References:
GDC PASS schemes and Dentists Health Support Programme – www.gdc-uk.org,
DPB Probity and Information team – www.dpb.nhs.uk

D.19.1
The PCT should have a procedure (produced in consultation with the LDC, PEC and OHAG (or equivalent)) for identifying and dealing with cases of apparent poor performance.

D.19.1.1 There is an agreed and comprehensive procedure in place to deal with poor performance including the collation of all appropriate information.

D.19.1.2 There are no known cases of poor performance within the PCT area which are not being addressed.

D.19.2
Local Practitioner Advice and Support Schemes (PASS) may also assist maintaining professional performance through self-regulation. Procedures the GDC require to investigate professional competence are being introduced. New measures will form part of the GDC’s Fitness To Practice procedures.

D.19.3
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 cases the Dentists Health Support Programme should be involved by an appropriate PCT officer. Patients however should under no circumstances be placed at risk.

D.19.4
As part of its monitoring processes the DPB may identify GDS dentists who potentially are performing poorly and may refer this to PCTs.

D.19.4.1 PCT will have a named person who can liaise with the OHAG and LDC on quality issues in relation to GDS contractors.

D.19.5
PCTs will have separate arrangements for its employed dentists
D.20 Dental Contractor Services - Dental Practice Visits

Previous Competence 9

References:
DH Practice Visits guidance - www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Dental/fs/en
‘An Anatomy of General Dental Practice’ (FGDP - Royal College of Surgeons of England)

D.20.1
Practice Inspections have previously been 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. Guidance on Practice Visits was published in April 2003.

D.20.2
It is recommended that PCTs should carry out a visit at least once every three years. The PCT will support these visits, provide administrative support and agree a reporting mechanism to primary dental care lead. As a minimum it is recommended that practice visits should cover the following areas: health and safety, cross infection control, equipment for the treatment of medical emergencies, and clinical governance arrangements.

D.20.2.1 There is a regular and documented programme of practice visits. These visits need to be reported to the dental primary dental care lead and follow up visits are carried out where necessary.

D.20.3
The practice visits have an important pastoral role in picking up failing practices.

D.20.3.1 Reporting arrangements agreed
D.21 Clinical Governance

References:
GDS Regulations - www.gdc-uk.org
DH Practice Visits guidance
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Dental/fs/en
BDA Clinical Governance Kit – http://www.bda-dentistry.org.uk/search/content.cfm?contentid=1334

D.21.1
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.

D.21.1.1 PCTs have developed and are building on a clinical governance strategy which includes all local dentists

D.21.1.2 PDS contracts should include clinical governance arrangements

D.21.2
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 offered.

D.21.2.1 PCTs have established a means of ensuring that all GDPs are supported in meeting clinical governance requirements.

D.21.2.2 The PCT’s Clinical Governance Lead should ensure that dentistry is an integral part of the PCT Clinical Governance strategy, structures and processes.
D.22 Performance Monitoring and Evaluation - Salaried Dental Services and PDS

Previous Competency 18

D.22.1
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 delegate this function to Primary Care Trust(s).

D.22.2
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.

D.22.2.1 Service specification agreed
D.22.2.2 Regular reporting arrangements in place and documented performance monitoring and review meetings
D.22.2.3 Annual report of PDS activity published

D.22.3
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

D.22.4
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.
D.23 Oral Health Needs Assessment

Previous competency 12

References:
BASCD Website - www.bascd.org,
Oral Health Plan (due for publication Summer 2005),
Local Regional BASCD Survey Coordinator

D.23.1
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 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.

D.23.1.1 Through their Consultant in Dental Public Health, PCTs are commissioning their salaried primary dental care services to undertake oral health surveys as required

D.23.1.2 There is evidence that PCTs are using this information to inform dental strategy

D.23.1.3 Data for the BASCD co-ordinated surveys is provided within the appropriate timescale to the Regional Coordinator

D.23.2
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.
D.24 Links with appropriate NHS Dental Bodies

References:
Dental Profile (the quarterly magazine from the DPB) - www.dpb.nhs.uk/other/publications.shtml
DPB Helpdesk 01323 433550

D.24.1
The Dental Practice Board for England and Wales is a statutory body whose procedure is governed by the Dental Practice Board Regulations 1992. Following the Department of Health’s Review of Arms Length Bodies, the DPB will become part of the NHS Business Services Authority.

D.24.1.1 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;

D.24.1.2 Bringing matters of concern regarding their practitioners to the attention of DPB Probity team;

D.24.1.3 Engaging in dialogue with the DPB Probity team on disciplinary matters relating to independent GDPs;

D.24.1.4 Liaising with the DPB Dental Reference Officers, on local issues where impartial views are required;

D.24.1.5 Accessing information on primary care dentistry from the DPB website and through the DPB Dental Data team for bespoke information requests.

D.24.2
A new PCT liaison team has been set up in Eastbourne to support PCTs and practices implement PDS and the base contract. Its core function in GDS 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.