

CDO UPDATE

DH Department of Health

SPRING 2012

A COMMUNICATION TO THE DENTAL HEALTH TEAM FROM THE CHIEF DENTAL OFFICER



Foreword

Welcome to the first CDO Update of this new year. 2012 and 2013 promise to be interesting years in the evolution of the healthcare system in this country and dentistry, like all other areas, faces continuing change.

At the beginning of February I attended the careers day hosted by the Eastman Dental Institute and the British Dental Association. Change was high on the agenda during the day. The opening address was given by Professor Stephen Porter, brilliantly standing in for Kevin O'Brien, Chair of the General Dental Council, who was prevented from attending by the serious disruption to rail travel on the day.

Professor Porter's talk was interesting, inspirational and amusing. He urged the young dentists present to prepare for a career coping with change and gave examples from his own professional life.

Later on in the opening session during the panel debate, Professor Steele, – author of The Review of NHS Dental Services – commented that he was still learning and other panel members agreed that learning did not stop at graduation, nor should it stop at any stage of your professional life. The general atmosphere during the day was very positive although clearly there remains some uncertainty around various issues. The questions to the panel were well crafted and genuinely seeking answers to questions concerning people, varying from the continued use of amalgam as a restorative material, career opportunities for young dentists and the issue of national recruitment to dental foundation training.

It was a pleasure to attend the day, questions continued after the session had closed and I came away with a feeling that this younger generation of dental graduates is ready to play its part in the development of oral care services and also improving the oral health of the population.

If the people I spoke to on the day are truly representative of our young graduates then the future of the profession is in very safe hands.

BARRY COCKCROFT, Chief Dental Officer, England

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CONSULTATION ON RELAXING RESTRICTIONS on the clinical practice of healthcare professionals with HIV

One of the issues that concerned me when I became acting CDO in 2005 was that dentists with HIV were advised by DH guidance that they should not perform most surgical or dental procedures – and this left very few options for continuing a career in dentistry. Therefore, I welcomed the recent review of evidence by the Department's expert advisory committees and their recommendation that healthcare professionals with HIV should not have their clinical practice restricted if they are on the appropriate drug therapy and under medical supervision. The issue is emotive but it was important that any recommendations for a revision of the guidance were based on the best possible scientific evidence as it concerns both patient safety and the rights and responsibilities of healthcare workers with HIV.

The review has inevitably taken some time in detailed gathering and analysis of evidence about risk to patients; how that risk could be minimised; how policies in this

country compare to other countries; and whether current policies may need to be altered in the light of current evidence.

You will be aware that the Department published its consultation document on 1 December and this can be viewed at <http://www.dh.gov.uk/health/2011/12/hiv-consultation>

Although this is a deeply critical issue for a very small number of dentists, the document tackles generic issues which are well worth understanding.

Consultation is essential in obtaining views from as wide a range of stakeholders as possible.

The consultation closes on 9 March 2012 and the Department will then carefully consider the outcome of the consultation before deciding how to respond.

BARRY COCKCROFT, Chief Dental Officer, England

The new contract and the Community Dental Service – data collection exercise

Work is currently underway piloting reform of the dental contract. The contract would be based on registration, capitation and quality and outcomes, rather than units of dental activity.

This offers an opportunity to look at what might be the most appropriate recording and reporting mechanism for Community Dental Services. Accordingly, discussions have begun between the NHS Information Centre and the Office of the Chief Dental Officer in the Department of Health regarding the possible use of the Community Information Data Set (CIDS) by Community Dental Services.

Therefore, provider organisations should consider delaying the implementation of the CIDS into Dental Services so that this can be aligned with Dental Contract Reform and the provision of a new dental system by the Department of Health.

Further information on CIDS can be found at www.ic.nhs.uk/communitycare

All queries should be directed to enquiries@ic.nhs.uk



New dental contract reform events held in Leeds and London

A series of regional one day learning events have been taking place in Leeds and London to support new contract pilot practices and their PCTs. Two PCT events took place in Leeds in December, with a further two running in February for practitioners and PCTs jointly.

The objectives of the session were as follows:

- To brief pilot delegates on the latest policy developments, how to make the most of the tools and information technology developed to support them, and to anticipate the likely next steps and timescales involved moving forward
- To provide the opportunity for pilots and PCTs to meet each other and explore common problems and potential ideas and solutions for solving them.
- To showcase case studies of practitioners' experiences to date, in their own words.

Interactive Q&A sessions were also on the agenda – and these are being written up and quality assured before being distributed to all attendees.



Sue's Column



PUBLIC HEALTH OUTCOMES FRAMEWORK

The new public health outcomes framework was published on 23rd January. It sets out the desired outcomes for public health and how these will be measured. I am very pleased that an outcome indicator for oral health in five year old children is included.

<http://www.dh.gov.uk/health/2012/01/public-health-outcomes>

Preventing cancer, cutting tooth decay in children and the population weighing less, are just some of the challenges local councils will be able to track their progress against when they take over looking after the health and well-being of their residents. For the first time, public health will be measured against a framework which sets out 66 health measures so councils and the Government are able to see real improvements being made and take any action needed.

From April 2013, councils will be given a ring-fenced budget – a share of around £5.2 billion based on 2012/13 funding – and will be able to choose how they spend it according to the needs of their population. Those who make the most improvements will be rewarded with a cash incentive. Local authorities will be paid a new health premium for the progress they make against the public health indicators.

The results this progress will be measured against include:

- fewer children under 5 will have tooth decay
- people will weigh less
- more women will breastfeed their babies
- fewer over 65s will suffer falls
- fewer people will smoke
- fewer people will die from heart disease and stroke

The framework concentrates on two high-level outcomes to be achieved across the public health system. These are:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

The outcomes reflect a focus not only on how long people live but on how well they live at all stages of life. The second outcome focuses attention on reducing health inequalities between people, communities and areas. Using a measure of both life expectancy and healthy life expectancy will enable the use of the most reliable information available to understand the nature of health inequalities both within areas and between areas. (*cont.*)

Sue's Column

A set of supporting public health indicators will help focus understanding of progress year by year nationally and locally on those things that matter most to public health. The indicators, which cover the full spectrum of public health and what can be currently realistically measured, are grouped into four 'domains':

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality

Public Health Outcomes Framework

OUTCOMES

Vision. To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

Outcome 1: Increased healthy life expectancy

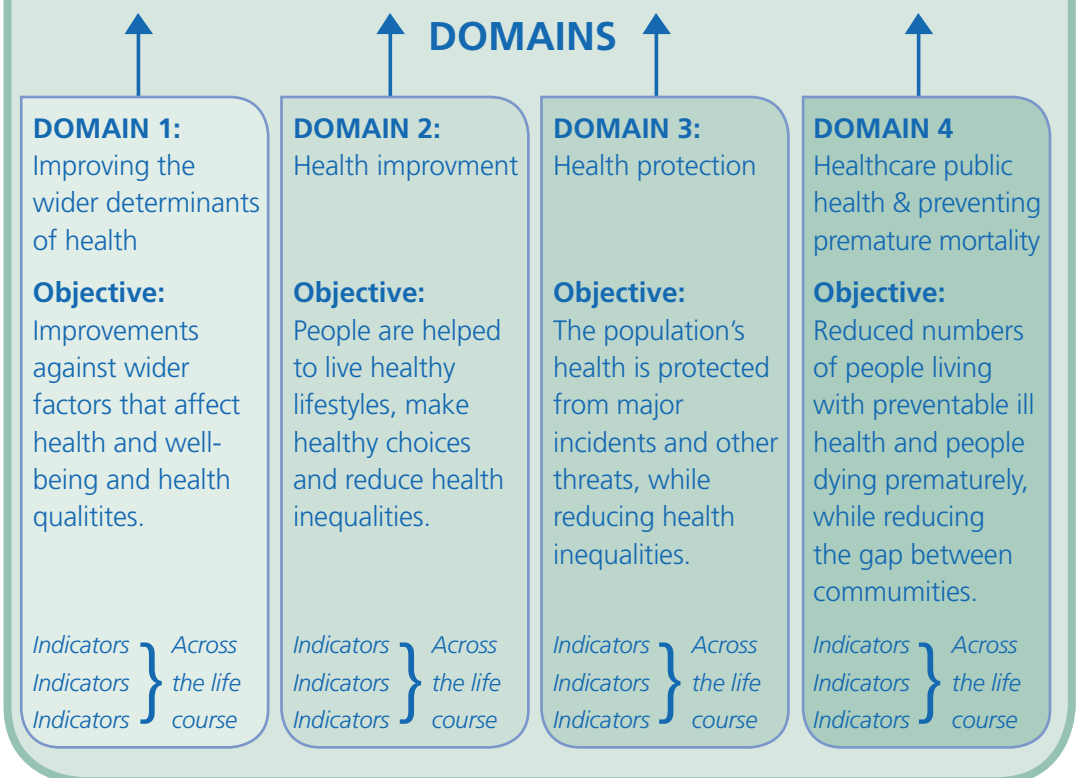
Taking account of the health quality as well as the length of life.

(Note: This measure uses a self-reported health assessment, applied to life expectancy.)

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities

Through greater improvements in more disadvantaged communities

(Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences between area differences.)



Sue's Column

Delivering better oral health

The review of DBOH in preparation for the 3rd edition is now well under way, including development of a patient facing version. This work is closely related to the Dental Contract Reform work programme and the review of the clinical care pathways and the underpinning software. There are matrices within the software which produce selfcare plans for the patients themselves and preventive plans for the dental team to deliver. The matrices were based on DBOH and will be reviewed in the light of clinical experiences and the work on DBOH 3rd edition.

SUE GREGORY, Deputy Chief Dental Officer, England

DENTIST DEVELOPS PATIENT-FRIENDLY DEVELOPING BETTER ORAL HEALTH APP

The evidence-based information found in Delivering Better Oral Health can now be downloaded by patients and the public via a free app called Brush DJ for use on smartphones, iPod touches and iPads.

Designed by York-based dentist Ben Underwood, the app includes a brushing timer which indicates how much time should roughly be spent on each tooth – accompanied by two minutes of music, drawn at random from what the user has stored.

Brush DJ also lets users set automatic reminders to:

- clean interdentally every day
- brush twice a day
- use a fluoride mouth rinse if appropriate and at a different time to brushing
- visit the dentist every three to 24 months
- visit the hygienist if required
- change their toothbrush /electric brush-head every 3 months

The app was launched at the beginning of the year and has already been downloaded in 29 countries. Further information is available at www.BrushDJ.com.



QUALITY AND REQUIREMENTS UPDATE

DH/IPS local self-assessment audit CD ROM

The CD ROM version of the audit tool has now been distributed to all NHS dental practices. Further downloads are available free of charge from:

www.LSAdental.org.uk. An e-mail support service is available until 15 March 2012 for any practices that may be having trouble in using the CD ROM at:

support@LSAdental.org.uk.

I would encourage all practices to install and use the tool before this date in order to make full use of the support service. A FAQ document is also available from

www.LSAdental.org.uk

The CD ROM has an analytical component to assess the level of achievement against the essential quality requirements and best practice requirements described in HTM 01-05. This has been calibrated with the data from the Dental National Decontamination Survey carried out last year and so provides an accurate reflection of the quality systems in place at the practice.

The CD ROM will allow data to be transmitted as digital files to PCTs, though this is limited to an overall summary including compliance with essential quality requirements and best practice together with an overall score for each audit section. It will not transmit the results for the full question set, any comments added by the practice or the suggested action plan.

The reports generated by the CD ROM will allow practices to plan for further improvements and compare subsequent audit results. The HTM 01-05 guidance requires practices to audit their decontamination processes at least quarterly. The CD ROM facilitates this, by giving the option for the practice to only answer those questions where the responses were incorrect, at a quarterly interval. The practice will have to carry out a full audit every 12 months.

Review HTM 01-05

The Department gave a commitment to review the HTM 01-05 guidance within 2 years of publication. It has proved necessary to delay this review for a number of reasons.

The Department is at present engaged in a number of pilots to inform the development of a Choice Framework for local Policies and Procedures (CFPP) to meet the requirements of the Health Bill "Equality and Excellence" (2010) and uses the concepts that underly the Big Society initiative from the Prime Minister's Office. This will require future professional guidance to comply with this framework. It is therefore sensible to wait for the outcomes of the pilots and review the HTM 01-05 in accordance with the developing CFPP agenda.

The Department is at present undergoing a transformation process both in terms of structures and responsibilities. It is sensible to delay the review until these changes have been finalised and roles and responsibilities of the emerging statutory bodies clearly defined.

There are three research studies taking place, which will have an impact on quality standards for local decontamination in primary care dental practices. These are related to the optimization of washer-disinfectors, the detection of protein residues on washed instruments and the recontamination of sterilised dental instruments. It is also sensible to delay the review of the HTM 01-05 document until we have final reports from these studies as the guidance will need to reflect new evidence.

The HTM 01-05 is a living document and as such, if new evidence emerges before the formal review, the document will be updated to reflect this. It is expected that a formal review of the HTM 01-05 will take place in 2013/14. We have been in discussions with the British Dental Association who are aware of this position.

Water Supply (Water Fittings) Regulations 1999

I would like to inform practices of their obligations to comply with the Water Supply (Water Fittings) Regulations 1999, Regulation 3 states:

- (1) No person shall –
 - (a) install a water fitting to convey or receive water supplied by a water undertaker, or alter, disconnect or use such a water fitting;
 - or
 - (b) cause or permit such a water fitting to be installed, altered, disconnected or used, in contravention of the following provisions of this Part.
- (2) No water fitting shall be installed, connected, arranged or used in such a manner that it causes or is likely to cause –
 - (i) waste, misuse, undue consumption or contamination of water supplied by a water undertaker; or
 - (ii) the erroneous measurement of water supplied by a water undertaker.

This applies to all water fittings and includes the plumbing in of washer-disinfectors (WD) as these, once commissioned and operational, will hold water that could be classified as a fluid 5 risk (with fluid 1 being wholesome clean water and Fluid 5 being water that represents a serious health hazard because of the concentration of pathogenic organisms).

The water supply must be protected from this fluid 5 risk by the use of an appropriate backflow prevention arrangement. This requires the establishment of an air-gap. These air gaps can either be built into the water supply to the washer-disinfector or built into the washer-disinfector itself, either method would ensure compliance with the Regulations.

The law since 1999 has required notification for installation, alteration, extension and strictly, for disconnection of any plumbing fittings or apparatus.

The legal duty falls on the installer to have consent before commencing work, so it is the plumber who is to make the connection or alteration or who installs the products who is at risk. However, the regulations do not prescribe who may notify so it could be the designer, contractor or dentist.

For work done by an Approved Contractor (An approved contractor under the Water Fittings Regulations is someone who belongs to one of the recognise WF Approved Contractors Schemes) specifically on extension or alteration of plumbing in dental (i.e. non-domestic) premises, no advance notification is required but retrospective “work completed” certificates must be sent to the water supplier. All other work must be notified in advance.

It would be advisable for all practices who have already installed a WD and who have not notified their Water Undertaker and do not have written confirmation that the WD complies with 1999 Regulations, to provide a retrospective certification of compliance from the installer and notify the Water Undertaker.

The Department will be working with the British Dental Association and WRAS (Water Regulations Advisory Scheme) to produce guidance on the application of Water Regulations to dental practices.

SERBJIT KAUR, Head of Quality and Standards

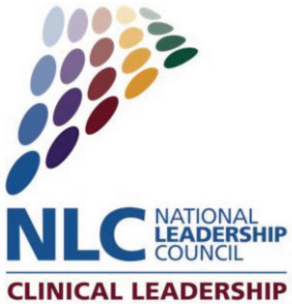
British National Formulary Update

bnf.org

Under new contractual arrangements between the British National Formulary (BNF) and NICE, updates will now be made on the BNF website on a monthly basis. Currently, dental practices only receive information once a year in hard copy format. Now you can watch out for any new news from the BNF throughout the year at: <http://bnf.org/bnf/index.htm>

You will need to register with the BNF website to access the updates – this is quick, easy and free of charge.

The Department of Health will continue to supply a hard copy of the BNF to all NHS dental practices on an annual basis.



NATIONAL LEADERSHIP COUNCIL

Leadership Academy

Following interest from more than 1,000 clinicians across the country and a robust selection process, the Clinical Leadership Fellowship programme 2011/12 is now underway. Designed for practising clinicians from all backgrounds and professions, the programme offers a unique opportunity for clinicians to develop their leadership skills. This is becoming increasingly important as Local Professional Networks (LPNs) start to develop and clinicians take on a greater role in commissioning services for patients.



Mary Tomson – Specialist Registrar in Dental Public Health, West Midlands.

The next few months will see the Fellows engage in a variety of opportunities – via learning modules, mentoring and action-learning sets – to develop and use their leadership skills, as well as having the chance to work on a specific service improvement activity in their area.

Drawn from a wide range of clinical backgrounds, the sixty Fellows selected will be able to benefit from:

- high-quality, on-the-job clinical leadership and management training, underpinned by sharing best practice
- opportunities for bespoke leadership development linked to service improvements
- multidisciplinary and collaborative learning across regions involving all healthcare professional groups
- designing a robust evaluation around improvements to the service alongside personal development that will provide the benchmark for future leadership programmes.

At the same time, the Fellows are also working towards a Post Graduate Certificate in Leadership and Service Improvement and will be responsible for designing and implementing a service transformation project in their workplace built on the principles of the Quality, Innovation, Productivity and Prevention (QIPP). In this way, the Fellows can will be enhancing their leadership capability while at the same time delivering tangible, business-critical improvements.

Mary Tomson, a Specialist Registrar in Dental Public Health in the West Midlands, was one of the Fellows selected to join the programme. As part of her Fellowship familiarisation activities, Mary recently spent some time with the dental policy team at the Department of Health offices at Skipton House, where she shadowed Barry Cockcroft for a day.

Commenting on her experience of the leadership scheme to date, Mary said, “I am absolutely delighted to have been awarded a place on the Fellowship programme. We have received some excellent training already and have been given the opportunity to meet lots of interesting people. I would encourage more dentists to apply for the Fellowship programme next year; many don’t realise how important their contribution to commissioning dental services will be when Local Professional Networks are up and running.”.

Mary’s specific service improvement project relates to the development of a more integrated model of dental commissioning in the Birmingham and Solihull PCT cluster, with a view to creating a smoother link between primary and secondary care services.

Rachel Kirkwood NLC Fellowship programme lead said: “Application to this Fellowship was open to all clinicians in all healthcare settings with the potential to bring fresh ideas and new ways of working to benefit patients’ services, to provide better value for money and help drive out waste”.

During the course of the nine month programme, Fellows will be able to bring ideas and initiatives back to their organisations, tailored to the needs of their healthcare staff. In this way everybody in the NHS will be able to see the impact of strong clinical leadership on improved quality of care.

Further updates on the Fellow Clinical Leadership Programme will follow in future issues of CDO Update.

E-DEN LEARNING MANAGEMENT PROJECT goes from strength to strength

e-Den, the national e-learning initiative encompassing dentistry's foundation years, went live to over 1,200 dental foundation trainees and trainers across the UK on 31 March 2010.

e-Den has now been available for almost two years to all members of the dental team. Its original purpose was to support dental foundation training but it has now been adopted by many different groups within the dental team who are now using it for verifiable CPD and preparation for college examinations.

At the time of going to press, we have 171 of 300 sessions live on the Learning Management system, with the team consistently outputting an additional five to ten sessions a month.

The number of registered users of e-Den is approximately 11,000 across the UK. In this first half of January alone we had 840 session attempts with people logging on and accessing the available sessions.

The project – originally funded by the Department of Health – has continued funding from the Royal College of Surgeons of England and e-Den is now available abroad for purchase. Again I am pleasing to report that people are purchasing e-Den and that money is coming straight back to the project to pay for continuing development.

If you are not a registered user please register, use the material and give us feedback. Good or bad – we are always responsive to the feedback that we receive.

It is anticipated that the project will be completed at the end of December 2012.

Paul Brunton e-Den clinical lead

e-Den is an interactive learning resource delivered through a partnership between the Royal College of Surgeons of England, the Faculty of General Dental Practice UK and e-Learning for Healthcare (e-LfH).

For more information see:

<http://www.e-lfh.org.uk/projects/dentistry/>



Genix Healthcare launches dental nurse apprenticeship scheme

Following in depth research and consultations with the National Apprenticeship Service, Genix Healthcare is working in partnership with City Training of Bradford, West Yorkshire, to deliver apprenticeships at Genix Healthcare. Employed by Genix, apprentices will be paid to “earn while they learn”.

The first apprentices to undertake a Customer Service NVQ Level 2 qualification are currently being recruited. They will then progress onto the new Diploma in Dental Nursing (level 3).

An excellent way of offering young people the chance to gain qualifications and experience within the workplace, the scheme also provides training in key skills – such as literacy and numeracy – if required.



Craig Williams, Head of HR at Genix, commented: “Genix is committed to delivering in the region of 100 apprenticeships within a relatively short period of time. We are very excited about the scheme and hope to welcome our first apprentices very soon.”

Anyone living in England, over the age of 16 and not in full-time education, is eligible to apply.

NEWS IN BRIEF

MEDICAL EDUCATION ENGLAND DENTAL PROGRAMME BOARD publishes review of skill mix in dentistry

The dental programme board, part of Medical Education England (MEE) has just published a review of skill mix in dentistry.

The review set out to assess the contribution that the six groups of dental care professionals (DCPs, ie: dental therapists, nurses, hygienists, clinical dental technicians and orthodontic therapists) could make to the delivery of the NHS dental care services through team working / skill mix.

To read the report in full, see:

http://www.mee.nhs.uk/latest_news/publications/dentistry_skill_mix.aspx

ERRATUM

NHS DENTAL SERVICES PORTAL LAUNCH

In the Autumn 2011 issue of CDO Update we reported that the NHS Dental Services online portal for providers and performers had gone live.

Unfortunately this was incorrect. At the time of going to press, we understand that regional trials are still taking place, pending a national roll out later in the year. We would like to apologise for any confusion caused and will feature an update on the wider portal launch in the next issue of CDO Update.



The NHSBSA North East Contact Centre team with their award.

The NHS Dental Services Helpdesk is one of the services provided by the NHSBSA's Contact Centre and at the recent North East Contact Centre awards the NHSBSA won the overall Contact Centre of the Year award. The Contact Centre was recognised for their excellence in a number of categories including delivering an outstanding customer experience.

NHSBSA North East Contact Centre awards success

This is a great achievement for the Contact Centre which deals with in excess of three million calls a year from 12 different call streams. Besides Dental Services' calls they handle calls about NHS Pensions, Prescription Services and European Health Insurance Card (EHIC), in addition to calls relating to eight other NHS services.

DENTAL PROFESSIONALS HONoured IN NEW YEARS HONOURS LIST

Four dental professionals in England were honoured by the Queen at the beginning of this year

CBE: Professor Jimmy Steele,
Dean, Newcastle Dental School.

OBE: Susie Sanderson,
Chair BDA Executive Board

MBE: Stephen Lambert-Humble
Head of Dentistry, University of Kent

MBE: Angie McBain,
British Association of Dental Nurses
Our congratulations go to all of them

Dental working patterns survey 2010/11 & 2011/12

The NHS Information Centre is conducting a survey on behalf of the British Dental Association (BDA) and the Department of Health regarding dentists' working patterns and business arrangements. Invitations for the survey were sent on 20th January 2012 to all dentists who performed some NHS dentistry in 2010/11 and/or 2011/12. The survey is fully endorsed by the BDA, who encourage your assistance. It is very important for producing information that will provide impartial evidence to the Review Body on Doctors' and Dentists' Remuneration (DDRB).

For the first time, the survey is being conducted on-line and can be accessed through the web-site below:

www.ic.nhs.uk/omnibus/dwpsenglandandwales

The questionnaire will only take a few minutes to complete and Guidance Notes are available online to help you complete the survey. Please note, as well as your name and main practice address, you will need your General Dental Council number (which will act as verification). It would be appreciated if you could complete and submit the questionnaire as soon as possible. Responses must be received by Monday 27 February 2012.

New GDC study published

The General Dental Council (GDC) has published a new study that takes a closer look at the impact CPD has on dentistry. The study looked at a range of academic literature about CPD in dentistry and was prepared for the GDC by a team from the Faculty of General Dental Practice (UK). It is claimed to be the most up-to-date and comprehensive review of literature about CPD in dentistry from the regulatory perspective.

The aim of the GDC's CPD review is to develop an approach to CPD that is fit for its future regulatory requirements and supports registrants in getting the most out of their learning and development. It will also enable appropriate CPD requirements to be woven into a proportionate scheme of revalidation in due course.

Some of the insights highlighted in the study include:

- repeated learning is likely to be more effective;
- Personal Development Plans and appraisal can support effective CPD decision-making and participation;
- reflection is a core aspect of making CPD effective;
- CPD should be driven by individual needs;
- the blending of different learning approaches is likely to have a positive impact.

Dean of the FGDP (UK) Russ Ladwa said: "We were pleased to lead this study which provides a basis from which other researchers can further develop understanding about CPD in dentistry. There is much yet to be discovered in this area."

BDA CONFERENCE 2012

The BDA conference this year takes place in Manchester from Thursday 26 to Saturday 28 April inclusive. For more details, see:

<http://www.bda.org/events/annual-conference/index.aspx>

INCREASED NHS DENTAL CHARGES FROM 1 APRIL 2012

The revised dental charge rates applicable from 1 April 2012 are as follows:

| Course of dental treatment | Current Charge | From 1 April 2012 |
|----------------------------|----------------|-------------------|
| Band 1 | £17.00 | £17.50 |
| Band 2 | £47.00 | £48.00 |
| Band 3 | £204.00 | £209.00 |