Background to the Oral Surgery pilot

In 2006 DHSSPS (Department of Health, Social Services and Public Safety) issued the Primary Dental Care Strategy\(^1\) which set out a model for the future delivery of primary dental services in Northern Ireland. As part of that strategy it was recommended (Recommendation 10) that a new Northern Ireland wide General Dental Services contract framework should be developed. This contract would provide the basis for commissioning services to meet local need. It was further recommended by the then Minister for Health, Michael McGimpsey, that these new arrangements should be piloted before being rolled out across Northern Ireland. The Oral Health Strategy\(^2\) followed the Primary Dental Care Strategy in 2007 and aimed to improve the oral health of our population. It also recognised that most dental care is delivered in the primary care environment.

DHSSPS has been in negotiation with the Dental Practice Committee of the British Dental Association (BDA (NI)) for some time now to develop a new dental contract model for Northern Ireland. Work has progressed and there will be 3 bespoke separate contracts for general dental practice, oral surgery and orthodontics. Papers describing the evolution of the contract development and its key components have been published at [www.dhsspsni.gov.uk/index/dental/dental-pubs.htm](http://www.dhsspsni.gov.uk/index/dental/dental-pubs.htm)

It is not possible to test the new contract within the framework set out in the General Dental Services (NI) Regulations 1993. Instead, the pilot will be established as a pilot Personal Dental Services (PDS) Scheme\(^3\) under the Health Services (Primary Care) (Northern Ireland) Order 1997.

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3. Pilot PDS schemes were introduced to NI by Health Service (Primary Care) (Northern Ireland) Order 1997 – [http://www.opsi.gov.uk/si/si1997/19971177.htm](http://www.opsi.gov.uk/si/si1997/19971177.htm)
The HSCB has already held a consultation between November 2010 and January 2011 on the use of pilot PDS legislation to test new dental contract models and there was unanimous support for this, and also for the use of three separate contracts for general dental practice, oral surgery and orthodontics.

The new contract models are derived from the recommendations in the Primary Dental Care Strategy 2006 and Oral Health Strategy 2007

- Local commissioning of services
- Access to appropriate dental care for everyone who needs it
- A clear definition of treatments available under the Health Service
- A greater emphasis on disease prevention
- Guaranteed out-of-hours services
- A revised remuneration system, which rewards dentists fairly for operating the new arrangements

In addition, the following common underpinning principles were used when developing the framework for the new contract.

- Cost–effective
- Evidence-based
- Equitable access to care:
  - Opportunity to access services defined in the new contract is available to all
  - Contractor commitment to offer services
- Simplified system of administration and monitoring, both for oral surgeons and the HSC Board
- Fewer categories/descriptors of treatment
- Simpler administration and data returns
- Easier for patients to understand with greater information on what care and treatments are available
Current delivery of Oral Surgery Services

Oral Surgery services are currently delivered in Northern Ireland within the General Dental Services (GDS), Hospital Dental Services (HDS) and the Community Dental Services (CDS).

Some Oral Surgery procedures are carried out within the GDS by General Dental Practitioners but most would be carried out within a number of specialist oral surgery practices that treat patients on referral from General Dental Practitioners for complex extractions and oral surgery procedures. This latter service model is not present to the same extent in other parts of the UK. Oral Surgery procedures are carried out within the HDS by Oral Surgeons and Oral and Maxillofacial Surgeons; and also by Oral Surgeons working for the CDS.

It is not proposed to change the range of treatments available under the new Oral Surgery pilot model. However, the current Item of Service codes in the Statement of Dental Remuneration have been consolidated into 4 bands according to their complexity, and there will be a single fee and patient charge for each band. The banding charges have also taken into account the complex medical needs of many patients who are referred to specialist oral surgery practices.

We propose that oral surgeons continue to treat patients on referral from dental practitioners. However, there will be a new, robust and standardised referral process to ensure;

- all relevant information is available to the oral surgeon in advance; and
- patients are aware of their responsibilities and options prior to treatment.
What is the Oral Surgery pilot?

The Oral Surgery Pilot has been organised to trial a new local model of referral, payment and delivery of oral surgery services to develop a system that could be used across all of Northern Ireland.

It will provide the Health and Social Care Board (HSCB) and Oral Surgery Pilot Working Group with information that should help to identify any benefits and problems ahead of a new regional contract model.

The pilot will be evaluated in 3 stages, base-line, mid-term and final using both qualitative and quantitative measures. The HSCB will be evaluating the following areas:

- Patient experience
- Pilot provider practice experience
- Referring practice experience
- Secondary care provider experience

Other areas which we are proposing to evaluate are:

- Use of RMC system
- Referral patterns
- Comparisons against existing arrangements
- Case mix
- Patient demographics
- Operational considerations
- Conscious sedation
- Trust experiences (host and supplier)
- Costs
**How will the pilot be run?**

The pilot will run for a 6 month period and is expected to commence in April 2013. The pilot will run in the Southern Local Commissioning Group (LCG) area (coterminous with the Southern Health and Social Care Trust area) and will involve referrals from dental practitioners within that area. Rather than the existing arrangements where referrers decide to whom they refer, the pilot arrangements will involve a central referral system for triage and cases will be allocated as suitable for treatment in a High Street Oral Surgery Practice or the Hospital Dental Service.

No other areas of Northern Ireland are included in this new referral process but patients will be offered a choice of Hospital or High Street Oral Surgery Practice, which may be in another area. Patients may or may not choose to travel outside of the Southern area. The pilot is time-limited and at the end of the process these arrangements will cease and those Oral Surgery practices that had been operating under the GDS arrangements, prior to the pilot, will revert back to same.