

Primary Care Division
Dental Directorate
Annual Report 2003/04

12th August 2004

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**The Dental Directorate
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Are we making a difference?

As the third annual report of the Dental Directorate is issued, we have to ask ourselves what difference we are making to the oral health of the people of Greater Glasgow and what improvements are being made in primary care dental services.

When the Directorate was established in 2001, our main objective was to implement the Oral Health Action Teams initiative and this has now been achieved. The Directorate structure remains a unique entity in the UK and brings together a focus for the strategic and operational planning and management associated with primary dental care, from maintaining the Dental List to Clinical Governance and dental epidemiology.

After an initial period of establishing our team and marketing our role with NHS Greater Glasgow and our planning partners, we have spent recent months consolidating our early successes and on obtaining baseline data on which we can evaluate the investment.

The difference we can make to patients can be measured both by “process” (e.g., access to services and activity levels) and by “outcome” (oral health gain). This report provides information on both measures and will allow the reader to judge whether we are making a difference.

If the value of our work were to be measured by enthusiasm alone, I would without hesitation judge the Directorate a complete success. I acknowledge wholeheartedly the support of the entire Dental Directorate and our independent contractor colleagues for their support in striving to make a difference. We look forward to another busy year and hope that you will enjoy our report.

**Robert Broadfoot BDS MGDSRCPS (Glasg) MBA
Dental Director**



Oral Health in Glasgow

The Context

Oral health within Greater Glasgow is, in general, the worst in Scotland. For all the principal age groups, the Greater Glasgow population has poorer oral health than almost anywhere in Scotland. While there has been some improvement in this longstanding pattern, this is occurring more slowly than in other areas. Much of this improvement has been as a result of improvements in the most affluent areas, leading to an increase in the inequality gap. However oral health in these areas is still poorer than in similar areas in the rest of Scotland.

Oral health has an inverse relationship with poverty and deprivation. In Scotland, 7% live in the most deprived areas (Deprat 7), but 30% of the Greater Glasgow population live in areas designated Depcat 7. In addition 18% reside in Depcat 6 areas in Greater Glasgow. With almost half of the population living in deprivation, this increases the problem both with regard to dental disease and the incidence of oral cancer.

Further inequalities occur with regard to many sub groups, such as the homeless, older people in care and those with special needs, where access to dental services is limited in terms of treatment, care and prevention. Many of these groups are doubly disadvantaged due to deprivation.

While Greater Glasgow has some of the highest numbers of NHS dentists per population with high rates of registration, this provision is not evenly spread across Glasgow with much poorer levels of access available in the deprived areas where the worst oral health levels occur. Epidemiological surveys in 5 and 12 year old children show that while many are registered with a dentist, due to a number of factors the majority of dental decay remains untreated. In addition, the limitations of the present general dental service contract conspires with other factors to leave gaps in service provision. Unlike general medical services, the alternative public service option is limited with the Community Dental Service, for example, being proportionately very much smaller compared with other areas.

It is hoped that “Modernising NHS Dental Services in Scotland” will bring changes which will facilitate the efforts being made in Greater Glasgow to improve oral health.

Oral Cancer Awareness Project

The West of Scotland Cancer Awareness Project was funded centrally to raise public awareness of the signs and symptoms of oral cancer. The campaign which featured television and radio advertising was live during October 2003 and March 2004 and encouraged those with signs and symptoms of the disease to see their dentist, doctor or pharmacist.

Many general dental practitioners in Greater Glasgow indicated that they were willing to see additional (unregistered) patients during the campaign and their willingness to participate was commendable.

The effectiveness of the Project is being evaluated by dental public health colleagues within the Dental School with general dental practitioner input from George Taylor, Clinical Governance Adviser.

Strategic Planning

As in previous years, the Directorate has made a significant contribution to the NHS Board's Oral Health Planning and Implementation Group with proposals being submitted for salaried general dental practitioners, a review of special needs dental services and dental services for the homeless. The Director and the Dental Strategy Development Manager have both been involved in writing sections of the Oral Health Strategy for Greater Glasgow which is due to be issued for consultation in August 2004.

Oral Health Action Teams

The final phase of the implementation of the Oral Health Action Teams (OHAT) initiative was completed. OHATs were established in Camglen, Anniesland/Bearsden/Milngavie, Strathkelvin and Eastwood.

In the course of the year, Oral Health Promoters and Lead General Dental Practitioners provided baseline data which will be used to monitor progress. The dental epidemiological data from the National Dental Inspection Programme has helped to inform the evaluation process in relation to 5 year old children. The next challenge is to obtain similar data for 3 year olds.

As the implementation phase progressed and the initiative moved into the evaluation phase, the OHAT Steering Group conducted a review of its role, membership and functions including the structure and membership of its subgroups. A paper was circulated to all interested parties for comments and recommendations will be considered and changes made in the autumn.

To ensure that funding is continued it will be necessary to ensure that monitoring and evaluation of both processes and dental outcomes is given due priority.

Pathway for Children's Dental Services

One of the key themes identified as an initial priority for Oral Health Action Teams was the development of "child friendly" dental practice. To ensure that this was translated into meaningful clinical services, the Dental Director invited the profession to develop a care pathway.

The Directorate has facilitated a number of meetings with Lead General Dental Practitioners, Community Dental Officers and the Child Dental Health Department at Glasgow Dental Hospital and School and a care pathway for children's dental services is being developed. An integral component of the pathway however, does involve additional resources and an application for four whole time equivalents of salaried general dental practitioners and associated Professionals Complementary to Dentistry is currently being considered by the Scottish Executive.

Dental Services and Care of the Elderly - Stakeholder Event

With the support of the Oral Health Forum, the Directorate hosted a Stakeholder event on "Dental Care and the Elderly" in October 2003. The keynote speaker was Professor Jimmy Steele, Department of Restorative Dentistry, University of Newcastle Dental School. Presentations were also given by Dr David Turner, Policy Research Officer, British Dental Association, Dr Petrina

Sweeney, Senior Lecturer at Glasgow Dental Hospital and School and Ray McAndrew, Clinical Director, Community Dental Service.

The event allowed primary healthcare professionals, health improvement/health promotion officers, social services professionals, patient representatives and other interested parties to consider the demographic issues and the changing pattern of need in relation to an older population with increasing needs for longer-term treatment planning and complex restorative care. From a strategic planning perspective, this means conducting needs assessments on primary care dental services for the well elderly, the frail elderly and the very dependent elderly.

Diabetes

Following on from our involvement with the Local Diabetes Advisory Group last year, George Taylor, Clinical Governance Adviser, has participated in a number of professional education meetings for Health Visitors, District Nurses and Specialist Diabetic Nurses at Rutherglen and Clydebank. The Directorate Team are happy to reinforce the need for primary healthcare professionals to be aware of the oral implications of the disease and promote regular dental attendance.

Premises Strategy

Developing primary care dental services requires appropriate premises and facilities fit for purpose and compliant with disability discrimination legislation. Since the inception of the Directorate in 2001, the Primary Care Division has provided investment to refurbish dental surgery facilities in community clinics and on an opportunistic basis, to include dental facilities in existing premises development programmes.

Modernisation funding from the Scottish Executive has supported the refurbishment and extension of community dental service and general dental practice facilities at Easterhouse Health Centre. The new facilities are due to be commissioned in the summer and will allow more integrated working in primary dental care as well as expanding the dental student outreach teaching programme in conjunction with the University of Glasgow Dental School.

This year, we have continued to work closely with our colleagues in the Primary Care Premises Development Team at Clutha House and we have already started to contribute to the Premises Strategy. The Dental Director and the Clinical Director of the Community Dental Service have continued to be involved in the planning of dental facilities within the Ambulatory Care and Diagnostic Centres which are to be located on the Victoria Infirmary and Stobhill Hospital sites.

Towards the end of January 2004, the Deputy Minister for Health, Tom McCabe announced the availability of additional Modernisation Programme funding specifically for dental premises. With the assistance of the Primary Care Premises Development Team and the support of the Trust's Capital Planning Group the Directorate submitted two proposals, both of which have been successful. The proposals totalling £550,000 relate to a new multi-agency health care facility in Pollok and refurbishment and extension of facilities at Springburn Clinic.

Primary Care Dental Treatment Centre

The Scottish Executive have approved the appointment of five whole time equivalent salaried general dental practitioners to establish a new primary care dental treatment centre on Floor 1 of Glasgow Dental Hospital and School. This development is part of the Dental Directorate's continuing strategy to develop salaried dental services and address the increasing problem of access to services.

A Project Board was established comprising senior officers from the University and the North Glasgow and Primary Care Divisions to oversee the project planning and appoint a Design Team. An Implementation Group was also established across the care sectors and through a network of sub-groups is developing operational policies for treating patients and teaching undergraduate students. The Project Board and Implementation Group have met regularly since January 2004.

The Centre is due to open in September 2004.

Dental Practice Advisers' Report

Practice Visits

In the course of the year, achieving a satisfactory practice inspection became a requirement to qualify for both the Practice Improvement Grant and the Practice Allowance. The specified timescale is within the previous three years. A satisfactory inspection is dependent on all aspects of the National Checklist being in order. As requirements change, the checklist will be modified.

The Dental Practice Advisers were able to provide support and information to enable these requirements to be met. A total of 77 practice inspections were completed this year. This has achieved the recommended three year cycle for inspections in the Greater Glasgow area and the next round is in the process of being arranged.

D-References

There was an increase this year in the number of D-reference visit requests. A total of 30 patients were seen and treatment plans discussed and arrangements made as required. The Dental Practice Advisers feel this is a useful exercise for all parties concerned. It introduces an aspect of peer review and can avoid problems with patients, the practice and Dental Reference Officers. We hope practitioners have found this beneficial.

Practice Improvement Grants

This year Greater Glasgow had a total allocation of £606,470 for practice improvement grants. Following local discussions with the profession the method of disbursement was changed from that of the previous two years. It was decided to adopt the 'Lanarkshire model'. This involved allocating half of the total sum between the number of practices and the other half between the total number of qualifying practitioners. The NHS gross requirement in the previous financial year to qualify was £22,763.

Initially 185 practices (377) practitioners submitted applications. This resulted in a provisional allocation of £1,639 per practice and £804 per practitioner. An average two practitioner practice was allocated £3,247.

On confirmation of qualification and submission of receipts a total of 178 practices received the practice improvement grant. Final adjustments resulted in an extra payment of £287 being made. The types of improvements were varied with the majority purchasing small pieces of equipment such as handpieces. A few practices used this funding towards more major improvement projects.

The Dental Practice Advisers provided several practices with information and advice on appropriate use of this funding. The administrative aspects of this exercise were undertaken by our Information Officer, Vidhyapriya Nagendran.

Training Courses

On 28 May 2004 we delivered a well attended and well received course for the whole dental team entitled "Risky Business". 40 dentists and 46 team members of practice staff took part. The course was held in The Teacher Building and covered all aspects of record keeping and confidentiality. It was ably presented by John Cameron of the Medical and Dental Defence Union of Scotland and was relevant to all members of the team. It was designed to tie in with Section C of the Practitioners' Manual (Record keeping). The feedback from all participants was very positive.

Over the year the Dental Practice Advisers have been involved in several courses for general dental practitioners and their staff, providing information and advice on all aspects of Clinical Governance including health and safety, radiological protection and communication.

Occupational Health

We have maintained a good level of communication with the Occupational Health Service. Their database of staff and Hep B status has improved and more practices are aware of the services they are able to provide to all employees.

Disability Access

The Primary Care Division, as requested by the Scottish Executive, undertook to have 20 practices fully surveyed for any modifications required to fully comply with the Disability Discrimination Act.

A cross section of practices were identified and agreed to participate in the survey. The reports from this will be sent to the practices concerned for their information only.

In December, the Dental Practice Advisers attended a Scottish Symposium on the Disability Discrimination Act. This was in an effort to improve our understanding of the implications of this for dental practices. Issues such as staff training in disability awareness were raised along with the possibility of providing alternative arrangements for patients.

At this meeting an announcement was made that some funding would be made available to NHS Boards specifically for independent contractors. We have been involved in discussions as to how this funding might be used to enable practices to move towards compliance. Bids will be submitted but as yet no decisions have been made.

Performance Review

Throughout the year, a lot of time and effort was spent, both locally and nationally, in trying to devise a framework, whereby practitioners who were identified as underperforming, could be supported and mentored. It is essential that, if these situations are brought to our attention, good systems are in place to deal with them efficiently and effectively.

We have been working with the Dental Practice Advisers across Scotland, the Chief Dental Officer and NHS Education. This piece of work is still in progress at the time of writing..

It would be envisaged that a Scottish system could be devised with scope for some local variation although the issue of funding remains a problem.

Clinical Governance

Quality Practice Initiative

The Clinical Governance Advisers have been working with the Dental Practice Advisers to devise the standards required and to enable practices to reach the requirements for the first level of this award.

The Clinical Governance Advisers also carried out the accreditation visits along with the Dental Practice Advisers C. To date one practice has been visited and has achieved the standard. Several more visits are planned.

Prescribing

In response to a request from the Primary Care Division's Nursing Homes Team, George Taylor, Clinical Governance Adviser, compiled a list of medicines affecting the mouth. The contents of the list were verified by the Primary Care Medicines Management Team at al Headquarters and the Medicines Information Team at Glasgow Royal Infirmary. The paper will be circulated to care homes and to general dental practitioners and has been accepted for publication in "The Scottish Dentist".

Practitioners' Manual

Unfortunately we have been unable to provide any further section for the manual within this year. We had planned to provide information on complaints and infection control. Due to the fact that both of these topics were undergoing changes to the requirements we felt it would be better to await the definitive information rather than provide inappropriate or outdated material.

The Manual generally received good feedback from practitioners and we hope to provide further sections during the forthcoming year.

Professionals Complementary to Dentistry

The Directorate were delighted to be asked by Radcliffe Medical Press to review their latest edition of the Dental Receptionist Programme prior to publication. The Advisers in the Directorate team each reviewed one section. In recognition of our help, Radcliffe have credited £100 to our account.

The Practice Managers Network has continued to meet and participants have benefited by sharing good practice as well as organising more formal educational events including “An introduction to Clinical Audit” seminar in June 2003, led by Pam Coia, Dental Audit Facilitator.

Glasgow Emergency Dental Service (GEDS)

The Glasgow Emergency Dental Service completed its second successful year of operations in April 2004. In the past year GEDS provided a service for 3,221 patients, more than twice the number seen in 2002-2003. The service continues to be popular with both patients and dentists and has been recognised as a model for emergency service design. The co-operation and enthusiasm of Glasgow practices for the scheme has been integral to the success of the service. There are now over 150 practices registered with GEDS and over 300 dentists who are part of the rota attending the emergency centre at Glasgow Dental Hospital.

A full independent evaluation of the service has recently been completed by Dr Katherine O'Donnell and her team at the Glasgow University Department of General Practice. The evaluation was supportive of GEDS and made several useful suggestions on aspects of the service which have since been implemented.

Over the year the facilities and service provided to the public have been upgraded and expanded to give a smoother and more efficient service and to provide the opportunity for dentists to focus even more closely on quality. An in-depth questionnaire of all dentists involved in the service was carried out which gave an insight into both the strengths and the shortcomings of the service. Further changes were made on the strength of this.

Some of the major changes which were made during the year include the organisation and provision of a Saturday evening service. In addition, to more efficiently deal with work flows, the Saturday morning service has been expanded from two to three dentists and nurses and the Sunday service from four to five dentists and nurses. This has meant that there is additional time in which to provide even greater quality of treatment.

Equipment used by the service including the X ray unit was upgraded or replaced over the year and new protocols introduced to ensure regular supplies of consumables. All aspects of the working environment at the emergency unit are being continuously reviewed.

In November, the triaging of patient calls was transferred from the Glasgow Emergency Medical Service (GEMS) to NHS 24 organisation. Despite a small number of problems at the outset, this relationship is now working very well to provide a comprehensive out of hours emergency service. A robust feedback and problem-solving system is in place and regular meetings are taking place to coordinate the implementation of GEDS referral protocols.

During the year, liaison took place between GEDS and the Maxillofacial Surgery Unit at the Southern General Hospital after which they were included in the emergency service “loop”. Any patients who are medically-compromised as a result of their dental condition are now transferred without delay direct to the Maxillofacial Surgery unit.

Community Dental Service

Community Dental Service staff have been actively involved in the Special Needs Working Group which was established to review dental needs and services for all groups with Special Needs. The Group commissioned an epidemiological survey of children in Special Needs Schools, information from which aided the development of a model of care for these children. This will be reviewed at a Stakeholder Event for parents/carers, education staff and all groups involved in their care. Work has also been carried out relating to the needs of the frail and dependent elderly. Scoping exercises have also been done for those with mental health and physical disability problems. A report was submitted to the Primary Care Division on these activities.

A pilot project has been started in the Eastern Glasgow LHCC to provide clinical support to local General Dental Practitioners. This involves a dental therapist taking direct referrals from General Dental Practitioners for restorative and preventive clinical care for children.

Having ensured that all clinical staff have attended a training course in Pulp Therapy for primary teeth and Stainless Steel Crowns we are now monitoring the use of these treatments. Guidelines indicate that this is the most effective way to retain primary molars with extensive caries and so reduce the likelihood of extractions under General Anaesthesia.

A major proportion of dentist and therapist staff attended a course with staff from the Child Dental Health Department on the Atraumatic Restorative Technique (ART) and are now using this simple technique to stabilise caries in young children and reduce the need for extractions.

Following the completion of the programme to ensure that all dental clinics are provided with a Dental X-Ray machine which meets the latest regulations, monitoring has shown that there has been an increase in the number of radiographs being taken.

Staff involved in Clinical Teaching of undergraduate students have joined with their Dental School colleagues to form a Paediatric Clinical Network. They meet regularly to carry out audit and review guidelines relating to the dental treatment of children. Following the success of this network, a similar group is now starting to look at Adult Dentistry, particularly with relation to the Elderly and Oral Cancer Awareness.

Sedation

One of the major barriers to dental care is fear of going to the dentist. The availability of dental sedation is a key component of overcoming this problem.

Dental sedation services in Greater Glasgow require review to determine the level of unmet need and to clarify development priorities in this area. As a priority, work should commence immediately to assess the problem with teenage children and to determine the potential for substituting dental sedation for general anaesthetics in all children.

Upon conclusion of this priority, attention should then be focused upon the needs of adults. Ultimately, there is the need to develop care pathways for dental sedation.

Dental Health Educators

The current remit of dental health educators is the delivery of oral health programmes to special needs groups and individuals within educational and health settings. Dental Health Educators support Health Fayres and training for nursing staff throughout the year.

Over the last year there has been an increase in the number of requests from teaching staff and recently appointed health development officers for support and resources to assist in raising the profile of oral health issues within the Health Promoting School.

Dental Directorate Team



Allan, Caroline, Geraldine and Vidhya

The Directorate staffing profile as at 31 March 2004 is shown at Appendix A. At the time of writing there are two vacancies for administrative staff and we hope to make appointments when the current Board-wide funding deficit is resolved.

The Dental Director and the Senior team of managers and clinical advisers have continued to raise the profile of oral health both locally and nationally as the extract of their commitments shown at Appendices B and C illustrate.

Investors in People

At the suggestion of one of the Advisers, the Directorate team based at Clutha House decided to work towards accreditation for the Investors in People award. In the course of the year, we have benefited from advice from Scottish Enterprise Glasgow and Bruce Nicol of The Learning Company. The Directorate had already implemented induction programmes, objective setting, Personal Development Planning and appraisal. However, Bruce's initial diagnostic report showed that we had to improve our communications within the team especially with regard to the context in which the Directorate operates. We have therefore tried to concentrate on showing how our individual and team objectives fit into the objectives of the organisation as a whole.

Assuming the present rate of progress is maintained, we will seek accreditation in the autumn of 2004.

Customer Feedback Survey

In February 2004, as part of the Directorate's policy of improving the quality of services provided to our "customers", we conducted a survey of all general dental practitioners. The aim was to provide us with a set of "baseline" data against which we could monitor improvements or otherwise. Pam Coia, the Dental Audit Facilitator, designed the questionnaire and analysed the results which have been discussed in our Team meetings and also communicated to respondents.

The results of the survey showed a very high degree of satisfaction with the service provided.

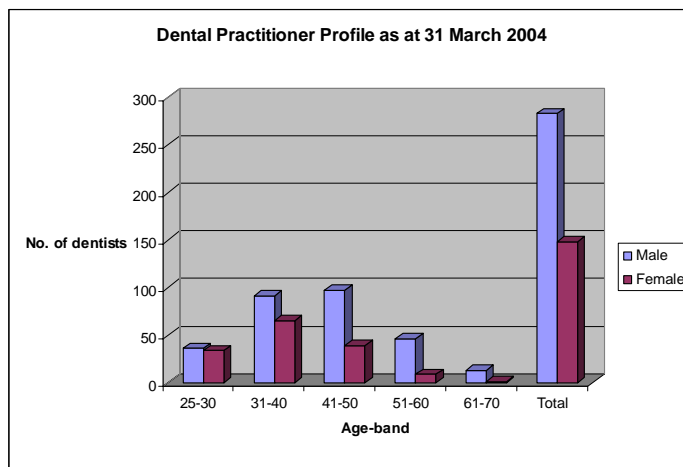
The survey will be repeated next year and we will also try to design a survey which will assess the quality of service provided to the public and/or external "customers".

Contracts and Information

In April 2003, the Directorate established a Contracts and Information Team comprising the Rota Administrator, the Contracts Assistant and the Information Officer. The major benefit of this arrangement is that the three members of the new team fulfil all of the functions across the team, providing a degree of cross cover and minimising risk in terms of succession planning. As a result of a vacancy within the Directorate, the changes were cost-neutral.

The profile of General Dental Services as at 31 March 2004 is shown at Appendix A. Figure 1 below shows that in the younger age-bands there are very similar proportions of male and female dentists, with the proportion of females decreasing in the older age-bands. The Greater Glasgow profile mirrors that of Scotland as a whole.

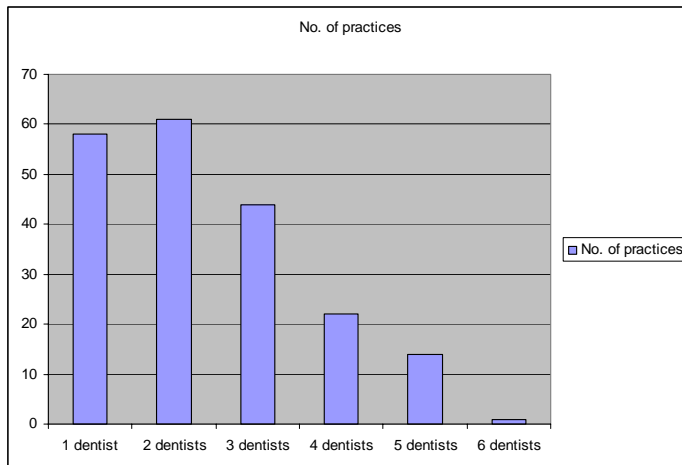
Figure1. Dental Practitioner Profile



While anecdotal evidence suggests that more general dental practitioners are reducing their overall commitment to the NHS, there has been no significant change in the number of practitioners holding List Numbers and no major change in the number of dental practices in the area.

The number of single-handed practices (Figure 2 overleaf) gives some cause for concern in relation to increased legislative requirements and clinical governance. Single-handed practices are able to comply with the new legislation but the continual effort to keep up to date with all the changes places a great deal of pressure on the small staffing complement.

Figure 2. Profile of practices as at 31 March 2004



Applications for the free replacement of Dental Appliances (“Regulation 9”)

Due to the high volume of Regulation 9 applications being submitted including a large number of repeat applications, new protocols were agreed with the profession. Information leaflets were provided for practices to explain to patients the circumstances in which Regulation 9 applied, whether for orthodontic or other appliances.

The statistics in Appendix D illustrate that the number of applications being submitted has reduced and as well as having an effect on costs to the Service, the new protocols have allowed the Contracts Team to respond more quickly to patients and practices.

Changes introduced within the Benefits system however have required the Team to become familiar with the documentation necessary to claim financial hardship e.g., Pension Guarantee Credit.

Applications from General Dental Practitioners to withdraw from a Capitation or Continuing Care Arrangement (Form GP 200)

The statistics in Appendix D show that overall there has been no major change in the number of patients being deregistered by general dental practitioners since last year. However, the number of individual practitioners deregistering patients has increased with a total of 57 practitioners having submitted forms in 2003-04 compared to 27 the previous year.

Information Management & Technology

The Directorate team including the Community Dental Service now have access to the Primary Care Division’s Intranet. In the spirit of openness, a wide range of documents is published on the Intranet including the Clinical Governance Plan and minutes of meetings e.g., Oral Health Action Teams Steering Group as well as useful dental websites.

For staff in other teams, the Directorate also publishes information such as guidance on the oral implications of diabetes.

Within the Contracts and Information Team, a project was initiated to develop the existing Access database of dental practitioner information onto an SQL server. With consultancy support from Imera to confirm user requirements, the specification for the development was approved by the IM&T department. The main benefits of the redeveloped database will be the web-based capability for accessing information which is in the public domain e.g., names, addresses and telephone numbers of dental practices.

Financial resources

Table 1 below summarises the total funding available for primary care dental services in Greater Glasgow .

Table 1. Dental Directorate Budget 2003/04

Budget	£
Non-cash limited allocation	43,100,000
Cash limited Practice Improvement Grant funding	606,470
Glasgow Emergency Dental Service	250,000
Clinical Governance	72,322
Oral Health Action Teams	548,748
Dental Strategy Implementation	117,364
Community Dental Service	1,888,602
Services to Homeless	30,170
TOTAL	46,613,676

Future challenges

Clinical Governance and Quality

While this annual report shows that the Directorate has been pro-active in developing both services to patients and supporting independent contractors, limited investment has remained a challenge. The Division's Clinical Governance Executive, with the continued support of Andy Crawford, Clinical Governance Manager, has maintained its commitment to fund the Directorate's Clinical Governance Plan. However, our partnership funding for the Quality Practice Initiative is due to be withdrawn in March 2005 and we require to access an alternative funding stream before that date. Our vision of developing a mechanism for practices to demonstrate a continuous improvement in standards of patient care remains unaltered and we will implement such contingency plans as are necessary for us to achieve our goal.

To withdraw support from participating practices at this stage would be a retrograde step and might have an adverse effect on patient care.

Access

In relation to our Contracts and Information function, or our "statutory" role of ensuring adequacy of services, we are planning to work in partnership with the profession to engage in a local workforce planning exercise to complement national initiatives. This is likely to mean

securing professional expertise to design a survey tool which will provide with meaningful information on the level and nature of access to general dental services in Greater Glasgow and also to refine our profile of the dental profession and Professionals Complementary to Dentistry.

Community Health Partnerships (CHPs)

At the time of writing, the Directorate is actively engaged in the work of the CHP Steering Group with the Dental Director or the Dental Strategy Development Manager attending their meetings. Professional advice is also provided by Paul Tran, General Dental Practitioner, who is a member of the LHCC Professional Advisory Committee. According to guidance from the Scottish Executive, one of the key actions for CHPs will be to explore opportunities to link clinical teams. Locally, the Directorate have interpreted this as an opportunity to highlight the interface between primary and secondary care in relation to referrals to Glasgow Dental Hospital, and also to raise the profile of dental issues with medical colleagues.

NHSnet, Intranet and Database

Recent discussions with IM&T colleagues have indicated that the national roll out of NHSnet to dentists will follow the pharmacy element of the project which is due to be completed later this year. In anticipation of this important development, the Directorate will liaise with the profession with a view to establishing a local Steering Group. The Directorate team are continuing to populate the Division's Intranet with information relevant to dental professionals. The dental contractors' database development should be completed by that time and the Dental List will therefore be accessible on line as soon as dentists are linked to NHSnet.

We hope that eventually, dental referrals to secondary care may be made electronically through the SCI gateway project currently being piloted for medical referrals, with Teledentistry being a further option in some dental specialties.

The database development will also allow more flexible reporting and we hope to provide more detailed statistical analyses within our dentist and practice profiles in future reports which in turn should add value to the workforce planning exercise.

Appendix A1

Dental Directorate Profile 2003-04

General Dental Services

As at 31 March 2004, primary dental care services were provided 431 general dental practitioners and their support staff in 200 practices.

Table 1. Age-gender profile

Age-band	Male	Female	Total
25-30	36	34	70
31-40	91	65	156
41-50	97	39	136
51-60	46	9	55
61-70	13	1	14
Total	283	148	431

Table 2. Distribution of dentists per practice

No. of dentists in practice	No. of practices
1 dentist	58
2 dentists	61
3 dentists	44
4 dentists	22
5 dentists	14
6 dentists	1
Total	200

A total of 44 dentists held List Numbers for providing General Dental Service in more than one practice. (475 list numbers in total).

Community Dental Services

Senior Dental Officers	1
Community Dental Officers	18*
Dental Hygienists	1
Dental Therapists	1
Dental Nurses/ Senior Dental Nurses	31
Dental Health Educators/ Senior Dental Health Educators	4
Total	57

* including 3 General Professional Trainees

Appendix A2

Directorate Team

Derek Attwood	Senior Dental Officer
Irene Black	Dental Practice Adviser
Robert Broadfoot	Dental Director
Mary Cameron	Oral Health Promotion Co-ordinator
William Cameron	Clinical Governance Adviser
Yvonne Chabbi	Administrator, Community Dental Service (to March 2004)
Pam Coia	Dental Audit Facilitator
Jackie Hale	PA to Dental Director (from September 2003)
Abdul Haleem	Dental Practice Adviser
Ray McAndrew	Clinical Director, Community Dental Service
David McLetchie	Dental Adviser, Glasgow Emergency Dental Service
Diana Morgan	Administrative Assistant, Community Dental Service
Vidhyapriya Nagendran	Information Officer
Geraldine O'Donnell	Dental Strategy Development Manager
Caroline Smith	Contracts Assistant (from September 2003)
George Taylor	Clinical Governance Adviser
Allan Tierney	Administrator

Appendix B

Highlights from the Dental Director's Diary for 2003-04

April 2003	Evaluation of Quality Conference - Stirling Highland Hotel Oral Health Promoter Event, Woodside Health Centre QUEST Seminar, Sherbrooke Castle Hotel Clinical Governance Presentation, Aberdeen
May 2003	Probe Conference, London Poorly Performing Dentist Scheme, Post Graduate Centre Vocational Training Conference, Inchyra Grange Scottish Dental Practice Advisers Meeting, Glasgow Succeeding in NHS Practice Conference, Glasgow Protected Learning Time, NES Office, Glasgow
June 2003	Out of Hours Seminar, Stirling Management Centre West of Scotland Cancer Awareness Project, Royal College of Physicians and Surgeons of Glasgow
July 2003	Clinical Governance Meeting, Stirling Chief Dental Officer's visit Nursery Event, Springburn Health Centre NHS Quality in Scotland, Edinburgh
August 2003	Quality in Dental Practice Initiative Sub Group, Edinburgh
September 2003	Oral Health Forum, Glasgow
October 2003	Leadership Course, London (Colonel Bob Stewart) Oral Health and the Elderly, Stakeholder Event, Ibrox
November 2003	Visit to University of Manchester Dental School Presentation to West of Scotland branch of British Dental Association
December 2003	Project Board Meeting, Glasgow Dental Hospital and School Student Outreach Programme, Glasgow Dental and School ACAD Project, Southern General Hospital
January 2004	DRO/Dental Practice Advisers Conference, County Antrim, Belfast Quality in Dental Practice Initiative, Clinical Governance Executive Group Meeting with Dr Jo Frencken, University of Nijmegen (ART course, in Glasgow)
February 2004	Modernising NHS Dental Services in Scotland, Beardmore Hotel Clinical Governance Presentation, Dundee
March 2004	Community Health Partnership Seminar, Swallow Hotel

Appendix C1

Appointments held by Dental Director

National and Area

<i>Member</i>	Clinical Standards Board of Scotland Project Board for development of standards in primary dental care
<i>Member</i>	Joint Working Group for development of national care standards
<i>Member</i>	NHS Greater Glasgow Oral Health Planning and Implementation Group
<i>Ex officio member</i>	Area Dental Committee and GP sub-committee
<i>Editorial Board Member</i>	'The Probe'
<i>Chair</i>	Oral Health Action Teams Steering Group
<i>Honorary Member</i>	Scottish Dental Practice Advisers Group
<i>Member</i>	British Dental Association
<i>Member</i>	Faculty of General Dental Practitioners, West of Scotland
<i>Member</i>	Greater Glasgow Community Health Partnership Steering Group
<i>Member</i>	West of Scotland Dental Planning Consortium
<i>Chair</i>	West of Scotland Student Outreach Teaching Steering Group
<i>Member</i>	New Glasgow Dental Hospital and School Project Board

Primary Care

<i>Chair</i>	Divisional Infection Control Committee
<i>Chair</i>	Oral Health Forum
<i>Chair</i>	Lead GDP Sub-Group – OHAT
<i>Chair</i>	Glasgow Emergency Dental Services Steering Group
<i>Member</i>	Divisional Management Team
<i>Member</i>	Clinical Governance Executive
<i>Member</i>	Healthcare Acquired Infection Committee
<i>Member</i>	Reference Committee
<i>Chair</i>	Treatment Centre Project Board
<i>Chair</i>	Treatment Centre Implementation Group
<i>Chair</i>	Dental Liaison Committee

Appendix C2

Appointments held by senior team

Clinical Director – Community Dental Service

National and Area

<i>Member</i>	NHS Greater Glasgow Oral Health Planning and Implementation Group
<i>Ex officio member</i>	Area Dental Committee
<i>Member</i>	Scottish Clinical Directors Committee
<i>Member</i>	West of Scotland Student Outreach Teaching Steering Group

Primary Care

<i>Chair</i>	Dental Staff Partnership Group
<i>Member</i>	Oral Health Forum
<i>Member</i>	OHATs Steering Group
<i>Member</i>	Treatment Centre Implementation Group

Dental Strategy Development Manager

National and Area

<i>Member</i>	NHS Greater Glasgow Oral Health Planning and Implementation Group
<i>Member</i>	West of Scotland Dental Planning Consortium
<i>Member</i>	West of Scotland Student Outreach Teaching Steering Group
<i>Member</i>	Teledentistry Working Group
<i>Member</i>	Waiting Times and Referral Protocols Working Group

Primary Care

<i>Member</i>	Oral Health Forum
<i>Member</i>	OHATs Steering Group
<i>Member</i>	Dental Liaison Committee
<i>Member</i>	Treatment Centre Implementation Group

Appendix D

Contracts Activity 2003/04

Dental List

In the course of the year 78 additions to the dental list and 76 deletions from the dental list were processed. Three dentists retired from practice; three new practices opened and two practices closed. These figures do not take into account the numerous amendments to the List which were processed e.g. changes in hours, and transfers within Greater Glasgow.

Regulation 9 Applications

The table gives comparative data for the past two financial years.

Regulation 9 applications	2003/04	2002/03
Completed	404	N/K
Not completed – no response from patient	108	N/K
Unsuccessful	36	N/K
Applications withdrawn by patient	7	N/K
Total	555	740
% paid in full by Primary Care	17.8	53.6
Repeat applications	11	64

Withdrawals from capitation/continuing care arrangements

The table below gives an analysis of the various circumstances in which dentists “deregistered” patients in 2003/04. The figures for the previous year are shown in brackets.

Reason for withdrawal	Children (Capitation)	Adults (Continuing care)	Total
Withdrawal with 3 months notice (no reason given)	10 (18)	86 (787)	96 (805)
Withdrawal due to private arrangement	161 (4)	764 (479)	925 (483)
Withdrawal due to non-payment of charges	N/A	20 (31)	20 (31)
Withdrawal with immediate effect (violence or threat)	2 (0)	17 (3)	19 (3)
Total	173	887	1060 (1322)