The framework necessary to underpin the commissioning of dental services is not yet in place for all specialities just weeks before the NHS Commissioning Board (NCB) is set to come into force, warned Kathy Harley, Dean of the Faculty, speaking to the Dental Law and Ethics Forum on March 15th.

Immediate challenge
The timeframe for the changes to commissioning of NHS dental services has been difficult for all those working within the Commissioning Board, and there is an acceptance that services cannot change overnight. The immediate challenge, said Miss Harley, will be to achieve a safe transfer of all dental services from Primary Care Trusts to the NHS Commissioning Board.

The Dental Faculty of the Royal College of Surgeons of England welcomes its involvement in the development of the Care Pathways which are being developed by the Commissioning Board to assist in the local commissioning of services. However, Miss Harley expressed concern that Care Pathways for only two dental specialities, Paediatric Dentistry and Oral Surgery, were complete. Work is currently underway on the development of the Periodontology Care Pathway and will eventually be developed for each dental speciality with the aim of achieving continuity of care.

Miss Harley explained the new structures and the need to develop a workforce who could be readily identified as capable of providing “enhanced” skills. She explained that three levels of care providers had been created: GDPs were considered to be Level one, Specialists/Consultants Level three and a new grouping at Level two equate to practitioners with ‘enhanced’ skills.

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A series of clinical skills which an enhanced practitioner would be expected to provide have been defined, and the Faculty is developing an assessment/assessments which will allow for these clinical competences to be appropriately evaluated. This will enable commissioners to identify those practitioners who have the additional skills necessary to deliver a Level two contract.

Consistency
In order for consistency and continuity of care across the whole of England, it is important to develop an appropriate training pathway and assessment recognisable by all. This will facilitate the NCB, Area Teams and Local Dental Networks to establish a new architecture and framework with the development of single operating procedures and policies.

The Faculty has set up a group to take this work forward accepting that there is much to be done in a very tight schedule. Aware that training development is already underway in a number of Deaneries, Miss Harley expressed the desire to ensure that there is consistency across the Deaneries and the need to prevent widely differing training schemes and assessments being developed to achieve the same outcome.

Miss Harley’s second topic was the change in European regulations on bleaching and the concern that this procedure might now be prohibited for under 18s. Using some of her own material - she works as a consultant in Paediatric dentistry - she showed her audience the highly pleasing treatment undertaken on teenagers which could now be considered “illegal”. Many of her patients had enamel blemishes affecting their front teeth as a consequence of a childhood illness, e.g. chicken pox, inherited disorder or trauma to the primary predecessor. Effective management of the enamel blemishes can be achieved with bleaching which avoids the need for more invasive treatment.

Resolving confusion
Dialogue is currently underway, she said, between the Department of Health, GDC and other interested bodies to resolve the confusion in this area as this deserving group of patients should not be managed with destructive removal of enamel and the provision of veneers and crowns to improve the appearance of their teeth. Likewise children who have discoloured incisors following an earlier incidence of trauma, who for years have been managed by bleaching, should not be excluded.

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