

Dear Colleague

DENTISTS WITH ENHANCED SKILLS IN DOMICILIARY CARE:

- **NHS (GENERAL DENTAL SERVICES) (SCOTLAND) REGULATIONS 2010 - AMENDMENTS;**
- **AMENDMENT NO 141 TO THE STATEMENT OF DENTAL REMUNERATION**

Summary

1. This letter advises NHS Boards and Practitioner Services of new arrangements being introduced for the provision of enhanced skills in domiciliary care by domiciliary care dentists to care home residents.

Background

2. The Oral Health Improvement Plan (OHIP) (published in January 2018) recognised the increasing challenge of an ageing population in Scotland and the requirement to ensure the maintenance of good oral health in a domiciliary care setting. An action within the OHIP was for the introduction of arrangements to enable accredited dentists to provide care in care homes.

27 June 2019

Addresses

For action

Chief Executives, NHS Boards

Director, Practitioner Services

For information

Chief Executive,
NHS National Services Scotland

Chief Executive,
NHS Education for Scotland

Interim Directors of Dentistry

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3. Changes have been made to the NHS (General Dental Services) (Scotland) Regulations 2010 (“the 2010 Regulations”) to provide for enhanced skills dentists in domiciliary care. A copy of the NHS (General Dental Services) (Scotland) Amendment Regulations 2019, which bring the amendment into effect can be viewed at:

<http://www.legislation.gov.uk/ssi/2019/174/contents/made>.

4. The Statement of Dental Remuneration has also been amended, Amendment No 141, to include new payments for those dentists providing enhanced skills in domiciliary care. Amendment No 141 will be available to view or download at <http://www.scottishdental.org/>.

5. The objective of these new arrangements is to increase the level of participation of independent dentists in providing routine oral health domiciliary care amongst residents of care homes. The overall aim is to ensure that the appropriate service provides the appropriate care in the appropriate setting, with more routine care provided by independent dentists in a domiciliary setting, allowing the Public Dental Service (PDS) to concentrate on more complex domiciliary care and treatment. Further information on these new arrangements is provided in the attached Memorandum, as follows:

- Arrangements and Specification (Annex A);
- NHS (General Dental Services) (Scotland) Regulations 2010 amendments (Annex B);
- Amendment No 141 to the Statement of Dental Remuneration (SDR) (Annex C);
- Frequently asked questions (Annex D).

Action

6. NHS Boards and Practitioner Services are asked to note the amendments to the SDR.

7. NHS Boards:

7.1 should familiarise themselves with the amendments being made to the 2010 Regulations and the attached guidance for NHS Boards on the new arrangements;

7.2 should ensure that they have a nominated member of staff to act as the point of contact between the Board and NHS Education for Scotland in connection with the enhanced training and mentoring in domiciliary care. Details for this contact should be sent to enhancedpractitioner@nes.scot.nhs.uk and copied to NHSgeneraldentalservicesmailbox@gov.scot;

7.3 are asked to urgently issue the Memorandum to this letter to all dentists and DBCs on their dental lists.

8. Any enquiries NHS Boards may have about the new arrangements should be sent to NHSgeneraldentalservicesmailbox@gov.scot.

Yours sincerely,

TOM FERRIS
Chief Dental Officer (Interim)

ENHANCED SKILLS IN DOMICILIARY CARE PROVIDED BY DOMICILIARY CARE DENTISTS TO CARE HOME RESIDENTS

GUIDANCE FOR NHS BOARDS

Background

1. Changes have been made to the NHS (General Dental Services) (Scotland) Regulations 2010 (“the 2010 Regulations”) to provide for the introduction of enhanced skills dentists in domiciliary care.
2. For the purposes of the 2010 Regulations an enhanced skills dentist in domiciliary care is referred to as a domiciliary care dentist. New definitions of “domiciliary care dentist” and “enhanced skills in domiciliary care” have been added to regulation 2(1) (Interpretation).
3. A new Schedule B1 has been added setting out the criteria and process for becoming a domiciliary care dentist. Further information on this process is provided below.
4. Additional terms of service for domiciliary care dentists have been added as a new Part VII to Schedule 1. Further information on the new terms of service is provided below.
5. NHS Boards are expected to make use of these new arrangements, as brought into effect by the amendments to the 2010 Regulations, to provide oral health domiciliary care in their area. The first phase is targeted at people who are resident in care homes. Once there are sufficient numbers of domiciliary care dentists the intention is to expand the regulations to include people who are cared for in their own homes.
6. It is a matter for each Board to use the new arrangements in the best way for their local circumstances. Where NHS Boards rely on Public Dental Service (PDS) as the main provider of domiciliary care for care homes, Boards may utilise the arrangements to rebalance the provision of care to domiciliary care dentists in order to allow the PDS to cope with the expected increase in demand for their services. Where the balance of domiciliary care provision in a care home currently sits with GPs through domiciliary care visits then the NHS Board may wish to encourage those dentists to consider whether to apply to complete the training and mentoring programme to be designated as a domiciliary care dentist.

Process for becoming a domiciliary care dentist

Step 1 - Request to NHS Board

7. There are three ways to become a domiciliary care dentist in an NHS Board area.

Dentist is already listed on Part 1, sub-part A of the dental list in the NHS Board area

8. Where the dentist is already listed in the NHS Board area the dentist should submit an expression of interest to the Board, by a means specified by the Board. The NHS Board should then consider this in line with the designation process – Step 2 onwards.

Dentist is applying to list on Part 1, sub-part A of the dental list in the NHS Board area to provide GDS from a practice and be a domiciliary care dentist

9. Where a dentist is applying to list in the NHS Board area to provide GDS from practice premises and also as a domiciliary care dentist in the area then the Board should send the dentist a form GP21(D) Part 1, sub-part A to complete and return. The Board then requires to follow the normal listing procedures as well as consider the request to become a domiciliary care dentist in line with the designation process below.

10. The NHS Board may conclude the listing procedure prior to a decision being made with regard to the designation aspect of the application. The dentist would therefore be able to commence provision of GDS in the area whilst the Board is progressing the designation process below. The dentist will not, however, be able to provide enhanced skills in domiciliary care until the designation process has concluded. Regulation 5 (Application for inclusion in the dental list and notification of change) is amended to include a new paragraph (10B) to provide for this.

Dentist is applying to list on Part 1, sub-part A of the dental list in the area only to be a domiciliary care dentist

11. Where a dentist is applying to list on Part 1, sub-part A of the dental list in the NHS Board area only as a domiciliary care dentist then the Board should send the dentist a form GP21(D) Part 1, sub-part A to complete and return. For the purposes of the 2010 Regulations these dentists are called cross-border dentists and a new definition of “cross-border dentist” is added to regulation 2(1) (Interpretation).

12. The NHS Board needs to follow the normal listing procedures as well as considering the request to become a domiciliary care dentist in line with the designation process below. However, as the dentist is only applying to be a cross-border dentist providing enhanced skills in domiciliary care the Board cannot list the dentist until they reach a decision to designate the dentist. A new paragraph (10A) is added to regulation 5 (Application for inclusion in the dental list and notification of change) and regulation 8 (Deferment of a decision on application) is amended, to reflect this.

Host Board arrangements

13. A dentist may apply to list in more than one NHS Board area and indicate in the GP21(D) their intention to become a domiciliary care dentist in another Board area. In these circumstances the host Board should notify the relevant Board of the dentist’s request at the earliest opportunity to allow that Board to begin consideration of the request to be a domiciliary care dentist.

Application for inclusion in Part 1, sub-part A of the dental list

14. Schedule 2 (Information, declarations, etc.) has been amended to require additional information for those wishing to be a domiciliary care dentist. Form GP21(D) Part 1, sub-part A has also been updated to capture new information, including criteria boxes.

Step 2 - NHS Board initial consideration of request

15. Following receipt of a request under Step 1 above the NHS Board must determine, based on service needs in their area, if they require the dentist to be a domiciliary care dentist. This requires the Board to keep a record of all care homes in their area and who provides NHS dental services in these homes.

16. At this stage the Board may turn down a request where the dentist does not meet the criteria, e.g. hasn't ticked all the criteria boxes on the GP21(D), has answered 'no' to any of the questions, or where the Board considers that there is no service need. This will result in:

- an already listed dentist remaining listed but not being put forward for consideration as a domiciliary care dentist;
- an application from a dentist wishing to list to provide GDS from practice premises and be a domiciliary care dentist going through the normal listing process but the dentist not being put forward for consideration as a domiciliary care dentist;
- an application to list from a dentist wishing to only be a domiciliary care dentist being refused. Regulation 7 (Grounds for refusal) has been amended to allow an NHS Board to refuse an application to be a cross-border dentist where the dentist is not designated following any step in the designation process.

17. The NHS Board must advise the dentist in writing of its decision under paragraph 15 within 28 days of receiving the request to become a domiciliary dentist.

18. The Board may, for future provision, wish to keep a record of those dentists whose request to become a domiciliary care dentist was turned down as there was no service need.

19. Where the dentist meets the criteria and the Board decides that they have a need for the dentist to be a domiciliary care dentist they should invite the dentist for an initial interview – Step 3 below. It may be that the dentist meets the criteria and also indicates that they have a Certificate of Completion of Enhanced Skills Training (Domiciliary Care), in those circumstances if the Board decides that they have a need for the dentist to be a domiciliary care dentist they should invite the dentist for a final interview – Step 5 below.

Step 3 - Initial Interview with NHS Board and outcome

20. It is for the NHS Board to determine the appropriate personnel to sit on the initial interview panel. At the initial interview the NHS Board must:

- confirm that the dentist meets the criteria outlined in paragraph 1(2) of Schedule B1. In the case of an application to be a cross-border dentist the Board should check with the Board(s) where the dentist is already listed the status of the practice inspection;
- consider whether the dentist has completed appropriate CPD on the care of older people or provided GDS to care home residents on a sufficient number of occasions to enable them to form the opinion that the dentist is likely to be a suitable person to be a domiciliary care dentist following completion of the enhanced training and mentoring programme. A new definition of "care home" is added at regulation 2(1) (Interpretation);

- consider the arrangements the dentist proposes to put in place to provide in-hours emergency care; and
- discuss with the dentist the obligations associated with becoming a domiciliary care dentist, including the additional terms of service.

21. The result of the initial interview will be:

- the Board puts the dentist forward to NHS Education for Scotland (NES) for a place on the enhanced training and mentoring in domiciliary care programme – Step 4 below. The NHS Board should ensure that there is capacity to identify a mentor for those dentists put forward to NES;
- the Board doesn't put the dentist forward for the enhanced training and mentoring programme – this will have the same result as the bullets at Step 2 above.

22. The NHS Board must advise the dentist in writing of its decision under paragraph 21 above within 7 days of the interview.

Step 4 – Enhanced Training and Mentoring Programme

23. Those dentists put forward by their NHS Board to undertake the enhanced training and mentoring in domiciliary care programme will be offered a place by NES at the first suitable opportunity. A new definition of “enhanced training and mentoring in domiciliary care” is added to regulation 2(1) (Interpretation).

24. The enhanced training and mentoring in domiciliary care will comprise a didactic training element of 14 sessions provided by NES, and a programme of supported learning/mentoring events (SLEs) where the mentee will attend 5 care home sessions with their PDS mentor. The SLEs will be jointly written up and submitted for inclusion within the mentee's e-portfolio hosted by NES. The Board must inform NES of the completion of the mentoring process.

Certificate of Completion of Enhanced Skills Training (Domiciliary Care)

25. NES will issue a Certificate of Completion of Enhanced Skills Training (Domiciliary Care) to a dentist following completion of the enhanced training and mentoring programme. The Certificate will mean that the dentist has the necessary competence in Adults with Incapacity legislation, has completed the remaining classroom-based training (the necessary CPD hours) and the mentoring sessions. NES will send an alert to the nominated person within the NHS Board when a Certificate of Completion has been issued to a dentist. A new definition of “Certificate of Completion of Enhanced Skills Training (Domiciliary Care)” is being added to regulation 2(1) (Interpretation).

26. If a dentist isn't issued with a Certificate of Completion by NES they will not be invited for a final interview – Step 5 below. This will result in:

- an already listed dentist remaining listed but not being designated as a domiciliary care dentist;
- a dentist listing to provide GDS from practice premises and be a domiciliary care dentist being listed but not being designated as a domiciliary care dentist;
- an application to list only to be a domiciliary care dentist being refused.

Step 5 – Final interview with NHS Board and outcome

27. Where NES have advised that a Certificate of Completion has been issued to a dentist following completion of the enhanced skills training, or where a dentist is already in receipt of a Certificate of Completion, the dentist will be invited to a final interview with the NHS Board. It is for the Board to determine the appropriate personnel to sit on the final interview panel. At the interview the Board will consider:

- where the dentist is only required to attend a final interview, because they already have a Certificate of Completion issued by NES, whether the dentist meets the initial criteria outlined in paragraph 1(2) of Schedule B1 and whether their previous provision of enhanced skills in domiciliary care is sufficient to enable the Board to form the opinion that they have the necessary competence to provide enhanced skills in domiciliary care;
- where the dentist is being interviewed following notification of a Certificate of Completion being issued by NES whether the performance of the dentist at the enhanced training and mentoring was sufficient to satisfy the Board that the dentist is able to provide enhanced skills in domiciliary care;
- in all cases:
 - whether the dentist has demonstrated that they are able to make the required in-hours emergency care arrangements; and
 - determine whether or not the dentist should be designated as a domiciliary care dentist.

28. The outcome of the final interview will be to:

- designate the dentist in accordance with Step 6 below;
- not designate the dentist, which will have the same result as the bullets at Step 4 above.

29. The NHS Board must advise the dentist in writing of its decision under paragraph 28 above within 7 days of the interview. The letter should also specify the date on which the decision to designate the dentist takes effect.

Step 6 – Designating a new domiciliary care dentist

30. Where the NHS Board decides to designate a dentist as a domiciliary care dentist the Board will:

- identify a PDS partner to provide support and advice to the dentist where required and provide contact details of the partner to the dentist;
- assign a care home(s) to the dentist. A new definition of “assign” is added to regulation 2(1) (Interpretation);
- amend their dental list to indicate that the dentist has been designated as a domiciliary care dentist, include the address of any care home(s) to be regularly visited by the dentist, i.e. the assigned care home(s);
- in the case of a cross-border dentist amend their dental list to reflect that they will only provide enhanced skills in domiciliary care in the area, i.e. only be able to provide services as a domiciliary care dentist, and add an address for correspondence;

- submit a GP21A, which has been amended to include information for domiciliary care dentists, to Practitioner Services to issue a new list number.

31. Regulation 4 (Dental List) is amended to require the inclusion of the information at bullets 3 and 4 above on the Dental List.

32. Domiciliary care dentists will be issued with a new list number for each assigned care home. Where a dentist is applying to list to provide GDS from practice premises and to become a domiciliary care dentist a GP21A should be submitted to Practitioner Services as part of the normal listing process. Once the NHS Board has completed the designation process and a care home is assigned to the dentist a further GP21A should be submitted. Where a dentist is applying to become a cross-border dentist they will not be listed until completion of the designation process and only one GP21A will need to be submitted.

New Terms of Service for Domiciliary Care Dentists

33. Domiciliary care dentists have additional terms of service to adhere to. Regulation 3 (Terms of Service) has been amended to reflect this. These additional terms of service cover:

- attendance at the care home, including initial contact within 14 days with the care home to determine protected times and frequency of examinations for dentate and edentulous patients;
- in-hours emergencies – further information at paragraph 38 below;
- continuing professional development for updating of AWI training;
- procedures for withdrawing from assigned care home(s) – further information at paragraph 39 below;
- voluntary withdrawal of designation as a domiciliary care dentist – further information at paragraph 41 below; and
- procedure for assignment to additional care home(s).

Registering patients in an assigned care home

34. Where a care home resident (or someone acting on their behalf) in an assigned care home asks to be registered with the domiciliary care dentist the dentist must examine and accept the patient within six weeks of the request.

35. Patients have the right under the NHS (Choice of Dental Practitioner) (Scotland) Regulations 1998 to choose the dentist they wish to be registered with. It is not therefore permissible for a domiciliary care dentist to just transfer all care home residents to them. Registration will have to be by agreement with the care home resident or a person acting on their behalf. Some residents may want to stay with their existing dentist(s), the changes do not preclude this, but we anticipate that the majority will over time register with the domiciliary care dentist. A new definition of “care home resident” is being added at regulation 2(1) (Interpretation).

36. Where responsibility for a care home is moving from the PDS to a domiciliary care dentist residents would not be able to remain registered with the PDS dentist, unless there is an exceptional need for this, and will have to choose an alternative dentist. It is anticipated that this may be the domiciliary care dentist but residents reserve the right to

approach another dentist(s) of their choice who is willing to accept them. For clarity patients cannot be bulk transferred to the domiciliary care dentist in these circumstances as the dentist would need to examine each patient to determine a care and treatment plan.

Provision of care and treatment

37. Domiciliary care dentists cannot make arrangements with a deputy or assistant to provide care and treatment required by registered care home patients on their behalf, except where responding to an in-hours emergency (see paragraph 38 below). Paragraph 44 (Deputies and assistants) of Schedule 1 has been amended to specifically preclude this. Domiciliary care dentists should provide all care and treatment personally but can delegate appropriate care and treatment to a hygienist or therapist once a treatment plan has been established and refer to the PDS where appropriate.

In-hours Emergencies

38. Domiciliary care dentists must personally provide any in-hours emergency treatment required by registered care home patients. However, to cover any absences, e.g. any periods of holiday or sickness, the domiciliary care dentist must have arrangements in place with another dentist(s), not necessarily a domiciliary care dentist, to provide in-hours cover arrangements. These arrangements and any changes to these arrangements must have been agreed by the NHS Board. These new arrangements are set down in paragraph 51 of the new Part VII of Schedule 1. Paragraph 6 (Emergency cover) of Schedule 1 is amended to make these in-hour obligations clear. New definitions of “in-hours period” and “working day” are inserted at regulation 2(1) (Interpretation).

Withdrawal from assigned care home

39. If a domiciliary care dentist wishes to relinquish responsibility for a particular assigned care home, but will continue to be a domiciliary care dentist in the area, they must give the NHS Board and the care home manager not less than 6 months’ written notice of their intention to withdraw. Patients would also have to be given 6 months’ written notice of the dentist’s intention to de-register them. The requirement to give at least 6 months’ notice affords the NHS Board time to make alternative arrangements for the assigned care home. It is open to the dentist and the NHS Board to have a discussion about the reason(s) leading to the request to see if there are any issues which could be addressed, or that may be appropriate to consider when the Board is looking to secure alternative provision.

De-designation as a domiciliary care dentist

40. There are two ways to de-designate a domiciliary care dentist.

Voluntary removal of designation as a domiciliary care dentist

41. If a dentist wishes to completely withdraw from being a domiciliary care dentist they require to give not less than 6 months’ written notice to the NHS Board. The request to the Board must prove that the dentist has also given 6 months’ written notice of the termination of continuing care arrangements with all of their registered care home patients, and withdrawn from all their assigned care homes. In such circumstances the Board must

approve the request. Again the requirement to give 6 months' notice is to allow the NHS Board time to make alternative arrangements for the assigned care home, although it is hoped that there would have been some dialogue between the dentist and the NHS Board prior to submitting such a request.

Removal of domiciliary care dentist designation

42. A new regulation 12A (removal of domiciliary care designation) is added to allow an NHS Board to remove a domiciliary care dentist's designation if:

- the domiciliary care dentist has not provided GDS in all assigned care homes for the preceding 6 months (exemptions apply to the calculation of this timeframe);
- where a discipline committee recommends a sanction or warning that the Board applies, which would mean that the dentist is in breach of the criterion for designation as a domiciliary care dentist;
- the NHS Tribunal disqualifies the dentist; or
- the NHS Tribunal imposes a relevant conditional disqualification on the dentist prohibiting them from performing any aspect of enhanced skills in domiciliary care.

43. Where the NHS Board is intending to de-designate a dentist due to non-provision of services it must give the dentist 28 days' notice of its intention to do so in the same way as regulation 12. Under regulation 12A the NHS Board has to notify the decision in line with regulation 14 (Disclosure of information) and a new sub-paragraph is added to reflect this.

44. Where a cross-border dentist's designation is removed the dentist must also be removed from the NHS Board's dental list, as the dentist was restricted to only providing enhanced skills in domiciliary care. Regulation 6 (General provision relating to the dental list) has been amended to restrict a cross-border dentist to only providing enhanced skills in domiciliary care, regulation 12 (removal from dental list) is amended to remove a cross-border dentist from the dental list where they are de-designated for any reason and regulation 15 (Withdrawal from dental list) is amended to require 6 months' notice of withdrawal from the dental list in the case of a domiciliary care dentist.

Terminating a continuing care arrangement with a care home patient

45. A domiciliary care dentist has to give an assigned care home patient 6 months' written notice of their intention to terminate their registration. Paragraph 10 (Termination of a continuing care arrangement or capitation arrangement) of Schedule 1 is amended to require this.

46. A domiciliary care dentist has to personally complete any outstanding treatment a registered care home patient requires unless they get the written consent of the NHS Board for another dentist to complete this on their behalf. Paragraph 10 of Schedule 1 has been amended to include a new paragraph (2A) to provide for this.

Violent behaviour against domiciliary care dentists

47. New procedures to be followed where a care home resident commits an act of violence are being introduced. The new procedures require the domiciliary care dentist to notify the NHS Board and care home manager that an incident has occurred, and for the

Board to arrange a meeting to discuss any measure that need to be taken. The full procedures to be followed are contained in the new paragraph 11A of Schedule 1 and require the Board to keep records of all such notifications to inform future steps.

Assignment to additional care homes

48. A domiciliary care dentist may wish to be assigned to one or more additional homes within a NHS Board area where they are listed. The procedures which the NHS Board must follow when considering a request from a domiciliary care dentist to be assigned an additional care home(s) are set down in paragraph 55 of Part VII of Schedule 1.

**DENTISTS/DENTAL BODIES CORPORATE
NATIONAL HEALTH SERVICE
GENERAL DENTAL SERVICES**

ENHANCED SKILLS IN DOMICILIARY CARE PROVIDED BY DOMICILIARY CARE DENTISTS TO CARE HOME RESIDENTS:

- **ARRANGEMENTS AND SPECIFICATION**
- **NHS (GENERAL DENTAL SERVICES) (SCOTLAND) REGULATIONS 2010 AMENDMENTS;**
- **AMENDMENT NO 141 TO THE STATEMENT OF DENTAL REMUNERATION**
- **FREQUENTLY ASKED QUESTIONS**

Summary

1. This Memorandum advises of new arrangements being introduced for the provision of enhanced skills in domiciliary care by domiciliary care dentists to care home residents. Further information is provided on these new arrangements, as follows:

- Arrangements and Specification (Annex A);
- NHS (General Dental Services) (Scotland) Regulations 2010 amendments (Annex B);
- Amendment No 141 to the Statement of Dental Remuneration (SDR) (Annex C);
- Frequently asked questions (Annex D).

Background

2. The Oral Health Improvement Plan (OHIP) (published in January 2018) recognised the increasing challenge of an ageing population in Scotland and the requirement to ensure the maintenance of good oral health in a domiciliary care setting. An action within the OHIP was for the introduction of arrangements to enable accredited dentists to provide care in care homes.

3. More information about the arrangements and specification for becoming an enhanced skills dentist in domiciliary care (described as a 'domiciliary care dentist' for the purpose of these new arrangements) is provided at Annex A.

4. Changes have been made to the NHS (General Dental Services) (Scotland) Regulations 2010 ("the 2010 Regulations") to provide for the introduction of domiciliary care dentists. Further information about these changes, including new additional terms of service for domiciliary care dentists is provided at Annex B. A copy of the NHS (General Dental Services) (Scotland) Amendment Regulations 2019, which bring the amendment into effect can be viewed at:

<http://www.legislation.gov.uk/ssi/2019/174/contents/made>.

5. Amendment No 141 to the SDR provides for new payments for those dentists providing enhanced skills in domiciliary care. More information about the new payments is provided in Annex C. Amendment No 141 will be available to view or download at <http://www.scottishdental.org/>. The changes are side-lined in the Amendment.

Enquiries

6. Any enquiries arising from this Memorandum should be taken up with your NHS Board.

Scottish Government Population Health Directorate
9 June 2019

Enhanced Skills in Domiciliary Care provided by Domiciliary Care Dentists to Care Home Residents

Arrangements and Specification

A. Introduction and Summary

1. We want to ensure that people who are resident in a care home have access to a NHS dentist and are able to receive routine oral health care.

Rationale

2. The Oral Health Improvement Plan (published in January 2018) recognised the increasing challenge of an ageing population in Scotland and the requirement to ensure the maintenance of good oral health in a domiciliary care setting. As more older people in Scotland are retaining their natural teeth, with many of these people only able to access domiciliary care, we anticipate that in the future there will be an increasing reliance on oral health care in a domiciliary setting.

3. At present domiciliary service provision varies considerably between NHS Board areas, with some areas mainly reliant on the Public Dental Service (PDS), while other areas on a combination of the PDS and those independent dentists with a particular interest in domiciliary care. There are also circumstances where patients continue to rely on their own dentist they have attended in the past. The purpose of these new arrangements is to encourage more independent dentists to provide more domiciliary care, ensuring that we have additional resilience to meet the challenges of an increasing need for domiciliary care in the future.

4. This specification sets out new arrangements where the patient can be treated in their place of residence by a suitably skilled dentist. Initially these arrangements will apply to care home residents only (the domiciliary care programme is a two-phase programme, with phase one aimed at care home residents, and phase two for those people cared for in their own home).

Aim/Objective of these Arrangements

5. The objective of these new arrangements is to increase the level of participation of independent dentists in providing routine oral health domiciliary care amongst residents of care homes. The overall aim is to ensure that the appropriate service provides the appropriate care in the appropriate setting, with more routine care provided by independent dentists in a domiciliary setting, allowing the PDS to concentrate on more complex domiciliary care and treatment¹.

¹ For the purposes of these new arrangements, domiciliary care is defined as any care which commences in a care home.

B. Summary of Application, Interview and Designation Process

6. A dentist may submit a request to their (or any) NHS Board to become a dentist with enhanced skills in domiciliary care (described as a 'domiciliary care dentist' for the purpose of these new arrangements). The Board will determine where care provision by domiciliary care dentists is required, based on the service needs in their Board area.

Criteria

7. A dentist wishing to be considered to provide domiciliary care under these arrangements must meet the following criteria:

- minimum of three years as a dentist² on the dental list (excluding assistants and bodies corporate) of an NHS Board or equivalent for England, Wales and Northern Ireland;
- compliance with Quality Improvement Activities at paragraph 40(1) of Schedule 1 of the NHS GDS (Scotland) Regulations 2010;
- completed appropriate continuing professional development activities on the care of older people (or in the opinion of the Board has provided GDS to care home residents in care homes on a sufficient number of occasions);
- is not subject to suspension, condition disqualification, warning or sanction under a disciplinary process, or is subject of an adverse complaint(s);
- any premises where the dentist is currently practising has been successfully inspected in the last three years in accordance with paragraph 42 of Schedule 1 of the NHS GDS (Scotland) Regulations 2010;

Initial Interview

8. Where the Board has decided to take forward a request to provide domiciliary care under these new arrangements, the dentist will be invited to an initial interview. This interview will allow the Board to check and ensure the dentist meets the criteria, and for the Board to take a general view on the suitability of the dentist to provide domiciliary care under these new arrangements.

In-Hours Emergency Care

9. Dentists wishing to provide domiciliary care under these new arrangements will also need to demonstrate they have satisfactory arrangements for providing in-hours emergency care to patients. The initial interview will also be an opportunity to discuss these arrangements and for the Board to ensure that they are suitably robust.

Enhanced Training and Mentoring

10. Where, following the initial interview the Board decides the dentist is a suitable person to provide domiciliary care under these new arrangements, then the dentist will have to complete a programme of training and mentoring, comprising two elements:

² Vocational training period does not count towards the minimum qualification period of 3 years.

- A didactic training element comprising of 14 sessions, including Adults with Incapacity (AWI) Legislation, medically complex patients, patients with physical or cognitive disability, the ageing patient, practical considerations when providing domiciliary care and the 'Caring for Smiles' national oral health initiative.
- A programme of supported learning/mentoring events where the dentist will attend care homes in conjunction with their PDS mentor. This will comprise five sessions of time.

We anticipate that as the new arrangements mature, some of the mentoring may be provided by dentists who are already providing domiciliary care under the new arrangements.

The training will be provided by NHS Education for Scotland (NES) and the mentoring element by a PDS mentor in the relevant Board. Each session will attract an attendance fee payable at the CPD rate³ of £231.10 per session. Dentists practising in remote areas will also qualify for additional payments for attending the NES-based training.

Final Interview

11. On completion of the programme of training and mentoring, NES will issue a 'Certificate of Completion of Enhanced Skills Training (Domiciliary Care)'. The Board will then invite the dentist to a final interview to consider their performance during the enhanced training and mentoring, review the in-hours emergency arrangements discussed at the initial interview stage and it will be for the Board to decide whether the dentist can proceed to provide domiciliary care under these new arrangements. There is no appeal against the decision of the Board.

Designation and Assignment of Care Home(s)

12. Where the Board is satisfied at final interview that the dentist has demonstrated they can provide domiciliary care under these new arrangements, then the Board will amend their dental list to show that the dentist is 'designated' as a domiciliary care dentist (i.e. a dentist with enhanced skills in domiciliary care).

13. The Board will then discuss with the dentist a suitable PDS partner and assign them a care home(s) under these new arrangements.

³ The enhanced training and mentoring sessional payments are in addition to the existing CPD payments under Determination VII.

C. Providing Care and Treatment as a Domiciliary Care Dentist: Summary of Model of Care and Treatment

14. A domiciliary care dentist will be expected to provide the following care and treatment in a domiciliary care home setting:

Examination

- Where the domiciliary care dentist is advised that a new or existing resident wishes to register with them, the dentist should within six weeks of notification, examine and register the resident, and provide a suitable care plan to meet their oral health needs;
- Dentate residents in care homes should have an examination at least once every six months;
- Edentulous residents in care homes should have an examination at least once every 12 months.

Enhanced Prevention

- Support care home staff ensuring they are able to assist residents in effective daily oral care,
- Offer fluoride varnish applications as part of the regular examination of dentate patients.

15. *Caring for Smiles* teams will continue to provide training for care home staff and a range of preventive services as before. We expect a mutually supportive relationship where the *Caring for Smiles* team and domiciliary care dentists work closely together in ensuring appropriate care and treatment for individual patients.

Treatment

16. The following treatments, where appropriate, can be provided in a domiciliary setting⁴:

- Dressing and simple restorations;
- Prevention, including scale and polish and oral hygiene advice;
- Issue of a prescription;
- Fluoride varnish application;
- Extraction of teeth with a significant degree of mobility;
- Provision of dentures, including the addition of name tags to dentures and taking replica impressions of existing dentures;
- Stoning/smoothing of sharp or rough teeth;
- Treatment of sensitive cementum or dentine;
- Acute conditions (e.g. abscess, infection, toothache, ulcerations).

⁴ The domiciliary care dentist will need to take cognisance of whether these treatments are feasible and/or realistic given the state of health of the patient.

In-Hours Emergency Care and Treatment

17. Under these new arrangements the domiciliary care dentist, at the request from the care home/carer or guardian, will attend a patient in need of emergency or urgent care that occurs in-hours.

18. A domiciliary care dentist must also make suitable contingency arrangements with other dentist(s) (not necessarily another domiciliary care dentist) to provide emergency in-hours cover during periods of absence. These arrangements need to be approved by the relevant Board. A dentist who provides in-hours emergency treatment should claim item of services fees, including the domiciliary fee (item 35(a)), when attending a care home resident on behalf of a domiciliary care dentist.

Deputies and Assistants

19. Other than in-hours emergency care, a domiciliary care dentist may not arrange for any care and treatment under these new arrangements to be provided by a deputy or assistant.

Delegating to Other Staff in the Practice

20. After the treatment plan has been established, we anticipate that at times the domiciliary care dentist may wish to delegate appropriately to hygienists and therapists. However the leadership role needs to be provided by the domiciliary care dentist at all times.

21. We also anticipate that the dentist would normally be accompanied by a dental nurse. However it is recognised in an emergency situation, if no dental nurse is available, the care home should be able to provide a member of staff to accompany the dentist when seeing a patient in compliance with the standards set down by the General Dental Council.

Attendance in Practice

22. There are certain circumstances where the care home or the family are able to facilitate attendance in the surgery. For a patient that can be brought into the surgery, the normal range of care and treatment should be provided.

Cross-Border Working

23. The new arrangements also allow for cross-border working, where a dentist or a dentist already designed as a domiciliary care dentist can submit a request to provide domiciliary care under these new arrangements in another Board area from their practice location. However, it should be noted that any request to provide domiciliary care under the new arrangements as a cross-border dentist would need to satisfy the Board that in-hours emergency care could be provided satisfactorily.

24. Mobile surgery vehicles are not part of these new arrangements.

D. Working with the Public Dental Service under the New Arrangements

25. A domiciliary care dentist will work with a suitable PDS partner under these new arrangements. The following are areas where it would be appropriate for the dentist to consult their PDS partner:

- Treatment which is complex and out of scope of these new arrangements (such as GA or sedation);
- Treatment that cannot be provided because the patient may become distressed due to cognitive impairment;
- Treatment which requires specialist equipment such as a hoist;
- Where the resident is currently stable but in the future may need more specialised care from the PDS (i.e. treatment planning);
- With Caring for Smiles Teams (where they are located in the PDS).

26. Similarly, examples where it would be reasonable for the domiciliary care dentist to consult with their PDS partner:

- inability to carry out a full examination (i.e. limited examination only possible);
- patient will accept limited restorative care of anterior teeth only with difficulty;
- clinical holding may be required;
- where a patient's medical history is complex, and impacts on their ongoing care;
- treatment plan having to be altered as a result of the patients complex medical history or unstable condition (e.g. severe xerostomia, PEG feeding, immunocompromised);
- restricted access to the oral cavity;
- 2nd dental opinion required before AWI certificate issued or where there is a dispute.

27. There may also be circumstances where the domiciliary care dentist may only require advice from the PDS. It may be also agreed during any discussions that no active treatment is required and the responsibility for ongoing care including emergencies would remain with the dentist.

E. Payments for GDPs with Enhanced Skills in Domiciliary Care

28. The new arrangements will be supported by a suite of new payments:

Enhanced Examination Fee

29. A domiciliary care dentist will be paid an enhanced examination fee of £30.10 per patient per examination, including any reviews between examinations. Dentists will also continue to qualify for continuing care payments for registered care home patients under these new arrangements.

Equipment Allowance

30. A domiciliary care dentist will also qualify for an equipment allowance. This is payable in a four year cycle period of £800 in year 1 and £400 in year 3. In year 5, the start of the next four year cycle, there would be a further payment of £800 and so on in perpetuity.

Care and Treatment Allowance

31. A domiciliary care dentist will also be eligible for a care and treatment allowance, payable for each care home per quarter, as follows:

- Minimum registration of 10 patients (£250 per quarter/ £1,000 per year)
- Minimum registration of 20 patients (£300 per quarter/ £1,200 per year)
- Minimum registration of 30 patients (£450 per quarter/ £1,800 per year)
- Minimum registration of 40 patients (£600 per quarter/ £2,400 per year)
- Minimum registration of 50 patients (£750 per quarter/ £3,000 per year)
- Minimum registration of 75 patients (£1,000 per quarter/ £4,000 per year)

Existing Payment Arrangements

32. Domiciliary care dentists should continue to claim item of service payments for any necessary care and treatment of a care home resident, except claims under item 35(a) *Domiciliary visits* and 45(c) *Continuing Care Payments (for patients requiring additional time spent with them)* of the Statement of Dental Remuneration.

Enhanced Skills in Domiciliary Care provided by Domiciliary Care Dentists to Care Home Residents

NHS (General Dental Services) (Scotland) Regulations 2010 (“the 2010 Regulations”) - Amendments

1. Information on the main changes to the 2010 Regulations is provided below. For the purposes of the 2010 Regulations an enhanced skills dentist in domiciliary care is described as a domiciliary care dentist.

Criteria and designation process

2. A new Schedule B1 (Enhanced skills in domiciliary care) has been added which sets out the criteria and process for becoming a domiciliary care dentist – more information about this process is provided in the Arrangements and Specification document at Annex A and the FAQs at Annex D.

Cross-border dentist

3. A dentist in one NHS Board area will be able to apply to list to be a domiciliary care dentist in another NHS Board area without having to have practice premises in the area. A new definition of “cross-border dentist” has been added to regulation 2(1) (Interpretation) to provide for this arrangement, as follows:

“cross-border dentist” means a domiciliary care dentist who does not provide general dental services from practice premises in the area, but has undertaken to only provide enhanced skills in domiciliary care in the area;”.

4. Once listed as a cross-border dentist in a NHS Board area the dentist will be restricted to providing only enhanced skills in domiciliary care in that area and regulation 6 (General provision relating to the dental list) has been amended to provide for this. If the NHS Board does not designate the dentist as a domiciliary care dentist their application to list in the area will be refused – regulation 7 (Grounds for refusal) has been amended to provide for this.

New terms of service for domiciliary care dentists

5. Additional terms of service which domiciliary care dentists have to adhere to have been added as a new Part VII to Schedule 1. These additional terms of service cover:

- attendance at the care home, including initial contact with the care home to determine protected times and frequency of examinations for dentate and edentulous patients;
- in-hours emergencies;
- continuing professional development for updating of AWI training;
- procedures for withdrawing from assigned care home;
- voluntary withdrawal of designation as a domiciliary care dentist; and
- procedure for assignment to additional care homes.

6. More information on these additional terms of service are provided below but domiciliary care dentists should familiarise themselves with the additional terms of service as contained in the NHS (General Dental Services) (Scotland) Amendment Regulations 2019.

Attendance at the care home

7. Once designated by the NHS Board as a domiciliary care dentist and assigned a care home(s), the dentist must within 14 days write to the care home manager to ask if there are any protected times, e.g. lunch time, where it would be inconvenient to attend the care home.

8. A domiciliary care visit to an assigned care home must be outwith protected times and within the in-hours period of 8am to 6pm on a working day. New definitions of “in-hours period” and “working day” have been added to regulation 2(1) (Interpretation) as follows:

“in-hours period” means the period beginning at 0800 hours and ending at 1800 hours on any working day;”

“working day” means any day apart from a Saturday, Sunday, Christmas Day, New Year’s Day and any other public or local holiday.”

Registering patients in an assigned care home

9. Patients have the right under the NHS (Choice of Dental Practitioner) (Scotland) Regulations 1998 to choose the dentist they wish to be registered with and it will not therefore be possible for a dentist to just transfer all care home residents to them. Registration will have to be by agreement with the care home resident (or person acting on their behalf). Some residents may want to stay with their existing dentist(s) but we hope that the majority will over time register with the domiciliary care dentist. New definitions of “care home” and “care home resident” have been added to regulation 2(1) (Interpretation) as follows:

“care home” means accommodation occupied mainly or exclusively by individuals aged 16 or over which is provided by an organisation carrying on a care home service within the meaning of Schedule 12 paragraph 2 to the Public Services Reform (Scotland) Act 2010;

“care home resident” means a person whose place of residence is a care home;

10. Domiciliary care dentists will be issued with a separate list number for each assigned care home. Dentists should ensure that the correct list number used when registering an assigned care home resident. Practitioner Services will issue further guidance about this.

11. Where responsibility for a care home is moving from the Public Dental Service (PDS) to a domiciliary care dentist residents will not be able to remain with the PDS

dentist, unless there is an exceptional need for this, and will have to choose an alternative dentist. It is anticipated that this may be the domiciliary care dentist but residents reserve the right to approach another dentist(s) of their choice who is willing to accept them. For clarity the patients cannot be bulk transferred to the domiciliary care dentist in these circumstances.

12. Where a domiciliary care dentist is assigned a care home and they already have patients registered with them in that home, Practitioner Services will be able to identify these patients and, with the dentist's agreement, link these patients to the list number issued to the dentist for that home. If any assigned care home residents are registered with another dentist in the domiciliary care dentist's practice, registration for these patients can be transferred, with agreement of both dentists, to the domiciliary care dentist. In this case it would be possible to bulk transfer the patients, using form GP209.

13. Under the new terms of service, where a new or existing care home resident (or someone acting on their behalf) in an assigned care home asks to be registered with the domiciliary care dentist the dentist must within 6 weeks of the request examine and accept the patient in accordance with the normal registration process. This includes where patients are transferring from another dentist in a different practice, including a PDS dentist, to the domiciliary care dentist. This allows the domiciliary care dentist to determine a care and treatment plan for each patient. Where patients are transferred between dentists in the same practice (see paragraph 12 above) there will be no need to examine patients within this 6 week timescale as the domiciliary care dentist will have access to the patient records.

Provision of care and treatment

14. Domiciliary care dentists must examine registered care home patients at least once every 6 months, where the patient is dentate, and every 12 months, where the patient is edentulous. Fluoride varnish application should also be offered to registered patients as part of a regular examination. A full list of care and treatment that should be provided by domiciliary care dentists is provided at paragraphs 14 – 16 of Arrangements and Specification document at Annex A.

15. Payment claims for domiciliary care treatment provided to patients in an assigned care home should be submitted under the list number for that home and not under the dentist's ordinary list number. Practitioner Services will issue further guidance about this.

16. Domiciliary care dentists cannot make arrangements with a deputy or assistant to provide care and treatment required by registered care home patients on their behalf, except where responding to an in-hours emergency (see paragraph 17 below). Paragraph 44 (Deputies and assistants) of Schedule 1 to the 2010 Regulations has been amended to specifically preclude this. Domiciliary care dentists should provide all care and treatment personally but can delegate appropriate care and treatment to a hygienist or therapist once a treatment plan has been established, which must be submitted under the list number issued to the dentist for the assigned care home. Referral of patients to the PDS, where appropriate, is also possible.

In-hours emergencies

17. Domiciliary care dentists must personally provide any in-hours emergency treatment required by registered care home patients. However, to cover any absences, e.g. any periods of holiday or sickness, the domiciliary care dentist must have arrangements in place with one or more dentists to provide in-hours cover. These arrangements must be agreed by the NHS Board, as would any changes to agreed arrangements. Paragraph 6 (Emergency cover) of Schedule 1 has been amended to make these in-hour obligations clear. The new terms of service for domiciliary care dentists sets out the process for agreeing in-hours emergency arrangements.

Continuing professional development

18. Domiciliary care dentists will have to complete updated Adults with Incapacity training every 5 years.

Withdrawal from an assigned care home

19. If a domiciliary care dentist wishes to stop being responsible for a particular assigned care home, but continue to be responsible for another care home(s) in the area, they must give the NHS Board and the manager of the care home 6 months' written notice of their intention to withdraw from that care home. Registered care home patients would also have to be given 6 months' written notice of the intention to de-register them – see paragraphs 26 and 27 below. The requirement to give 6 months' notice is to allow the NHS Board time to make alternative arrangements for the assigned care home.

Voluntary withdrawal of designation as a domiciliary care dentist

20. If a dentist wishes to completely withdraw from being a domiciliary care dentist they must give 6 months' written notice to the NHS Board, all their assigned care homes and all their registered patients within the care homes before the Board will remove their designation. The requirement to give 6 months' written notice is to allow the NHS Board time to make alternative arrangements for the assigned care home.

Assignment to additional care homes

21. A domiciliary care dentist can apply to an NHS Board to be assigned one or more additional care homes. More information about this process is provided at section 6 of the FAQs at Annex D.

Other changes to the 2010 Regulations

Removal of domiciliary care dentist designation

22. The NHS Board will be able to remove a domiciliary care dentist's designation if:
- the domiciliary care dentist has not provided GDS in all assigned care homes for the preceding 6 months;

- where a discipline committee recommends a sanction or warning that the Board applies, which would mean that the dentist is in breach of the criteria for designation as a domiciliary care dentist;
- the NHS Tribunal disqualifies the dentist; or
- the NHS Tribunal imposes a relevant conditional disqualification on the dentist prohibiting them from performing any aspect of enhanced skills in domiciliary care.

23. A new regulation 12A (removal of domiciliary care designation) has been added to provide for this NHS Board removal.

Removal of a cross-border dentist from the dental list

24. Where a cross-border dentist's designation is removed the dentist's name will be removed from the NHS Board's dental list, as the dentist was restricted to only providing enhanced skills in domiciliary care, and regulation 12 (removal from dental list) is amended to provide for this.

Withdrawal from the dental list

25. Regulation 15 (Withdrawal from dental list) has been amended to require 6 months' written notice of withdrawal from the dental list in the case of a domiciliary care dentist.

Terminating a continuing care arrangement with a assigned care home patient

26. A domiciliary care dentist has to give an assigned care home patient 6 months' written notice of their intention to terminate their registration. Paragraph 10 (Termination of a continuing care arrangement or capitation arrangement) of Schedule 1 has been amended to require this.

27. A domiciliary care dentist has to personally complete any outstanding treatment a registered care home patient requires unless they get the written consent of the NHS Board for another dentist to complete this on their behalf. Paragraph 10 of Schedule 1 is amended to add a new paragraph (2A) to provide for this.

Violent behaviour against domiciliary care dentists

28. A new paragraph 11A had been added to Schedule 1 which sets out new procedures to be followed where an assigned care home patient commits an act of violence. Under these new procedures the domiciliary care dentist should notify the NHS Board and care home manager that an incident has occurred. The Board will within 7 days arrange a meeting to discuss any measures that need to be taken. The full procedures are contained in the new paragraph 11A.

Enhanced Skills in Domiciliary Care provided by Domiciliary Care Dentists to Care Home Residents

Amendment No 141 to the Statement of Dental Remuneration

Background

1. The Statement of Dental Remuneration (SDR) is being amended to provide for the following new payments to support those dentists providing enhanced skills in domiciliary care.

Determination I (Scale of Fees)

Item 1 (Examination and Report)

2. Domiciliary care dentists will be able to claim an enhanced examination fee for examining registered patients in assigned care homes and a new item 1(e) is being added to the SDR as follows:

- 1(e) Clinical examination, including any review between examinations, by a domiciliary care dentist for patients aged 18 or over resident in an assigned care home to include examinations, advice, charting (including charting of periodontal status) and report including the examination of a patient in connection with trauma, where the patient is in a continuing care arrangement with the domiciliary care dentist:

0141

per examination £30.10 (£0.00)

3. A maximum of 2 examination fees under item 1(e) will be claimable in a 12 month period. Examination fees under item 1(a), 1(b) and 1(c) will not be payable to domiciliary care dentists for registered assigned care home patients. Two new provisos have been added to item 1 to provide for this.

Item 7(b) (Surface Applications as Primary Preventive Measures)

4. A new proviso is being added to item 7 to allow a domiciliary care dentist to claim an item 7(b) for the application of fluoride varnish.

Item 35 (Domiciliary Visits and Recalled Attendance)

5. The new examination fee includes an element of compensation for travel time and associated costs and domiciliary care dentists will not therefore be able to claim item 35(a) for a domiciliary visit to see a registered assigned care home patient. A new proviso has been added to item 35 to provide for this.

Item 45 (Continuing Care Payments)

6. Continuing care payments will continue to be paid at the normal rate under item 45(a) or (b) for registered assigned care home patients. The new care and treatment

allowance which is being introduced (see paragraph 7 below) includes an element to reflect the additional time which may have to be spent with registered assigned care home patients who are frail. Domiciliary care dentists will not therefore be entitled to an enhancement under item 45(c) of the basic continuing care fee. A new proviso has been added to item 45 to provide for this.

Determination XVI (Enhanced Skills Allowances)

7. A new Determination XVI is being added to the SDR which provides for the following new allowances available to domiciliary care dentists.

Continuing Professional Development (CPD)

8. Dentists will be able to claim a maximum of 19 CPD sessional payments for undertaking the enhanced skills in domiciliary care training and mentoring. A payment of £231.10 will be payable per session of 3½ hours. Remote island and mainland dentists will be able to claim an additional CPD allowance for the training element of the programme but not the mentoring element.

9. NES will provide the dentist with a CPD claim form (GP214(ESD)) which the dentist should complete and send to Practitioner Services for payment.

Equipment Allowance

10. Domiciliary care dentists will be entitled to claim an equipment allowance for the purchase of equipment required to provide enhanced skills in domiciliary care. The allowance is payable in the 1st and 3rd year of each successive 4 year cycle. The first year in the first 4 year cycle is the year the dentist becomes a domiciliary care dentist.

11. The allowance which can be claimed in the 1st year is up to £800 and in the 3rd year is up to £400. Year 5 would be the start of the next 4 year cycle with the allowance available repeated in that and each successive 4 year cycle.

12. A claim for an equipment allowance has to be submitted to Practitioner Services in each eligible year and a new claim form (GP235), which can be obtained from your NHS Board, has been created for this. Receipts for the equipment purchased must be submitted with the claim.

Care and Treatment Allowance

13. Domiciliary care dentists will be eligible to be paid a quarterly care and treatment allowance based on the number of registered assigned care home patients per assigned care home, as follows:

<i>Minimum Number of Patients</i>	<i>Quarterly Payment</i>
10	£250
20	£300
30	£450
40	£600
50	£750
75	£1,000.

14. This allowance will be paid automatically and will be payable for each care home the dentist has been assigned.

15. Full details of the above new payments are contained in Amendment No 141 to the SDR and dentists should familiarise themselves with these.

Enhanced Skills in Domiciliary Care provided by Domiciliary Care Dentists to Care Home Residents

Frequently Asked Questions (FAQs)

Note: For the purpose of these new arrangements, a domiciliary care dentist is a dentist with enhanced skills in domiciliary care

1. Applying to Provide Enhanced Skills in Domiciliary Care

Q. I am already listed in the NHS Board area, how do I apply to be a domiciliary care dentist?

A. You should submit an expression of interest to the NHS Board for consideration.

Q. I am applying to list in the NHS Board area and would like to be a domiciliary care dentist as well as work in a practice in the area. How do I apply?

A. You should get a form GP21(D) from the NHS Board and complete and return this to the Board for consideration. The process to be designated as a domiciliary care dentist may take some time to complete but the NHS Board will be able to determine your application to list before the outcome is known.

You will not, however, be able to provide enhanced skills in domiciliary care until the NHS Board designates you as a domiciliary care dentist and assigned a care home(s) to you.

Q. I am applying to list in the NHS Board area only as a domiciliary care dentist. How do I apply?

A. You should get a form GP21(D) from the NHS Board and complete and return this to the Board for consideration. The NHS Board will not be able to determine your application to list until the outcome of the designation procedure is known.

2. Eligibility Criteria to become a Domiciliary Care Dentist

Q. I am an assistant can I be a domiciliary care dentist?

A. No, only contractors who are dentists can be domiciliary care dentists.

Q. I am a director of a listed Dental Body Corporate (DBC) can the DBC provide enhanced skills in domiciliary care?

A. No, only individual dentist contractors can do this.

Note: A full list of the eligibility criteria to become a domiciliary care dentist is set down at paragraph 7 of the Arrangements and Specification Document at Annex A.

3. Initial Assessment and Interview

Q. What happens once the NHS Board receives my request to be a domiciliary care dentist?

A. The NHS Board will initially assess whether or not they have a service need for a domiciliary care dentist in their area and check whether you have indicated that you meet the eligibility criteria.

Q. What happens if I have indicated that I meet the eligibility criteria and the Board determines there is a service need?

A. The NHS Board will invite you for an initial interview.

Q. What happens if I have indicated that I meet the eligibility criteria but the NHS Board determines there is no service need?

A. The NHS Board will decline your request to be a domiciliary care dentist.

Q. My request to be a domiciliary care dentist has been turned down but I also applied to list to provide GDS from a practice in the area, what will happen to that application?

A. The NHS Board will continue to consider your application under the normal listing process.

Q. What will happen at the initial interview?

A. The interview will cover a range of issues, including confirming that you meet the eligibility criteria, considering the in-hours arrangements you would plan to put in place and discussing the obligations associated with becoming a domiciliary care dentist.

Q. What will happen following the interview?

A. The NHS Board will either submit a request to NES for you to be allocated a place on the enhanced training and mentoring in domiciliary care programme or not put you forward for this programme. In either case the Board will write to advise you of its decision within 7 days of your interview.

4. Training and Mentoring Programme

Q. What will the training and mentoring programme involve?

A. NES will provide the training element which will include Adults-with-Incapacity (AWI) Legislation, treating medically complex patients, attending to patients with physical or cognitive disability, treating the ageing patient, practical considerations when providing domiciliary care and the 'Caring for Smiles' national oral health initiative. There will also be a programme of supported learning/mentoring events where you will attend care homes with a PDS mentor.

Q. How long will the training and mentoring programme take?

A. The training element of the programme will comprise 14 sessions and the mentoring element will comprise 5 sessions. A session will be 3^{1/2} hours.

Q. Will I be able to choose my own mentor?

A. No. Your mentor will be selected by the NHS Board. Initially the mentors will be PDS dentists but may in the future also be experienced domiciliary care dentists who are providing domiciliary care under these new arrangements.

Q. Will I receive CPD allowance for undertaking the training and mentoring programme?

A. Yes, CPD will be paid at £231.10 per session of 3^{1/2} hours.

Q. Will these CPD sessions and payments be in addition to existing CPD sessional payments?

A. Yes.

Q. I'm a remote dentist will I be able to claim an additional CPD allowance for attending the training and mentoring programme?

A. You will be able to claim an additional allowance for the training element of the programme but not the mentoring element. Full details of this additional allowance are set down in Determination XVI of the Statement of Dental Remuneration.

Q. How will I be paid for attending the training and mentoring programme?

A. NES will give you a CPD claim form (GP214(ESD)) at the end of your training and mentoring programme. You should complete and send this to Practitioner Services for payment.

Q. What happens if I don't complete the training and mentoring programme, will I still be able to submit a claim?

A. Yes, but you will only be paid for the number of sessions you have completed.

Completion of Training: Certificate of Completion of Enhanced Skills Training (Domiciliary Care)

Q. What happens after I complete the training and mentoring?

A. NES will issue a Certificate of Completion of Enhanced Skills Training (Domiciliary Care) and alert the NHS Board which will invite you to a final interview (see section 5 below)

Q. What happens if I am not issued with a Certificate of Completion?

A. Your request to become a domiciliary care dentist will not proceed any further. You can, however, discuss with the NHS Board the possibility of repeating those elements of the training or mentoring that you failed to complete.

Q. How will the NHS Board know whether or not I have been issued with a Certificate of Completion?

A. NES will notify the NHS Board, which will alert the Board that a final interview needs to be arranged.

5. Final Interview

Q. Once I receive my Certificate of Completion will I automatically be assigned a care home?

A. No, you will be invited to a final interview with the NHS Board before a decision is taken to designate you as a domiciliary care dentist and assign a care home.

Q. What will happen at the final interview?

A. The NHS Board will consider your performance at the enhanced training and mentoring and whether you have demonstrated that you will be able to make the required in-hours emergency care arrangements in order to determine whether or not to designate you as a domiciliary care dentist.

Q. What happens following the final interview?

A. The NHS Board will write within 7 days to confirm the outcome of the final interview.

Q. What happens if the NHS Board decides to designate me as a domiciliary care dentist?

A. The Board will assign a care home(s) to you, provide you with contact details for your PDS partner and the care home and obtain a list number for you.

6. Existing Domiciliary Care Dentists

Q. I already have a Certificate of Completion of Enhanced Skills Training (Domiciliary Care) do I need to attend an initial interview and complete the training and mentoring programme again?

A. No.

Scenario 1 (applying to be assigned to additional care homes):

If you already provide domiciliary care in the Board area you may apply to the Health Board to be assigned to one or more care homes in addition to those you have already been assigned.

If the Board decides there is an additional service need they will invite you to a meeting to discuss your suitability to be assigned an additional care home(s) and whether you have demonstrated that you will be able to make the required in-hours emergency care arrangements.

Scenario 2 (applying to be a domiciliary care dentist to another Board):

If you already have a Certificate of Completion and apply to another Board area then that Board will invite you to a final interview if you continue to meet the eligibility criteria and the NHS Board has assessed that they have a service need for an additional domiciliary care dentist in their area.

At the final interview the Board will consider your previous provision as a domiciliary care dentist and whether you have demonstrated that you will be able to make the required in-hours emergency care arrangements.

7. Additional Responsibilities of Domiciliary Care Dentists

Q. Will I have additional responsibilities as a domiciliary care dentist?

A. Yes, you will have additional terms of service that you will have to meet, including initial contact and attendance at the care home, timescale for examining a resident who wishes to register with you, frequency of examinations for dentate and edentulous patients and in-hours emergencies. Further details of these additional terms of service are contained in Annex B of the Memorandum to NHS: PCA(D)(2019)9.

Q. Will I be responsible for scheduling my routine visits to an assigned care home?

A. Yes, once the NHS Board has assigned a care home you are required to write to the home manager within 14 days to determine if there are any protected days and/or times which you should avoid when visiting. You will then be responsible for scheduling routine visits, the NHS Board will have no role in this.

Q. Apart from protected times are there any other restrictions on when I should undertake routine visit to an assigned care home?

A. Visits should be undertaken in-hours, i.e. between 8am and 6pm on a working day.

8. Registering Residents in an Assigned Care Home

Q. When I'm assigned to a care home will I be able to transfer all the residents' registration arrangements to me?

A. No. Patients have the right to choose the dentist they want to be registered with. Residents (or those acting on their behalf) will be given the choice to register with you and have to agree to this. Some residents may choose to stay with their existing dentists, where this is possible, but it is hoped that over time patients will choose to transfer.

Q. How will I be notified if either an existing resident or new resident wants to be registered with me?

A. You should discuss arrangements with the care home manager for giving notice to you that a care home resident (or person acting on their behalf) has asked to be registered with you.

Q. Can I choose not to register an assigned care home resident?

A. As a domiciliary care dentist you will have completed training and mentoring in order to deal with patients ordinarily resident in a care home, therefore we do not expect that any applications to register will be refused.

Q. How long do I have after I've been advised that a resident wishes to register with me to examine and register them?

A. You have 6 weeks from the time you were advised to examine and register the resident.

9. Provision of Care and Treatment

Q. How often will I need to examine care home patients?

A. You must examine dentate patients at least once every 6 months and edentulous patients at least once every 12 months.

Q. What other routine treatment will I be expected to provide?

A. You should undertake preventive treatment, including scale and polish and oral hygiene advice. For dentate patients you should also offer to apply fluoride varnish as part of your regular examination.

Q. Will there be anything else that I will be expected to provide?

A. Yes, treatments such as dressing and simple restorations, issuing of a prescription, extraction of teeth with a significant degree of mobility, provision of dentures, including the addition of name tags and taking replica impressions of existing dentures, stoning/smoothing of sharp and rough teeth and treatment of sensitive cementum or dentine should be provided where required.

A full list of care and treatment that should be provided by domiciliary care dentists is described at paragraphs 14-16 of the Arrangements and Specification (Annex A).

10. Working with the Public Dental Service

Q. Will I be able to refer care home patients to the Public Dental Service?

A. You will have been given details of a PDS partner by the NHS Board. You should consult your PDS partner for advice before making a referral.

Further details of working with the PDS as a domiciliary care dentist is described at paragraphs 25-27 of the Arrangements and Specification (Annex A).

11. Delegating Care and Treatment to Others

Q. Will I be able to make arrangements for another member of the practice to provide any care and treatment required by assigned care home patients?

A. You cannot delegate another dentist to provide care and treatment on your behalf, except for the provision of in-hours emergency care for periods of absence or leave (see section 12 below). You should provide all care and treatment personally but can delegate appropriate care and treatment to a hygienist or therapist once a treatment plan has been established.

Q. Do I have to be accompanied by a DCP or can I visit the home on my own?

A. We would expect that you would normally be accompanied by a dental nurse. This may not be possible when responding to an in-hours emergency where no nurse is available. In this case the care home should be able to provide a member of staff to accompany you when you see a patient.

12. In-hours emergencies

Q. Will I be able to get someone else to respond to any in-hours emergencies at assigned care homes?

A. You should personally respond to any in-hours emergencies, however, where this is not possible due to holidays or sickness you must have arrangements in place, which have been agreed with the NHS Board, with another dentist(s) to provide in-hours cover.

13. Out-of-hours emergencies

Q. Am I responsible for responding to any out-of-hours emergencies?

A. The normal out-of-hours emergency cover arrangements for your practice/NHS Board area will apply from 6pm until 8am.

14. Cover arrangements

Q. What am I required to do if I'm going to be absent and can't provide routine treatment or respond to in-hours emergencies?

A. If you are absent due to holidays or sickness you must have in-hours arrangements in place (see section 12 above). If your absence will be long-term you should contact your NHS Board to discuss arrangements for providing routine treatment while you are absent.

15. Payments to Domiciliary Care Dentists

Q. What payments are available to domiciliary care dentists?

A. Domiciliary care dentists are entitled to the following payments:

- Enhanced examination fee of £30.10 per patient per examination (a maximum of 2 enhanced examination fees will be payable in a 12 month period);

- Equipment Allowance of up to £800 for the purchase of equipment in the first year of becoming a domiciliary care dentist and up to a further £400 in year 3; further
- claims of up to £800 may be made in year 5 and up to £400 in year 7, repeating every 4 year cycle.
- Care and Treatment Allowance with the level of payment being linked to a minimum number of registered care home patients per assigned care home. A domiciliary care dentist can earn up to £4,000 per year per care home.

The Care and Treatment Allowance will be paid automatically to eligible domiciliary care dentists by Practitioner Services on a quarterly basis. The arrangements for claiming the Equipment Allowance is described at section 16.

Q. Will I continue to receive existing continuing care payments for registered assigned care home patients?

A. Yes.

Q. Will I claim the existing examination fee for seeing registered assigned care home patients?

A. No, the existing examination fee has been replaced with the enhanced examination fee for patients seen by a domiciliary care dentist.

Q. Will I be able to claim the domiciliary visit fee (item 35(a) of the SDR) for seeing patients in an assigned care home(s)?

A. No. The new examination fee includes an element of compensation for travel time and associated costs and replaces item 35(a).

16. Equipment Support

Q. Will there be a set list of equipment required to be taken to the care home?

A. No, this is at the discretion of the dentist. The domiciliary care dentist should determine what is appropriate for them, based on their training and previous experience in domiciliary care provision.

Q. Will I need specialist equipment such as hoists and chair lifts and if so will I receive an equipment allowance for purchasing these?

A. No, you will not require specialist equipment like this.

Q. What kind of equipment can be purchased which qualifies for the equipment allowance?

A. The equipment allowance covers emergency drugs kits and other equipment that is required for domiciliary care provision such as a portable hand piece motor. Consumables cannot be claimed under this allowance.

Q. How do I claim the equipment allowance?

A. You will require to complete and submit a claim form to Practitioner Services in each relevant year, e.g. year 1, 3, 5, etc. You will require to include with the claim receipts for the equipment purchased for the purposes of providing enhanced skills in domiciliary care. A new claim form (GP235) has been created for this purpose.

16. *Withdrawal from providing enhanced skills in domiciliary care*

Q. If I decide I no longer want to be a domiciliary care dentist how do I withdraw?

A. You will need to at least give 6 months' written notice to the NHS Board, all your registered care home patients and all your assigned care homes. This is to give the NHS Board time to make alternative arrangements for the assigned care home(s).

Q. Would I be able to withdraw from a particular care home but continue to be assigned to other care homes?

A. Yes, you would require to give 6 months' written notice to the NHS Board, your registered patients in the assigned care home and the care home. This is to give the NHS Board time to make alternative arrangements for the assigned care home(s).

17. De-registering an Assigned Care Home Patient

Q. Can I de-register an assigned care home patient?

A. Yes, but you would need to give the patient (or a person acting on their behalf) and the NHS Board not less than 6 months' written notice of your intention to de-register them. You would need to complete any outstanding treatment personally before ending the registration arrangement unless you get the written consent of the NHS Board for another dentist to complete this on your behalf.

18. Provision of Domiciliary Care to Patients under Existing Arrangements

Providing Domiciliary Care to non-assigned care home patients

Q. I am a domiciliary care dentist, will I still be able to undertake domiciliary visits to see a patient who is resident in a care home that I am not assigned to?

A. Yes, you will still be able to see patients in other care homes. Such visits would be outwith your role as a domiciliary care dentist and you will not be paid the enhanced examination fee or any of the additional allowances in respect of these patients.

Q. I am not a domiciliary care dentist, will I still be able to visit a patient in a care home that has an assigned domiciliary care dentist?

A. Yes, you will still be able to see patients in a care home that has an assigned domiciliary care dentist. However, such visits will not attract the enhanced examination fee or any of the additional allowances which would be payable to the domiciliary care dentist assigned to the home.