

## Welcome and Summary of Workshop 2

Members were welcomed back to the group. They were reminded that comments would not be attributed to any individual and a note of the workshop would be circulated to group members before being published.

The following points were made when summarising Workshop 1:

- **Oral Health Assessment:** A move to 12 to 24 months for enhanced examinations for patients with good oral health in line with NICE guidelines. Initial trials of traffic light code OHA in England doesn't always agree with clinical judgement. Clinical discretion is more reliable than computer programmes.
- **Financial Negotiations:** Finance should not be discussed in this group, and negotiations will take place at a later date with the BDA.
- **Salaries/Capitation:** The focus for this group is the structure of a revised Determination I and discussions on alternative payment models is for consideration in other forums.
- **DCP Direct Access:** Options are being considered for therapists to have direct access and any moves in this direction will be developed carefully.

Comments provided by members in advance of Workshop 2 were very helpful and members were thanked for their engagement.

## Urgent Dental Care

Discussion on the 'Emergency Appointment' section was continued from Workshop 1 and the following points were made:

- Members generally agreed with the presented list of emergency examination and treatment items.
- Suggested additions to the list include: the temporising of a lost filling, chipped tooth, broken denture, pericoronitis, dry socket treatment and TMJ dysfunction.
- It was noted that an emergency appointment would only be claimed when treatment is not covered elsewhere in the Determination I. For example, an emergency extraction would be claimed under an extraction code.
- It was suggested that perhaps an exhaustive list is not required, and instead an advisory list could be given for the types of treatments which would be covered.
- There was discussion around whether the emergency appointment code would cover all unscheduled appointments and could be claimed in addition to another treatment.
- One member suggested having a sub-claim to record data.

- It was noted that the emergency appointment code would be used for both registered patients as well as occasional patients. It would also be used for both children and adults.
- It was noted that the emergency appointment code would be used for recalled attendance and when a practice needs to reopen.
- **Post meeting clarification:** intention would be for the emergency appointment code to be claimable when the dentist sees an urgent patient and no other code is applicable. When another code is applicable and/or a definitive treatment can be provided then the emergency appointment would not be claimable.

## Preventive Care

### Enhanced Preventive Advice and Treatment

During discussions, the following points were made:

- SDCEP guidance would be reflected in the revised Determination I.
- There was consensus that educating patients was extremely important going forward to promote prevention.
  - Some patients feel entitled to having their teeth cleaned regularly at the dentist, but they need educated on why there is a build-up.
  - Dentists, therapists and nurses should all be involved in providing advice to patients.
  - Patients need to take ownership of their oral health.
  - It would be important to raise public awareness that patients would not always be seen every 6 months and scale and polish would not be part of an examination. Communication should show the benefits of the changes.
- Concern was raised in regards to patients who are immunosuppressed, undergoing cancer treatment etc. – it was suggested that a 3 month timescale was not regular enough and more care is needed due to the aggressive treatments they are undergoing/being unable to care for themselves.
- It was noted that advice could be given at an examination but if more time is required then the 'enhanced preventive advice and treatment' code could be used as a separate item.
  - It was suggested that a therapist may spend most of an appointment using this code to provide preventive advice and treatment.
  - If the therapist is available, it would be a good journey for the patient to have the preventive advice and treatment on the same day following their examination.
    - However concern was raised in terms of workforce and the resources needed to facilitate all the treatments required.
    - Skill mix is important and it improves patient care to have more than one person providing advice and treatment to a patient.
- One member commented that children should receive fluoride varnish twice per year, and it was suggested that this could be included in the examination code where only standard preventive measures are required.
- It was suggested that the wording of the Oral Health Assessment could have the flexibility to allow for cleaning and enforce preventive care.

- The role of the Childsmile nurse would need to be considered.

### **Fluoride Varnish, Fissure Sealants or Silver Diamine**

During discussions, the following points were made:

- It was confirmed that fissure sealants should be extended to first and second molars, and not limited to third molars.
- One member asked whether the fee would be the same whether it was for one fissure sealant or eight fissure sealants. It was noted that this would be clarified in the provisos.
- It was commented that, as recommended by SDCEP, fissure sealants may need to be topped up throughout childhood for those with high caries risk.
- It was noted that silver diamine is very expensive but has great success and would be welcomed in a revised Determination I.
- It was suggested that fluoride application could be included as part of an examination.

### **Periodontal Care**

During the workshop, group members were shown the following BSP flowchart as a guide for periodontal care:

[https://www.bsperio.org.uk/assets/downloads/BSP\\_Treatment\\_Flow\\_Chart\\_17\\_SCR\\_EEN\\_READY\\_ytube\\_link.pdf](https://www.bsperio.org.uk/assets/downloads/BSP_Treatment_Flow_Chart_17_SCR_EEN_READY_ytube_link.pdf)

During discussions, the following points were made:

- Therapists will be able to carry out a perio assessment.
- Progress can be re-evaluated after 3 months.
  - Concern was raised that this timescale may be too convenient for some patients who enjoy having their teeth cleaned at 3 month intervals, but don't take ownership of regularly brushing their teeth themselves and don't follow advice in terms of lifestyle choices.
    - If patients are not engaging, this can massively limit progress and dentists can use their clinical discretion to end the treatment if deemed appropriate.
- Dentists often feel obligated to physically do something, but the onus needs to be shifted on to the patient to take responsibility for their oral health.
  - We need to move away from scale and polish and instead offer advice to patients to educate them and help with prevention.
- Patients can be motivated when they are clinically shown the progress they have made in the previous 3 months.
- It was noted that SDCEP guidance can be followed, but dentists should have the clinical freedom to make decisions.
- Pocket charting can be on localised areas and reviewed at further appointments.
  - Pocket charting wording to be amended and reflected in provisos – Gingival scaling (4mm) with bleeding in the enhanced perio treatment.
- It was confirmed the 'enhanced preventive advice and treatment' code would be used for patients on a palliative care pathway.

- The periodontal care codes would be used for both children and adults and it was noted that there are some children with severe perio conditions.

### **AOB and Sum Up**

Members were thanked for their participation and constructive comments which would be taken into account when further amending Determination I.

It was confirmed that further workshops (in addition to Workshop 3) would be required to ensure a revised Determination I is fully considered. Another virtual workshop would take place in December, followed by an in-person workshop in January. Dates would be confirmed to members as soon as possible.

**Dentistry and Optometry Division  
10 November 2022**

#### **In Attendance**

##### DCDO Chairs

Gavin McLellan

Gillian Leslie

Fiona McFadzean

Cameron McLarty

Andrew Mee

Terri Hamilton

Gordon Morson

Mark Bradley

Lorraine Arnot

Agnieszka Nohawica

Maritza Smith

Kirsty Dickson

Stephen Duggan

Jade Smart

Ewan MacKessack-Leitch

Geoff Glass

Fiona Andrews

Alicja Czaja

Gerard Boyle (Observer)

Zahid Imran (Observer)

Francesca Capaldi (Observer)

#### **Secretariat:**

Susan Osbaldstone

Ewan Stuart

Jillian Aitken

Nicole Alterado