

# **Service Specification for Personal Dental Services (PDS) Pilot for Unregistered Patients, Asylum Seekers and Refugees (PUPAS)**

## **1.0 Aim**

To improve access to health service dental care for non-registered dental patients, asylum seekers, and refugees who are experiencing an emergency or urgent dental condition.

## **2.0 Background**

The impact of the COVID-19 pandemic has resulted in dental practices operating at approximately 50% capacity during 2021/22 compared to prior to the COVID-19 pandemic. This in turn has reduced access to care for registered patients with routine treatment postponed in order to facilitate the provision of urgent and non-urgent treatment to registered patients and to work through ever increasing backlogs of incomplete treatment plans. The further impact on non-registered patients has been substantial with 7% of all GDS treatment being provided to non-registered or newly registered patients compared to a level of 10% pre-pandemic. This drop in proportion, alongside the overall reduction in capacity, resulted in just 4,705 non-registered or newly registered patients receiving treatment in May 2022 equating to over 10,397 non-registered patients not accessing health service care as compared to May 2019. Given that, compared to registered patients, non-registered patients are more likely to attend dental practices only when they are experiencing a dental problem, there are probably very significant numbers of non-registered patients in Northern Ireland with marked dental treatment needs.

Overall, 70% of the population are registered with a health service dentist, leaving 583,449 non-registered patients who have no direct access for urgent dental problems under the GDS.

As part of the COVID-19 GDS Financial Support Scheme (FSS) and the subsequent Rebuilding Support Scheme (RSS), practitioners were required to prioritise patients based on their clinical need irrespective of registration status. However, the impact of reduced capacity and the reduction on the proportion of patients being seen who are non-registered or newly registered has resulted in access to care being vastly reduced for non-registered patients.

Since the reopening of the Emergency Dental Clinics (EDCs) with direct patient access and central triage, capacity is not sufficient to meet the needs of the urgent needs of the non-registered population. Moreover, the EDCs only operate at weekends and public holidays. There is a need for a service for non-registered patients with urgent needs “in-hours” during the week. A pathfinder pilot which ran from 3 October to 31 March 2023 confirmed this need and that capacity exists within GDS to provide a service to this cohort of patients on an additional activity basis, i.e. over and above the existing service to registered patients. The average number of patients treated each week by all the practices under the pathfinder was 39. Capacity requirements under this scheme are based on the findings of the pathfinder scheme.

### 3.0 Objectives

- To provide emergency and urgent dental care to non-registered patients, asylum seekers, and refugees in-hours during week-days
- To ensure the care of registered patients is continued and not negatively impacted by the pilot
- To encourage registration with a dentist

### 4.0 Service Delivery

Participating practices will receive additional remuneration for each non-registered patient they triage, provide care/ treatment during the pilot period. Eligible patients should be assessed and treated as appropriate in addition to the participating dentist’s normal GDS work.

The scheme aims to provide treatment to up to 4800 non-registered patients including asylum seekers or refugees each year. The case mix is estimated to be 90% and 10% respectively, although this is flexible. SPPG will monitor the number of patients seen under the scheme through the submission of weekly/monthly provider claim forms. This monitoring will ensure that the maximum number patients is not exceeded during the pilot period.

The pilot may operate up to 31 March 2026. The scheme will be kept under review during this time and amended or withdrawn at one month’s notice should circumstances dictate. In the event that a service is required beyond March 2026 a further business case will be submitted.

The SPPG will communicate any extension or cessation of the pilot with participating practices as soon as possible after any such decision being made.

Participating practices will be expected to sign up to the pilot contract for 12 months at a time, however they retain the right to cancel their participation at any stage by giving one month's notice.

The pilot terms and conditions, and any cap on activity, will be kept under review and one month's notice will be given regarding any necessary adjustments.

In the event of practice withdrawal from the scheme, suitable replacement practice(s) may be able to join the scheme subject to service demand, available budget and SPPG approval.

#### 4.1 Patient Eligibility

Non-registered patients, asylum seekers, and refugees are eligible as part of this pilot including:

- Long term non-registered patients
- Recently de-registered patients
- Patients recently arrived in Northern Ireland and yet to register with a dentist
- Private patients seeking health service care (other than the exceptions below)
- Asylum seekers
- Refugees
- Patients who have been referred by SPPG having contacted SPPG directly

Patients who are not eligible as part of this pilot include:

- Registered health service patients
- Private patients of the claiming practitioner
- Members of private membership schemes e.g. Denplan
- Referrals of private patients from private practitioners

Patient's eligibility will normally be based on a patient self-declaring that they are not registered with a health service dentist which should be recorded in the clinical records.

Participating practices may be contacted directly by MEARS Housing, British Red Cross, or other advocacy organisations on behalf of asylum seekers who they are supporting. Practices can accept these referrals assuming they meet the criteria outlined in this service specification. Practices should assume that the patients are non-registered in this instance.

These support organisations may contact SPPG directly. In these instances, the advocates may be asked to complete a referral form to be submitted through the Directorate of Primary Care (SPPG) which will then be forwarded to the appropriate participating practice. SPPG will check the patient's registration status prior to forwarding the referral. As such practices should assume that the patients are non-registered in this circumstance.

The actual registration status of patients seen as part of the pilot will be assessed as part of the pilot monitoring and evaluation. The SPPG will monitor the number of patients seen as part of the pilot who incorrectly declared that they were non-registered. The SPPG will engage with the patients' registered dentists in cases where multiple patients from the same dentist are seen as part of the pilot. The additional fees will still be paid to the pilot practice in these instances. However, claims for patients who are found to be already registered with the claiming practice cannot be accepted.

## 4.2 Clinical Eligibility

Patients must be experiencing an emergency or urgent dental condition.

Emergency dental conditions include:

- Rapidly increasing oro-facial swelling
- Swelling involving the eyelids, neck, or affecting swallowing/ breathing or causing trismus
- Trauma involving facial bones
- Uncontrolled post-extraction bleeding inpatient with coagulopathy or on anticoagulant medication

Patients presenting with emergency dental conditions who cannot be managed in primary care should be referred to secondary care or a hospital Emergency Department. Referrals should be forwarded as normal.

Urgent Dental Conditions include:

- Simple trauma affecting an adult tooth which involves the dentine or pulp or luxation/avulsion of permanent tooth
- Oro-facial swelling not involving the eyelids, neck, or affecting swallowing/breathing or causing trismus
- Post-extraction bleeding not controlled by measures at home
- Severe dental pain that cannot be controlled by self-help advice
- Dental and soft tissue infections
- Oro-dental conditions that are likely to exacerbate systemic medical conditions
- Suspected oral cancer

Patients presenting with non-urgent or routine dental conditions are not eligible as part of this pilot.

#### 4.3 Patient Triage

As per section 4.1 it is the participating practices responsibility to assess the patient's eligibility to be seen as part of the pilot. A declaration to this effect is included in the claim form.

As per section 4.2 it is the participating practices responsibility to assess the patient's clinical eligibility to be seen as part of the pilot i.e. the practice must confirm that the patient is experiencing an emergency or urgent dental condition. A declaration to this effect is included in the claim form.

Participating practices will be expected to provide advice and care on the range of urgent conditions detailed above.

Some patients will be directed to participating practices via the SPPG local office. These patients will have had their unregistered status checked by SPPG prior to referral. However, it is expected that patients will contact participating practices directly and as such practices will be required to develop internal protocols to ensure patients are eligible to be seen as part of the pilot prior to appointments being offered.

Patients referred by SPPG local offices will require further clinical triage to ensure the patient has an urgent dental need. Where it has been deemed by the practice that a referred patient does not meet the clinical eligibility criteria the practice should inform the patient and offer

appropriate advice e.g. to contact local practices to seek an appointment. Practices are free to offer these patients health service registration and appointments outside of the pilot in these instances if they so wish.

If, following triage, it is deemed that the patient meets the patient and clinical eligibility to be seen as part of the scheme an appointment should be offered. Regulation 6(1) of the GDS Regulations should be followed in this instance with “a patient requiring prompt care and treatment will receive such care and treatment as soon as appropriate.”

#### 4.4 Eligible Treatment

Practitioners may provide whatever treatment they deem clinically necessary to address the emergency or urgent dental condition.

Practitioners should follow the SDCEP guidance “Drug Prescribing in Dentistry” in regards to the prescribing of anti-microbials particularly section 4 and Appendix 5.

Whilst registration of the patient is encouraged, it is at the practitioner’s discretion whether to register the patient or not.

Any necessary emergency or red flag referrals to secondary care must be actioned even if the patient is not being registered. The additional fees outlined in section 5.1 can still be claimed even if assessment and referral is the only treatment being provided.

It is at the treating dentist’s discretion to action any non-emergency or non-urgent referrals if the patient is not being registered. If a necessary referral is not actioned the patient should be given appropriate advice in regards to accessing alternative care e.g. registration with a GDP for assessment and referral.

#### 4.5 Case Numbers

The pilot aims to provide care to 4800 non-registered patients including asylum seekers per year as part of the pilot. The case mix is estimated at 95% and 10% respectively although this case-mix will vary depending on demand and practice location.

Participating practices are expected to have sufficient capacity to treat up to 187 patients per year as part of the pilot (an average of 3.6 per week) and that this must be in addition to their normal GDS work. The ability to provide this level of treatment in addition to their normal GDS work must be outlined in the expression of interest.

At the outset of the scheme practices will not be allocated patient quotas as demand is likely to vary from one local area of NI to another. However, the SPPG will monitor activity volumes and may apply quotas to one or more practices at any stage to ensure that the available budget is not exceeded.

#### 4.6 Interpreting Services

Normal GDS arrangements for the provision of interpreting services can be followed for patients seen as part of the pilot. Due to the urgent nature of treatment required, and as such the short notice of appointments, it is expected that telephone interpretation will be utilised over face-to-face interpretation. Further information is available at <https://hscbusiness.hscni.net/services/2730.htm>

#### 5.0 Remuneration

##### 5.1 Additional Fees

Practitioners will be remunerated a fee of £70 for each non-registered patient who receives care/treatment as part of the pilot.

Practitioners will be remunerated a fee of £120 for each asylum seeker or refugee who receives care/treatment as part of the pilot.

These fees will be adjusted annually in line with any annual SDR fee adjustments.

As per section 4.4 “treatment” is defined as any treatment they deem clinically necessary to address the emergency or urgent dental condition. In some circumstances this may only include an assessment fee. A brief summary of treatment provided should be included in the claim form. See section 5.2 for claiming treatment on these patients.

During the pilot claims for payment for these additional fees should be submitted weekly through the appropriate claim form/eform (Appendix 2). Claims are made at a practice level and should be submitted by the lead dentist. Claim forms should be completed promptly and by the deadlines contained in the claim form.

The additional fee can normally only be claimed once per patient during the previous five complete calendar months. The “same dentist” rule applies as normal (see SDR, Determination I, ‘Interpretation’).

Claims in excess of any agreed limit may not be remunerated. The SPPG may increase this limit with agreement of the practice lead.

The additional fees do not attract a patient charge.

The additional fees will be included in any Practice Allowance calculations.

The additional fees will be made as practice payments and will not therefore be superannuable.

## 5.2 Item of Service (IoS) Fees

Claims for payment for treatment provided should be submitted as normal to the BSO with patient charges applicable for non-exempt patients.

In some circumstances asylum seekers and refugees may be yet to be issued with a Health Care Number (HCN) however they are entitled to health service care. Practices should examine and treat these patients as normal (assuming they meet the necessary criteria). The patient should be provided with and asked to submit an HSC R2 form (Appendix 3) to apply for an HCN and to provide this HCN to the practice once available. The claim form can then be back-dated and submitted with an observation noted in the claim form.

Asylum seekers and refugees will normally be exempt from patient charges through an HC2 certificate. In the absence of a valid HC2 e.g. when an HCN or HC2 is not yet available, it should be assumed that the patient is exempt from payment.



In exceptional circumstances practices can contact the SPPG for advice on the submission of claims for item-of-service fees where an HCN remains unavailable.

Whilst registration of the patient is encouraged, it is at the Practitioner's discretion whether to register the patient or not. Registration can occur at the initial appointment or at a subsequent appointment. As such claims for payment can be submitted as normal or as occasional treatment.

Post-pilot reconciliation of payments will be carried out by the SPPG and BSO. An audit of individual patient clinical records may also be carried out by SPPG.

## 6.0 Pilot Practice Selection

It is intended that twenty-five practices across the five LCG areas will be recruited as part of the PDS pilot with each practice expected to provide treatment to at least 187 patients per year as part of the pilot.

Depending on patient demand and the drawdown on the available budget, it may be necessary to apply practice quotas. The SPPG will monitor activity volumes and may apply individual practices quotas as deemed appropriate. The SPPG will communicate with participating practices to apply these and ensure they are not exceeded.

Essential criteria for interested practices include:

- Participating practitioners are currently on the NI Dental List
- Practice is registered with RQIA or recently inspected by the SPPG
- Practitioners are not currently under investigation by the SPPG, the BSO, the RQIA, or the GDC
- The practice can demonstrate sufficient capacity to provide treatment to up to 187 non-registered patients over a 12-month period (or a pro rata amount if less than 12 months) without resulting in a detrimental impact to treatment provided to their own registered patients i.e. in addition to their normal GDS work, for example additional sessions, extended working hours etc.
- Experience of providing emergency and urgent dental care

Desirable criteria for interested practices include:

- History of commitment to providing health service treatment e.g. through recent DA1 forms
- History of commitment to providing health service treatment to non-registered patients
- Experience providing complex emergency and urgent care such as surgical extractions
- Access to practitioner's secure HSCNI email accounts
- Digital practice management and claim submission systems

Geographical location will be an important consideration in the event of a deciding criteria being required.

Applying practices should outline how they meet both the essential and desirable criteria in the Expression of Interest Application Form. The SPPG may cross-reference the information contained in the application form with data held by SPPG and BSO including payment information, DA1 forms etc.

## 7.0 Pilot Evaluation

Practices should maintain records to support all claims made as part of the pilot. Post-pilot reconciliation of payments will be carried out by the SPPG and BSO. An audit of individual patient clinical records may also be carried out by SPPG.

The following will be monitored and evaluated as part of the pilot:

- Number of patients seen
- Split of non-registered/asylum seeker/refugee patients seen
- Number of patients seen as part of the pilot who were actually registered with another dentist at the time of treatment
- Length of time from patient contact to assessment/appointment
- Assessment of needs of non-registered patients
- Treatment provided
- Conversion rate on non-registered to registered

In addition the administrative processes associated with the scheme may be adjusted as required.

IoS treatment data will be provided by BSO FPS and by the practices through weekly claim forms. IoS treatment data during the pilot may be compared to IoS treatment data from a non-pilot period.

Post-pilot feedback may be obtained from participating practitioners and from a random selection of patients.

Access to GDS will be monitored during the pilot period and the scheme will be kept under review. This, together with other relevant information such as financial considerations, will inform any decision regarding the duration of the scheme.

## 8.0 Expected Outcomes

The expected outcomes of the PDS pilot scheme includes:

The expected outcome of the service includes:

- Delivery of a service which provides remedial oral health care for non-registered patients, asylum seekers, and refugees experiencing an emergency or urgent dental condition
- Associated reduction in the number of non-registered patients reporting difficulty accessing emergency or urgent health service dental treatment