

April 2003

Strategy for Modernising Dental Services for Prisoners in England

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Summary

This document sets out a strategy to develop and modernise the provision of dental services within prisons. There is considerable evidence that the dental services that are currently provided are not meeting the needs of the prisoners.

Funding responsibility for prison health services in England is to be transferred from the Home Office to the Department of Health from April 2003, as a first step in the overall transfer of prison health to the NHS. Prisons will nonetheless continue to have a key role in the modernisation of their dental services.

The document will also provide support to prison Health Care managers and NHS managers in the development of prison dental services. Prison dentists can also use the document as a reference to support them in delivering a first class dental service within a custodial setting.

The document contains practical advice on service specification, outlines effective ways of commissioning dental services and explains how all developments need to be built on robust clinical governance arrangements.

In September 2000 the Government published a new strategy for modernising dental services in the NHS¹. In keeping with the aim of ensuring that the health services within prisons provide an equivalence of care to that available in the wider community, *Modernising Prison Dental Services* sets out how an accessible, high quality, cost effective oral health service will be provided within a secure setting.

This document aims to help prisons, working with their NHS partners, to:

- 1. Improve the quality of dental care in prisons by ensuring high quality standards are in place based on the principles of clinical governance and robust audit trails.**
- 2. Work to raise the awareness of good oral health throughout the prison, amongst prisoners, prison staff and voluntary agencies working in prisons.**

¹ Modernising NHS Dentistry-Implementing the NHS Plan, Department of Health, London, September 2000.

- 3. Identify resources and operational issues specific to prisons that are required for each prison to meet the dental needs of prisoners.**
- 4. Ensure that cost effective dental services are commissioned to meet the oral health needs of prisoners including appropriate performance measures.**
- 5. Develop a model service specification for the provision of dental services in prisons that will enable prisoners to have access to dental care appropriate to their needs.**

To enable the modernisation of prison dental services each prison will be expected to have completed a robust costed action plan by the end of November 2003 stating how the dental service can be modernised in line with the recommendations throughout this strategy and summarised in section 4. Specific support for this will be available through Regional Prison Health Development Teams.

This document does not encompass Wales where a different process of structured change is currently ongoing.

Chapter 1: Introduction

1.1

The Home Secretary and the Secretary for Health announced on the 25th September 2002 that funding responsibility for prison health services in England is to be transferred from the Home Office to the Department of Health. This transfer took place on the 1st April 2003, as the first step in a process which over the next few years will see prison health become part of the NHS. Primary Care Trusts will take responsibility for the commissioning of health services to prisons in their areas from April 2006.

Prisons will continue to play a key role in the developing and modernising of dental services, but it is essential that prison leads, work with Primary Care Trusts throughout this process.

1.2

The provision of appropriate dental services is an essential part of prison health services, the delivery and effectiveness of which frequently gives cause for concern. Recent health needs assessments within prisons in England have shown that the oral health needs of prisoners are significantly greater than those of the general population. Evidence of this can be found in recent research carried out in Kent², Leeds³ and England⁴.

1.3

Primary Care Trusts performance managed by Strategic Health Authorities will have a major role in supporting the dental services provided by prisons to ensure they are equivalent to those provided within the NHS. PCTs will be able to provide advice to prisons in their locality through Consultants in Dental Public Health and General Dental Practice Advisers, thereby ensuring

2 A Review of The Dental Services in Kent Prisons, C Allen & D Wright April 2001.

3 Report of an oral health survey of male prisoners within the boundaries of Leeds Health Authority, SA Williams, JI Csikar, S Kwan & M Prendergast. WHO Collaborating Centre for Research into Oral Health, Migration & Inequalities, Leeds Dental Institute. March 2001.

4 Report on the Prison Dental Service in England & Wales, S Gerrish & C Forsyth, September 1995.

that prison dentistry can modernise in line with “Modernising NHS Dentistry” and share the core principles of the NHS Plan namely:

- A universal service based on clinical need
- An appropriate range of dental services
- A service shaped around patients’ needs
- Responsive to the needs of different populations
- Continually improving services
- Support for staff
- Co-operation with others
- Working to reduce health inequalities
- Open access to information about service and treatments

1.4

This guidance takes the values of the NHS Plan and Modernising NHS Dentistry and applies them as far as possible to oral health care for prisoners.

1.5

Dental care within prisons has been identified as needing urgent attention within the programme to modernise prison health care. The demand on prison dental services has continued to increase commensurate with the increase in the prison population. There is evidence of considerable variation in quality, type and availability of dental services. This situation is unacceptable and must change to become more responsive to the clinical needs of the patient.

1.6

The commitment of dentists and professionals complementary to dentistry is central to the future of dentistry within Her Majesty’s Prison Service (HMPS). The availability of a committed dental workforce will be a challenge to the implementation of the prison oral health strategy.

“The number of dentists working in the General Dental Services has risen consistently and in June 2000 there were 17,692 – over 400 more than the year before” (Department of Health 2000)⁵.

5 Modernising NHS Dentistry-Implementing the NHS Plan, pg 12, Department of Health, London, September 2000.

The profile of prison dental services must be raised with colleagues working outside the prison service through developing improved links with dental schools and hospitals together with dentists currently working in General Dental Services (GDS), Community Dental Services (CDS), Personal Dental Services (PDS) and private practice.

1.7

Oral health in England has improved enormously over the last thirty years largely, as a result of the introduction of fluoride toothpaste and improvements in care provided by dentists. However inequalities in oral health still exist. Oral diseases like many other diseases are linked to social exclusion and deprivation and are still prevalent in inner city areas. A high proportion of prisoners are unemployed (circa 50%) before being sentenced and also come from localities with high levels of social exclusion. Their oral health needs are particularly high. More worrying is that their needs do not appear to be met during their time in prison with little improvement in the oral health status of those in prison for less than two years.

Recent research (Kent⁶, Leeds⁷ and England⁸). has shown that the amount of untreated dental disease amongst all prisoners is approximately four times greater than the level found in the general population coming from similar social backgrounds. Fewer prisoners have visited the dentist in the previous 12 months than the general population. Over 60% of prisoners when asked say that they only have a check up when in pain compared with 42% of the adult social class IV and V population in England.

6 A Review of The Dental Services in Kent Prisons, C Allen & D Wright April 2001.

7 Report of an oral health survey of male prisoners within the boundaries of Leeds Health Authority, SA Williams, JI Csikar, S Kwan & M Prendergast. WHO Collaborating Centre for Research into Oral Health, Migration & Inequalities, Leeds Dental Institute. March 2001.

8 Report on the Prison Dental Service in England & Wales, S Gerrish & C Forsyth, September 1995.

Chapter 2: Future Model of Prison Dental Services

2.1 Service Specification & Access

- 2.1.1** All Health Care Managers should ensure they have an agreed service specification with the dentist providing the service. The Health Care Manager, with support from appropriate PCT colleague should review this annually with the dentists. Please see appendix D for a generic dental service specification.
- 2.1.2** A dental service must be available to all prisoners. This service will be delivered according to the patients dental need and taking account of their length of sentence. The most appropriately qualified professional will also provide the dental treatment.
- 2.1.3** All prisoners will be given information during reception about how to access health care, including the dental services, the treatment they are entitled to and how to initiate an appointment.
- 2.1.4** All prisoners will receive dental care appropriate to their needs.
- Longer stay sentenced prisoners, pregnant and nursing mothers can expect a full range of treatment commensurate with that available within the General Dental Service (GDS) regulations.
 - Prisoners on remand or sentenced to 6 months or less and prisoners within 6 months of their release will normally receive treatment as outlined in the NHS occasional treatment which can be obtained from local General Dental Practice Advisors (GDPA) or the Dental Practice Board.
- 2.1.5** All prisons must develop an oral health promotion programme in conjunction with their health care centre as an integral part of health promotion.

Health care staff will work with the prison to promote oral health by providing education to prisoners and promote healthy options available at meal times. Prisoners should have ready access to fluoride toothpaste, toothbrushes and other oral health materials.

Prisons should work with PCTs to ensure that oral health promotion is included in all prison health promotion programmes. Prisoners should be made

aware of the links between oral health, sugar consumption and substance abuse e.g. use of methadone syrup and also the impact of smoking on oral health.

2.1.6 Access standards for dental care will reflect general access guidance from the NHS namely:

- Emergency care, for example severe facial trauma and severe bleeding, may require access to an Accident & Emergency department in line with local health care provision and subject to local prison security policies.
- Urgent care for dental pain and minor trauma will require access to a dentist within 24 hours. Where this cannot be achieved an appropriate practitioner will see the patient within 24 hours to make an assessment as to the appropriate course of action.
- Appointments for routine care will not normally exceed six weeks from the time of asking.

2.2 Contract & Standards

2.2.1 The service specification will form part of the overall contract for dental services at the prison. This will be between the prison or PCT and dental service provider. The contract will also outline the payment process for all dental work carried out by the dental team. The contract must ensure that the dental services received by the prison are cost effective and appropriate for the dental needs of the population. A dental nurse or equivalent should support the dentist working in the prison, the funding to support this individual must be identified in the contract.

2.2.2 All dentists working in a prison must have and use a unique identification number for that prison. Primary Care Trusts have a separate form DC/PR1 for prison dentists, which will ensure all dentists working in prisons can be issued with a number. The dentist will then use this number when completing the prison dental form (FP17P). This form will then be processed by the Dental Practice Board (DBP) for data collection and depending on how the dentist is commissioned, it will generate payment.

The completion of the prison dental form (FP17P) by all dentists working within the prisons will ensure that data (financial and activity) is available to the prison. This will ensure compliance with clinical governance while also providing the prison with a record and account of the dental work carried out in their establishment.

2.2.3 Sessions

- Length of sessions

This will vary from each establishment due to different regimes, but the recommended length is 3 hours. The length of the session should be agreed between the dentist and the prison and clearly stated in the service specification (appendix D).

- Number of sessions

This will also vary from each establishment, but research has shown that the oral health needs of prisoners is approximately four times greater than the general population. This suggests that there should be as a minimum, one dental session per week for every 250 prisoners. This is a general guide and may vary according to the type of prison population, but the target waiting time for average routine dental care should not be greater than 6 weeks.

2.2.4 Administrative support

Dental services should be recognised as an integral part of a comprehensive health service for prisoners and administrative support for health care should also be available for dental services as required.

2.3 Commissioning

2.3.1 Commissioning dental services

There are four main ways of commissioning dental services within prisons:

- **NHS dentist with General Dental Services contract** working part time within prisons. The dentist will claim 20% of gross fee from the DPB through the NHS and 80% representing the patients' charges from the prison. The prison must discuss with the dentist the possibility of a fee being paid if a dental session is cancelled or an agreed minimum number of patients are not available for each session. In addition to the agreed contract between the dentist and the prison, the dentist will be monitored by the DPB. The gross fee will support the cost of a dental nurse and materials.
- **NHS community dentist working within the prison.** This will provide the prison with a dental service managed by the PCT and would ensure that the prison received a dental service in line with the NHS.
- **NHS dentists** – both GDPs and community dentists, in some prisons are now working under a Personal Dental Services (PDS) contract. These are locally agreed contracts for the provision of a range of primary dental services to a defined patient population. The greater local flexibility offered

under a PDS contract might be an attractive option for providing dental services within prisons.

- **Private or salaried dentist** employed by prison or through private company. Payment is agreed at a fixed price per session.

If a prisoner wishes to obtain private dental treatment, this can only be achieved if there is agreement with the dentist, Health Care manager and prison governor. This cannot be provided during normal dental hours and the prisoner must bear all costs for treatment including security procedures that need to be implemented.

“Modernising NHS Dentistry – Options for Change” was published in August 2002. This signalled far reaching reform of NHS Dentistry including amongst other things a significant move away from item of service contracts for GDS dentistry on which most prison contracts for dental services are based. It is proposed that PCTs will be given a duty to commission all NHS dental services to meet reasonable needs including the necessary financial resources to do so. Enabling legislation was introduced in the Health and Social Care (Community Health and Standards) Bill in March 2003.

This new arrangement will, over time, influence how dental services are provided in prisons.

2.4 Clinical Governance

“Clinical governance: a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”
(A First Class Service)⁹

All clinical services whether contracted into prison or provided in-house must be based on the principles of clinical governance, ensuring high quality and auditable treatment is provided based on agreed standards.

All prisons should have a Clinical Governance programme that should include the following:

2.4.1 Quality & Standards

- All prisons must ensure that dentists working within their prisons have and use their unique dental number to identify their work carried out in prison.

⁹ Department of Health. The new NHS: modern, dependable. Stationery Office, 1997.

- Clear lines of responsibility for the quality of clinical care must be identified.
- Dental Officers from the Reference Service must be invited from the Dental Practice Board (DPB) to undertake quality assurance checks to ensure that appropriate clinical and cost effective treatment is being undertaken.
- Quarterly activity reports must be obtained from the DPB, this will be generated from the use of a unique dental identification number and completion of appropriate form
- Process must be in place for any member of the professional team to raise concerns in a confidential and structured way.
- Information, communication and record keeping; all prisons should have a day book to record activity legibly.
- Dentists will manage the numbers of prisoners per session in consultation with health care staff.
- Effective complaints procedure for patients to be in place that reflects best practice in the NHS.
- Terms and conditions and service specification must be mutually agreed between the dental team and prison.

2.4.2 Health & Safety

- Clear policies for identifying and managing potential risks.
- A safe environment for both dental staff and patients.

2.4.3 Professionalism

- All prison dentists to be involved or have some link with local NHS clinical governance programmes.
- Dentists will abide by guidance of their professional self-regulatory body the General Dental Council.
- The prison will work with the dentists in conjunction with their professional body to facilitate their Continuous Professional Development, Peer Review and Audit.
- The prison will ensure that the working environment for the dentist will not compromise their code of ethics.
- Dentists will ensure they attend appropriate education and training programmes to maintain their level of competency and comply with their professional body.

2.4.4 Patient information

- All patients to be made aware of their rights in relation to the dental treatment they are entitled to whilst in prison.

2.5 Dental Equipment

- 2.5.1** The necessary dental equipment must be agreed between the dental team and the prison. Due to security procedures within prisons dentists are not permitted to bring in any equipment.

All dental equipment must comply with the following guidance, standards and regulations:

- General Dental Services Regulations
- Standards relating to cross infection and sterilisation of equipment
- Health and Safety Regulations and COSHH (The Control of Substances Hazardous to Health Regulations 2002)
- Ethics in dentistry
- Data Protection Act
- Guidance Notes for Dental Practitioners on the safe use of X-Ray equipment
- Prison Service Order (PSO 3842) – “Radiation Safety Strategy and Operational Procedures for ensuring protection against ionising radiations used in Health Care Centres”

The British Dental Association (BDA) will provide most of the above information free to all dentists who are members. Alternatively this information can be obtained from the General Dental Practice Adviser (GDPA) from PCTs.

All equipment within the dental practice should be listed and securely stored. A logbook should be maintained for all equipment recording who has checked the equipment and when.

A PCT General Dental Practice Adviser (GDPA) should undertake an inspection of the dental surgery and equipment at least every 3 years, this can occur more frequently if a request is made. This will ensure that standards are equivalent with those within general dental practices.

- 2.5.2** Before a decision is made on purchasing, leasing or the maintenance of dental equipment the local GDPA from the PCT should be contacted for advice. The prison service holds a central contract for the purchasing of dental equipment. The Contracts and Procurement Team have further details.

Consultation with the Radiation Protection Advisor (NRPB) must occur when purchasing diagnostic x-ray equipment.

2.5.3 The list of dental equipment that should be in full working order within the dental surgery is also available from the local GDPA. All instruments must be securely stored within the dental practice.

2.5.4 All clinical waste must be disposed of in accordance with local policy.

2.6 Workforce

2.6.1 A modern dental service must make the most of the talents of the entire workforce. The quality and cost effectiveness of dental care can be improved by team working and developing the skills of everyone involved. This should also mean more job satisfaction for those working in prison dentistry.

The prison service must keep abreast of the government proposals for the extension of skills and roles for Professionals Complementary to Dentistry (PCDs) to support the dentist. This should be achieved through contact with local GDPAs.

It is essential that all prisons provide support for dentists and other professionals working within a prison environment by ensuring an effective induction programme.

2.6.2 All prisons will ensure that the dentist has the appropriate qualifications and undertakes appropriate Continuing Professional Development. Advice can be obtained from the local GDPA:

- The Dentist must be registered with the General Dental Council and be a member of an approved defence organisation.
- Dental Therapists – with effect from July 1st 2002 dental therapists are no longer restricted to working in Community and Hospital services but are free to work in any dental practice that wishes to use their skills including Prison Dental Services. Their clinical role has also been extended.
- Dental Hygienists – hygienists can already work in all dental services and since July 1st 2002 their clinical role has also been extended.

2.6.3 All prisons will ensure that the dental team works within a clinical governance framework and undertakes regular:

- continuing professional development, with dentists undertaking 250 hours over five years in line with General Dental Council (GDC) requirements. This is the responsibility of the dentist but the employer must take reasonable steps to facilitate this to ensure the dentist complies with the

GDC. The number of hours for professional development must be in proportion to the number of hours the dentist works in the prison.

- peer review and clinical audit.

The Health Care Manager should take an active role in supporting and managing the dental services.

Chapter 3: Prison Specific Operational Issues

3.1 Induction

Before a dentist can work effectively and safely in a prison they must be fully inducted into the prison environment, in particular:

- Confidentiality within the prison.
- Regulations – security of dental equipment and general security.
- Prison complaints system.
- Policy regarding professional and patient relationship.
- Personal safety.
- Clinical waste policy.

3.2 Efficiency

The prison must ensure a commitment is made to utilise the dental time to its maximum capacity, this will involve:

- Collecting the dentist from the gate on time, or if appropriate providing the dentist with keys.
- Ensuring a system is in place so that prisoners are aware when they have been allocated a dental appointment.
- Providing a flow of patients for the duration of the dental session.
- Providing information on the length of stay of the prisoner to the dentist, so an informed decision on the most appropriate dental treatment required can be made.
- Avoidance of cancelling dental sessions.

Chapter 4: Summary of Recommendations

(Numbered in accordance with main text)

To enable the modernisation of prison dental services each prison will be expected to have completed a robust costed action plan by the end of November 2003, stating how the dental service can be modernised in line with the recommendations throughout this strategy and summarised in section 4. Support for this will be available through Regional Prison Health Development Teams.

2 Service Specification & Access

- 2.1.1** All Health Care Managers should ensure they have an agreed service specification with the dentist providing the service, which should be reviewed annually with the dentist.
- 2.1.2** A dental service must be available to all prisoners. This service will be delivered according to the patients dental need and length of sentence. The most appropriately qualified professional will provide the dental treatment.
- 2.1.3** All prisoners will be given information about how to access dental care, during reception or shortly after. This should include the treatment they are entitled to, and how to initiate an appointment.
- 2.1.4** All prisoners will receive dental care appropriate to their needs.
- 2.1.5**
- All prisons must develop an oral health promotion programme in conjunction with their health care centre as an integral part of health promotion within health care.
 - Health care staff will work with the prison to promote oral health by providing education to prisoners and promote healthy options available at meal times.
 - Prisoners should have ready access to fluoride toothpaste, toothbrushes and other oral health materials.
 - Prisons should work with PCTs to ensure that oral health promotion is included in all prison health promotion programmes.

- Prisoners should be made aware of the links between oral health, sugar consumption and substance abuse e.g. use of methadone syrup and also the impact of smoking on oral health.

2.1.6 ● Access standards for dental care will reflect general access guidance from the NHS.

- Emergency care, for example severe facial trauma and severe bleeding, may require access to an Accident & Emergency department in line with local health care provision and subject to local prison security policies.
- Urgent care for dental pain and minor trauma will require access to a dentist within 24 hours. Where this cannot be achieved an appropriate practitioner will see the patient within 24 hours to make an assessment as to the appropriate course of action.
- Appointments for routine care will not normally exceed six weeks from the time of asking.

2.2 Contracts & Standards

2.2.1 The service specification will form part of the overall contract for dental services at the prison. This will be between the prison or PCT and dental service provider.

2.2.2 All dentists working in a prison must have and use a unique identification number for that prison.

2.2.3 ● The length of each dental session is 3 hours.

- Research suggests that there should be as a minimum, one dental session per week for every 250 prisoners.

2.2.4 Dental services should be recognised as an integral part of a comprehensive health service for prisoners and administrative support should be available for dental services as required.

2.4 Clinical Governance

- 2.4.1** ● All prisons must ensure that dentists working within their prisons have and use their unique dental number to identify their work carried out in prison.
- Clear lines of responsibility for the quality of clinical care must be identified.
 - Dental Officers from the Reference Service must be invited from the Dental Practice Board (DPB) to undertake quality assurance checks to ensure that appropriate clinical and cost effective treatment is being undertaken.

- Quarterly activity reports will be obtained from the DPB, this will be generated from the use of a unique dental identification number and completion of the appropriate form.
 - Process in place for any member of the professional team to raise concerns in a confidential and structured way.
 - Information, communication and record keeping; all prisons should have a day book to record activity legibly.
 - Dentists will manage the numbers of prisoners per session in consultation with health care staff.
 - Effective complaints procedure for patients to be in place that reflects best practice in the NHS.
 - Mutually agree terms and conditions and service specification between the dental team and prison.
- 2.4.2** ● Clear policies for identifying and managing potential risks.
- A safe environment for both dental staff and patients.
- 2.4.3** ● All prison dentists to be involved or have some link within local NHS clinical governance programmes.
- Dentists will abide by guidance of their professional self-regulatory body the General Dental Council.
 - The prison will work with the dentists in conjunction with their professional body to facilitate their Continuous Professional Development, Peer Review and Audit.
 - The prison will ensure that the working environment for the dentist will not compromise their code of ethics.
 - Dentists will ensure they attend appropriate education and training programmes to maintain their level of competency and comply with their professional body.
- 2.4.4** ● All patients to be made aware of their rights in relation to the dental treatment they are entitled to whilst in prison.

2.5 Dental Equipment

- 2.5.1** ● All dental equipment must comply with the appropriate standards, guidance and regulations.
- A PCT General Dental Practice Advisor (GDPA) should undertake an inspection of the dental surgery and equipment at least every 3 years.

2.5.3 All instruments must be securely stored within the dental practice.

2.5.4 All clinical waste must be disposed of in accordance with local policy.

2.6 Workforce

2.6.1 ● The prison service through the PCT must keep abreast of the government proposals for the extension of skills and roles for Professionals Complementary to Dentistry (PCDs) to support the dentist.

- It is essential that all prisons provide support for dentists and other professionals working within a prison environment by ensuring an effective induction programme.

2.6.2 All prisons will ensure the dentist has the appropriate qualifications and undertakes appropriate continuing professional development.

2.6.3 All prisons will ensure that the dental team works within a clinical governance framework.

3. Prison Specific Operational Issues

3.2

The prison must ensure a commitment is made to utilise the dental time to its maximum capacity

Appendix A: Membership of the Dental Working Group

(Active May 2001 – February 2002)

Lindsay Bates	Chair Director of Nursing (Prison Health)
Dame Margaret Seward	Chief Dental Officer England
Mr Paul Langmaid	Chief Dental Officer Wales (observer)
Sinead O'Brien	Dental Project Lead (Prison Health)
Tony Jenner	Consultant in Dental Public Health North West
Desmond Wright	Specialist Registrar in Dental Public Health Kent
Chris Allen	Consultant in Dental Public Health Kent
Stuart Gerrish	Dentist HMPS
Brendan Carroll	Senior Medical Officer, HMPS
Carole Welburn	Prison Development Manager Northern & Yorkshire
Alastair McIntyre,	Regional Prison Lead, West Midlands

Appendix B: Membership of the Dental Reference Group

(Active June 2001 – May 2002)

Sinead O'Brien	Chair Dental Project Lead (Prison Health)
Lindsay Bates	Director of Nursing (Prison Health)
Tony Jenner	Consultant in Dental Public Health North West
Desmond Wright	Specialist Registrar in Dental Public Health Kent
Stuart Gerrish	Dentist HMPS
Carole Welburn	Prison Development Manager Northern & Yorkshire
Mr D Shaw	Area Manager
Ms H Banks	Area Manager
Mr K Beaumont	Governor HMPS
Ms Sarah Osborne	Director of policy for British Dental Association
Mr D Sheehan	Regional Lead South East
Ms Elizabeth Tysoe	Head of Health Care HMPS
Dr T Umaipalan	Senior Medical Officer HMPS
Mr Chris Wood	Dentist HMPS
Ms A Kapur,	Dentist HMPS
Mr Nick Dann	NHS Counter Fraud Services
Ms Alison Lockyer	Dentist HMPS
Professor Williams	Leeds University
Ms Julia Csikar	Leeds University
Ms Linda Harris	Contracts & Procurement HMPS
Ms Patsy Northern	Contracts & Procurement HMPS

Appendix C: Glossary of terms

BDA:	British Dental Association
CDPH:	Consultant in Dental Public Health
CDS:	Community Dental Services
DPB:	Dental Practice Board
GDPA:	General Dental Practice Adviser
GDC:	General Dental Council
GDS:	General Dental Services
PCT:	Primary Care Trust
PDS:	Prison Dental Service

Appendix D: Generic Service Specification

This service specification is intended to specify arrangements for the delivery of dental services and is not an employment contract

Service Specification for the Provision Dental Services at HMP/YOIs

.....
The aim of the service is to provide a high quality primary dental care service, emergency dental care and preventive oral health advice based on the principles of clinical governance.

1. General

The hereby grants the dentist authority to carry out the practice of dentistry at HMP/YOI.....

The operation of this agreement shall be deemed to have commenced on day of 200.. and will be reviewed annually.

This agreement is personal to the parties named and shall not be capable of assignment, charge or disposition except termination

The dentist will be familiar with the document ‘Strategy For Modernising Dental Services For Prisoners’ and comply with the recommendations as appropriate.

The dentist shall be required to comply with all security and other operational instructions issued by the Home Office and all security and other operational orders and directions given by the Governor of HMP/YOI

2. Accountability

The dentist shall be accountable to the Head of Prison Health Care and ultimately

The Head of Prison Health Care or proxy shall:

- have overall responsibility for dentistry, ensuring that dentistry is built into health care services rather than built on as an annex

- be responsible for performance management of the dental services
- ensure that the status* of the prisoner is included when appointments are made
- ensure that maximum use is made of the dental session
- co-ordinate clinical and financial audits
- ensure that dentistry is part of the prison health agenda especially in areas such as clinical governance and health promotion

*In this document, status is used to describe whether the prisoner is on remand, due to be released within 6 months, nursing or pregnant mother.

3. Sessions

3.1 Number and length

The dentist shall provide dental services at HMP for sessions a week. This requirement may be reduced or increased from time to time by the Head of Prison Health Care subject to the prior approval.

Each session shall last for 3 hours unless

3.2 Cancellation

Either party can cancel a session with notice and no fee applicable

Either party can cancel a session with notice and £..... fee is applicable

4. Facilities and Equipment

The prison shall provide a room equipped with a dental chair and accessories, an x-ray machine capable of taking intra-oral radiographs and an x-ray developer, infection control equipment, instruments etc. The dentists will not be allowed to transport their own instruments in and out of the prison.

All equipment shall conform to Health and Safety regulations and nationally accepted standards. The prison shall be responsible for the maintenance and upkeep of such equipment.

Filling materials, impression materials, x-ray films and other materials customarily used in the profession of dentistry will be supplied by

5. Records

The dentist shall supervise the maintenance of a full, accurate and legibly written day-book and records for all patients attending for treatment.

The prison Governor or his representative shall be afforded every reasonable facility to inspect and copy the said books and records.

In the event of the prisoner being transferred, the dentist shall make every effort to ensure that copies of the dental records are transferred with the prisoner.

6. Fees

The dentist is employed on a contract.

7. Personnel/staffing

A dental nurse will support the dentist.

The dentist may not invite a substitute dentist to attend to give dental treatment unless prior approval is obtained from the Health Care manager.

8. Treatment

The dentist is asked to observe the guidance as stated in the Strategy for Modernising Dental Services for Prisoners.

9. Private patients

This can only occur by prior approval and will occur outside agreed sessions.

10. Patient complaints

The dentist agrees to abide by the prison's procedure for dealing with patient complaints.

11. Dental Practice Inspections

Dental practice inspections in the prison will be undertaken by prior agreement with General Dental Advisors.

12. Emergency Dental Treatment

Emergency dental care will be provided by

13. Termination

This agreement may be terminated by 3 months notice given in writing by either party to the other.

This agreement shall be subject to immediate termination if the dentist shall:

- become disqualified in the General dental Service under section 46 of the NHS Act 1977
- be suspended or erased from the Dentists Register
- become bankrupt or insolvent

This agreement may be suspended or terminated if the dentist shall:

- have any complaint of misconduct or negligence preferred against them to the General Dental Council or the professional conduct committee of the NHS
- if in the opinion of the Prison Governor that course is desirable in the public interest

Signed & Dated by all parties

Notes

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