



Michael O'Neill
General Healthcare Policy
Department of Health
Castle Buildings
Upper Newtownards Road
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19th November 2021

Dear Michael

Re: Complications arising from Code 3001 and AGPs

A NIDPC sub-group met with BSO (17th November) to discuss a number of significant issues arising from the Code 3001 process that are at risk of seriously undermining the reimbursement process for dental practitioners – namely in respect of claims for PPE and more complex treatments such as root canal treatment, crowns, bridges for example.

We are very concerned at the heavy administrative burden being experienced by practitioners in seeking to reconcile PPE payments under this new model in its current clunky guise. To highlight the administrative burden, we understand that only 323 dentists applied on eform. (With over 1,100 practitioners, this means a large percentage are not getting PPE payments while others are being incorrectly paid). This is extremely time consuming and takes practitioners who are already under strain away from frontline care.

Ultimately, we have doubts that many practitioners will not receive PPE payments they are due.

Example procedures outlined above obviously require more than one visit for clinical reasons, and therefore more than one claim for PPE as a result of the necessary AGP. We understand that a BSO formula exists for calculating this, but to date we have not been privy to how this is worked out. Our primary concern is the complexity of these claims and the time-consuming nature of noting observations.

A further issue highlighted at the meeting was difficulties for practitioners in reconciling their payments with their claims. Currently, practitioners have no way of reconciling these payments as BSO are unable to provide them with the information on which payment pertains to which course of treatment.

We are of the view that there should be a much more simplified means of determining PPE payments. Specifically, the most straightforward solution is to remove the provisos for the 3001 code so that it can be applied to any part of any treatment. Practitioners cannot be expected to continue adding observations for each course of treatment, which at present is creating a knock-on delay in payments being issued if these have to filter via a dental officer, with prior approval ramifications.

Currently some of the most time consuming and difficult procedures are not assigning a ppe fee. 3001 is not payable with first stage RCT, either is crown/bridge preparation. What may cause most difficulty are the codes not being payable with occasional treatment. We are still relying on the goodwill of dentists to accommodate as many unregistered as possible. This is really another barrier to those trying to access care. All of these now require an observation so that they can be passed to dental officer for payment . We are essentially turning these treatments into approvals. This will clearly present a significant barrier to RCT, crown and bridgework and unregistered patients being undertaken under the Health Service.

It is clear from our meeting with BSO that they are also under considerable pressure, and that a more simplified and less burdensome solution to this issue is required for all concerned to be workable. A step forward would also include practitioners being able to receive a breakdown showing clearly number of AGPs per practitioner paid, and those which have been rejected.

Our NIDPC sub-group has arranged a further meeting with BSO for 1st December. While continued dialogue between the profession and BSO in relation to payment issues is of utmost importance, it is abundantly clear that urgent solutions must be applied by DoH in conjunction with HSCB and BSO to ameliorate the significant concerns being experienced at this time.

We would ask you to give serious consideration to how Code 3001 problems can be addressed, namely that the heavy administrative burden is lifted, and in turn addressing disincentives to providing certain aspects of care.

We look forward to hearing from you.

Yours sincerely



Julie Williams- Nash
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(on behalf of NIDPC)

Cc: Michael Donaldson, HSCB Head of Dental Services

Cc: Daniel Bartsch, BSO