



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Interim Standard Operating Procedures for administration and issue of a DTSS Contract

Effective from 1st July 2013

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INDEX

1. PURPOSE.....	3
2. SCOPE	3
3. RESPONSIBILITY.....	3
4. REFERENCE DOCUMENTS.....	3
5. RECORDS.....	3
6. PROCEDURE.....	4
APPENDIX 1: LIST OF DESIGNATED OFFICES	5
APPENDIX 2: EMAIL FOR CIRCULATION	7
APPENDIX 3: CONTRACT APPLICATION LETTER AND QUALITY AND RISK QUESTIONNAIRE	8
CONTRACT APPLICATION LETTER.....	8
QUALITY AND SAFETY QUESTIONNAIRE	9
APPENDIX 4: INSPECTORATE CONTACT DETAILS.....	11

1. PURPOSE

To standardize the administration and issue of a DTSS Contract

2. SCOPE

Applicant: General Dental Surgeon – registered with Irish Dental Council

3. RESPONSIBILITY

Regional Dental Inspector
Chief Dental Inspector
PCRS

4. REFERENCE DOCUMENTS

DTSS Contract 1994, Revised Procedures (2000), Revised Undertaking (2008)
HSE Circular 008/10
HSE Circular 023/10
HSE Circular 08/11
Standardized approach to the administration and approval of the 'D' Form in the DTSS (PDS SOP1 Oct 2012)
SOP to Contractor Oct 2011
SI 135 of 2011
Current Price List
Internal Memorandum: Assistant National Director- Contracts to PDS, ISA Manager re Indemnification (2 Feb 2012)

5. RECORDS

Documentation required for contract application:

Completed DTSS Contract Application Form, with Revised Procedures and Revised Undertakings

Full Clinical Professional Indemnity for all dentists (partial/limited indemnity not acceptable)

Up to date registration with the Irish Dental Council:

Up to date X-ray License (including Schedules 2 and 3)

Current tax clearance certification

Evidence of up to date employers Liability Insurance which indemnifies the HSE

Evidence that the HSE is indemnified under the practice's Public Liability Insurance

6. PROCEDURE

- When a dentist wishes to apply for a DTSS Contract he/she must contact designated office as listed at Appendix 1
- Designated person will forward the full contract application pack consisting of DTSS Contract, Revised Procedures and Contract 2008, Circulars, SOPs, and Current Fee List. Two copies of the contract are sent - one to be retained by the applicant.
- Completed contract application form with essential documentation as listed at Section 5 "Records" above is returned to designated person
- Essential documentation is verified by the designated person.
- The applicant's name, contact details and practice address and date of application will be emailed to the Regional Dental Inspector and copied to the Chief Dental Inspector (see Appendix 4 for contact details)
- The Regional Dental Inspector may circulate an email to all ISA Principal Dental Surgeons requesting details of any previous contact with the applicant (Appendix 2)
- The Regional Dental Inspector will forward a Contract Applicant Letter and Quality and Safety Questionnaire (Appendix 3) to the applicant, who should then complete same and return it to the Regional Dental Inspector
- The Regional Dental Inspector will schedule a Practice Inspection visit with the applicant in attendance.
- When the Practice Inspection is completed satisfactorily and no outstanding issues have arisen then a Practice Inspection Certificate will be issued by a Regional Dental Inspector, or by the Chief Dental Inspector.
- The Dental Inspector will forward the Practice Inspection Certificate to the designated officer to complete the contract application documentation.
- The designated officer will forward the completed contract agreement to the ISA Manager for decision and signature.
- The designated officer will retain a copy of all completed contract documentation.
- A new DTSS Panel Number can then be activated and a contract initiated with defined start date
- The designated officer will notify the ISA PDS of the new contractor in their service area
- The designated officer will ensure all documentation is updated as necessary.

APPENDIX 1: LIST OF DESIGNATED OFFICES

HSE Dublin Mid-Leinster

DUBLIN SOUTH CITY

Dr Siobhan Bell
HSE Dental Clinic, Meath Campus, Heytesbury Street, Dublin 8
Tel: 01 17077964 Email: siobhan.bell@hse.ie

DUBLIN SOUTH EAST - WICKLOW

Dr. Catriona Roe
HSE, Dublin Mid Leinster, Block B, Main Street, Bray, Co Wicklow
Tel: 01 2744337 Email: Catriona.Roe@hse.ie

DUBLIN WEST

Ms Rachael Macken
Dental Clinic, Rowlagh Health Centre, Rowlagh, Dublin 22
Tel: 01 16754963 Email: rachael.macken@hse.ie

KILDARE – WEST WICKLOW

Dr Siobhan Doherty,
HSE Dental Department, First Floor, Vista Primary Care, Naas, Co Kildare
Tel; 045986868 Fax: 045986885

MIDLANDS (Laois, Offaly, Longford, Westmeath)

Primary Care Unit, St Loman's Hospital, Mullingar
Tel: 044 93 84444 Email: Theresa.Kennedy@hse.ie

HSE Dublin North-East

Cavan/Monaghan and Meath/Louth

GP Contracts Department
Primary Care Services, Railway Street, Navan, Co Meath
Tel; 046 9076452 Email: angela.crosbie@hse.ie

HSE Dublin North City

Dr. Jane Renehan,
Health Centre, Roselawn Road, Blanchardstown, Dublin 15
Tel 01 6464550

Dublin North Area

Dr. Anne O'Neill,
Health Centre, Cromcastle Road, Coolock, Dublin 15.
Tel: 0866057191 E-Mail: AONeill@hse.ie

HSE South

SOUTH (Cork and Kerry)

FAO John McCarthy,

c/o Donal Murphy, PCU Manager HSE South, 26 South Mall, Cork

Tel: 021-4921872

Email: John.McCarthy1@hse.ie

SOUTH EAST (Waterford, Wexford, Carlow, Kilkenny, Tipperary South)

Dearbhla Neary

Primary Care Unit, HSE Offices, Lacken, Kilkenny

Email: Dearbhla.neary@hse.ie

HSE West

DONEGAL

Dr Nader Farvardin,

Principal Dental Surgeon, Dental Department, St. Conal's Hospital, Letterkenny, Co. Donegal

Tel: 074-9125591

Fax: 074-9104647

Email: nader.farvardin@hse.ie

GALWAY

Kay Higgins/Nancy Collins, Dental Dept., Health Centre, Shantalla, Galway

Tel: 091 546028

MAYO

Mr. Andrew Forde, Section Officer, General Administration, Mayo PCCC, HSE West, St Mary's Headquarters, Castlebar, Co Mayo.

MID WEST (Limerick, Clare, Tipperary North)

Kay Culbert, Staff Officer Primary Care Unit, Ballycummin Ave, Raheen Bus Park, Limerick

Tel: 061 464012

Fax: 061 464271

Email: kay.culbert@hse.ie

ROSCOMMON

Catherine Kelly, Dental Department, County Clinic, Roscommon

Email: catherinec.kelly@hse.ie

Tel: 0906 632031

SLIGO-LEITRIM

Dr Andrew Bolas

Dental Department, Markievicz House, Sligo

Tel 071-9155100

APPENDIX 2: Email for circulation

An email as follows will be circulated by the Regional Dental Inspector nationally similar to the wording below – it may be modified from time to time:

Dear Colleagues

I would appreciate if you could advise whether you have had any previous contact with the dentist named below:

Applicant's name: **Dr**

Dental Council Number:

Work Address:

Kindly notify me on or before Date

APPENDIX 3: Contract Application Letter and Quality and Risk Questionnaire

(These documents may be modified from time to time)

Contract Application Letter

Dear Contract Applicant

A number of Quality and Safety validation checks are being introduced as part of the approval process prior to awarding DTSS contracts. No DTSS contract will be issued until the following two steps are completed satisfactorily:

1. Completion of a Quality and Safety Questionnaire
2. A Practice Inspection

Please complete the attached Quality and Safety Questionnaire and return it to (insert name and address of Regional Dental Inspector) before (insert date).

On receipt of the completed questionnaire, you will be contacted to arrange a mutually convenient time and date for the Practice Inspection.

On the date of the Practice Inspection, the following documents should be available for inspection:

1. Safety Statement
2. Fire Safety Certificate
3. Contract(s) for Clinical Waste including dental amalgam.
4. Name and address of registered laboratory used
5. Documentation for the commissioning, validation and monitoring tests of autoclaves.
6. Evidence of CPR training.

Please note that you may be requested to produce evidence of any of the documentation listed in the questionnaire.

A post inspection report will be sent to you within four weeks of the visit.

Yours sincerely,

Dental Inspector

Quality and Safety Questionnaire

Applicant Name _____ IDC Registration NO _____
 Address _____
 Contact No _____

Country of Registration	Registration Number	Date of first registration	Were any sanctions issued to you by the dental authority in that country?

Please indicate any period of dental practice outside of the Republic of Ireland

Please indicate your compliance with the following by circling the appropriate answer.

Radiation Safety Legislation		
I am aware of my responsibilities and compliance with SI No 125 of 2000 and SI No 478 of 2002.	YES	NO
I and members of staff involved in taking x-rays have been trained in radiation safety and updated appropriately	YES	NO
Fire Certification		
I have Fire Safety Certification in compliance with Fire Safety Act 1981 and 2003	YES	NO
Health and Safety		
I am aware of my responsibilities and compliance with Safety, Health and Welfare at Work Act 2005 and subsequent legislation and/or regulations	YES	NO
I have an up to date Safety Statement	YES	NO
I have a medical emergency protocol including appropriate drugs kit	YES	NO
I and members of staff have been trained in CPR and updated appropriately	YES	NO
Infection Prevention and Control		
I am in compliance with Dental Council requirements re Exposure Prone Procedures	YES	NO
Staff are provided with, and use, Personal Protective Equipment	YES	NO
Staff trained in accordance with Dental Council decontamination processes.	YES	NO
I use a vacuum autoclave that provides for sterilization of handpieces and lumened instruments	YES	NO
State the Make and model of autoclave below:		

I have processes in place to ensure good quality water supply is used for autoclaves and dental unit waterlines in compliance with Dental Council guidelines	YES	NO
A protocol is in place to deal with needle stick injury	YES	NO
Healthcare Waste Management (Waste Management Act 1996-2012)		
I have a contract for correct disposal of clinical waste	YES	NO
I have a contract for correct disposal of sharps	YES	NO
I comply with the use of amalgam separators (SI 126 of 2011 EU Directive)	YES	NO
I have a contract for disposal of amalgam	YES	NO
I have a contract for disposal of chemicals where appropriate i.e. x-ray solutions	YES	NO
I am in compliance with Data Protection Legislation (Data Protection Acts 1988 and 2003)	YES	NO
I am aware of my responsibilities and compliance with Child Protection Legislation (Child Care Act 1991)	YES	NO
I am aware of my responsibilities in ensuring that the patients are informed of their eligibility and entitlements under DTSS as per HSE website (www.hse.ie)	YES	NO
I am aware of the HSE Complaints Policy 'Your Service Your Say' (www.hse.ie)	YES	NO

Signature of Applicant: _____

Date: _____

Appendix 4: Inspectorate Contact Details

Contact details as of February 2013:

Chief Dental Inspector

Dr Joe Mullen email: joej.mullen@hse.ie

Regional Dental Inspectors

HSE Dublin Mid-Leinster	Dr John Lee	email: johna.lee@hse.ie
HSE Dublin North-East	Dr Bernie Tiernan	email: bernie.tiernan@hse.ie
HSE South	Dr Leo Burke	email: leo.burke@hse.ie
HSE West	Dr Joe Mullen	email: joej.mullen@hse.ie