

Oral surgery services:
Paper for Local Authority
Overview & Scrutiny
Committee



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Cheshire, Warrington & Wirral Area Team

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Introduction

NHS England (Cheshire, Warrington & Wirral Area Team) is responsible for commissioning oral surgery services from both primary and secondary care based providers. Currently oral surgery services are provided across Cheshire Wirral and Warrington by four Acute Trusts (Arrowe Park, Countess of Chester, Warrington General, and East Cheshire), two Community Dental Services (provided by Bridgewater and East Cheshire Trust) and three independent contractors. The Community Trust and independent contractors are currently contracted to provide their services until 1st April 2015 and 1st July 2015 respectively. A small proportion of referrals are referred to providers out of the Cheshire Wirral and Warrington geographical footprint – including Liverpool and Manchester Dental Hospitals.

A needs assessment exercise has indicated that there is scope for some of the straightforward oral surgery activity currently referred to and undertaken in the acute hospital setting, could be carried out in a primary dental care setting by appropriately skilled specialist. Elsewhere, this shift of activity has been successfully achieved via implementation of a centralised referral and triage system for referrals from primary care dentists. This has ensured that patients receive oral surgery treatment in an appropriate and readily accessible location, delivered by suitably trained clinicians with minimum waiting times. In general provision of care in a primary care setting is more cost effective than provision in an Acute Trust setting. It is proposed that a similar model is commissioned for oral surgery services in Cheshire, Warrington and Wirral.

Background

Oral surgery includes a spectrum of clinical activity ranging from straightforward procedures such as extraction of teeth which can be undertaken by all primary care dentists to highly complex procedures which should be undertaken by consultants within an acute hospital setting. Nationally within NHS England work an oral surgery 'care pathway' has been developed: this divides oral surgery procedures into three categories: Level One procedures which are within the capability of all primary care ('high street') dentists, Level Two procedures which are more complex and would require additional skill up to specialist level and Level Three procedures which are technically highly complex or for patients who have complex needs and require treatment within an Acute Trust environment. There is general agreement across the profession that Level One and Level Two procedures can be safely undertaken in a primary care setting by dentists who are trained to the appropriate level.

A number of areas have implemented the national care pathway with the overarching aim of ensuring that patients are treated by the appropriate clinician

in the appropriate setting. Referral management systems have been shown to be effective in achieving this aim.

Within Cheshire Wirral and Warrington there is a variety of providers of oral surgery services (as outlined in the Introduction) but at the present time the system is not joined up: A needs assessment exercise undertaken between October 2013 and July 2014 confirmed that many straightforward procedures are referred unnecessarily (and at significant cost) to the Acute Trust based services and conversely a number of complex procedures are referred inappropriately to primary care based providers.

There is also some evidence that a small proportion of referrals are made which should be undertaken by primary care dentists within their own practices.

The NHS England CWW area team intends to undertake a procurement exercise to re-commission 'Level Two' oral surgery services so that an increased amount of this activity will be undertaken in the primary care setting rather than within Acute Trusts. The re-commissioned services will be linked to a referral management and triage system which will be developed and implemented with appropriate consultation with professional colleagues.

The re-commissioned oral surgery system will be monitored and evaluated by the Area Team (with Public Health England support) from the perspective of quality of care, patient experience, activity levels and cost effectiveness.

Programme Aims and Objectives

The purpose of the re-procurement exercise is to:

Re-commission 'Level two' oral surgery services from appropriately trained providers and in appropriate settings across Cheshire, Warrington and Wirral.

Ensure that an increased amount of straightforward (Level Two) oral surgery procedures is undertaken in a primary care setting which is accessible for patients.

Ensure that the oral surgery activity undertaken within Acute Trusts is increasingly focussed on the most complex (Level Three) activity.

To implement a referral management and referral triage system which aims to ensure that referrals are directed to the appropriate provider according to the needs of the patient.

Ensure that waiting times for patients requiring oral surgery are kept to a minimum.

To establish systems for monitoring the quality of care, patient experience and activity levels

The Role of the Local Authorities

Statutory Instrument 3094 makes it clear that Local Authorities have a legitimate interest in the planning and evaluation of the arrangements for the provision of NHS dental services.

Local Authorities are invited to participate in the evaluation panel whose role is to develop criteria for judging the quality of contract bids and making a decision on which bids are successful.

They will also be asked to receive service monitoring and evaluation reports at appropriate intervals.

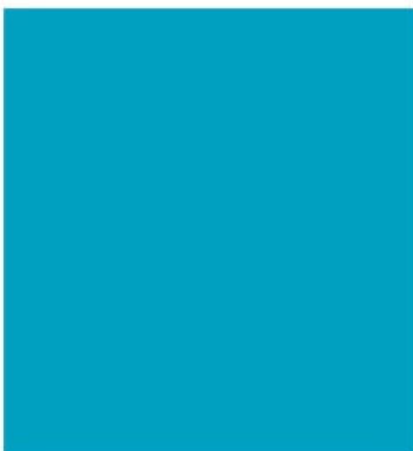
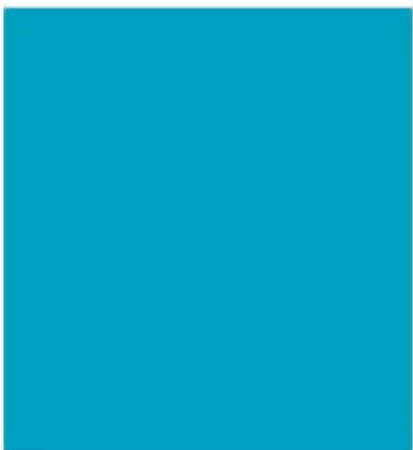
A Service Specification has been prepared based on the needs assessment and when finalised, this can be made available for information.

Timeline :

Action	Who leads / responsible	Timescale
Review report from referral management system (dated July 14)	Lead and Deputy dental manager and . Public Health Consultant	August 2014
Engagement with LPN to discuss revised referral proforma increase use of e-referral system	LPN, CWW commissioning team & Public Health Consultant	26 th August 2014
Discussion with reported 'high referrers' and high level 1 referrers to identify any underlying explanation or concerns	Commissioners, Dental Practitioner Advisers	W/c 4 th September 2014
Clinical Engagement Event	Lead and Deputy dental manager and . Public Health Consultant	September 2014- date to be confirmed
Develop and pilot training programme for Level 1 oral surgery skills for foundation year dentists in Wirral	Mersey Deanery, LPN Chair and training practices. Cons DPH to evaluate pilot	Pilot by end July 2014
Commence Procurement	Lead and Deputy dental manager and . Public Health Consultant and procurement hub	Estimated to commence 1 st October 2014.

Appendix 1: Communication and Engagement Plan Version 1:

19th August 2014



Oral Surgery Dental Service Contract Re-procurement – Communications and Engagement Plan August 2014

1. Introduction

This document has been prepared by NHS England Cheshire, Warrington and Wirral Area Team (CWW). It outlines the communications and engagement activity to support the procurement of Level 2 Oral surgery services across Cheshire, Warrington and Wirral.

The Area Team will seek strategic guidance and advice from North, Midland & East Communication's services (NM&E).

2. Background and context

NHS England (Cheshire, Warrington and Wirral and Merseyside Area Teams) is responsible for commissioning oral surgery services on behalf of local communities. There are oral services provided via the Community Dental Service Contracts and 3 primary care providers in Cheshire, Warrington and Wirral Area Teams. All of these contracts cease on 31st June 2015. From July 2015 new contracts to provide Primary Care Oral surgery will be awarded for a period of three years and procurement has to follow the rules set out by the European Commission and the OJEU (Official Journal of the European Union) process. This is standard operating procedure for the NHS.

Primary care based oral surgery services work in a complementary way to hospital and primary care dental services providing level 2 type oral surgery which is deemed too complex for primary dental care but does not require an acute hospital setting. Patients will be referred in from primary and community dental services via an e-referral management system. This will ensure that less complex (Level 2 procedures) are undertaken wherever possible in a primary care setting. And will avoid unnecessary referrals into secondary care.

In re-procuring the level 2 oral surgery service it is anticipated that high quality of patient services will be maintained, waiting times will be managed appropriately and patients will be treated nearer to home. This will also allow the secondary care based services to focus on the most complex care (and consequently enable them to manage referral to treatment times within required timescales).

3. Aims and Objectives

This communications and engagement plan has been developed to ensure that those involved in commissioning and providing the services, the wider NHS, the public and local stakeholders are kept regularly informed as discussions progress.

The aim is to ensure a co-ordinated and consistent communications approach that we will make the best use of a wide range of communications channels, provide patients and other stakeholders with the opportunity to feedback and encourage effective two way communication.

Consideration will be taken of how the procurement fits into the overall vision and strategy for primary and secondary care dental services across the area. Discussions with stakeholders and overview and scrutiny committees (OSCs) will help clarify the approach that needs to be taken with patients and the public. OSCs in particular will be interested in understanding how any potential changes fit into an overall strategy that will improve the quality of services; and will want assurance that access to services will not be poorer for patients.

A project plan has been developed which sets out communications and engagement actions required.

The objectives of the plan are:

1. To ensure that all stakeholders are kept up to date, fully informed and engage about the scope of the potential changes and how they fit into the context of dental care service provision in the area.
2. To reassure all stakeholders about the nature of the changes and those steps will be taken during the implementation process to mitigate concerns.
3. To provide varied opportunities for all stakeholders to give their views, ask questions, raise concerns and make comments in order to inform implementation.
4. Develop communications that are consistent, clear and tailored to different audience needs.
5. To be honest, open, timely and responsive in all communications and engagement activities.

4. **Key deliverables** :The key deliverables are summarised below; further detail can be found in the attached programme plan:

Programme Area	Deliverables	Timescales
Overarching	Stakeholder mapping and prioritisation	By end June 2014
Overarching	Communications plan and media handling plan in place	By early September 2014
Ensuring there is a clear program of communication and engagement	Regular bulletins/updates on progress and developments	On-going
Communication	Ensure there are feedback mechanisms	On-going
Evaluation	Evaluation all communications during the implementation process outlining key achievements ad areas for improvement	On-going

5. Risk analysis

Risk: Stakeholders are unhappy with the potential changes to the service.

Mitigation: The communication plan will take account of the need to ensure two –way communications and that all views are listened to and taken account of. Our plan identifies the need to ensure communications and engagement is targeted to reach different audiences with the right messages, in the right way at the right time.

Risk: Once final decisions are taken, stakeholders oppose plans.

Mitigation: Ensure there is transparency about the process by which decisions are taken and that stakeholders are aware how potential changes fit into the context of dental health care services in the area.

Risk: Once a decision has been taken stakeholders are unclear about the impact this has on them.

Mitigation: Ensure that there are accurate and up-to-date information accessing services.

As new risks arise, these will be addressed through the project delivery team.

6. Overarching lines to take and key messages

The three core messages below will form the basis of the key messages.

1. Ensuring that local people have access to high quality, convenient services.
2. It is important that as commissioners we constantly review services to make sure that they are up to standard for local people.
3. We will work to ensure that patients, the wider public and other stakeholders are involved in and kept up-to-date about any discussions about the future shape of services.

7. Key audiences

There are several important stakeholders and this is not an exhaustive list.

- Patients
- Patient participation groups
- Current providers of oral surgery services (primary and secondary care)
- Healthwatch
- Local Professional Network/Local Dental Committees
- Public Health England
- Media
- Local Councils- Oversight and Scrutiny Committees
- MPs
- Clinical Commissioning Groups
- Health and Wellbeing Boards

8. Costs & Actions

The actions set out in the plan will need to be delivered by the Area Team primary care dental team and other external providers (as required).

Costs & Actions

The actions set out in the plan need to be delivered by the Area Team dental project lead in conjunction with NM&E Communications.

1. Operational Deliver to be led by NHS England CWW Area Team Primary Dental Team

2. Communications support, advice and guidance for the area team will be sought from NM&E Communications.
3. Delivery and Progress against the plan will be monitored and reviewed by the dental project group.

9. Communications and Engagement plan
Proposed summary of alterations to services-

Current Service	Proposed Service	Changes to Service
Primary care based oral surgery services and secondary care oral surgery provision	Primary care based oral surgery service and secondary care provision	Increased capacity in primary care based on needs assessment exercise (reviewing case complexity) linked to referral management system.

Communications and Engagement Summary –

The various elements of the current services fit into different points around the 'Engagement Cycle'.

Engagement Activity	Feedback	Outcome	Timescale
Initial meeting with current services providers to discuss service re-procurement	Discussion with existing providers	Decision to review and amend referral management form	June 2014
Market engagement event outlining proposed services for proposed bidders	A number of service delivery items were identified at the event	The service specifications have been updated to reflect the items identified and further ratified by project oversight group.	Sept 2014
Media Statement (to be prepared and utilised as required) TBC			On-going
Project paper sent to OSC including cover letter and comms & engagement plan			Completed by early July 2014
Project Paper presented to OSC			Sept 2014
Copy of Project paper to MPs for information			Sept 2014
A summary Information sheet/Notice of current and proposed services along with a feedback/ comments section to be sent out to: CCG patient groups	TBA – set date for return feedback, summarise finding and consider and appropriate changes to Service Specs		September 14

Healthwatch Voluntary groups.			
Letter to CCGs			September 14
Briefing to Local Dental Network and Local Dental Committee interface groups			September 14
Communication with primary dental care providers via Local Dental Network	TBA		September 14
NHS Staff affected by changes.	AT facilitate liaison with current and future service providers		Ongoing

10. **Current Service Sites – Cheshire, Warrington and Wirral Area**

- Ellesmere Port – Stanney Lane Clinic - **Provider Bridgewater**
- Wirral – Arno Dental Practice – **Provider Mr Askar**
- Warrington Baths Health and Well-being centre - **Provider Bridgewater**
- Ashfield's Primary Care Centre, Middlewich Road Sandbach CW11 1EQ – **Provider : Mr Ahovi.**
- Ashfields Primary Care Centre, Middlewich Road Sandbach CW11 1EQ **Provider: East Cheshire Trust.**
- **Old Surgery Dental Practice Ltd.** 31 Hungerford Road Crewe CW1 5EQ
Provider : Steve Lomas and Richard Willis

Appendix 2

Primary care based oral surgery: re-procurement - Summary paper Background

Cheshire Warrington & Wirral has to be re-procured by 1st July 2015. (legislation)

- Old Surgery Dental Practice:
 - East Cheshire Trust
 - Mr W Askar- Wirral
 - Mr H Ahovi
 - Bridgewater Trust
-
- 3 year contracts will be placed starting 1st July 2015.
 - Currently lower complexity cases being referred into secondary care and inappropriate use of resources. Variable waiting times.
 - New and existing providers encouraged to bid for contracts
 - The nature of the dental services re-procured will be essentially unchanged (important point) but with increased capacity
 - The providers may change
 - The new 3 year contracts will be 'fit for purpose'
 - The service specifications that underpin the new contracts have been produced locally but reflect national guidance re oral surgery care pathways.
 - Potential bidders have been given an opportunity to see the service specifications and comment. Where appropriate, comments will be taken into account
 - Representatives of Local Authorities will be given the opportunity to participate in the bidder evaluation process

1. Technical issues associated with the re-procurement exercise

The contracts offered will reflect the whole area geography (Cheshire West and Chester, Wirral, Warrington and Eastern and Central Cheshire) and reflecting the learning from the Health Needs Assessment.

2. Communication and engagement (C&E)

The re-procured services will be similar to the existing services, and in keeping with NHS England procurement guidelines, there is a need to deliver a communications and engagement exercise. A Communications & Engagement (C&E) plan has been prepared

- C&E will take place throughout and beyond the re-procurement exercise
- C&E will ensure that stakeholders are kept up to date and fully informed about how the new services fit into the context of dental service provision in the area.
- C&E will reassure stakeholders
- C&E will provide an opportunity for stakeholders to give their views, ask questions and raise concerns.
- All views will be taken into consideration.

3. The next steps

- The service specifications and the geographic contract footprints are now being finalised
- Finance/HR issues are being addressed
- The bidding process will get under way expected timescale October 2014
- Communications & Engagement will be ongoing and we expect to develop further
- Contracts will be placed by June 2015
- Contracts to go live 1st July 2015
- Contract monitoring to ensure successful bedding in of contracts