

Title	Dentistry
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Report for	Wirral Place Based Partnership Board
Date of Meeting	23 rd November 2023

Report Purpose and Recommendations

The purpose of this report is to provide an update on the commissioning of primary care dental services, describe the national contract management process and the development of the NHS Cheshire and Merseyside Integrated Care Board (ICB) Dental Improvement Plan 2023-2025.

The Dental Improvement Plan 2023/25 signals NHS Cheshire and Merseyside Integrated Care Board (ICB) commitment and ambition to ensure that access is improved for both routine, urgent, and dental care for our most vulnerable populations and communities impacted by the COVID pandemic.

The plan was submitted and approved to the ICB System Primary Care Board on 22 June 2023. The Plan identified the following key strategic aims:

- Recovering dental activity, improving delivery of units of dental activity (UDAs) towards pre-pandemic levels and in line with Operational Plan trajectories.
- Focussing on access for vulnerable and deprived populations and make sure they are prioritised.
- Delivering the ambition that no patient will wait longer than the nationally defined period for an urgent appointment at a General Dental Practice.
- Support greater workforce resilience and development in conjunction with NHSE colleagues (formerly HEE) and other partners.

To deliver these aims as previously reported to the ICB Board several initiatives are proposed and some have commenced already.

An important part of the plan is to develop access sessions for new patients across 60 practices in the ICB.

Commissioners are seeking to add an additional 30,000 appointments across Cheshire and Merseyside and will link with local authorities to identify suitable organizations who work with vulnerable populations e.g., Homeless population and Asylum seekers.

In addition to this a number of Foundation Dentists will be working across Cheshire and Merseyside later this year. It is envisaged that this will have a positive impact on access.

It is recommended that the Board:

Note the content of the report and the Dental Improvement Plan 2023-25.

Note the national contract management process.

Key Risks

This report relates to these key Risks:

It is recognised that several risks exist that could impact on the recovery of dental services:

- Workforce – recruitment and retention
- Lack of national contract flexibilities and pace of reform
- Commercial viability and attractiveness of the NHS contract based on Units of Dental Activity.
- The presenting oral health of patients post pandemic.

Governance journey

Date	Forum	Report Title	Purpose/Decision
Not applicable			

1	Narrative
1.1	Background
1.1.1	<p>NHS Cheshire and Merseyside has the delegated responsibility for the commissioning of dental services including primary, community and secondary care.</p> <p>Access to dental services is a local, regional, and national issue impacting negatively on patients. Throughout the COVID pandemic expected annual contracted activity was reduced nationally to support providers with the impact of the pandemic, there was also a process for exceptional circumstances in place for absences and further issues relating to COVID.</p> <p>Post pandemic the restoration and recovery of primary care dental provision is part of the NHS Operational Plan for 2023/24 with the expectation being that activity will return to pre pandemic levels. Practices continue to recover supported by commissioners alongside a small number of national contract changes allowing some flexibilities focussed on improving access and increasing activity.</p> <p>There are 35 Primary Care contracts in Wirral and there are currently 7 Urgent Care Plus providers offering urgent dental care for patients that do not have a regular dentist with a follow up appt for definitive care following the urgent care intervention.</p> <p>Urgent Care Plus provision in Wirral currently allows for up to 9 extra sessions per week. Each session is 3.5 hours in duration and dependant on clinical presentation, there is an expectation that between 3-9 patients can be seen per session, per week. This provision forms a key part of the improvement plan.</p> <p>Commissioners are aiming to develop a primary care dental dashboard that will allow performance monitoring information to be obtained at Place Level as well as aggregated up across the ICB.</p> <p>Overall activity in Cheshire and Merseyside is increasing in line with regional and national trends. As previously discussed with the ICB Board commissioners are still aware that access to routine care in an NHS setting remains very challenging.</p>

	<p>End of year activity for 2022/23 will be made available to commissioners in the next couple of months as defined by the national contract monitoring process and timescales.</p> <p>Commissioners are keen to investigate further with contractors the use of the wider dental team known as Dental Care Professionals. This is important as greater use of Dental Therapists or Dental Nurses where appropriate can free up Dental Performer time and support access for new patients.</p> <p>Additionally, commissioners will be monitoring adherence to National Institute for Health and Care Excellence (NICE) guidance regarding the appropriateness and timeliness of recalling patients. This is important as we support practices to increase the number of new patients that they can see whilst working within the constraints of a national contract.</p> <p>A national dental improvement plan may be published imminently but commissioners are not aware of timescales and action needs to be taken now to improve access to dental care across the ICB and in Wirral.</p>
1.2	National Dental Contract
1.2.1	<p>General dental services (GDS) contracts:</p> <p>This is the main type of contract used for NHS primary care dentistry and these contracts do not usually have an end date i.e. they run in perpetuity. The GDS contract covers 'mandatory services', which are clinically necessary treatments needed to keep the mouth, teeth and gums health and free of pain. It does not cover services provided for cosmetic reasons and specialist services such as home visits, orthodontics and sedation.</p> <p>The GDS contract contains an agreed amount of Units of Dental Activity (UDAs) which will be delivered annually so a contract would be, for example, 20,000 UDAs to be delivered annually between 1 April and 31 March) for an agreed financial envelope. Contractors are paid one twelfth of their agreed annual contractual payment each month for 12 months regardless of actual activity performed.</p> <p>The GDS contracts were introduced in 2006 following a collection of data over a baseline period. During this period approximately 56% of the population accessed NHS Dentistry and the funding for GDS primary care dental contacts was based on this figure.</p> <p>There is no parity in the rates of UDA value. The value is variable depending on the historic baseline period, as a consequence, Contractors are paid different amounts for provision of the same treatment to patients.</p> <p>Dental practices are mostly mixed i.e. they provide both NHS & Private Dental care.</p> <p>In order to deliver NHS care, dentists must be on the NHS Dental Performer List. This is why practices can offer private care but not NHS in some cases.</p> <p>Contractors generate UDAs (activity) based on the Band of treatment delivered to a patient.</p>
1.3	Contract Management

1.3.1

Formal contract management is defined in the Dental Policy Book <https://www.england.nhs.uk/wp-content/uploads/2018/04/PR1976-policy-book-for-primary-dental-services-v4.pdf>.

Brief details below:

Mid-Year Review:

NHSBSA, on behalf of the Commissioner, determines the number of UDAs that the Contractor has provided between 1 April and 30 September in that year. The receipt of this data is delayed due to a 60 day period that FP17s (activity) can continue to be submitted. Until the Mid-year review is undertaken commissioners have no contractual levers available to them. Whilst conversations can take place regarding performance between commissioners and contractors any actions must be agreed between both parties.

There is an expectation at mid-year that contractors will have achieved more than 30% of their contractual activity. Where a contractor has performed less than 30% of the agreed contractual activity the commissioner must notify the contractor that it is concerned about the activity provided under the contract in the first half of the year and arrange a mid-year review meeting where discussions include:

- Any written evidence the contractor put forward to demonstrate that it has provided a higher number of UDAs and UOAs during the first half of the

financial year than the Commissioner has indicated; and

- Any reasons the contractor provides for the level of activity in the first half of the financial year.

Where, having considered any evidence or reasons put forward by the contractor at the mid-year review (e.g., because of a force majeure event) and the Commissioner nevertheless has serious concerns that the contractor is unlikely to provide the number of UDAs that are required by the year-end, the Commissioner may:

- require the contractor to comply with a written plan drawn up by the Commissioner to ensure that the level of activity during the remainder of the financial year is such that the contractor will provided the contracted total UDAs; or
- withhold monies payable under the contract

Year-End Review

In June/July of each financial year, NHS BSA provide Commissioners with contract level data. This provides Commissioners with the actual level of dental activity which has been delivered against each contract during the previous financial year. This figure is the total of the notifications sent by the contractor to NHS DS by way of FP17 submissions on completed courses of treatment.

There is a tolerance applied which in normal circumstances is an expectation that 96% of the contractual activity will be delivered.

Where a contractor has delivered less than the agreed tolerance the Commissioner will recover the full amount of money (the overpayment to the contractor in respect of the activity actually delivered under the contract) up to the full contract value.

In addition to recovery of the overpayment, the Commissioner may also serve a

Breach Notice on the contractor for the failure to deliver the contracted activity.

2	Implications
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>All NHS Dental providers have been informed that the ICB will pay for over delivery of annual contracted activity up to 110%. Capacity is not meeting current demand. The ICB will support contractors to step up activity in primary care using the mid-year and end of year national contracting process and commission additional activity where providers can/willing to do so.</p> <p>Implement latest NHSE guidance (October 2023) on flexible commissioning approaches and make additional contract delivery attractive to providers.</p> <p>Focus delivery on areas of highest need where there is poor oral health.</p> <p>Link to ICB Workforce Strategy and NHS Workforce Plan relating to recruitment and retention of dentists and wider dental workforce.</p>
2.2	<p><i>Financial</i></p> <p>There are no financial implications directly arising out of this report.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no legal implications directly arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>There are no resource implications directly arising out of this report.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>Dental commissioners will continue to work with key stakeholders such as Healthwatch, the Local Dental Professional Network and Local Dental Committee.</p>
2.6	<p><i>Equality</i></p> <p>In light of the COVID-19 pandemic updated local oral health needs assessments have been completed for the 9 Places across Cheshire and Merseyside and will identify the needs of vulnerable groups. The Dental Improvement Plan is underpinned by the Cheshire and Merseyside ICB Joint Forward Plan in terms of improving population health and tackling health inequalities.</p>
2.7	<p><i>Environment and Climate</i></p> <p>Wirral Council and NHS Cheshire and Merseyside and partners in Wirral are committed to carrying out their work in an environmentally responsible manner.</p> <p>There are no Environmental implications directly arising out of this report.</p>
2.8	<p><i>Community Wealth Building</i></p>

	<p>Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside and partner organisations will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral.</p> <p>There are no Community Wealth implications directly arising out of this report.</p>
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3	Conclusion
3.1	<p>Access to primary care dental services is a high priority for NHS Cheshire and Merseyside hence the development of the Dental Improvement Plan 2023-25.</p> <p>There continue to be significant challenges to patients accessing NHS Dental Services, both locally and nationally. The NHS Dental Contract, at the current time, is not fit for purpose and reforms to the contract have been limited.</p> <p>Primary Care Dental Contractors continue to face issues with recruitment, rising costs and increases in bureaucracy.</p>

4	Appendices
	NHS Cheshire and Merseyside ICB Dental Improvement Plan 2023-25

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