

PRIMARY CARE DENTAL IMPROVEMENT PLAN 2023 - 2025

DRAFT VERSION 1.7 14/6/23

STRATEGIC AIMS

TO IMPROVE ACCESS TO GENERAL DENTAL SERVICES AND URGENT CARE

- 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 inclusion health 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

RISKS AND OPPORTUNITIES

KEY RISKS

- Workforce recruitment, retention and fatigue
- NHS contract hand backs and practice resilience
- Pace of restoration delivery requirements
- Lack of flexibility with national contract to innovate
- Patient demand and oral health needs post COVID

OPPORTUNITIES

- Flexible commissioning within existing national contract
- Commissioners and stakeholders can inform future contract reforms
- Agreements to work differently/innovate
- Stakeholder engagement and collaborative working
- Working with Place and local Health and Wellbeing Boards
- Focussing on improving oral health and prevention - good oral health gives good general health
- To inform patients and greater awareness of how dental services are commissioned and delivered
- To focus on the broader dental workforce and develop portfolio dental careers
- The dental allocation is ringfenced for two years and can be used to underpin restoration and recovery
- Develop approaches to greater integration of dentistry with Primary Care Networks as part of Delegation Agreement
- Inclusion of dentistry in the Cheshire and Merseyside Primary Care Strategic Framework.

**RECOVER
DENTAL
ACTIVITY IN LINE
WITH
OPERATIONAL
PLAN
REQUIREMENTS**

Supporting contractors in the delivery of UDA trajectories

Recover and aim to commission previous levels of activity across the ICB.

Monitor and review dental activity reporting.

Commission dental services in line with NHSE Dental Policy Manual

Work with Places to develop ways of working and integrating into commissioning cycle BUT not delegating to Place Ensure compliance with Dental Assurance Framework to monitor quality and safety.

Encourage skill mix and increased use of wider dental team

- Increased activity by quarter and improved access to routine care
- Contracts that are under performing as part of the mid-year review process are required to submit action plans to identify recovery
- Reallocate UDAs where activity is handed back non-recurrently.
- Practices that are more resilient and commissioners are informed earlier when a practice is struggling.
- Practices that are performing well are able to accept additional UDA activity.
- Early identification practices where there are quality concerns.

Dental Commissioning Group working with Place teams

System Primary Care Commissioning Committee

OPERATIONAL PLAN METRICS:

Quarter 1 2023/24

807,594

Quarter 2 2023/24

1,199,908

Quarter 3 2023/24

1,182,605

Quarter 4 2023/24

1,409,894

Dental Access data source:

NHSBSA/COMPASS reported by Place and aggregated for C+M

- **Adults**
- **Children**

NHS Digital Annual Report

Dental Assurance Framework/NHSBSA data

2023/24 dental allocation to ICB

IMPROVING POPULATION HEALTH AND HEALTHCARE.

ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	<p>PROJECT 1</p> <p>Continuation of network of practices formerly known as Urgent Care Centres.</p> <p>Maintain existing 24 sites for a further 12 months up to March 2025 with review in place in 2023/24 to influence 2024/25</p> <p>Add additional 6 sites based on local needs in Knowsley Sefton East Cheshire Warrington Halton Chester</p> <p>Run EOI process in each Place and assess indicators such as:</p> <ul style="list-style-type: none"> • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice 	<ul style="list-style-type: none"> • Urgent dental care for patients that do not have a regular dentist with a follow up appt for definitive care following the urgent intervention. • Increased number of practices involved in provision of Urgent Care Plus Pathway • Support for care homes and evaluation will assess need for future provision-improving skill mix. • Increasing access with a focus on vulnerable patients including cancer care and cardiac • Supporting patients accessing the right care at the right time. • Local authorities will meet statutory requirements in terms of access and annual reporting and Looked After Children and those children at risk. 	<p>Dental Commissioning Group working with Place teams</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS:</p> <p>Number of Urgent Care Centres by Place and population</p> <p>Number of appointments booked by the Dental Helpline Service</p> <p>Target of additional 3600 urgent care slots per year (50 weeks) across C+M</p>	<p>No additional funding required and provided within current contractual envelopes and using flexible commissioning model.</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p>

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	<p>PROJECT 2</p> <p>Dental practices in place linked with care homes to support/facilitate with individual oral health plans/training/appt at practice where required/end of life care.</p> <p>Pilot for 2 months with 2 practices and subject to evaluation then roll out across C+M.</p> <p>Run EOI process in each Place and assess indicators such as:</p> <ul style="list-style-type: none"> • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice 	<ul style="list-style-type: none"> • Support for care homes and evaluation will assess need for future provision-improving skill mix. • Increasing access with a focus on vulnerable patients • Supporting patients accessing the right care at the right time 	<p>Dental Commissioning Group working with Place teams</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS:</p> <p>Up to 50 practices in situ across C+M</p> <p>Each practice looks after/supports 3-4 care homes by Place</p>	<p>One off fee for equipment of £300</p> <p>Each session is 3.5 hours at £350 per session. 2 session per month required.</p> <p>Additional payment should a domicillary assessment be required.</p> <p>Investigate costs of transport arrangements</p> <p>Funding required:</p> <p>For pilot stage £3.5k plus initial set up costs.</p> <p>Following pilot stage and full roll out of 2 sessions per month (£350 per session)</p> <p>Funding required:</p> <p>£214k in 2023/24</p> <p>£420k in 2024/25</p> <p>*caution regarding domicillary as evaluation may identify further care</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p>

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
<p>IMPROVING ACCESS AND URGENT CARE</p>	<p>PROJECT 3</p> <p>Develop access sessions for all new patients across 60 practices.</p> <p>Capacity for additional 30,000 appointments</p> <p>Commissioners will also link with local authorities to identify suitable organisations who work with vulnerable populations e.g.</p> <ul style="list-style-type: none"> • Homeless population • Asylum Seekers • Womens Refuges <p>Run EOI process in each Place and assess indicators such as:</p> <ul style="list-style-type: none"> • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice <p>Monitor compliance with NICE recall guidance and ensure access for those with greatest care needs</p>	<ul style="list-style-type: none"> • Access for new patients with no regular dentist • Patients would be assessed, made dentally fit within the sessions and accepted by a dental practice for ongoing routine care. 	<p>Dental Commissioning Group working with Place teams/Local Authority to identify priority vulnerable patient groups</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS</p> <p>Reporting:</p> <ul style="list-style-type: none"> • Dental data Pack NHS England • Audit and/or via EDEN / Compass System 	<p>Funding required:</p> <p>BD Guild rate £650 per session x 2 per week in additional to UDA delivery</p> <p>£2.275 million 2023/24 additional funding required.</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p>

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	<p>PROJECT 4</p> <p>Pay for over achievement in UDA activity for all practices up to 110% of annual contracted activity for year 23/24 (as agreed for the last financial year)</p> <p>Monitor compliance with NICE recall guidance and ensure access for those with greatest care needs.</p>	<ul style="list-style-type: none"> Improving access in practices where there is capacity 	<p>Dental Commissioning Group</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS</p> <p>Reporting:</p> <ul style="list-style-type: none"> Dental data Pack NHS England NHSBSA year end report 	<p>Estimate of £300k based on year 22/23.</p> <p>From existing funding allocation.</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p>

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	<p>PROJECT 5</p> <p>Expansion of Advanced Child Care Dental Practices (ACCDP) across C&M</p> <p>Training and development for practice teams prior to accepting referrals.</p> <p>Onward referral via the e-referral management system to a primary care dental practice where on assessment the child is deemed unsuitable for specialist service.</p> <p>Run EOI process in each Place and assess indicators such as:</p> <ul style="list-style-type: none"> • CQC • Contractual performance • Performer List • Complaints and soft intelligence • Foundation or Training Practice 	<ul style="list-style-type: none"> • Reducing referrals for GA and reducing waiting times for access to specialist service. • ACCDP practice focus on stabilisation and prevention for referred child. • Identify training need in referring primary care dental practice. 	<p>Dental Commissioning Group</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS</p> <p>Reporting:</p> <ul style="list-style-type: none"> • E-referral management system report. • Data capture form 	<p>30 Practices</p> <p>£500 set up fee</p> <p>£100 per referral</p> <p>Funding required:</p> <p>30 x £500 = £15000</p> <p>Expectation of approx. 2002 Referrals = £200,200</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p> <p>Core 20 plus 5</p>

PRIORITY	ACTIONS	OUTCOMES	REPORTING OWNER AND METRICS	FUNDING	JOINT FORWARD PLAN AND HCP OBJECTIVES
IMPROVING ACCESS AND URGENT CARE	<p>PROJECT 6</p> <p>Develop integrated approach with primary care teams at Place across the ICB</p> <p>Identify Lead clinician at Place level</p> <p>Provision of training in leadership for local clinicians.</p>	<ul style="list-style-type: none"> Integration of dental commissioning at Place level and improved feedback loop Identified lead for peer support for practices Supporting Place with challenges/issues arising feeding into LDN Support integration of wide primary care and working with PCNs 	<p>Dental Commissioning Group</p> <p>System Primary Care Commissioning Committee</p> <p>METRICS</p> <p>Reporting:</p> <ul style="list-style-type: none"> Number of monthly sessions Number of lead clinicians identified 	<p>Funding required:</p> <p>BD Guild rate £340 per 3.5 hours</p> <p>Rate can be split depending on attendance at meetings</p> <p>Variable cost:</p> <p>9 x 340 x 50 maximum (one session per week annually) = £153,000</p> <p>Funding required 2023/24</p> <p>£89K</p> <p>Funding required</p> <p>£153K</p>	<p>IMPROVING POPULATION HEALTH AND HEALTHCARE.</p> <p>TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS</p>

**ACCESS FOR
HARD TO REACH
AND
VULNERABLE
GROUPS**

PROJECT 7

Special care MCN lead development of referral process for non-dental professionals

Purchase of Bariatric chairs for CDS and one primary care practice per place (may need funding per referral for primary care)

Paediatric MCN review of needs assessment working towards single point of contact for referrals and collaborative working

Ensuring MCM training completed for all care homes in C&M

Pilot for MMCM in Alder Hey & Special school in Knowsley (Bluebell Park)

Collaboration with Clatterbridge/LUFT – to further expand breast cancer pathway to other priority patients (cancer/cardiac)

Starting Well-prevention schemes (in practice/ Community based)

Introduction of enhanced UDAs to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2.

- Targeted Prevention
- Improving access for priority patients and ensuring no delays in cancer/cardiac care
- Improving access for children
- Improving/education on prevention with evidence based practice i.e. fluoride varnish application/supervised toothbrushing/distribution of paste and brushes.
- Improved skill mix
- Improved access for priority patients (may require funding for FDS depending on numbers.)

Local Dental Professional Network

Managed Clinical Networks

METRICS:

- **Number of priority patients accessing care**
- **Completion of training in Care Homes**
- **Number of enhanced UDAs offered to practices**
- **Number of Starting Well Prevention schemes**

Funding required 2023/24

TO BE CONFIRMED

IMPROVING POPULATION HEALTH AND HEALTHCARE.

TACKLING HEALTH INEQUALITIES IN OUTCOMES, EXPERIENCES AND ACCESS

LINKS TO CORE20PLUS5 AND CLINICAL PRIORITIES

WORKFORCE

PROJECT 8

Work with existing providers and develop training provision at River Alt and Leasowe.

Produce baseline information of current arrangements with Trainees and Foundation Dentists.

Consider development of one existing DFT training practice in each Place.

Continue to develop links with Liverpool University School of Dentistry

Link to ICB Primary Care Workforce Steering Group as part of overall future work plans

Undertake dental workforce survey to inform overall C+M workforce strategy

Investigating the use of PGDs to enable extended roles (DCPs)

Long term development of a model for Centres of Dental Development

NOTE

National workforce planning document due imminently

- Universal framework for dental trainees in place.
- Potential to contribute to dental access improvement
- Extended roles for wider dental team including dental nurses, therapist and hygienist (DCP)
- Dental Workforce data baseline established as part of wider workforce strategy
- Patients will be seen by the most appropriate professional within the scope of practice
- Develop a model that retains Foundation Dentists with offer of additional training pathway / qualifications and agree return of service agreement.

Dental Commissioning Group

C+M Workforce Steering Group

METRICS:

Number of dental trainees in practices

Number of additional sessions provided by trainees

Number of Foundation Dentists

Dental Data Reporting - Dentistry - FutureNHS Collaboration Platform:

Percentage of CoTs assisted by Dental Care Practitioners (DCPs)

Percentage of UDAs assisted by Dental Care Practitioners

2023/24 dental allocation to ICB

Delivery of existing PDS agreements.

Funding required:

Foundation Dentists training and development

2023/24

£250k

2024/25

£550k

CHESHIRE AND MERSEYSIDE PEOPLE BOARD

ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

STAKEHOLDER ENGAGEMENT

Establish Dental stakeholder group building on existing LPN structures.

Continued Engagement with Healthwatch across C+M

Continuing to work in partnership with dental public health teams in local authority

Continued collaboration with NHSE NW regional Dental Public Health team.

Development of combined oral health strategy with LAs.

Support Place Directors / Place Teams when briefing HWBs and local stakeholders.

Utilise ICB Patient Experience Teams at Place level

- Clear and transparent messages to the public and patients about what to expect from primary care dentistry

- Healthwatch are informed and kept up to date on service developments and able to report patient feedback to commissioners

- Continue to work with LDCs

Stakeholder group meets every 6 months

Patient Experience Teams at Place

NHSE NW Dental Public Health team

Quarterly Healthwatch meetings

No additional funding required

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