

PCT Board – 27 October 2009

Improving access to NHS Dentistry in Buckinghamshire

1. Introduction

This paper is intended to update the PCT Board on the Vital Signs target for Access to NHS Dentistry. Nationally, the DH is requiring each PCT to achieve 55% access to NHS dentistry by March 2010 and 64% by March 2011. Significant investment has been made in NHS dentistry over the past 2 years and Bucks PCT has received an additional allocation of £1.4m and £1.8m in 2008/9 and 2009/10 respectively.

This paper seeks to outline the background to the Vital Signs dental access target, the current position of the PCT in relation to provision of access to NHS dentistry and to outline the short-term and longer-term actions that the Dental Commissioning team is undertaking in order to improve access to NHS dentistry in 2009/10 and beyond.

The Board is asked to note the revised Vital Signs target, the actions being taken to improve access to NHS dentistry in Bucks and to approve the commissioning of further temporary Units of Dental Activity (UDAs) for 6-9 months. The Board is asked to note the interim Dental Commissioning Strategy approved by PEC in October 2008.

2. Background

The new national General Dental Services contract was introduced in April 2006, based on a baseline position of 2004/5 as PCTs became responsible for local commissioning of NHS dental services. As a result of this, PCTs for the first time received dental allocations based on historical provision of NHS dentistry. In areas such as Buckinghamshire where historic NHS provision was limited, this resulted in our dental allocation reflecting the low levels of NHS dentistry during 2004/5. As a result of the new contract, some dental contractors decided to cease undertaking NHS work, which further reduced provision of dentistry in Bucks.

The PCT's dental allocation was increased by 10% in 2008/9 in line with the NHS Operating Plan commitments and a further increase of £1,823k was allocated for improvements to NHS dentistry by the SHA in 2009/10. During 2008/9, the PCT procured a new practice in Thame with capacity to treat approximately 4,500 NHS patients and a new Practice in Buckingham, which has been delayed in opening and is due to open in October 2009, with capacity to treat approximately 8,000 NHS patients.

The PCT also commissioned during 2008/9 41,409 UDAs from existing Practices, which equates to capacity to treat an additional 13,803 patients approximately across 16 Practices in Bucks. This additional capacity was commissioned for a period of 9 months from October 2008 to June 2009.

3. **Access to NHS Dentistry targets**

The PCT has been working closely with the SHA over the past few months to review current performance and to agree the Vital Signs Access to NHS Dentistry target for Buckinghamshire. Vital Signs VSB 018 is the current access indicator for improving dental access measuring the number of people using services within a two-year period by tracking levels of service utilisation. The target does not take into account patients returning for treatment or subsequent check ups within this period. The Department of Health now requires that all PCTs should increase their access figures to 55% of ONS (Office of National Statistics) population by March 2010 and 64% by March 2011.

It should be noted however, that the figures are derived from two sources; members of the population who are registered with a GP Practice and who have a postcode co-terminus with Buckinghamshire PCT; and the number of different individuals who have accessed dental services from the Bucks PCT dental contract holder. Dental Practices do not operate a "catchment" area and patients have the free choice to access a dentist anywhere in the country. For many PCTs the majority of service users are residents of a different PCT to that of where the dental care is provided.

The baseline figure was taken at the outset of the new dental contract when 43% of the population in Buckinghamshire, 215,052 people, was seen at least once by an NHS dentist during the previous 24 months. Since April 2006 there has been a reduction in the number of patients seen by an NHS dentist both at a national and local level. As at December 2008 this was 40% of the Buckinghamshire population, 201,529 people. The PCT commissioned additional temporary activity during 2008/9 (temporary UDA's) and the most recent figures show that in the third quarter of 2008/09 the patients seen has increased and currently stands at 203,705 people.

There are a number of factors that explain why the number of patients seen has not yet recovered to 2006 levels. These include the loss of activity in Buckinghamshire with the introduction of the new national contract, the lack of investment in new dental services in Buckinghamshire since 2006 and most fundamentally, the increased complexity of patients' dental problems resulting in patients having longer courses of treatment. This will continue to make the achievement of the DH targets exceptionally challenging.

The PCT has worked closely with the SHA, to look at the level of funding allocated for dentistry to the PCT and at the estimated activity that could be derived from that level of investment. As a result, the PCT has agreed the following Vital Signs:

- 45% of patients will have access to dental services by March 2010
- 58% of patients by March 2011 (equal to 1993 access figure)

Through our current commissioning processes, it is expected that we will reach 45% of our population having access to an NHS dentist by March 2010 and 54% by March 2011, resulting in a 4% risk to the PCT of not meeting our projected demand. It is recognized that the actual level of demand is not

currently known and work is underway to obtain a more accurate assessment. It has also been recognised by the SHA that in order for us to meet our proposed 58% target by March 2011, the PCT would need a further increase to the dental budget, approximately £2.6m and a bid for funding has been submitted to the SHA for consideration.

4. Delivering improvements in access to NHS dentistry

The Dental Commissioning team has embarked on a number of specific actions in order to improve access to dental services in both the short-term and long-term. These are:

- a. Investment in additional staffing for dental commissioning team
- b. Procurement of additional capacity
- c. Award of temporary contracts (including domiciliary and orthodontics)
- d. Robust contract monitoring including patient recall intervals
- e. Increase in vocational dental trainees
- f. Participation in Dental COM
- g. Further work on specialist services to be undertaken.

Investment in capacity of dental commissioning team

The sole Dental Commissioner post was vacant for most of 2008. This post was filled in August 2008. In July 2009, 2 additional posts were created of Programme Manager for Dental & Optometry and Contracts Performance Officer. In addition, short-term administrative capacity has been brought in to support the contract review process and additional managerial capacity has been secured to support the procurement process.

Additional sessions have been secured during 2009/10 from the Dental Practice Advisers and the dental team is also supported by two sessions a week from a Consultant in Dental Public Health.

Procurement of additional dental capacity

In line with the draft Dental Commissioning Strategy, approved by PEC in October 2008, it is considered that the most sustainable approach to improving access to NHS dentistry over the long-term is to embark on procurement of new Practices and additional capacity. Commissioning of temporary UDAs was undertaken during 2008/9 as a temporary measure to provide an immediate and short-term improvement in access. Due to a delay in the procurement process, further temporary UDAs are being commissioned from existing providers in order to sustain improvements in access for patients. On completion of the significant procurement process, it is anticipated to extend provision of NHS dentistry to an additional 65,000 patients approximately p.a.

The procurement exercise was commenced in July, following an internal exercise to map existing provision against health need and demand from patients derived from PALS and complaints data. The additional capacity was to be provided under the General Dental Services Contract, which was at the time the contract recommended by NHS Primary Care Commissioning. Since then the national Dental Access Programme has developed procurement

methodologies and contractual material based on the Personal Dental Services Agreement. These methodologies and materials are more appropriate to delivering Bucks PCT's requirements. In particular the new PDS plus contract will contain mechanisms for incentivising quality and access.

It is therefore proposed that the current procurement exercise should be stopped and a new one started using the materials and methodologies of the national Dental Access Programme.

The Board is asked to agree and support this decision.

It is anticipated that contracts totaling approximately £4m, will be awarded during 2009/10 and that delivery of services will commence from April 2010.

4.3 Award of temporary contracts

Following discussions with the SHA about Bucks dental access targets and the timetable for procurement of new services, existing Providers were approached in September 2009, for expressions of interest in providing additional UDAs for a period of 5 months, (commencing November 09). It is planned that this will result in an additional 14,000 patients being able to access NHS dentistry over the next few months, in the lead up to the new services being commissioned.

With the increase to general dental services, this will have an effect on the demand for children's orthodontic services, and with current waiting lists increasing, the PCT have also requested expressions of interests from Orthodontic Providers in providing additional Units of Orthodontic Activity (UOAs) for the same period.

The Board are asked to approve the commissioning of these temporary UDAs and UOAs.

As the population lifespan increases, our ageing population has resulted in greater demand for domiciliary dental care, particularly in residential care settings. The PCT has historically poor levels of domiciliary dental services. It is therefore intended to increase the number of domiciliary visits currently provided, deliver training and advice to staff and carers working in care homes to facilitate an improvement in the standard of oral health care management. It is proposed to approach existing providers for expressions of interest in providing new domiciliary activity for a 12 month period prior to going out to tender, in order to allow a better assessment of need and demand and to develop an appropriate contract currency for this work. It also allows the PCT the opportunity to go out for tender in 2010/11 for salaried services and domiciliary services together.

The Board is asked to approve this proposed course of action.

4.4 Contract monitoring

The appointment of a Contracts Manager and Contracts Officer has allowed for more robust contract management (utilising new data collected by Dental Services Division) and in turn provide more capacity for practices to see new patients within existing contracts. End of year performance contract reviews commenced in July and estimates of new activity resulting from this have been factored in to the trajectories for the PCT's Vital Signs.

Dental end of year performance analysis has now been completed indicating that as of 30th September 09, the PCT will recover £140,837. This equates to 12,589 UDAs which will be re-commissioned as part of ongoing procurement. There are a further 16 contract visits to complete by the end of October and this should result in a further recovery of £25,416 which is the equivalent of 1,244 UDAs. Data for 2008/9 contract period indicates that 65% of all contractors completed the contract within the PCT Guidelines of above 96%.

As part of the contract monitoring process for 2008/09, the PCT have focused on patient recall attendance rates to ensure that contractors are adhering to NICE recall guidelines to ensure patients are not re-attending unnecessarily.

4.5 Vocational Dental Practitioners (VDPs)

The PCT, in conjunction with the Deanery, intend to provide four new training places. This will have the benefit of increasing capacity by approximately 2000 new patients. This will be funded by the Deanery and will incur no cost to the PCT and the additional activity resulting from these training places will be counted towards our access targets. It also has the added benefit of encouraging new dentists into the area.

4.6 Commissioning Operating Model (COM) - Northern cluster

The Dental teams have commenced early discussions about a Dental COM across the SHA. Oxfordshire PCT is taking the lead for development of a Dental COM across North South Central. Although work is still at a preliminary stage, there is general agreement that the COM can add most value to the commissioning of specialist dentistry, such as restorative dentistry, oral surgery and orthodontics. These are areas in which current PCT dental teams lack commissioning expertise. Additional spend on specialist dentistry has been identified in the dental budget. Specialist dental services are currently poorly provided across Bucks and with increased dental access, the resultant pressure on specialist services requires early commissioning decisions and procurements to be taken. The development of the Commissioning & Enablement Services (CES) and increased support for procurement will also significantly improve the dental team's ability to procure new services at speed.

The first project proposed by the North COM team is for Restorative Dentistry and a proposal for funding has been submitted to the SHA to support this. As this is still in the early stages, the group has yet to agree the proposed service specification and service delivery model.

4.7 Specialist services

Bucks PCT currently commission a joint interim restorative service with Milton Keynes PCT which will cease once the COM project reaches completion. The service includes treatment for periodontics and prosthodontics.

The PCT went out to tender in 2006 for Minor Oral Surgery. The service was previously provided by Buckinghamshire Hospitals NHS Trust (BHT) and as a result of the tender process, the decision was taken for the contract to remain with them as they represented the best quality of care and value for money.

5. Financial position

As already noted, the PCT has received additional funding of £1,823k in 2009/10 to secure improvements in dental access.

The procurement of new services is under-way; however, due to the necessary length of such a process, natural slippage has occurred in year. This is being invested to commission the temporary additional activity in 2009/10.

The PCT has made a submission to the SHA for additional revenue investment of £2.6m for further procurement of new NHS dental services in order that the PCT can reach its target of 58% by March 2011. A decision is expected from the SHA by the end of October.

6. Assessing need for NHS dentistry

Bucks PCT Oral Health Needs Assessment (OHNA) was written in 2005 and is currently under review. The British Association for the Study of Community Dentistry commission's oral health surveys on children. This year they are commissioning an adult oral health survey which will be carried out by the community dental service and the results will not be published until Q1 2010. This information, along with the work currently being undertaken by our Consultant in Dental Public Health will become the revised OHNA for Bucks PCT.

Following discussions with the SHA, the PCT has also embarked on work to assess a more accurate level of demand for NHS dentistry in Buckinghamshire in the form of a local patient survey. The Vital Signs targets are based on level of dentistry provided in 1993 and are not considered to accurately reflect not only the needs of Buckinghamshire residents, but their intentions around accessing NHS dentistry in the County. Also, the SHA commissioned a telephone survey of 300 patients in each of the nine PCTs. It reports that out of the patients surveyed in Bucks, 94% have seen a dentist within the last 2 years with 48% of them having seen an NHS dentist – further contradicting reported national figures.

Proposals have been received from 2 research organizations to manage the local patient survey. The sample size is expected to be around 1,000 patients and it is anticipated the process will take approximately 5 weeks to complete to receive the final report.

The demand assessment work, together with the Oral Health Needs Assessment will allow the PCT to continue the dialogue with the SHA about agreeing an appropriate level of NHS access dentistry in Buckinghamshire.

Our Interim Dental Commissioning Framework, approved by PEC in October 2008, attached at appendix one, will be updated following the publication of the needs assessment and the work on demand profiling. The “Commissioning Strategy for Dental Services for Buckinghamshire 2008 – 2013” sets out a vision of the direction of travel for dental services in Buckinghamshire and the outcomes we aim to achieve. With the increase in resources and the higher target to achieve the PCT must procure more primary care dental services faster and develop pathways and services for those patients with more complex dental problems.

It is recognised that the PCT need to ensure that there is a robust marketing and communications strategy in place to inform the population of the availability of dental services and clear messages on how and where these can be accessed. The dental commissioning team will work with the communications team to ensure any marketing campaigns coincide with newly commissioned services.

It should be noted that the PCT do carry out random “mystery shopper” phone calls to dental practices enquiring about the capacity to take on new patients. The last exercise was carried out at the beginning of September and out of the 65 practices contacted, nearly 54% were accepting new patients and of these, 65% could offer a routine appointment within 2 weeks.

7. Conclusion and Recommendations

The Board is asked to:

- Note the additional ring fenced allocation given to the PCT, specifically to improve dental access and to note the challenging improvements required in dental access in 2009/10 and 2011, in order to meet Vital Signs targets.
- Note the commencement of the outlined procurements and the ambitious timetable to deliver the expected increase in dental access and the associated risk that the PCT may not achieve the dental access targets in 2009/10.
- Consider and endorse the commissioning decisions outlined in this paper, in particular the Board are asked to approve:
 - the temporary commissioning of UDAs and UOAs until the completion of the tender
 - the temporary commissioning domiciliary services from existing contractors, pending the completion of a full procurement process.
 - The decision to stop the current procurement and begin a new tender using the new national contract and tender documentation
- Note the Dental Commissioning Framework as an interim document and work in progress to determine demand for NHS dentistry in Buckinghamshire and the completion of an Oral Health Needs Analysis.

Caroline Langley
Assistant Director of Primary Care

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Michelle Campbell
Dental & Optometry Programme
Manager