H&IOW Local Dental Committee: Secretary's Report

8th November 2017

INTRODUCTION

- **Local Dental Committees in England and Wales were established in 1948 at the inception of the NHS. Established in statute under Section 45b of the 1977 NHS Act as modified by the 1999 Health Act. Included in the NHS Act 2006.**
- **Health and Social Care Act 2012: 152 PCTs replaced by 211 CCGs.**
- **NHS England 13 sub-regions of 4 regions.**
- **There are 110 LDCs in the UK (96 E&W).**
- **NHS England nationally, regionally and locally recognise and consult with LDCs on matters of local and regional dental interest and following the NHS reforms in 2006 they also consult on local commissioning and the developments surrounding the provision of NHS dental services.**
- **Local Authorities engage with the LDC.**

NHS England-South (Wessex): The level of clawback (recovered commissioned activity) monies in Wessex for 2016/17 was over £7.8 million compared with £5million the previous year. In 2016/17 additional non-recurring activity was allowed up to 120% and even higher in some special cases. In 2016/17 the non-recurring activity commissioned was £1million in Units of Dental Activity (UDAs) and £1.6 million in Units of Orthodontic Activity (UOAs) and the proposed over activity commissioned for this current year will equate to a figure that is in excess of the previous year. The finite amount of extra non-recurring activity will not be identified until the month 6 data has been evaluated but assurances have been given to contractors that are already engaged in this programme of longer term (up to 2018/19) non-recurring UDA activity. This extra activity is not linked to last year's recovery monies (clawback) but mostly from flexible UDAs released from renegotiated contracts. Flexibly rebased contracts with one large corporate provider are mostly responsible for a major part of the expected recommissioned activity which is likely to be in the region of £4 to 5million. Clearly, contractors who take up this extra activity, having satisfied the acceptance criteria such as no current performance or contractual concerns do have a logistical problem inasmuch they require additional staff and increased clinical time/facilities to absorb this extra activity.

The current situation is not ideal as contracts remain fixed at their core value and these offers of extra activity are not normally announced until well into the

contractual year usually in the early/mid- autumn period. Orthodontic contracts that achieve up to 102% are able to achieve 100% of their contracted activity the following year ie they are not restricted to 98%. The LDC believes that if this additional activity was recurring it would give these participating practices a more favourable profile with their relevant finance institutions and give staff greater longer - term security. The 2 LDCs are alarmed that despite the NHS local team's best efforts, this year on year underperformance in our area causes £2 to £3 million or more to be lost from NHS dental care service provision every year. Large corporate organisations seem to be particularly vulnerable due to recruitment issues and there is also the possibility that the private treatment option is an area of active development.

NHS England –South (Wessex) is not minded to embrace the Chief Dental Officer's (CDO's) check by one initiative due to the pressure on its resources and below there is a draft children's oral health improvement initiative. More recently the LDCs within the Wessex Dental Commissioning Group looked at this and some other proposed enhanced services/incentives with 4 innovative service specifications that should commence 1st November 2017 for 12 months. These are:

- Children's Oral Health Improvement Service-Under 5s Toddlers Groups
- Oral Health Services for Care Homes in Wessex
- Diabetic Screening and Supporting Patients with Diabetes in Primary Care Dental Practices
- Oral Health Services for the Homeless across Wessex

The LDCs have highlighted with the local team the plight of contractors that have signed Standard NHS Contracts for advanced mandatory activity. The major problem is superannuation and the local team deny that this is type of contract is inappropriate. The reasoning is that this is secondary care activity being moved into primary care and is therefore outside the Statements of Financial Entitlements (SFE).
This is a win/win situation for NHS England as they shift activity from more expensive secondary care into primary care but without taking steps to mitigate the financial consequences for General Dental Practitioner (GDP) practices in primary care.
Currently, this concern is being pursued by The General Dental Practice Committee (GDPC) and letters have been exchanged with Rosamond Roughton Director of NHS Commissioning but as yet no solution has been agreed. Ros will be succeeded by Dominic Hardy in the very near future.

The current south regional orthodontic procurement programme and the associated Dynamic Purchasing System) DPS continues to cause concern as orthodontic providers are unsure whether or not they will have a contract. A letter has been distributed advising orthodontic providers that their contracts will be extended to 31st March 2019. Two orthodontic procurement stakeholder engagement events have been organized on the 8th and 9th November (Winchester) in Wessex. These engagement (market briefing) events which are open events are scheduled for two hours commencing at 7.00pm and having viewed the large number of slides (around 30) it will be quite a challenge to present all the details of this extremely important commissioning (service procurement) process within the 2 hour slot. The slides are viewable on the H&IOW LDC website www.hiowldc.org . Seemingly, there will be

little time for questions and indeed these events will not be an open forum for questions. Questions will be submitted on the event's feedback form which will need to be returned within 7 days and these will be included in a list of FAQs published on the website.
They are aware that they will need legal advice on some of these questions.
Delegates will receive data and lotting map details and these have already been published.
NHS Commissioning Support Unit (CSU) representatives will speak at these meetings and it is essential that LDCs send a representative to their local event.
There are 99 lots with 17 of these in Wessex. Contractors that intend to bid will need to opt in to stage 2 and unlike stage 1 of the DPS there will be one chance only to get it right.
The project timeline is the 15th January 2018 when the first procurement will be issued and it is recognised that those uploading the intend process may need help.
The DPS closes 10 days before the procurement goes live and appeals after receiving a comprehensive debrief after the evaluation of the bid will be within 10 days.
There are plans to undertake extensive panel evaluation training to achieve consistency. The LDC has highlighted that corporate and other larger organisations have a distinct advantage inasmuch they have more resources, experience and tend to saturate the market with multiple applications and very often under different names.
Mobilisation plans will be required even where it is the incumbent contractor and it essential that they have NHS.net accounts and that their Information Governance (IG) is at level 3.
The LDC is very concerned that the initial commissioning intentions in some areas eg the IOW may well jeopardize future orthodontic service provision with longer waiting times for treatment.

A concern has been raised by the LDCs about the provision of Individual Funding Requests (IFR) referral services by specialist listed individuals who are not on the National Performers List (NPL). It is felt that this is not a level playing field.

The two LDCs met on the 7th November to discuss many of the items raised in this report and to reassess the percentage Statutory Levy before the LDC meeting on the 8th November.

A universal hot topic concerns the Wessex Cardiac Forum Position Statement which can be found on the LDC website www.hiowldc.org This was mentioned in the minutes of the LDC meeting held on the 13th September and has been raised as agenda items in the Special Care and Oral Surgery Managed Clinical Networks (MCNs).
Both of the LDCs in Wessex are still concerned that NHS England-South(Wessex) does not recognize the British Dental Guild rate for GDP attendance at any of its network (Local Dental Network (LDN)/MCN) meetings. Clearly, this does not encourage GDP involvement in the clinical commissioning process and therefore the clinically leading element is predominantly specialist based. The LDCs do not believe that hospital based consultants and specialists have a grasp of all the realities of general dental practice and it is essential that GDPs are adequately remunerated for

their time away from their practices. It may be that alternative recompense could be agreed as a contractual concession.

Other LDC Matters: The LDC was represented by the Secretary (regional representative) at the recent General Dental Practice (GDPC)/LDC Regional Liaison Group meeting where many of the current issues in Wessex were highlighted as agenda items:

- Electronic Referrals – cross border referrals in orthodontics are still an issue
- DERS systems – Chief Dental Officer's preference
- National Performers List management – Performance Advisory Group attendance
- Practitioner Advice and Support Scheme (PASS), Clinical Audit and Peer Review – the work of the Regulation of Dental Services Programme Board
- Orthodontic Procurement/Dynamic Purchasing System – Pan South
- Commissioning non –recurring activity – Units of dental Activity/Units of Orthodontic Activity
- Use of the NHS Standard Contract eg Prison and Intermediate Oral Surgery contracts
- LDC Officials' Day – 01.12.17
- LDC Conference motions/GDPC responses
- Charges for OPGs – work in progress
- Triennial representative elections – British Dental Association (BDA) GDPC, Country Councils

There was a presentation on the NHS England paper '**Freedom to speak up in Primary Care'.** This was published at the end of 2016 as a response to a consultation during the year. It provides guidance to primary care providers on supporting whistleblowing in the NHS. The main thrust is to support staff when raising concerns about the delivery of primary care services to patients and the management of the matter raised. As dental practices are small organisations with small internal structures it is suggested that a Freedom to Speak Up Guardian could provide an independent and confidential contact where a practice team member would be able to express their concern within the practice. It is further suggested that LDCs will work with NHS England to support local Freedom to Speak Up Guardians' nominations and establish a network of Guardians so that in turn NHS England can offer support and guidance.

The LDC website has been continually updated and we are particularly anxious to ensure that all the referral forms and any associated criteria are up to date. More links have been incorporated into the referral form section. The NHS Net Mail Application Procedures will be retained on the website as a longer-term item.

Taxable income for high street dentists continues to fall with a decline of nearly 35% in real terms since 2006. Practice owners incomes have fallen by over £45k and associates by over £20k. A recent House of Commons debate (12.09.17) on access to NHS dentistry highlighted the '*Toxic Choice'* between quality dental treatment and business sustainability. The Government's fall-back position is Contract Reform (Steve Brine MP Minister responsible for dentistry) but this is presently a potentially

flawed and underinvested option that has significantly deviated from the original vision of Professor Jimmy Steele.

Hepatitis B vaccine shortages continue and moves are being made by BDA with PHE to ensure that dental nurses fall into the higher-priority group as they are at imminent and high risk of exposure. However, the current advice for dental professionals:
https://www.gov.uk/government/publications/hepatitis-b-vaccine-advice-for-dental-professionals
The published guidance clarifies that all dental professionals undergoing Exposure Prone Procedures (EPPs) should be vaccinated as usual but vaccinations for dental nurses should be deferred as they do not routinely carry out EPPs and are therefore classified as lower priority. They should be referred if they suffer a sharps injury and need post-exposure prophylaxis. Foundation dentists who are due a routine booster should defer until early 2018 and can continue in practice as the benefit has been identified as 'small'.
This will revert to the previous recommendations once vaccine levels have stabilized to pre-shortage levels.

The LDC is aware that Managed Clinical Networks (MCNs) will be going through changes as guidance is distributed down from NHS England. In particular we are aware that the MCN Chairs will be appointed through a formal selection process with defined and funded sessional activity. The MCNs should be linked to the Local Dental Network's (LDN's) priorities and local commissioning plans. It is believed that existing arrangements will evolve into the prescribed models and frameworks.

The Hampshire and Isle of Wight LDC regularly attends the University of Portsmouth Stakeholder Group meetings and recently attended the launch of the newly refurbished Dental Team Clinic.

The LDC intends to continue with its programme of Continuing Professional Development events in 2018 and the first two topics will be *The Future of Dentistry- Prof Nairn Wilson and Contract Reform Update from a prototype practice - Nick Forster and Claudia Peace from St James Dental Practice*, *General Dental Council and particularly the new CPD requirements from 2018.*

Salaried Services:

Single Point of Referral – Minor Oral Surgery (MOS) referrals continue to increase 2015/16 – 28,172 referrals processed; 2016/17 – 29,784 referrals processed; 2017/18 processed so far 13,034 referrals with a forecast of out-turn at year end of 31,200 referrals. Monthly rejection rate is 15% of referrals received mainly due to incomplete information on the form and radiographs not being of diagnostic quality.

Orthodontic referrals approximately 1500 referrals per month 2015/16 – 17,049 referrals processed; 2016/17 18,561 referrals processed; 2017/18 processed so far 7,651 referrals with a forecast out- turn of 18,362 referrals. General Anaesthetic (GA) referrals - Waiting times for treatment under GA at all provider sites has increased. A meeting is planned to see if there is capacity for more GA sessions/lists at Southampton General Hospital and/or Lymington. Lists were reduced by 50% however, whereas before on the paediatric list 80 children per

month were seen it is now only 27. Additional GA lists are being sought at other sites to include Winchester, Portsmouth and Basingstoke. Epidemiology Surveys – the children's survey is complete and feedback is awaited. The next national survey which should commence later this year is targeted at adults attending general dental practice and is currently being piloted. The survey involves contacting and visiting 10 GDP practices in each Local Authority (LA) area to interview at least 20 patients and carry out a basic examination. It is unlikely that this will be commissioned locally.

NHS Solent NHS Trust

SPECIAL CARE DENTAL SERVICES – Clinical Director Denise Mattin

Background

The Special Care Dental provides dental services for people who have special needs. This includes provision of oral care for adults who have a physical, sensory, intellectual, mental, emotional or social impairment or disability or more often a combination of these factors.

The service also provides treatment for children who are unable to obtain care from a general dentist including children with a learning disability, medical or physical disability, those who are uncooperative at the dentist and those with certain dental conditions.

We have 16 clinics across the whole of Hampshire and also provide treatment under General Anaesthesia at hospital sites in Winchester, Southampton Portsmouth and Basingstoke. We also provide services in prisons on the Isle of Wight and Winchester.

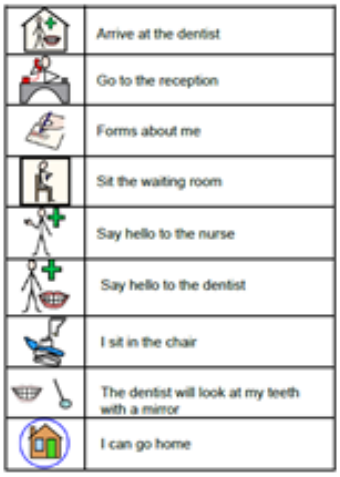
In the Portsmouth area we have clinics at Somerstown, Eastney and at the Poswillo Centre with clinics at Havant and Gosport nearby. We also provide domiciliary services for people who are housebound or living in care homes and who are not able to access our clinics.

We are able to provide treatment under local anaesthesia, local anaesthesia and sedation or in some cases under General Anaesthesia. We have a range of equipment to facilitate access for our patients including wheelchair recliners and hoists.

Due to increasing referrals for adults with special needs requiring treatment under General Anaesthesia we have managed to secure a further day per month at QA Hospital Portsmouth where more complex patients may be treated.

This year we have focused on Accessible Information for our patients and have produced a wide range of leaflets and signage to help them access our services.

Accessible Information (AI) Overview 2017/2018

Accessible Information Standard 	**Q. What does the Accessible Information Standard do?** • The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. • The Standard tells organisations how they should make sure that people get support from a communication professional if they need it, and about changing working practices to support effective communication. • By law (section 250 of the Health and Social Care Act 2012), all organisations that provide NHS care or adult social care must follow the Standard in full from 1st August 2016 onwards.
Receive information and correspondence in formats they can read and understand 	**Q. What does the Standard include?** • The Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss should: • Be able to contact, and be contacted by, services in accessible ways, for example via email or text message. • Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print. • Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter. • Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.
Example of Accessible Information communication tools developed and used by the Special Care Dental Service	**Visit to the Dentist** 

Heather Hatherley (Nov 2017)

This is what people in Portsmouth said about our service. We monitor this on a monthly basis.

Special Care Dental Service

Portsmouth Area—Quarter 3 –2017

NHS Solent NHS Trust

At Solent NHS Trust we want to provide the best possible experience we can for the people who use our services and their relatives and carers.

The most frequently used words in the free text comments

Patient comments received for the 3 months ending Quarter 3.

The staff have always been fantastic with my son
Staff are knowledgeable -patient with my son's needs.
Very polite and understanding, un-judgemental of my circumstances
Exceptional service, really friendly staff couldn't of done anymore to help me out
Friendly service they always call or text a reminder very flexible with dated and times. They are very helpful and accommodating with my sons special needs.
My daughter was treated with dignity & respect.
Was made to feel calm. relaxed through every session - explanation. thank you

Key challenges facing the service in future years
Elderly and Domiciliary care

Not only are people living longer but they also have more of their own natural teeth. In addition many of these people will also have more complex medical conditions such as dementia, strokes and Parkinson's disease and often multiple co morbidities. Some of these will be on a variety of medications which may have an effect on the provision of care which will provide a challenge to our service and especially to our domiciliary care service. Prevention of dental disease and early detection of disease is very important in this age group. In addition carers in care homes will need training and support to help to ensure their residents are able to maintain a healthy dentition.

Bariatric care

The numbers of patients who are overweight or obese is increasing. Most dentists will have dental chairs that will take up to 20-22 stone maximum. We will need to ensure that we have appropriate equipment in our clinics to accommodate these patients including access to wheelchair recliners, bariatric chairs, bariatric wheelchairs and hoisting facilities. Waiting accommodation and increased surgery space will also be required as well as bariatric toilet facilities. Many of these patients will also have conditions related to their obesity such as diabetes and cardiovascular disease which will impact on their care.

Increasing case complexity including mental health issues and more challenging behaviour

Our data has demonstrated over the last few years increasing complexity of patients in all age groups but particularly so in those over 65. We are also noticing patients with more challenging behaviour as we treat people with dementia and those mental health issues. Recognising this we are increasing the numbers of staff who are trained to deliver treatment under inhalation sedation and intravenous sedation to cope with dental treatment. This will increase the amount of time we have to allocate to each patient to provide care.

Denise Mattin
Clinical Director
Solent Special Care Dental Service

AND

Keith Percival
Honorary Secretary
Hampshire and Isle of Wight Local Dental Committee