



H&IOW Local Dental Committee: Secretary's Report to the Portsmouth Health Overview and Scrutiny Panel

14th March 2019

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 – currently going through reorganisation**
- **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 may engage with the LDC.**

NHS England-South (Wessex):

- Recovered monies and non-recurring UDAs 2018/19 – It is difficult to accurately identify the likely amount of clawback 2018/19 but activity in Primary Care dental at month 6 showed an underperformance of £2.8m which is similar to 17/18. The current position is projected to be a significant recovery as a large corporate contract rebasing took place in 17/18 and the enacted contract reductions will influence 18/19. In 17/18 the final clawback was £8.4m. Mini procurement has usefully utilized £1.3m of the underspend and this forms part of the current break-even strategy where plans to reinvest in-year come to fruition rather than spending the entire dental services budget. The non-recurring initiative looks set to continue in the shorter term but there is a distinct possibility that in the near future over-performance will be limited to 102% or possibly 10% as a one-off uplift. The Policy Book only allows for one 10% uplift during the lifetime of a contract. The alternative would be a procurement exercise with mini-competitions. It is useful and convenient for NHS England to consider over-performance as a waiting list initiative. Those contractors who have geared up to accommodate high levels of over-performance will be at significant risk. We are concerned that nationally the £100-£120 million recovered monies will be stripped out of the dental budget and lost to other services. However, we have been assured by the Assistant Head of Finance that the Wessex Dental Budget will be protected. There is a move to increase the scrutiny of underperforming contracts (33%) that are expensive to manage and who are not interested in rebasing or prefer a temporary rebasing solution. The Area Team recently went through an external audit by Deloitte

and it was highlighted that greater scrutiny of contacts at the mid-year point was desirable. The Business Services Authority (BSA) will take over the responsibility for the management of the contract year end process and this will commence in Wessex from mid-year 2019. The LDC fears that when the BSA takes this over, any agreed over-performance will be incongruent with the BSA process and may well cease 2019/20. The centre for primary dental care contract management in Dorset remains in Southampton and not in the South West.

- Flexible Commissioning – This is already taking place in Wessex but we are aware that there is very little guidance being published centrally. Quite recently the concept was introduced to Local Dental Network (LDN) Chairs but there seems to be no enthusiasm to share this more widely. In Wessex we have piloted oral health services' activity in 4 areas: Under 5 toddler groups, homeless, care and nursing homes and diabetes (advice). There has been limited take-up by contractors in Wessex. These schemes are likely to be piloted for an extended length of time with the diabetes initiative re-modelled and with an evaluation of all four in future state. It is unclear whether or not over-performance is flexible commissioning.
- Dental electronic Referral Systems (DeRS)- The DeRS procurement has been awaiting approval from the Cabinet Office and this has been a very slow and laborious process. However, very recently we were informed that progress has now been made and the Business Case will be approved by mid-March and go out to tender in April. The contract will be awarded in September 2019 and there should be a start date in January 2020. This will eventually facilitate more efficient referrals within a number of dental specialities – Oral Surgery, Periodontics, Orthodontics and Advanced Restorative. The eventual introduction of tier 2 contracts and aligned educational support from Health Education England will be enabled by the captured data within the DeRS model with clinical audit helping commissioners to make procurement and activity related decisions.
- Orthodontic and CDS Procurement Wessex – The orthodontic procurement in the South is almost complete with all 4 batches in mobilization. The 2 lots more recently out to tender in Test Valley and the IOW have been evaluated and moderated with announcements made at the end of December. One other lot has gone back out to tender due to a challenge centred on an inaccuracy within the procurement documentation. The LDCs will expect to receive copies of the orthodontic (7+3) and taper (2+1) contracts. Clearly, there is a potential shortfall in the Isle of Wight and this was highlighted by the H&IOW LDC at the beginning of the procurement process. Since the last joint NHS England/LDC liaison meeting it has become clear that across the southern region a small number of successful corporate providers of orthodontic services are failing to comply with important parts of their tendered bids and especially around the provision of suitable premises and associated planning permission. However, more recently the two providers that were most seriously lagging behind have announced that they will be ready by the end of May 2019. The orthodontic procurement has been and continues to be very traumatic for incumbent providers and this has been a steep learning curve for all those participating in this exercise. The procurement process for the Community Dental Service (CDS) is much more complicated than the orthodontic one and awards of contracts are likely to be delayed for up to two years until 2021. The LDCs have flagged up that the Local Representative Committee represents CDS dentists as well as General Dental Practitioners (GDPs) and urged that an LDC representative attends the procurement stakeholder meetings.
- Cross Border referrals - This perennial problem may be solved in part once the DeRS is in place. Historically, the problem emanates from the patient's GP address but the LDCs are unsure why this problem persists. Primary Care Dental Services are not

commissioned by Sustainability and Transformation Partnership (STP) boundaries. NHS England-South (Wessex) have agreed to look into this concern and especially in relation to DeRS and report back.

- Practitioner Advice and Support Scheme (PASS) - Both LDCs in Wessex have excellent schemes in place to help dentists in difficulty with H&IOW LDC having just launched a new PASS which was presented to the NHS England-South(Wessex) performance team 22nd January 2019. Both schemes in Dorset and Hampshire are currently active.
- Low Unit of Dental Activity (UDA) rates – There have been lengthy discussions with NHS England based on the LDC's concerns that where the UDA rate was below the patient charge that this should be uplifted to a UDA rate that is service-sustainable and realistic to secure business continuity. The LDCs are aware that some providers cannot retain or recruit associates where their UDA rate makes them less competitive than other practices in Wessex and thereby endangers the viability of their contracted activity, potentially resulting in end of year under-performance, clawback and reduced patient care. Historically, contracts were awarded based on activity data from 2005/6 which over twelve years later is clearly not very relevant with the plethora of changes that contractors have seen in the interim. It seems that the Area Team will evaluate individual contracts when this problem is highlighted to them and refer to the process in the Policy Book relating to a safe and viable service. We are not confident that this is being taken seriously nor the disillusioned dental workforce's poor morale that is, in part, generating recruitment problems.
- Wessex Intermediate Minor Oral Surgery Services (IMOS/IOSS) – The current contracts (level 2 and 3a) finish in October 2020 and it is likely that these will be extended for twelve months with an option to extend a further twelve months.
- Secondary Care Orthodontic Services – Nationally, there is a shortage of Orthodontic Consultants and as a result Hampshire Hospitals NHS Foundation Trust (FT) have given six months' notice on the Winchester Secondary Care Orthodontic Services as this service is no longer sustainable. This notice compounds the problem surrounding the notice already given by Southampton University Hospitals NHS FT which will be enacted on the 31st March 2019. The H&IOW LDC is very concerned that we could lose both of these services.
- LDC Assistance – LDCs have been approached by the Wessex Area Team to consider putting on training events for GDPs to include practice business development and financial management. NHS England will provide funding for speakers, venues, refreshments and Continuing Professional Development (CPD) certification. The LDCs are pleased to offer their assistance in the interests of their constituents. The LDCs have been invited to individually contact their constituents who do not have an nhs.net account bearing in mind the forthcoming DeRS and the mandatory electronic submission of forms to the BSA in May 2019. The LDCs felt that this was an important task for them to help their constituents to recognize the associated urgency to comply with this change to a paperless system.
- Superannuation Concerns Personal Dental Services (PDS) – IMOS contracts are based on the NHS standard contract that does not attract superannuation and the LDCs once again revisited and highlighted this inequitable state of affairs. NHS England will look into this to see how superannuation could be part of future IMOS contracts when retendered.
- Individual Funding Requests (IFR) – The LDCs suggested that there was a need to produce a patient information sheet, explaining both the value and limitations of this

service. A leaflet could be easily distributed by dental practices to patients who might qualify for treatment under the IFR route.

- Restorative Needs Assessment - An LDN meeting was held on the 19th November to discuss David Cheshire's paper titled 'Assessment of Complex Restorative Dentistry Need, Demand and Capacity in Wessex'. The assessment paper will be published on the LDC website and it is planned to form a H&IOW LDC restorative sub-committee to review the recommendations and feedback to the LDN unless a Restorative Managed Clinical Network (MCN) is created in the shorter term.
- Patient Charge Revenue – This is likely to increase year on year with consequent reduced patient engagement with NHS dental care.

EU Exit Operational Guidance from the Department of Health and Social Care: This is published advice with regard to dental practice planning for Brexit and business continuity. The Chief Dental Officer has suggested that dental practices confer with NHS England dental leads and the LDN to firm up the local approach and protocols. The key information has been circulated by the Dental Contracts Team and is published on the LDC Website www.hiowldc.org

The key points are:

1. UK health providers should not stockpile additional medicines beyond their business as usual stocks.
2. There is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and if the situation changes, will provide further guidance.

NHS 10-Year Plan: There is no coherent strategy for dental services and the Starting Well initiative (13 English local authority areas) will not receive any new investment. Spend per head has dropped from £40.95 to £36.00 in the last 5 years and the plan does not address the current recruitment crisis. Dentistry has once more been treated as an afterthought and does not acknowledge the stresses and challenges facing the 24,000 dentists that provide NHS dental services.

Putting the Mouth in the Body: The CDO has stated that there is a growing body of evidence that supports the benefits and returns on investment to be derived from integrating oral health into the wider health, educational and social care agendas. This approach will help to address the enduring issues of health and oral health inequality. Areas of development include:

- Digital transformation and connectivity with the wider health and social care network.
- Increasing opportunities for developing clinical leadership and thereby innovative service provision to meet the needs of the population.
- Dental Contract Reform with prevention at the centre of service provision.
- Improved regional access and opportunities for workforce career development

Special Care Dentistry services are experiencing a significant increase in the number of referrals and this is being compounded by an ageing population.

Generally, referrals to secondary care are increasing with dentists fearful of litigation and increasing regulatory censure adding to the burden placed upon general dental practitioners.

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