



REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	
Official: Sensitive Personal		For information only	✓

BOARD	
25 July 2023	
Report Title:	Primary Care Dental Access Recovery : First steps
Purpose of report	
<p>The purpose of this report is to provide an update to the Board on the approach and initial actions undertaken to help manage the current pressures on dental services in the North East and North Cumbria.</p> <p>The report outlines the proposed approach and next steps in relation to the plan for 2023-24 that will attempt to 'protect, retain and stabilise' local NHS primary care general dental services from its current state with a particular focus on CORE20 localities where need and inequality is greatest, noting that a more detailed paper outlining the full plan is being developed.</p> <p>This includes extension of project support and a Unit of Dental Activity (UDA) hand-back and termination standard operating procedure with associated pricing strategy.</p> <p>This approach is the first of three phases:</p> <ul style="list-style-type: none">• Immediate actions to stabilise services• A more strategic approach to workforce and service delivery• Developing an oral health strategy to improve oral health and reduce the pressure on dentistry	
Key points	
<p>(1) A dental development planning session with a focus on primary care general dental access was held on 11 May 2023 to share the current position on general dental access and to seek initial views/thoughts on key priorities, potential options/immediate actions required in 2023-24 to stabilize and build reliable general dental access across the NENC.</p> <p>(2) Following the meeting a commitment was given to work with the dental commissioning team to take forward the outputs from the session and work up the detail of the 2023-24 operational recovery plan.</p>	

- (3) The operational recovery plan will propose a draft menu of potential supportive options that could be offered and applied ‘individually’ or ‘in combination’ to **‘protect, retain and stabilise’** local dental practices and dental access provided to local communities ensuring prioritisation of ICS CORE20 populations and localities, with practices that fall within the ICB’s most deprived areas being offered a broader range of options including greater thresholds for flexible commissioning for targeted schemes and potentially financial support.
- (4) Discussions have taken place with the Dental Public Health Consultants to map current dental practices against the CORE20 areas to inform the options that would be offered, focusing on areas of greatest need, and some of the potential options that are currently being explored are included in this paper which includes proposals that are out-with current NHS England guidance/policy where further discussion may need to take place between the ICB and the NHSE Regional and National Team.
- (5) The initial initiatives will only be contracted on a ‘year by year’ and ‘non-recurrent’ financial short-term basis to ensure that once National Reforms are known, introduced and begin to take effect they can be easily withdrawn if needed and to ensure that local NHS Dentistry will become fully compliant with all new regulatory, legal and policy guidance associated with the National Reforms.
- (6) Whilst this work is ongoing this paper sets out some further interim risk mitigation actions to support practices/providers to maintain access for patients costing £2.9m funded from slippage on contract baseline budget within the ring-fenced dental budget allocation.

Non-recurrent funding requirement 2023-24	£
NHS 111 DCAS Out of Hours (clinical triage)	£39,766
Out of Hours Dental Clinical Treatment Capacity Additional clinical treatment sessions from remainder of 2023-24 (July to end of March 2024)	£292,500
Access Sessions Extend current Q1 access scheme arrangements (UDA Substitution or Additional Payment) as a minimum until end of September 2023 with an option to extend on a ‘quarter by quarter’ basis until the end of March 2024 if required	£2.574m
Project Management Support Extension to the NECs support supporting the management and administration of the access scheme	£57,645
TOTAL	£2,963,911

- (7) A local commissioning and pricing strategy to mirror the previously agreed formal procurement range has been agreed aimed at ensuring that any capacity lost from contract hand-backs is commissioned with increased likelihood of success and as soon as possible by offering up to existing NHS dental providers within the defined geographical area who can demonstrate that they have the surgery capacity and workforce to deliver this above their contracted levels.

Risks and issues

- The risk mitigation proposals outlined in this paper are for short-term non-recurrent schemes for 2023-24 with no recurrent cost implications.
- The total non-recurrent funding is within the ring-fenced dental allocation and will be funded from slippage on the contract baseline.

- It should be noted that offering access sessions as an UDA substitution of up to 20% of the annual contract value is above the nationally agreed threshold of 10% which was set based on legal advice in 2019 as being the agreed level to avoid the appearance that commissioners were changing contract surreptitiously.
- Local commissioning process procurement risks mitigated by ensuring the ICB acts fairly, equally and transparently by openly advertising to all NHS dental practices across the identified geographical areas and undertaking a risk assessment prior to the recommendation of the award of the UDAs.

Assurances

The measures in this paper were recommended by the ICB's Primary Care Strategy and Delivery Committee and supported by the Executive Committee.

Delivery will be overseen by the primary Care Strategy and Delivery Committee.

Recommendation/action required

The Board is asked to note the content of the report and the initial measures funded to help manage current service pressures in the context of developing a wider oral health strategy.

Acronyms and abbreviations explained

UDA – Units of Dental Activity
 DCAS – Dental Clinical Advisory Service
 NDH DEC – Newcastle Dental Hospital Dental Emergency Clinic
 GDS – General Dental Services

Executive Committee Approval	Executive Committee approval on Tuesday 11 th July 2023
Sponsor/approving executive director	David Gallagher – Executive Area Director (Tees Valley and Central)
Date approved by executive director	14 th July 2023
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Link to ICB corporate aims (please tick all that apply)

CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	
CA4: Help the NHS support broader social and economic development	

Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

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Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No		N/A	
If yes, please specify						
Equality analysis completed (please tick)	Yes		No		N/A	
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No		N/A	
Key implications						
Are additional resources required?	Yes, as outlined in the paper – use of £2.9m non recurrently from slippage in the dental budget.					
Has there been/does there need to be appropriate clinical involvement?	Yes – proposals developed in discussions with clinical advisors					
Has there been/does there need to be any patient and public involvement?	Proposals are responding to patient feedback regarding challenges in accessing NHS dental care.					
Has there been/does there need to be partner and/or other stakeholder engagement?						

Primary Care Dental Access Recovery Plan – First Steps

1. Purpose of the Report

The purpose of this report is to outline the agreed approach and next steps in relation to the recovery plan for 2023-24 that will attempt to 'protect, retain and stabilise' local NHS primary care general dental services from its current state of decline with a particular focus on CORE20 localities where need and inequality is greatest, noting that a more detailed paper outlining the full plan is being developed.

2. Background

A dental development planning session with a focus on primary care general dental access was held on 11 May 2023. The focus of the session was to share the current position on general dental access and to seek initial views/thoughts on key priorities, potential options/immediate actions required in 2023-24 to stabilize and build reliable general dental access across the NENC.

Following the meeting a commitment was given to work with the dental commissioning team to take forward the outputs from the session and work up the detail of the 2023-24 crisis plan. In the interim this paper outlines agreed risk mitigation actions/proposals building on the approvals that were previously secured in February 2023 relating to extensions to some legacy NHSE schemes.

3. Summary of proposed approach – Crisis Plan (2023-24)

Fundamental to managing patients, the public and local politicians over the coming 12 -month local NHS Dental recovery period will be the development and implementation of a pro-active stakeholder engagement and communication strategy and plan. This must therefore be at the forefront of our planning and response for 2023-24 with ICB strategic leaders, communications and engagement expertise and capacity pro-active and re-active commitment secured.

The separate operational recovery plan draws upon learning from both the National Government £50m Dental Initiative (Q4 2021-22) and Local Risk Mitigation initiatives attempted by NHS England throughout the COVID Pandemic-Recovery periods together with new opportunities and learning that has been identified by the wider ICB primary care and transformation teams over recent months.

The operational recovery plan ultimately seeks to optimise local flexibility and innovation to protect, retain and stabilise local NHS General Dental provision and workforce recruitment and retention from its current state of decline, whilst we await National step change reforms and new National mandatory guidance and tools that will seek to resolve the 'root cause' regulatory, workforce and payment mechanism issues that are adversely impacting NHS Dentistry.

The plan's focus is therefore towards delivery of a menu of supportive, innovative and flexible initiatives that will seek to protect all vulnerable practices in a fair and transparent manner, whilst ensuring that we support the ICS Strategic priorities associated with targeting reduction in health and access inequalities impacting our local CORE20plus5 populations.

These initiatives will only be contracted on a 'year by year' and 'non-recurrent' financial short term basis to ensure that once National Reforms are known, introduced and begin to take effect they can be easily withdrawn so that local NHS Dentistry can become fully compliant with all new regulatory, legal and policy guidance associated with the National Reforms.

The intention is to develop a draft menu of potential supportive options that could be offered and applied 'individually' or 'in combination' to '**protect, retain and stabilise**' local dental practices and dental access provided to local communities ensuring prioritisation of ICS CORE20 populations and localities, to inform the final crisis plan.

Discussions have taken place with the NHSE Dental Public Health Consultants to map current dental practices against the CORE20 areas to inform the options that would be offered, focusing on areas of greatest need.

In addition, and to ensure continued stability of the Dental 111 Emergency and Urgent Out of Hours provisions we will work with lead providers to ensure that additional and on-going resilience can be provided to ensure that the increasing 111 demand can be managed for those most in need. This will involve additional unscheduled urgent care 'risk mitigation' initiatives which are summarised in section 4 of this report.

4. Summary of further interim short-term (2023-24) actions

4.1 NHS111 Dental Clinical Assessment Service (Out of Hours)

Initially the ICB allocated non-recurrent funding (£61,000) to increase the dental clinical workforce capacity within the NHS111 Dental Clinical Assessment for 2023-23 to improve the service's ability to safely manage and respond to dental call volumes, clinical complexity and safety risks associated with increased and fluctuating call volumes. Since the initial funding was agreed the volume of dental calls into 111 continue to be high and are likely to increase further over coming months as the potential for contract hand backs and capacity rebasing impacts post 2022-23 End of Year. Additional non-recurrent funding of £39,766 has been allocated to further increase the 111 DCAS call handling workforce.

4.2 Dental Out of Hours Treatment Services

A small amount of non-recurrent funding was allocated to increase the out of hours dental treatment capacity to cover the additional King's Coronation Bank Holiday in May 2023. Due to the increased demand for urgent dental treatment out of hours increased capacity has been commissioned for the remainder of 2023-24 to ensure that patients who have been assessed as "clinically urgent" by NHS111 DCAS can be managed within the primary care out of hours treatment services, and thereby prevent the risk of patients having to be admitted to hospital due to lack of capacity. Additional non-recurrent funding has been allocated for Out of Hours Treatment services for additional 'Fixed Clinical Treatment Sessions' from July 2023 to March 2024 to manage anticipated peak demand periods within North of Tyne, South of Tyne, North Cumbria, Durham & Darlington, Teesside at a total cost of £292,500

4.3 Access sessions (2022-23)

ICB approval was given in February 2023 to extending the access session scheme previously put in place by NHS England to ensure that patients in greatest need were prioritized by general dental practices within the workforce capacity that they have available. This scheme included offering additional funding or equivalent UDA offset of £654 per access session delivered with the priority groups for access into these sessions as follows:

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- Patients requiring **urgent or emergency dental care** treatment presenting via NHS 111 direct booking and/or through local practice walk in, where an urgent FP17 course of treatment will be provided under regulation.
- Patient presenting with a **dental complaint ‘perceived urgent presentations’** via NHS 111 signposting and/or through local practice walk in, where an examination and banded course of treatment (Band 2 or Band 3) under regulation will be provided. Where a patient presenting has high oral health needs that have been identified as part of the clinical examination undertaken it is also expected that the patient will be offered the choice of engaging within a phased treatment plan in accordance with National Chief Dental Officer (CDO) Avoidance of Doubt Guidance unless the patient formally declines that offer.
- It is also a requirement that practices participating within this arrangement prioritise Looked After children who require oral health support.

An allocation of £654k was approved to fund the continuation of additional access session until the end of June 2023 from those practice that had signed up to deliver the sessions in Q4 2022-23 only. The spend against this allocation is £408,750 due to not all practices taking up the offer to continue with the sessions.

The plan was to undertake an independent review of the NHSE Access scheme to inform further commissioning arrangements. Unfortunately, there has been a delay in completing the review due to the availability of the dental public health colleague identified to lead on this work. Due to the on-going access issues across the patch, it is proposed that the scheme be extended as a minimum until the end of September 2023 (Q2) with a view to further extensions on a ‘quarter by quarter’ basis until the end of March 2023 should this be required to maintain access for patients, subject to any dental system reform initiatives that may negate the need for these to continue. It is also proposed that practices be offered the sessional rate as a UDA substitution up to a maximum threshold of 20% of their contract activity noting that this level of substitution is above the usual nationally agreed threshold of 10% which was set based on legal advice in 2019 as being the agreed level to avoid the appearance that commissioners were changing contract surreptitiously.

A maximum non-recurrent allocation has been agreed of £858k per quarter (total maximum value for the remainder of 2023-24 of £2.574m) to enable the opening up of the offer to all practices across the NENC.

This funding will facilitate the commissioning of 1,312 sessions (circa 9000 patient treatments) per quarter - total of 3,936 sessions (27,500 patient treatments) for the remainder of the financial year 2023-24, targeted at patients with urgent dental care complaints and complex high care needs as well as looked after children to help reduce oral health inequalities. The funding will also facilitate the expansion of the additional sessions commissioned from NDH DEC which is not only supplementing local dental practice access in North of Tyne, but also acting as a contingency for patients within North Northumberland to ensure that clinical urgent and perceived urgent presentations can be managed until formal procurement of new contracts are secured in Berwick.

5. Project Management Support

Project management support is currently being provided by NECS to support the re-procurement of some specialist contracts and procurement of a Dental Electronic Referral Management services as well as providing transactional project support in relation to implementation, administration and management of the access sessions that were approved for Q1 (2023-24).

This transactional project support be extended on a rolling 'quarter by quarter' basis until the end of March 2024 due to staffing pressures within the dental commissioning team.

6. Contract/UDA hand back SOP and Pricing Strategy

NHSE North East and Yorkshire Regional team approved a local commissioning process (offering UDAs released from contract hand-backs to NHS providers within the surrounding geographical areas at a rate of £30.40 per UDA), as the quickest way to replace any lost capacity. This was following a commitment given to MPs that activity released from contact hand backs would be re-commissioned within the area as quickly as possible where this was deemed to be required.

A local commissioning process was agreed with a new pricing strategy that allows the additional UDAs to be offered either via a local commissioning process or as part of a formal procurement of a new contract at a range of between £30 and £37.

Where this commissioning process is undertaken, expressions of interest would be invited from current NHS providers within the defined geographical area for bids within this range to improve the chance of success (price and proximity/accessibility for patients being taken into account when awarding the additional UDAs).

The number of UDAs offered from a contract hand back will be determined by the funding released unless a case can be made to increase the funding for the area which is approved by the Primary Care Strategy and Delivery sub-committee.

UDAs would be offered to existing practices on a recurrent basis. However, a decision could be taken to offer on a non-recurrent basis in the first instance to give full assurance that the provider can deliver the additional activity, with it being made recurrent once delivery has been confirmed.

Practices can express an interest to provide up to an additional 50% of their annual contract activity (UDAs). Commissioning above this percentage may be done in exceptional circumstances subject to a risk assessment being undertaken and agreed via the ICB Primary Care Strategy and Delivery sub-committee.

Legal advice shared by an NHSE Regional commissioning Team flagged the risk of exceeding the 50% expansion rule set out in Regulation 72 (1) (a). It further went on to state that as GDS contracts are contracts without end dates, and therefore have an indefinite value, the 50% limit would be difficult to quantify and therefore successfully challenge under the PCR rules. Likelihood of challenge could be mitigated by ensuring the ICB acts fairly, equally and transparently in determining whom may be interest in the additional UDAs. It is therefore proposed that the UDAs are openly advertised to all NHS dental practices across the identified geographical areas and a risk assessment be undertaken prior to the recommendation to the Committee to the award of the UDAs.

The supporting rationale for the funding is:

- No/low uptake from practices in response to previous local commissioning processes (failed local commissioning process in Sunderland and North Tyneside and limited uptake in Durham from practices which were outside of the identified geographical boundaries).
- Local market feedback from a recent request for information undertaken in May 2023 indicates that the current rate is between £30.40 and £37 (lower range of £30 broadly in line with current average NENC UDA rate of £29.88).
- Local commissioning is the quickest route to replace the lost capacity to maintain access for patients and mitigate the delay and cost incurred from undertaking a formal procurement.

Recommendations

The Board is asked to note the content of the report and the initial measures funded to help manage current service pressures in the context of developing a wider oral health strategy.

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