

## ICB Primary Care Commissioning Committee

<b>Date of meeting</b>	13 February 2025
<b>Title of paper</b>	Dental Commissioning Plan
<b>Presented by</b>	Amy Lepiorz, Associate Director Primary Care
<b>Author</b>	Amy Lepiorz, Associate Director Primary Care Nick Barkworth, Senior Delivery Manager Clare Granger, Clinical Advisor, Primary Care Dental Deborah Moore, Consultant in Dental Public Health
<b>Agenda item</b>	7
<b>Confidential</b>	No

<b>Executive summary</b>		
1.1	The purpose of this paper is present to the Primary Care Commissioning Committee the Dental Commissioning Plan for the next five years. This plan builds on the Dental Access and Oral Health Improvement Plan presented to the Committee in November 2023.	
1.2	This report will: <ul style="list-style-type: none"> <li>• Update on delivery of the original programme (Appendix 1)</li> <li>• Set out the details of a refreshed programme of activities to address dental access challenges and oral health inequalities over the next five years</li> <li>• Provide a funding profile for the programme</li> </ul>	
<b>Advise, Assure or Alert</b>		
The Committee is: <ul style="list-style-type: none"> <li>• Assured that the Dental Commissioning Plan is within budget</li> </ul>		
<b>Recommendations</b>		
The Committee is asked to: <ul style="list-style-type: none"> <li>• Approve the Dental Commissioning Plan</li> <li>• Delegate authority to the Dental Services Group for the detailed contracting.</li> <li>• Receive 6 monthly updates of progress</li> <li>• Approve an annual review and revision of investments based on dental allocations</li> </ul>		
<b>Which Strategic Objective/s does the report contribute to</b>		<b>Tick</b>
1	Improve quality, including safety, clinical outcomes, and patient experience	✓
2	To equalise opportunities and clinical outcomes across the area	✓
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
4	Meet financial targets and deliver improved productivity	
5	Meet national and locally determined performance standards and targets	✓

6	To develop and implement ambitious, deliverable strategies	✓
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<b>Implications</b>				
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	Yes	No	N/A	Comments
Associated risks	✓			Dental access is a risk on the ICB risk register
Are associated risks detailed on the ICB Risk Register?	✓			
Financial Implications	✓			The plan is within the expected dental allocations

<b>Where paper has been discussed</b>		
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Meeting	Date	Outcomes
Dental Services Group	23/07/25	Support of the plan

<b>Conflicts of interest associated with this report</b>				
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Not applicable

<b>Impact assessments</b>				
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	Yes	No	N/A	Comments
Quality impact assessment completed			✓	These will be completed as part of the detailed design of new schemes articulated in the plan as applicable.
Equality impact assessment completed			✓	These will be completed as part of the detailed design of new schemes articulated in the plan as applicable.
Data privacy impact assessment completed			✓	

<b>Report authorised by:</b>	Craig Harris, Chief Operating Officer & Chief Commissioner
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# Primary Care Commissioning Committee

## 13 February 2025

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### Dental Commissioning Plan

#### 1. Purpose

- 1.1 The purpose of this paper is present to the Primary Care Commissioning Committee the ICB's Dental Commissioning Plan for the next five years. This plan builds on the Dental Access and Oral Health Improvement Plan presented to the Committee in November 2023.
- 1.2 This report will:
- Update on delivery of the original programme (Appendix 1).
  - Set out the details of a refreshed programme of activities to address dental access challenges and oral health inequalities over the next five years.
  - Provide a funding profile for the programme.

#### 2 Introduction

- 2.1 The ICB has been working with stakeholders to address issues in access to NHS dental services. Improvements have been made since the delegation of dental services however, services remain a challenge nationally and locally across all sectors, with pressures in primary care services being well publicised.
- 2.2 There are several factors currently impacting primary care general dental services, namely:
- Worsening oral health of the population
  - Funding
  - Dissatisfaction with the national contract
  - Workforce challenges
- 2.3 Ensuring that patients who are at most risk of adverse impact due to their oral health are able access to services remains a key priority for the ICB as well as working with wider stakeholders to implement upstream prevention measures at population level.
- 2.4 The current dental budget remains ring fenced, and while the budget is fully allocated, there are non-recurrent and recurrent resources that become available due to the nature of how the NHS commissions and contracts with providers.
- 2.5 In summary these resources are as follows:
- Recurrent committed primary care contracts budget £133,326,000.

- Uncommitted recurrent resources from contract hand backs that have yet to be committed long term and are utilised non-recurrently £4,274,606.
- Uncommitted recurrent resources as a result of updated contracting arrangements with secondary care providers that can be invested in primary care initiatives to avoid secondary care referrals £4,517,663.

2.6 This plan outlines a refreshed dental access programme with the intention to utilise the funding above over the next 5 years. This will provide access to priority higher risk patients, improve quality and outcomes for patients and collaborate to deliver population level prevention schemes across Lancashire and South Cumbria.

### **3 A case for investment**

3.1 The refreshed dental access programme puts into place the activities necessary to achieve the primary care vision for dental services. It also considers and aligns outcomes to the challenges laid down before the whole of the NHS by central government namely:

- From hospital to community
- From analogue to digital
- From sickness to prevention

3.2 By developing a longer-term plan, it goes some way to address the factors impacting on dental services, that short term 'stop start' investments amplify, namely:

- Longer term contracts will better enable providers to recruit a workforce to deliver care (a significant rate limiting factor for service delivery).
- Innovative contracting models that enable providers to deliver the most effective treatment plans as well as contribute to integrated care delivery with wider primary, secondary and local authority service providers.
- Achieve high level aims and objectives of increasing access, reducing inequalities, and improving quality.

3.3 The programme recognises that there will continue to be a need for access to care for specific patient groups and geographies, that procurement timelines will need to be revised, and a wide range of stakeholders engaged.

3.4 The proposed investments are listed in sections 4,5 and 6 with further details in appendix 3 including outcomes.

### **4 Investment – Care Pathways**

4.1 **Urgent care** – Continue to supplement urgent care provision using general dental services providers, while a longer-term solution is developed as part of the community dental service tender exercise.

- 4.2 **Integrated Access Pathway** – Building on the learning from the initial programme, the ICB has acknowledged that it is not possible to provide access for 100 percent of its population. This pathway will prioritise patient groups based on the risk of adverse impact due to their oral health and offer care.
- 4.3 This pathway is flexible in design enabling a higher volume of patients to access care depending on funding.
- 4.4 The pathway will integrate with local service providers including local authorities and secondary care to ensure the right patients are referred into the pathway.
- 4.5 A further focussed piece of work is required to understand what intervention is required (if any) to address the slower than the rest of Lancashire and South Cumbria restoration of access on the Fylde Coast and Blackpool where there have been a disproportionately higher number of contract hand backs.
- 4.6 Nationally, central government is requesting that ICBs improve access to urgent care services. The urgent care investment in 4.1 and the integrated access pathway will both contribute to the additional 700,000 appointments that the government is requesting the NHS deliver.
- 4.7 **Children’s Access and Oral Health Improvement Pathway and Oral Health Support for Care Homes** – Both of these pathways were developed and commissioned as part of the original programme, there are another 21 months until the two contract variations end. It is anticipated that both pathways will be extended, and provision increased after that point in time (subject to evaluation).
- 4.8 **Community dental service (CDS)** – This service is currently in the last 14 months of its contract term. An investment is needed to address the current inequalities that exist across the Lancashire and South Cumbria, in terms of access availability, wait times for treatment and facilities to enable patients with mobility issues access care.
- 4.9 **Minor Oral Surgery (MOS)** - The MOS service that operates in primary care, is reaching the final 18 months of its contract term. Funding will be used to enhance the current service model to include treatment under sedation (reducing hospital attendances), and support for wider workforce transformation to reduce inappropriate referrals.
- 4.10 **Secondary Care** – The contracts with secondary care providers are predominantly activity based, contracted activity will be based on the performance and delivered activity, no material changes are expected to the existing contract values from 2025/26.
- 4.11 This will include pathway development opportunities to support the shift of patients from secondary care into primary care as part of a series of clinical pathway developments being led by the dental managed clinical networks.

4.12 **Secondary Care Orthodontics** – Secondary Care Orthodontics is recognised as a fragile service, and a proposed case for change has been developed with colleagues from the provider collaborative.

4.13 **Oral health improvement** – Invest in evidence-based oral health improvement and prevention programmes. This will include, supporting community-based programmes as well as maximising prevention in clinical settings.

## **5 Investment – Developing a local quality scheme**

5.1 The plan includes an ambition to invest in a local quality improvement incentive scheme, that will improve adherence to national standards, clinical guidelines, and best practice.

5.2 The scheme will also include upskilling of the entire dental team with the aim of better equipping practices to manage the ageing population, the shift of care from hospital to community and build confidence to treat patients in primary care instead of referring into hospital settings.

5.3 Aligned to the direction being taken across other sectors of primary care, the ICB wishes to support the development of a provider collaborative, which will aid the delivery of the plan including the associated workforce transformation activities and quality local improvement scheme.

5.4 Clinical leadership is central to transforming care pathways, improving outcomes/quality and developing the workforce. The Local Dental Network (LDN) and associated Managed Clinical Networks (MCNs) provide the clinical leadership for all dental services. Similar to wider primary care, the leadership in the LDN being aligned to the proposed ICB clinical and care professional framework. The plan includes the investment to enable this alignment to take place and is in budget.

## **6 Engagement**

6.1 This plan has been clinically led in its development and has had input from the following stakeholders:

- ICB Primary and Community Care Team
- ICB Population Health Team
- ICB Local Dental Network
- ICB Managed Clinical Networks – Secondary Care Dental Services
- ICB Provider Collaborative
- ICB Citizens Health Reference Group
- Lancashire and South Cumbria Integrated Care Partnership
- NHS England NW, Public Health Directorate
- Healthwatch

6.2 The pathways and services detailed in this plan will impact on:

- General dental services providers
- Specialist orthodontic service providers

- Tier 2 minor oral surgery providers
- All secondary care providers of dental specialities
- All community dental service providers
- Providers of community based oral health improvement services

## 7 Outcomes

7.1 The overall plan will be monitored through high level outcomes:

- Improving access for higher risk patients.
- Reducing inequalities in oral health.
- Reducing inequalities in outcomes.
- A shift of care from hospital into primary care
- Retaining patients in primary care
- Improving access to prevention schemes

7.2 Each investment supports one or many of the above outcomes, as well as having its own service level outcomes:

Investment/Scheme	Outcomes	Patient Access (if applicable)
<b>Urgent Care</b>	Patients who are triaged as having an urgent care need are treated within 24 hours of contact.	1500 patients per month
<b>Integrated Access Pathway</b>	<p>Pathways established for priority patients.</p> <p>Patients with high-risk need can access care.</p> <p>Annual evaluation and review of pathway utilisation, with multi-stakeholder engagement.</p> <p>Clinical network to provide oversight of pathway delivery and outcomes</p>	400 patients per £100K invested (subject to patient need)
<b>Children's Access and Oral Health Improvement Pathway</b>	<p>Increasing children's health and wellbeing free from pain and suffering</p> <p>Promotion of positive lifelong habits and engagement with dentistry</p> <p>Improve attendance and performance at school</p> <p>Reduction of use of antibiotics and antimicrobial resistance</p>	11,000 children over 2 years
<b>Oral Health Support for Care Homes</b>	<p>Improved access and oral health for older adults in care homes</p> <p>Improved adherence to NICE Guidance 48 within care homes</p>	27 dental practices engaged in the programme
<b>Community Dental Service</b>	<p>Procurement of a new service for across the whole of Lancashire and South Cumbria</p> <p>Implementation of recommendations from Special Care and Paediatric reviews</p>	

<b>Minor Oral Surgery</b>	Service provision across the whole of Lancashire and South Cumbria	
	Patients have equitable access to tier 2 oral surgery across Lancashire and South Cumbria	
	Reduction of secondary care activity	
	Increased number of training opportunities in Primary Care	
<b>Secondary Care Orthodontics</b>	More resilient service	
	Patient wait times inline with national expectations	
<b>Oral Health Improvement</b>	Increased coverage of evidence-based programmes across Lancashire and South Cumbria	26,000 children in CORE20 neighbourhoods access supervised toothbrushing
		37,500 Toothbrushing packs distributed per annum
<b>Developing a local quality scheme</b>	Increased adherence to national guidance and clinical standards.	Quality improvement scheme in place supported by a provider collaborative
	Peer review and clinical audit processes established	
	Provider collaborative developed	

7.3 Investments are currently indicative, as such capacity and values may need to be flexible to ensure we maximise the overall benefits of the investment plan.

## 8 Conclusion

8.1 The Dental Commissioning Plan has been designed to improve access to dental services, targeting limited resources to those most at need.

8.2 The plan aligns to and supports the national strategic ambitions of the NHS and has been clinically led in its development, with multi stakeholder engagement, including the ICB's Citizen's Health Panel.

8.3 The plan ensures that the dental profession is aware the ICB's ambition for dental services enabling them to recruit and develop the workforce. The plan signals to the wider stakeholders a clarity of purpose and vision enabling them to align their approaches to care delivery and support.

8.4 Dental access remains a national issue, and a worry for the ICB and residents alike. The plan breaks the 'stop start' cycle of delivery enabling care models to be implemented across the next five years, with the continuity of care the residents and providers have been asking for.

8.5 The proposed plan is a fully funded and affordable investment proposal.



## **9 Recommendations**

9.1 The committee is asked to:

- Approve the Dental Commissioning Plan.
- Delegate authority to the Dental Services Group for the detailed contracting.
- Receive 6 monthly updates of progress.
- Approve an annual review and revision of investments based on dental allocations.

**Amy Lepiorz, Associate Director Primary Care**

**Nick Barkworth, Senior Delivery Manager**

**Clare Granger, Clinical Advisor, Primary Care Dental**

**Deborah Moore, Consultant in Dental Public Health**

**February 2025**

## Appendix 1 - Original Programme Outcomes

The programme aimed to improve dental access to members of the population with the greatest oral health inequalities, by using objective measures to help prioritise the limited flexibilities available to the ICB to invest funds in the areas of Lancashire and South Cumbria with the greatest needs.

There are five projects that made up the programme and the current progress:

- **Prioritising resources-** Developing a framework through which resources can be prioritised for specific geographies/patient groups based on objective measures.
  - **Complete** – the framework was approved by PCC in July 2024
- **Care pathways-** Developing evidence-based care pathways that underpin the dental access programme including access to urgent and follow-up care to the whole population (pathway one and two), targeted to care for those whose oral health is important to meet physical health needs (pathway three) and the targeted enhanced childcare pathway.
  - **Complete** - a review of pathways one, two and three has been concluded and the learning has supported a further iteration of the pathways which are planned to be commissioned from April 2025. The enhanced childcare pathways has been commissioned as well as a support programme for care homes and their residents.
- **Communications-** For patients and other health and social care providers explaining what services are available, how to access services, oral health and selfcare messages, making every contact count, fostering an oral health prevention focussed culture.
  - **Complete** – There is a communication and engagement plan in place and the ICB has developed material to help support wider stakeholders communicate the importance of self care ('Dental A to Z') and under taken patient engagement exercise.
- **Workforce-** Developing and implementing workforce transformation to support the delivery of pathways commissioned/transformed.
  - **Complete** – The care pathways commissioned have been commissioned with the associated training provided.
- **Contract management-** Reviewing current provision ensuring that dental contracts are as efficient as possible and explore and flexibilities within the existing contract to support transformation.
  - **Partially Complete** – A review of efficiency of dental contracts in Lancashire and South Cumbria has not been concluded, but will become part of the quality improvement scheme.
  - **Complete** – Innovative contracting models for new services.



### Appendix 3 – Funding

	<b>2025/26</b>	<b>2026/27</b>	<b>2027/28</b>	<b>2028/29</b>	<b>2029/30</b>
Urgent Care	£1,509,705	£1,500,000	£1,500,000	£1,500,000	£1,500,000
Integrated Access Pathway	£1,185,434	£1,200,000	£1,200,000	£1,200,000	£1,200,000
Children’s Access and Oral Health Improvement	£3,537,548	£3,550,000	£3,550,000	£3,550,000	£3,550,000
Oral Health Support for Care Homes	£912,600	£915,000	£915,000	£915,000	£915,000
Community Dental Services and Minor Oral Surgery	£210,000	£909,088	£999,088	£2,099,088	£2,099,088
Secondary Care Orthodontics	£305,982	£305,982	£215,982	£215,982	£215,982
Oral Health Improvement	£1,000,000	£1,000,000	£1,000,000	£0	£0
Developing a local quality scheme	£131,000	£131,000	£131,000	£131,000	£131,000
<b>Total Investment</b>	<b>£8,792,269</b>	<b>£9,511,070</b>	<b>£9,511,070</b>	<b>£9,511,070</b>	<b>£9,511,070</b>

Total investment resources are based on the 2024/25 ringfenced allocations, resources increase in 2026/27 due to a existing non-recurrent commitment in primary care orthodontic services in 2025/26

All investments are currently indicative – the committee is requested to delegate authority to the primary dental services group to approve any flexibility to the final investment values

	<b>2024/25 Annual Budget</b>	<b>Contract Hand Backs (2.5.2)</b>	<b>Uncommitted Secondary Care (2.5.3)</b>	<b>Investment Resource</b>
<b>Total Dental Ringfenced Budget</b>	£133,326,000			
<b>Primary Dental</b>	£91,982,000	£4,274,606	£4,517,663	£8,792,269
<b>Community Dental</b>	£14,711,000			
<b>Secondary Dental</b>	£26,633,000			

Financial information is based upon the current 2024/25 annual ring-fence budget allocation. The values exclude all the expected additional resources which include additional funding to support the DDRB uplift for 2024/25 and the elective recovery fund.

## Appendix 4 - Details of the schemes

Service	Details	Proposed Outcomes	Start Date	Duration
<b>Urgent Care</b>	<p>There will continue to be a requirement for General Dental Practices to provide a volume of urgent care activity to allow patients access urgent treatment within 24 hours of contact. This provision will continue to be in place for the next two years, after which this provision will form part of a revised Community Dental Service (CDS) agreement, which is where 75 percent of the urgent care is presently provided. During this time, the triage algorithm will be reviewed to ensure only truly urgent patients are being allocated appointments in the urgent care service.</p> <p>Nationally, central government is considering increasing urgent care provision, however ICBs across the NW of England have provided feedback to NHS England (NW) that capacity and demand are presently not an issue.</p> <p>Ongoing monitoring of the amount of demand for urgent care is key, and the team continue to ensure demand is met.</p> <p><b>Metrics:</b></p> <ul style="list-style-type: none"> <li>• Amount of UDAs delivered</li> <li>• Number of patients treated</li> </ul>	<p><b>Patients who are triaged as having an urgent care need are treated within 24 hours of contact.</b></p>	<p><b>April 2025</b></p>	<p><b>24 months</b></p>

<p><b>Integrated Access Pathway</b></p>	<p>Building on the learning from the delivery of Pathways 2 (follow up care after an urgent appointment) and Pathway 3 (routine care for priority patients), the development of an Integrated Dental Access Pathway provides continuing care for Pathway 2 and 3 patients. It also allows the ICB to broaden the scope of the service to make good on the commitments outlined in the Primary Care Vision.</p> <p>This pathway is key to the ICB's access programme providing care for those who are in greatest clinical need, while also allowing the flexibility to expand and contract dependent of resources made available in the dental budget.</p> <p>Patients access the pathway through a referral from another health and social care provider and are made orally fit either by one or multiple courses of treatment. Examples of the patients who would utilise this service include, Children in Care, patients who have had an urgent appointment and require follow up care, patients who are about to have a surgical procedure and are required to be orally fit or those who have a non-urgent disposition and require access to treatment within seven days (eg lost filling, broken denture or chipped tooth). It also provides a platform through which the ICB can implement the recently published 'Oral Healthcare Provision For Cancer Patients' .</p> <ul style="list-style-type: none"> <li>• Patient groups may include: <ul style="list-style-type: none"> <li>○ Children in care and care leavers (statutory responsibility)</li> <li>○ Patients requiring follow up care after urgent treatment.</li> <li>○ Patients undergoing cancer treatment.</li> <li>○ Patients where a care pathway is dependent on their oral health, for example heart surgery.</li> <li>○ Patients with a non-urgent 7 day disposition such as a broken or lost denture, displaced filling or crown.</li> </ul> </li> </ul> <p>This pathway will be commissioned for five years, to enable providers the ability to plan, recruit and develop the workforce required to deliver the pathway. It also allows the ICB to provide care for patients who have the greatest clinical need. The flexibility allows the ICB to add further cohorts of patients into the pathway as time progresses.</p>	<p><b>Pathways established for priority patients.</b></p> <p><b>Patients with high risk need can access care.</b></p> <p><b>Annual evaluation and review of pathway utilisation, with multi-stakeholder engagement.</b></p> <p><b>Clinical network to provide oversight of pathway delivery and outcomes</b></p>	<p><b>April 2025</b></p>	<p><b>60 months</b></p>
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Service	Details	Proposed Outcomes	Start Date	Duration
	<p><b>Metrics</b>  Number of referrals made  Number of patients treated</p> <p><b>Amount of investment</b>  400 patients per £100K</p>			

Service	Details	Proposed Outcomes	Start Date	Duration
<b>Children’s Access and Oral Health Improvement Pathway</b>	<p>This pathway will commence in September 2024. It will provide a centralised referral process to ensure a clear and accessible route for children aged 0-5 years to access general dental services, for assessment, prevention, and treatment as necessary. This service is only for children who do not currently have access to a general dental practitioner. The pathway will encompass 44 dental practices across the Lancashire &amp; South Cumbria region, to enable local access where possible.</p> <p>This priority pathway offers an enhanced and high-quality model for children across Lancashire and South Cumbria. It is based on key commissioning principles, standards and a specification which reflects statutory guidance and best practice in relation to reducing inequalities in oral health and access to dental care.</p> <p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• This pathway is by referral from a health or social care professional only. Please note, parents or caregivers are not able to self-refer.</li> <li>• Referral is by a simple form, which is emailed to the central referral service provided by Fylde Coast Medical Services (FCMS).</li> <li>• Children will be routed to the nearest participating general dental practice, based on their home address.</li> <li>• Once a referral is received, this will be forwarded to the dental practice who will then make contact with the child’s parent/caregiver to arrange an appointment in due course.</li> </ul> <p><b>Metrics</b>  Number of referrals made  Number of patients treated  Number of prevention sessions delivered</p> <p>Approx capacity for 11,000 patients over 2 years.</p>	<p><b>Increasing children’s health and wellbeing free from pain and suffering</b></p> <p><b>Promotion of positive lifelong habits and engagement with dentistry</b></p> <p><b>Improve attendance and performance at school</b></p> <p><b>Reduction of use of antibiotics and antimicrobial resistance</b></p>	<p><b>September 2024</b></p>	<p><b>24 months</b></p>



<b>Oral Health Support for Care Homes</b>	<p>This service has been developed in response to a series of national documents highlighting the importance of support for the oral health of residents in care homes:</p> <ul style="list-style-type: none"> <li>• 2016 the National Institute for Health and Care Excellence published guideline 'NG 48 - Oral health for adults in care homes'.</li> <li>• Following development work through the NHS Vanguard program, NHS England published the 'Enhanced Health in Care Homes Framework' (EHCH) in 2016.</li> <li>• 2019 CQC published 'Smiling matters: oral health care in care homes' which reviewed the state of oral health in care homes and made a number of recommendations for improvement.</li> <li>• 2023 CQC Smiling matters: Oral health in care homes - progress report</li> </ul> <p>The intention of this scheme, to help assess demand in order to commission a longer term solution in the future.</p> <p>The service specification has two key elements:</p> <ul style="list-style-type: none"> <li>• Supporting the care home with their obligations under NICE Guidance NG48</li> <li>• Providing face to face care for residents in care homes</li> </ul> <p>Currently there is no reliable information to assess what the required commitment from dental practices to support care homes and PCNs might be. This has meant that the capacity commissioned from dental practices is an estimate, and as each practice had fixed resource available to deliver there may need to be some flexibility throughout the pilot. For example, it maybe that demand is greater at the beginning and tapers off at the end.</p> <p>It is important to note that if demand is initially high, and continues to be so leading to the all capacity being utilised before the end of the pilot, the practice and care homes supported will exit the pilot at the point the practice capacity is fully utilised.</p> <p>It is the intention to run the pilot for 24 months with dental practices agreeing to a range of activities to support their allocated care homes</p>	<p><b>Improved access and oral health for older adults in care homes</b></p> <p><b>Improved adherence to NICE Guidance 48 within care homes</b></p>	<p><b>April 2025</b></p>	<p><b>24 months</b></p>
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Service	Details	Proposed Outcomes	Start Date	Duration
	<p>(2-3 care homes for each practice depending on size). Due to the very nature of dental care, there is little clinical activity that can be delivered safely outside of the dental practice, and it should be noted that this is not a domiciliary service.</p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• 25 practices engaged in the programme</li> <li>• Number of patients treated</li> <li>• Proportion of care homes engaged</li> <li>• Care home support sessions delivered</li> <li>• PCN support sessions delivered</li> </ul>			

Service	Details	Proposed Outcomes	Start Date	Duration
<b>Community Dental Service</b>	<p>This service is currently coming into the final 15 months of its contract term. The service comprises of three core pathways, urgent care, special care and paediatric care. The special care service has recently been reviewed as part of a strategic need assessment. The recommendations require prioritising before a revised service model can be offered to the market as a revised service offer to special care patients across Lancashire and South Cumbria. The paediatric service is currently being reviewed and it is anticipated that the outcomes will be known in approximately 6 months' time.</p> <p>The overarching themes in the special care recommendations, are that the service is at breaking point, not enough patients and carers know about the service and how to access care, and an increase in referrals would lead to longer wait times without additional investment. Utilising the dental budget to supplement a new contract is a priority for primary care, given that this service supports patients who are the most vulnerable members of society.</p> <p>Aligned to the Primary Care Vision, primary care dental practices can play a greater role in managing some children and special care patients. A key aspect of this change in patient management is adopting and implementing a model of shared care, which will be achieved by upskilling the current work force. Matching this transformation with a more flexible contract model, will better equip Primary Care to meet the ever-growing demands of an ageing population, and release some pressure from an already at-risk service.</p> <p>As the recurrent investment is not required until the procurement has been completed, the plan describes how the funding will be utilised to undertake waiting list initiatives, quality improvement and workforce transformation activities, some of which will directly impact on this service in a positive manner.</p>	<p><b>Procurement of a new service for across the whole of Lancashire and South Cumbria</b></p> <p><b>Implementation of recommendations from Special Care and Paediatric reviews</b></p>	<p><b>April 2027</b></p>	<p><b>120 months</b></p>

Service	Details	Proposed Outcomes	Start Date	Duration
<b>Minor Oral Surgery</b>	<p>The MOS service that operates in primary care, is reaching the final 18 months of its contract term. Delivered across the ICS, the service keeps thousands of patients every year away from hospital. There is an aspiration to enhance the service with more providers delivering care using sedation (often a modifying factor leading to a hospital appointment as opposed to a primary care appointment), as well as providing a training and education component to the service.</p> <p>The education component will include the upskilling of dentists in surgical extractions, developing the next generation of tier 2 oral surgeons, and supporting newly qualified dentists with confidence building opportunities. A revised contract offer to reflect this onward transformation of care will be required for the upcoming procurement, however the plan is to use that resource before the contract award to start some of the workforce transformation opportunities now.</p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of patients referred</li> <li>• Number of patients treated</li> <li>• Number of patients treated under sedation</li> <li>• Waiting list details</li> </ul>	<p><b>Service provision across the whole of Lancashire and South Cumbria</b></p> <p><b>Patients have equitable access to tier 2 oral surgery across Lancashire and South Cumbria</b></p> <p><b>Reduction of secondary care activity</b></p> <p><b>Increased number of training opportunities in Primary Care</b></p>	<b>October 26</b>	<b>120 Months</b>

Service	Details	Proposed Outcomes	Start Date	Duration
<b>Secondary Care Orthodontics</b>	<p>The plan includes the continuation of two initiatives to improve access and capacity within the Orthodontic services.</p> <p>The Orthodontic Early Discharge scheme amending the pathway for secondary care patients who may no longer require acute care. The revised pathway allows patients to be offered the opportunity to complete treatment within a primary care orthodontic practice. Every referral will be supported by a full treatment plan and advice from the acute consultant.</p> <p>The orthodontic triage of referrals of patients on the paediatric extraction pathway. All patients on the pathway require a review by an acute orthodontic consultant to progress on the pathway, this review can be achieved remotely with a thorough record review, without requiring an attendance by the patient. This releases capacity by reducing the number of outpatient attendances, appointments will be offered to patients who require one.</p> <p>Metrics</p> <ul style="list-style-type: none"> <li>• Number of patients referred</li> <li>• Number of patients treated</li> </ul>	<p>Increase capacity within the secondary care orthodontic service.</p> <p>Reduction in the number of orthodontic outpatient appointments</p>	<b>April 2025</b>	<b>24 months</b>

Service	Details	Proposed Outcomes	Start Date	Duration
<b>Oral Health Improvement</b>	<p>The inclusion of children’s oral health as one of the key clinical areas in the children’s Core20Plus5, illustrates that nationally central government is taking action to improve what has been a long overlooked area of health care. This was reinforced by the incoming government’s manifesto pledge to increase the amount of supervised toothbrushing across the country.</p> <p>The original dental access and oral health improvement programme included collaborative working with Local Authority stakeholders to increase provision of evidence-based interventions what will improve children’s oral health.</p> <p>Working with Population Health and the Integrated Care Partnership, the plan includes investing dental underspend to increase and enhance prevention provision across Lancashire and South Cumbria.</p> <p>This investment will be coordinated by the newly formed ‘Lancashire and South Cumbria Oral Health Improvement Strategic Partnership Group’ (Appendix 2 for governance and reporting structure), which has corporate support from Primary and Community Care, Population Health and each Local Authority across Lancashire and South Cumbria.</p> <p>The annual investment will be used to enhance schemes that are presently being commissioned by Local Authorities, such as toothbrush and toothpaste distribution, supervised toothbrushing, and outreach programmes.</p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Percentage of eligible child population engaged in supervised toothbrushing programmes</li> <li>• Percentage of early years settings engaged in prevention programmes</li> <li>• 26,000 children in CORE20 neighbourhoods access supervised toothbrushing</li> <li>• 37,500 Toothbrushing packs distributed per annum</li> </ul>	<b>Increased coverage of evidence-based programmes across Lancashire and South Cumbria</b>	<b>April 2025</b>	<b>Annual Commitment for 36 months</b>

<p><b>Quality Improvement Scheme</b></p>	<p>The plan also includes an ambition to improve quality outcomes of existing services, by using a non-recurrent incentive scheme to encourage practices to adopt a different approach to care delivery.</p> <p>Funding will be utilised to provide the opportunity for practices to put quality improvement processes in place.</p> <p>Having a workforce able to deliver the demands and ambition in the Primary Care Vision is key to the plan’s success. There is a requirement to have a workforce to meet the current and project population needs locally. Engaging with the profession through the Local Dental Network and Local Dental Committee, there are a range of workforce transformation programmes that will better equip the workforce clinically as well and introducing dentistry into the type of small system leadership that exists in primary care medical services.</p> <p>The programmes will include opportunities for the entire workforce such as trauma informed care and dementia friendly dentistry.</p> <p>The outcome of the programme will mean that there is a workforce ready to start delivering a shared care model with secondary care colleagues issuing treatment plans to be delivered in primary care, supporting the shift away from hospitals.</p> <p>This work also includes and early adoption of a widening of the clinical and care professionals working in dental and oral health services, becoming embedded in place and primary care networks across Lancashire and South Cumbria. This also included supplementing the Local Dental Network and Managed Clinical Networks to lead the transformation of care on the ground.</p> <p>Pump prime delivery vehicle using a provider arm arrangement to support the quality improvement schemes</p> <p>Similar to medical and optometry, dentistry is looking to start working on the development of a provider collaborative utilising a small amount of resources to help support the delivery of some of the quality improvement and workforce transformation programmes.</p> <p><b>Metrics</b> Number of practices engaged in quality improvement initiatives</p>	<p><b>Increased adherence to national guidance and clinical standards.</b></p> <p><b>Peer review and clinical audit processes established</b></p> <p><b>Provider collaborative developed</b></p>	<p><b>September 2025</b></p>	<p>36-60 months</p>
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Service	Details	Proposed Outcomes	Start Date	Duration