

ICB Primary Care Commissioning Committee

Date of meeting	14 th March 2024
Title of paper	Dental Commissioning Plan
Presented by	Peter Tinson, Director of Primary Care David Armstrong, Senior Delivery Assurance Manager
Author	David Armstrong, Senior Delivery Assurance Manager
Agenda item	6b
Confidential	No

Executive summary		
<p>The purpose of this report is to seek approval for the implementation of the dental commissioning plan for 2024/25 which aims to improve dental access and improve oral health for the population of Lancashire and South Cumbria.</p> <p>The plan is primarily based on the dental access and oral health improvement programme which was previously received and approved by the Committee at its meeting in September 2023 and subsequently presented to the ICB Board at its meeting in November 2023.</p> <p>The plan is affordable within the ICB ringfenced dental budget allocations and forms part of the wider ICB commissioning plan and associated intentions. Further the plan also aligns to and incorporates the recently published Dental Recovery and Reform plan.</p>		
Advise, Assure or Alert		
<p>Advise the committee:</p> <ul style="list-style-type: none"> Of the dental commissioning plan for 2024-25. <p>Assure the committee:</p> <ul style="list-style-type: none"> That the plan is fully funded and affordable within the ringfenced dental budget allocations and forms part of the wider ICB commissioning plan and associated intentions. 		
Recommendations		
<p>The Committee is asked to agree in principle the dental commissioning plan, pending Board agreement of commissioning intentions on 10 April 2024.</p>		
Which Strategic Objective/s does the report contribute to		
1	Improve quality, including safety, clinical outcomes, and patient experience	x
2	To equalise opportunities and clinical outcomes across the area	x

3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	x
4	Meet financial targets and deliver improved productivity	x
5	Meet national and locally determined performance standards and targets	x
6	To develop and implement ambitious, deliverable strategies	x

Implications

	Yes	No	N/A	Comments
Associated risks	x			Included within a separate risk section of the paper
Are associated risks detailed on the ICB Risk Register?	x			Dental access is currently captured on the corporate risk register
Financial Implications		x		Within ringfenced budget allocation

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
Dental Services Group	30-November-2023	Support for the proposed plan
Primary Care Commissioning Committee	18 th January 2024	Updated paper requested to include clarity around the 2024/25 financial planning process.

Conflicts of interest associated with this report

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Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	

Report authorised by:

Craig Harris, Chief Operating Officer

ICB Primary Care Commissioning Committee

14th March 2024

Dental Commissioning Plan.

1. Introduction

1.1 This paper is to provide detail of and seeks approval from the committee to the following:

- The dental commissioning plan for 2024/25.

2. Background

2.1 The section highlights how the majority of dental resources are inherently committed due to the nature of the services and contractual obligations.

2.2 When dental services were delegated to the ICB it included all aspects of NHS dental healthcare, including primary care, secondary acute dental care and community and special needs dental care. The financial information section below provides more detail, but a large proportion of the delegated funding is committed to services based on inherited contractual commitments. This is detailed in table below:

Dental Service	Number of Contracts
Primary care dental	202 Dental Practices
Secondary care dental	10 NHS Trusts
Community & special care dental	2 Providers

2.3 The primary care dental services are based on contracts held by high street dental providers, in perpetuity, and based upon activity and values arising from the introduction of the general dental services (GDS) contract in 2006. The ICB are therefore contractually bound to these historically based and located contracts.

2.4 Opportunities to target investments in specific patient cohorts or geographies arise only when budget surplus' arise for example if the ICB receives additional resources, decide to allocate additional resources to dental services or when dental providers choose to hand back all or a proportion of their contract.

3. The Dental Access and Oral Health Improvement Programme

3.1 The Dental Access and Oral Health Improvement Programme (DAOHIP) is a clinically led programme to identify and develop new and innovative programmes and to promote and propose investments to improve two critical aspects of the dental system – access and oral health.

3.2 The programme has been approved by this committee and has been presented for noting at the ICB Board.

3.3 The main objective of the DAOHIP is to improve access to dental services alongside improving oral health and aims to:

- Use objective measures to help prioritise which areas of Lancashire and South Cumbria are in most need of improved dental access and oral health.
- Reduce access and oral health inequalities across the ICB by developing evidence-based care pathways.

3.4 The DAOHIP has already identified three areas for immediate investment:

- Paediatric Services- children's oral health in LSC is very poor, with the prevalence of decay in some areas double that to the England average.
- Elderly Services- improved services are required to support elderly people in Care Homes
- Urgent Care- the universal coverage across the ICB delivering access to any patient in need of urgent care arising from dental pain or bleeding, or patients from a priority group.

4. The Joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry.

4.1 On the 7th February 2024 NHS England published further reforms to the NHS dental system building upon the initial reforms announced in July 2022. The reforms are designed to support the strategic objective for NHS dentistry of returning services to pre-pandemic levels of activity.

4.2 The reform and recovery plans and associated guidance have confirmed that the dental allocations received by ICB's from NHS England will be subjected to a firmer or stricter ringfence, with additional monitoring of expenditure being implemented by NHS England who will require regular monthly reporting of expenditures.

4.3 The measures contained in the plan include:

- NHS dentists to be given a new patient payment of either £15 or £50 depending on the treatment provided to treat new patients who have not received NHS treatment in two years or more. The measure is due to begin in March 2024 and is time limited until the end of the 2024/25 financial year.
- Targeted funding to encourage dentists to work in areas which historically have been difficult to recruit to, described as a Golden Hello scheme.
- Increase the minimum indicative Unit of Dental Activity (UDA) value from the £23 value announced in July 2022 to a higher value of £28 with effect from April 2024.
- Improve access to underserved areas through the use of dental vans.

- 4.4 In addition to these measures the plan announced a range of public health initiatives to improve the oral health of children entitled Smile for Life, with further programmes to reduce bureaucracy and workforce initiatives to increase the dental workforce and training opportunities.
- 4.5 The ICB dental team has already commenced engagement with primary care dental contractors to implement the new patient payments and with those providers impacted by the increased minimum UDA indicative tariff.
- 4.6 The new patient payment is an optional service for dental providers, guidance requires contractors to fulfill a number of terms and conditions, payments will be in the form of a UDA credit, effectively increasing the number of UDAs a new patient will record against the contractors' target.
- 4.7 The minimum UDA tariff of £28 per UDA will be implemented with effect from 1st April 2024. Those contractors whose tariffs are below the £28 minimum are currently engaged. The ICB has two options available to process the changes:
- Option One – Reduce the contract targeted UDA and retain the existing contract value
 - Option Two – Increase the contract value and retain the existing target UDAs.

Option one is designed to be applied to those contractors who have historically failed to deliver their targeted UDAs, with a reduction not directly impact on access because it has not previously been provided. Option two to be applied to contractors who have historically achieved their targets, where a reduction would directly reduce access for patients. The ICB currently has 26 contractors whose indicative UDA tariff is less than £28. Option one will be recommended to 13 contractors, Option two to 13 contractors, individual contractors have been engaged and the negotiations are ongoing at the time of writing this report.

The full report regarding the implementation of the £28 minimum UDA tariff was presented at the Dental Services Group 22/02/2024 and is available if required. The group approved to recommendations, however the PCCC are required to authorize the ICB Dental team to implement the changes, specifically those that would increase the contract values of contractors.

- 4.8 The financial impact of the minimum UDA tariff will be incorporated recurrently into the primary dental budgets. The maximum financial consequence if the ICB was to apply option two to all contractors would be £150,000, but this expected to be substantially lower at £72,000 for the 13 contractors identified for option two. This will be funded from the inflationary uplift contained in the dental allocation.
- 4.9 The ICB hopes to receive resources to support the implementation of the Golden Hello scheme but await confirmations from NHS England. The programme is one welcomed by the ICB and local implementation would be most beneficial to attract new dentists into primary care.

- 4.10 The ICB has been informed that a small number of ICBs across the country who have been selected to receive resources for the mobile dental vans have been notified and we were not selected. The programme for mobile dental vans is a pilot for the most rural or coastal communities and must be proven to deliver services before being more widely implemented. The ICB will await the evaluation of the initial pilot, and if NHS England was to include the ICB in future programmes, would seek the views from a wider range of stakeholders including the Local Dental Committee and patients before commissioning mobile services for our population.
- 4.11 The recover and reform plan has been supported with a large investment nationally of £200m that will fund both the NHS and Public Health initiatives through local authorities. The ICBs share of the allocations have not yet been notified, but the ICB currently anticipates allocations to support the new patients payments programme and the Golden Hello programme.

5. Strategic Context

- 5.1 The Dental Commissioning plan is fully contained and aligned to the ICB Commissioning Plan and Commissioning Intentions for the forth coming year.
- 5.2 Further it has incorporated all aspects of the NHS Dental reform programme and the ICB own Dental Access and Oral Health Improvement Programme.
- 5.3 The proposed plan will fully utilise and implement the Investment Framework approved by the committee in February 2024, to ensure resources are invested in the areas and for the patients with greatest need.

6. Dental Commissioning Plan

- 6.1 The proposed dental commissioning plan is a full annual plan for 2024/25 and seeks to invest and utilise in full the ICB Dental allocations. Investments will be made in a non-recurrent manner, to allow for a review of performance and impact to support and develop investments in the future, but also to ensure investments in the future can be adaptive and reactive to the needs of the population.
- 6.2 The first three schemes, identified as the highest priority, are led and developed directly from the DAOHIP. The proposed investment for these three schemes is across a 24-month period to allow time for the schemes to be implemented fully and for services to embed properly in order to assess the programmes performance and benefits to patients. The specific locations where investments will be made will be determined by the investment framework agreed by the Committee in February 2024.

6.3 The other proposed schemes have been developed to increase capacity, improve service delivery, enhance the dental system and to fully incorporate the NHS reform programme.

6.4 The table below provides a summary of the proposals for 2024/25, the full details are attached in Appendix 1.

Description	Priority	Investment 2024/25	Investment 2025/26	Section of Dental
Child Access and Oral Health Improvement	1	£3,928,000	£3,928,000	Primary
Care Homes	2	£912,600	£912,600	Primary
Pathways 1, 2 & 3	3	£1,216,800	£1,216,800	Primary
Managed Clinical Network (Restorative)	4	£31,000	£0	Primary & Secondary
Expansion of Orthodontic Services	5	£1,679,000	£0	Primary & Secondary
Intra Oral Scanners	6	£90,000	£0	Secondary
Surgical Exposure Service for Paediatrics	7	£30,000	£0	Primary & Secondary
Tier 1 services - General Dentist with Special Interests	8	£175,000	£0	Primary
Sedation Services	9	£105,000	£0	Primary
Advice & Guidance	10	£40,000	£0	Primary
Primary Care Performance	11	£1,800,000	£0	Primary
Smile for Life	12	£1,000,000	£0	Primary
Golden Hello	13	£0	£0	Primary
Total		£11,007,400	£6,057,400	

6.5 The schemes have been developed and prioritised in conjunction with the local dental network and local dental committee to ensure that they are clinically led, prioritise the most pressing health inequalities and are attractive to the dental profession locally. Additional support has been provided from a wider group of stakeholders including consultants within local provider trusts, the regional consultant in dental public health, the ICB dental clinical fellow and the dental clinical advisor. The scheme will be designed to achieve the highest values for money and the greatest impact for patients.

6.6 The programme seeks to invest in a non-recurrent manner into various pilots and projects, to test whether services to patients can be developed and changed to generate improved outcomes.

7. Financial Information

7.1 The section confirms the current indicative dental allocations and that the proposed investments forming the dental commissioning plan are fully funded and fully contained in the available allocation.

7.2 The ICB receive allocations specifically identified for dental services, the allocations cover all aspects of dental services. The allocation is utilised to set the budgets across these three areas based on existing commitments, historic spend and to develop and enhance the services offered to the patients across the ICB.

7.3 The table below details the ICB indicative allocations for dental services in 2024/25. From this budget £11m is available for investment in the dental plan.

	2024/25 Budget £'m
Dental Budget	
Primary Dental	90.71
Community Dental	14.62
Secondary Dental	28
Total Dental Services	133.33

7.4 NHS England has confirmed that in the 2024/25 financial year that it will be imposing a stricter application of the ringfence relating to the dental allocations, NHSE will be monitoring the ICBs expenditure monthly to provide assurance of the expenditure.

6. Mobilisation

6.1 The Clinical risk of delays to the implementation of the proposed schemes would impact directly upon the vulnerable patients the projects are designed to improved services for, worsening the oral health of patients of all ages, and in many cases allowing patients to suffer with dental caries and in some cases in pain and anxiety.

7. Conclusion

7.1 The proposed dental commissioning plan is a fully funded and affordable investment proposal.

7.2 The investments are all clinical developed and are supported by a wide range of stakeholders.

7.3 The impacts for patients is expected to be substantial, the Child Health and Oral Health assessment investment designed to offer up to 10,000 more appointments to children and the Care Homes investment designed to deliver approximately 90 hours of additional activity per week to elderly people in care homes across the ICB.

7.4 The dental commissioning plan proposal is included within the ICB Commissioning Plan and associated Commissioning Intentions.

8. Recommendations

8.1 The committee is asked to:

- Agree in principle the dental commissioning plan, pending Board agreement of commissioning intentions on 10 April 2024 and note that the

elements relating to secondary care will be submitted to the ICB Commissioning Resources Group (CRG) for consideration.

David Armstrong

Senior Delivery Assurance Manager

Appendix 1 – Detailed Dental Commissioning Intentions 2024-25



Dental%20Commiss
ioning%20Intention

Appendix 1a – Summary of the Benefits & Outcomes



Pathway	Benefits and Outcomes	2024-25 Total	2025/26 Total
Child Access and Oral Health Improvement	<p>Outcomes: Expectation range between 8,000 - 10,000 patient appointments to treat children in pain.</p> <p>Behaviour change clinics for 18,000 families, parents or carers of children A reduction in caries in under 5 year olds. Reduction in family members having to take off work to look after children in pain who can't attend school due to pain from tooth decay. Transformed primary care workforce with more experience in managing symptomatic children, using enhanced care techniques which will in turn lead to less reliance of secondary care services. Support the recruitment and retention of dental team, by providing a more diverse job role and portfolio for the whole dental team. A better understanding of demand, efficacy and cost consequences of the pathway for future 'Flexible Commissioning' opportunities. Integration of dental team in social care, GP teams and secondary care providers.</p>	£3,928,000	£3,928,000

Pathway	Benefits and Outcomes	2024-25 Total	2025/26 Total
Care Homes	<p>Outcomes The outcomes of the pilot relate to both service delivery (support for care home teams and clinical support for residents) and a greater understanding of demand from care homes enabling a more permanent solution to be commissioned in the future.</p> <p>Care Home Support:</p> <ul style="list-style-type: none"> • The development a policy on oral health. • Initial oral health assessments for new residents and their appropriate review. • The development of mouth care plans for individual patients. • The development of knowledge and skills for care staff. <p>Clinical Support for residents:</p> <ul style="list-style-type: none"> • The dental practice will provide clinical advice, care and services to residents of their named care homes. • Support care home staff with advice about individual patient’s conditions through telephone, video or in person consultations • For residents who already have a regular dentist, liaise with the patient’s regular dentist and facilitate care. • For residents who do not have a dentist, and where there is no current domiciliary care provider, the practice may provide appropriate clinical care either at the care home or at the practice as appropriate. • Undertake an oral health examination in line with NICE recall guidance and Delivering Better Oral Health, either within the care home or the dental practice that is supporting the care home. <p>Service Demand and Workforce Utilisation</p> <ul style="list-style-type: none"> • The level of demand for care from the care homes involved in the pilot (both from supporting care home staff and clinical support for the residents). • How dental practices will utilise skill mix to deliver the pilot, engaging with the whole dental team as well as clinical dental technicians from outside of the practice. • What workforce transformation is required to support dental practices with delivery of a permanent solution. 	£912,600	£912,600

Pathway	Benefits and Outcomes	2024-25 Total	2025/26 Total
Pathways 1, 2 & 3	<p>Pathway 1 Approximately 10,000 urgent care appointments for patients in pain.</p> <p>Pathway 2 Approximately 6,000 follow up appointments for patients requiring treatment having already had an urgent need addressed</p> <p>Pathway 3 Approximately 3,000 courses of treatment to make patients orally fit.</p>	£1,216,800	£1,216,800
Managed Clinical Network (Restorative)	The funding will secure 3 sessions per month for a Restorative MCN Chair to provide clinical leadership in the transformation of restorative services across the ICB.	£31,000	
Expansion of Orthodontic Services	<p>The job plan for the consultant would be split between Burnley and Blackburn with the consultant providing a full range of secondary care services.</p> <p>The ICB would be in a much better position to progress with its transformation or secondary care orthodontics into a pan ICS service, reducing patient impact felt by long wait times, contributing to support for other trusts where there are significant challenges with gaps in provision and unwarranted longer patient wait times.</p>	£1,679,000	

Pathway	Benefits and Outcomes	2024-25 Total	2025/26 Total
Intra Oral Scanners	<p>Clinical teams in Trusts will be able to instantly share clinical models of patients mouths to provide rapid decision making between consultants and specialists across Trusts and primary care. It will enable clinicians to work remotely and support orthodontic therapists on sites where there may be gaps in consultant or specialist cover.</p> <p>Space currently used for the storage of physical models will start to be utilised for patient treatment and consultation.</p> <p>LSC Orthodontic service will be seen by clinicians considering a position in secondary care and working in LSC, will see the LSC secondary care services and forward facing when it comes to utilising the latest technology.</p>	£90,000	
Surgical Exposure Service for Paediatrics	<p>This pathway would provide care for approximately 80 children per year.</p> <p>It would reduce the number of children requiring hospital treatment for care, and in turn speed up the orthodontic treatment pathway.</p> <p>Reduction in risk to patients from root resorption and less damaged to roots for children who are waiting many months for treatment, in certain circumstances.</p>	£30,000	
Expansion of Primary Tier 1 service - General Dentist with Special Interests	<p>Developing a network of GDPs to support secondary care restorative services</p> <p>Enhancing the skills of primary care dental teams</p> <p>Part of the development work will lead to some treatment being delivered in Primary Care</p> <p>Support the recruitment and retention of workforce</p> <p>Better utilisation of skills that exist in Primary Care</p>	£175,000	

Pathway	Benefits and Outcomes	2024-25 Total	2025/26 Total
Sedation Training	<p>Development of the dental team for two dental nurses and one dentist in each practice training for both Inhalation and Intravenous sedation</p> <p>Benefits Support the elective care recovery, reducing the admissions for sedation Reduction in secondary care admissions for extractions Recruitment and retention of teams by developing the dental workforce. Faster access to care for patients who are in pain but do not meet the P1 or P2 criteria for secondary care.</p>	£105,000	
Advice & Guidance	<p>An outcome of this investment is a foundation that builds on the existing electronic referral platform and will allow:</p> <p>Shared records between Primary and Secondary Care Joint decision making and treatment planning Clinical opinion and guidance for patients who would have previously been referred into secondary care</p>	£40,000	
Primary Care Performance	<p>Large increase in the numbers of UDA and UOA delivered by GDS/PDS contractors.</p> <p>The LDC has confirmed they fully support the ICB to negotiate 110% forecast targets with providers.</p>	£1,800,000	
Smile for Life	Targeted prevention to support the Oral Health initiatives with Children across the ICB	£1,000,000	
Golden Hello	<p>The direct benefits arising from being able to focus the incentive within areas of greatest across the ICB in line for the reform programme is the initial advantage.</p> <p>The secondary advantage may arise if slippage is reported on other priority investment this scheme may be use to provide additional incentives to contractors to progress other priority investments</p>	£0	
		£11,007,400	£6,305,400

Smile for Life	<p>The ICB wishes to invest additional resources to support a Toothbrush and Tooth Paste distribution scheme to enhance and support the local authority and the programmes and investments expected of them within the Smile for Life programme.</p> <p>These LA schemes within the Dental recovery programme, are identified the following aims and objectives:-</p> <ul style="list-style-type: none"> - Support Family Hubs and other settings that provide Start for Life services across England to promote prevention initiatives to improve the oral health of pregnant mums, and guidance for parents about how to protect baby gums and milk teeth from decay - support nurseries and other early years settings to incorporate Smile for Life good oral hygiene into the daily routines of infants and toddlers so that, by the time they reach primary school, every child sees daily toothbrushing as a part of their normal routine - deploy mobile dental teams into schools in under served areas to provide advice and deliver preventative fluoride varnish treatments to more than 155,000 children, strengthening their teeth and preventing tooth decay 	Complimentary investment to align the Oral Health objectives of the ICB to the Local Authority public health initiatives arising within the latest recovery and reform announcements	Targeted prevention to support the Oral Health initiatives with Children across the ICB	12	Primary Care	£250,000	£250,000	£250,000	£250,000	£1,000,000			£250,000
Golden Hello	Recruitment issues have been reported by many providers and in many areas across the ICB. The plan includes the initiative in order to ensure the programme of Golden Hellos can be implemented within the ICB even if NHS England choose not to allocate any resources to the ICB	in line with the Dental Recovery plan - 'Faster, simpler and fairer' our plan to recover and reform NHS dentistry - the initiative to increase the dental workforce includes an option to offer a Golden Hello of £20k over a 3 year period.	<p>The direct benefits arising from being able to focus the incentive within areas of greatest across the ICB in line for the reform programme is the initial advantage.</p> <p>The secondary advantage may arise if slippage is reported on other priority investment this scheme may be used to provide additional incentives to contractors to progress other priority investments</p>	13	Primary Care	£0	£0	£0	£0	£0			<p>This scheme has been included to ensure it is an option in the forth coming year, even if the national programme is directed into other ICBs. We wish to retain the opportunity to invest any slippage in the above schemes to complement the numbers of GPs in the ICB but also to complement the other programme which may need additional clinical capacity to progress</p>
						£2,820,600	£2,705,600	£2,740,600	£2,740,600	£11,007,480	£6,057,480		