NHS Reforms and the impact on dentistry

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Objectives

- By the end of the session you should have a broad understanding of the
  - Structural Changes
  - Cultural Changes
  - Clinical Changes
  - Population Changes

which will affect the business of dentistry
Structural Changes
Who Does What in Today’s NHS?

Policy

- Purchasing
- Payments
- Provision

Department of Health

Strategic Health Authorities

Commissioners
- Primary Care Trusts
- Clinical Commissioning Groups

Contracts

Providers
- Primary Care Specialist Services
- Community Services
- Hospital Services

Regulation/inspection

Care Quality Commission

Monitor
Changes ahead

• Health and Social Care Bill passed

• As a consequence
  • PCTs abolished April 2013
  • Responsibilities to be split to new commissioners
  • Dental Contracts and Commissioning to be the responsibility of a new body called the NHS Commissioning Board (NCB)
  • Contracts are being checked to ensure all information is correct before PCT passes over to new body

• NHS Commissioning Board will be a national body but with local teams - Lancashire
Changes ahead

- Principles of the changes

- Local priorities and strategy set by Health and Wellbeing Boards of Local Authorities.
  - Oral Health Strategy falls under that body

- Clinically Led approach
  - Clinical Commissioning Groups (CCG) to commission and improve the quality of most services in line with strategy but not primary or secondary care dental
  - Local clinically led Professional Networks (LPN) are being tested to undertake similar role to CCGs but as a part of the NCB
Cultural Changes
The principles of change

- **Co-production:** the NHS Commissioning Board and Clinical Commissioning Groups will work together to design and test the new arrangements.

- **Clinical ownership and leadership:** at every level and clinical evidence will underpin the national quality standards.

- **Subsidiarity:** responsibilities will rest at local level, unless there is a clear case for them to sit elsewhere.

- **System alignment:** Health and wellbeing boards will bring about local integration and the NHS CB will work with regulators and other partners.

SHAPING THE NEW SYSTEM: the four principles of change
Management Model

- Better Care
- Better Health
- Better Life
GDS Contract

PDS Contract

(generalist)

Specialist Practice

PDS Contract and

Secondary Care

Restorative

OMFS

A&E

NHS Direct

Ortho

Paediatric

DWSI

Ortho

Restorative

Special Care

NCB Commissioning

Responsibilities
NHSCB: care pathway approach to commissioning dental services: Community and secondary care services
The LPN and their supporting networks shall also coordinate input and engagement with all providers and performers locally.
National Commissioning Board

Far and Near

**NHS CB Central**

**Functions could include:**
- Developing strategies and frameworks for implementation across primary care based on an aggregation of local need
- Producing and maintaining all contract documentation for use by the local teams
- Setting the parameters for local team working through standard policies, procedures and processes

**NHS CB Field Force**

**Functions could include:**
- Providing the interface with primary care contractors within a defined health community
- Contract management and performance management
- Drawing in clinical expertise – as required – from dentists, pharmacists and optical professionals through local professional networks

**NHS CB local professional networks**

**Functions could include:**
- In conjunction with CCGs and HWBs, providing the clinical interface and expertise to develop the primary care commissioning strategy
- Bringing local clinical intelligence into the commissioning decision making process
- Quality improvement in primary care
Sample of benchmarking
Sample of benchmarking
Performance Cycle

- Quarterly refresh of data
- As much about engagement with contract holders and practices
- Virtual circle, working together to drive standards upwards
- There are always exceptions – eg practices who serve a large elderly population, deprived area etc
Purpose of commissioning

• Improve population health and reduce inequalities

• Improve the quality of services

• Improve value for money

• Better care, better health, better life
Clinical Changes

- The Steele Review and the New Contract
Our vision for the NHS Dental Service

“Just as health is the desired outcome of the rest of the NHS, so health should now be the desired outcome for NHS dentistry “

Aligning behind a clear view of what NHS dentistry should offer

In our view, the overall ambition of the NHS dentistry service should be to be a lifetime-focused, evidence-based oral health service, which aims:

- to prevent oral disease and the damage it causes
- to minimise the impact of oral disease on your health, when it occurs
- to maintain and restore quality of life when this is affected by the condition of your mouth.
‘We will introduce a new dentistry contract that will focus on achieving good dental health and increasing access to NHS dentistry, with an additional focus on the oral health of schoolchildren’.

May 2010
The New Dental Contract

- Currently 70 practices piloting new arrangements
- Don’t know what the new contract will be
- Or when it will be introduced

Expected 2015
Pathways for the new contract

New patient visits dentist

Routine care
- Assessment of oral health
- Disease prevention and management
- Continuity of care and routine management
- Advanced care

Urgent care
- Definitive pain relief
- Recommend assessment of oral health

Accept/Decline
Assessment and risk screening process

Patient Assessment

Risk screening

Domains

Caries

Perio

Soft tissue

TSL

Risk Category

Prevention

Recall

Patient actions

Dental team actions

T1

T2

T3

Patient actions

Dental team actions

T1

T2

T3

Patient actions

Dental team actions

T1

T2

T3

Patient actions

Dental team actions

T1

T2

T3

Patient actions

Dental team actions

T1

T2

T3

Self care plan, preventive and treatment plans

KEY

C = Clinical Factors

P = Patient Factors

T = Time interval
Determining the clinical and patient factors for the four domains

<table>
<thead>
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<th>Domain</th>
<th>Caries</th>
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<td>Clinical factors</td>
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<tr>
<td>Teeth with carious lesions</td>
<td></td>
</tr>
<tr>
<td>No teeth with carious lesions</td>
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<tr>
<td>Patient factors</td>
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<tr>
<td>Age</td>
<td></td>
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<tr>
<td>Symptoms</td>
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<td>Diet</td>
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<td>Unsatisfactory Plaque control</td>
<td></td>
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<tr>
<td>Sibling experience</td>
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</tbody>
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Risk

Actions (pathways)

Professional Patient

Patient Communication

Mapped to Delivering Better Oral Health
Story so Far

- Patients like the extra time and attention
- They understand and engage with the RAG
- We’re practicing more preventative dentistry
- Periodontal disease is being managed more appropriately
- No one wants to go back
- No UDAs! (April 2013??)
The New Dental Contract…

- Intention is to meet the changing needs of the population
- Enhance Skill Mix within the practice
- Will still require responsive services
- Will still be monitored
Population changes
Adult Dental Health Survey 2009

Figure 2 - Edentate adults by country: 1978-2009

- England
- Wales
- Northern Ireland
Predicted percentage **edentate** based on trends 1968-98
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Quality, Innovation, Productivity & Prevention (QIIPP) Challenge

“Sustainable health systems are created when clinical leaders are empowered to bring about transformational change supported by managers who back good ideas, remove blockages to progress and provide support”

David Nicholson

Opportunities for Dental Practice Managers?
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