

# **Annual Conference of Local Dental Committees**

## **Fri 10 June 2016**

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CDO England

*Good Oral Health - Obtainable and Sustainable for all*

# CDO VISIT PROGRAMME Jan – May 2016

- Hospitality
- Insight Into Issues & Solutions

- *Positive Partnerships*
  - *LDN Conduit*
  - *LDC Network*

- Viable & Sustainable Business Focus

- Pastoral Care

- Community Engagement

- Information cascade

- Knowledge Gaps

## North

-  Cumbria and North East (Cumbria, Northumberland, Tyne and Wear & Durham, Darlington and Tees)
-  Lancashire and Greater Manchester
-  Yorkshire and the Humber (North Yorks and Humber, South Yorks and Bassetlaw & West Yorks)
-  Cheshire and Merseyside (Cheshire, Warrington and Wirral & Merseyside)

## Midlands and East

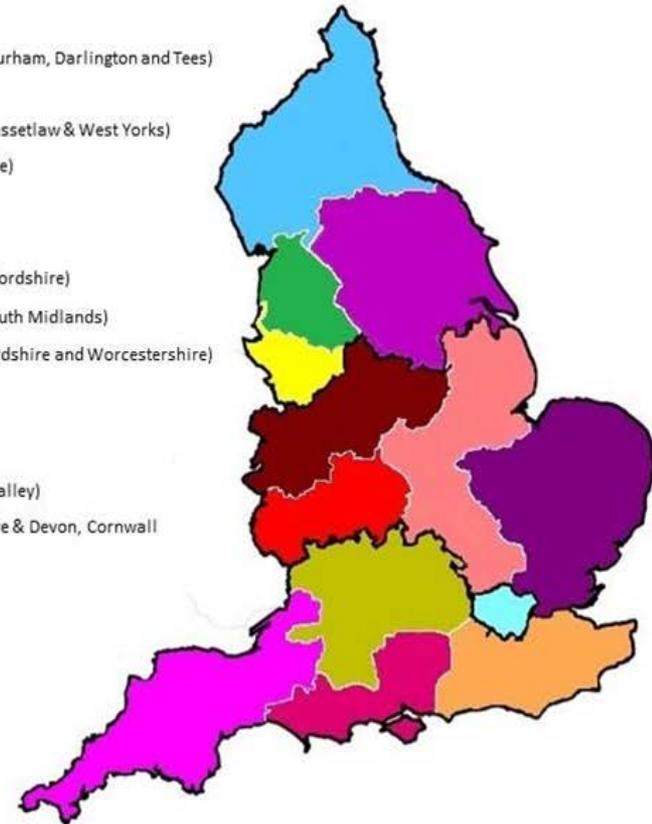
-  North Midlands (Derbyshire and Nottinghamshire & Shropshire and Staffordshire)
-  Central Midlands (Leicestershire and Lincolnshire & Hertfordshire and South Midlands)
-  West Midlands (Birmingham, Solihull and Black Country & Arden, Herefordshire and Worcestershire)
-  East (East Anglia & Essex)

## South

-  South Central (Bath, Gloucestershire, Swindon and Wiltshire & Thames Valley)
-  South West (Bristol, North Somerset, Somerset and South Gloucestershire & Devon, Cornwall and Isles of Scilly)
-  Wessex
-  South East (Kent and Medway & Surrey and Sussex)

## London

-  London



[https://www.gov.uk/government/uploads/system/uploads/.../Reform\\_Document.pdf](https://www.gov.uk/government/uploads/system/uploads/.../Reform_Document.pdf)

# New Baseline

## DH

- DH led Contract Reform Prototypes Apr 2016

## GDC/CQC

- Rebalancing Regulation

## NHS England

- Targeted innovation for in practice prevention and support to LGA initiatives
- Clear Commitment to Place Based Commissioning (PBC)
- Agreement to place clinical lead at the forefront of designing local commissioning intent.

## OCDO

- Pan agency coordination of approach with DH, HEE, PHE and Regulators (CQC/GDC) to align their future plans to the **Oral Health and Dental Care Forward View**

## Slow Burn

Broader recognition that Oral Health is integral to general health & wellbeing

- Opportunities to support & enhance health care across other NHS England domains of care/health

# NHS England Five Year Forward View

- 2016 BDA Conference – Minister intent for CDO to lay out the direction of travel
  - Concept similar to the “General Practice Forward View”
- Our focus must be to run in parallel and complement /reflect the FYFV principles
  - “radical upgrade in prevention and public health”
    - NHS E – commitment to innovative commissioning for prevention ahead of Contract Reform
    - Dental Contract Reform – prevention integral to clinical pathway
    - Integrated work with by LGA & PHE - prevention out with clinical environment
  - “The NHS will take decisive steps to break down the barriers in how care is provided”
    - Dental Specialties Commissioning guides – competencies not setting
  - “England is too diverse for a ‘one size fits all’ care model”
    - Clinically Informed place- based commissioning
    - Examples of innovative locally integrated services and innovative commissioning

# Oral Health and Dental Care Forward View

Current NHS E Dental Commissioning arrangements are looking for:

- Central D&G
- Clinical input
- OCDO to “lean into Commissioning”
- OCDO programme management & integration with other NHS E domains & NCDs
- Work with David Geddes/Carol Reece & Heads of Primary Care Commissioning
  - Design & Deliver NHS E Strategic Framework,
  - Central Policy, Direction and Guidance
  - Support place-based commissioning & clinical service delivery to achieve parity in health outcomes
- Future Proof for Contract Reform
  - Workforce Planning/Development
  - Information Management
  - Commissioning Strategy
  - Evidence based budget
  - Demonstration of “value added”

# Oral Health and Dental Care Forward View

## Current Actions within NHS England Commissioning Arena

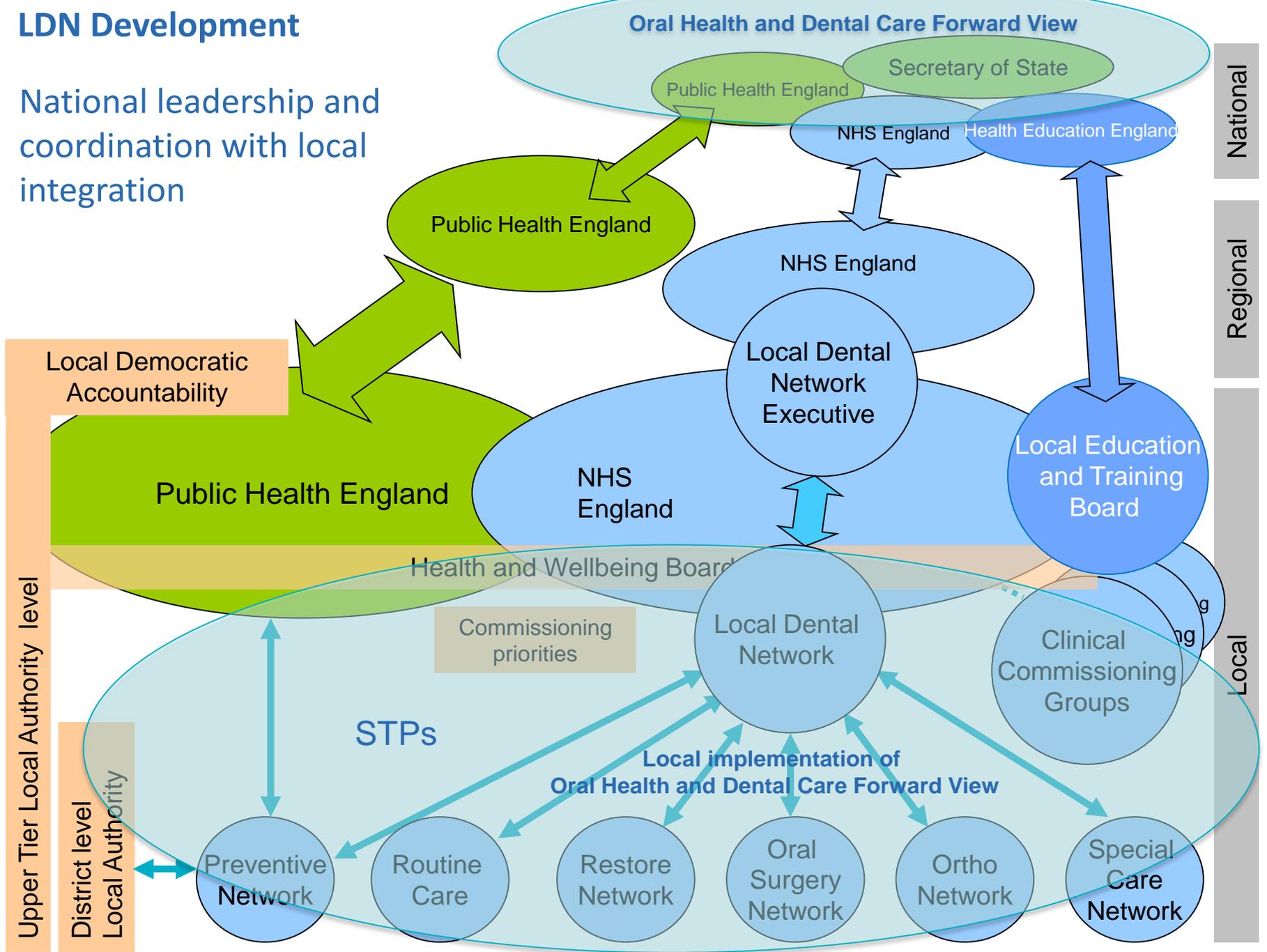
- Developing role of LDNs within a revised commissioning model for NHS E dentistry to provide a clinically led commissioning function.
  - LDN lead the development of strategy for their area and work with their associated managed clinical networks to deliver it.
  - Representatives from Public Health England and Health Education England as core members along with NHS England commissioners.
  - LDN link into the developing place based commissioning arrangements and sustainability and transformation plans (STP)
  - Link between LDC and LDN essential
- Develop the capacity of existing dental commissioning and contracting staff to focus on commissioning with the LDNs by moving elements of routine contract management to the BSA

# Oral Health and Dental Care Forward View

- LDN leadership - Proof of Concept
  - Model was tested during the development phase of LPNs and currently exists in varying degrees.
  - Utilising and Learning from existing Local Dental Networks (LDN)
- Endorsed LDN purpose and function to deliver clinically led commissioning & integrate with developing place based solutions to:
  - Maintain safe services & deliver quality improvement
  - Secure current & develop new integrated services
  - Provides continuity & build local place links
  - Offer evidence based efficiency and economy
  - Design & Deliver Innovative Commissioning for Prevention within / without clinical environment
  - Agile but future proofed commissioning
    - ..... as local transformation takes place

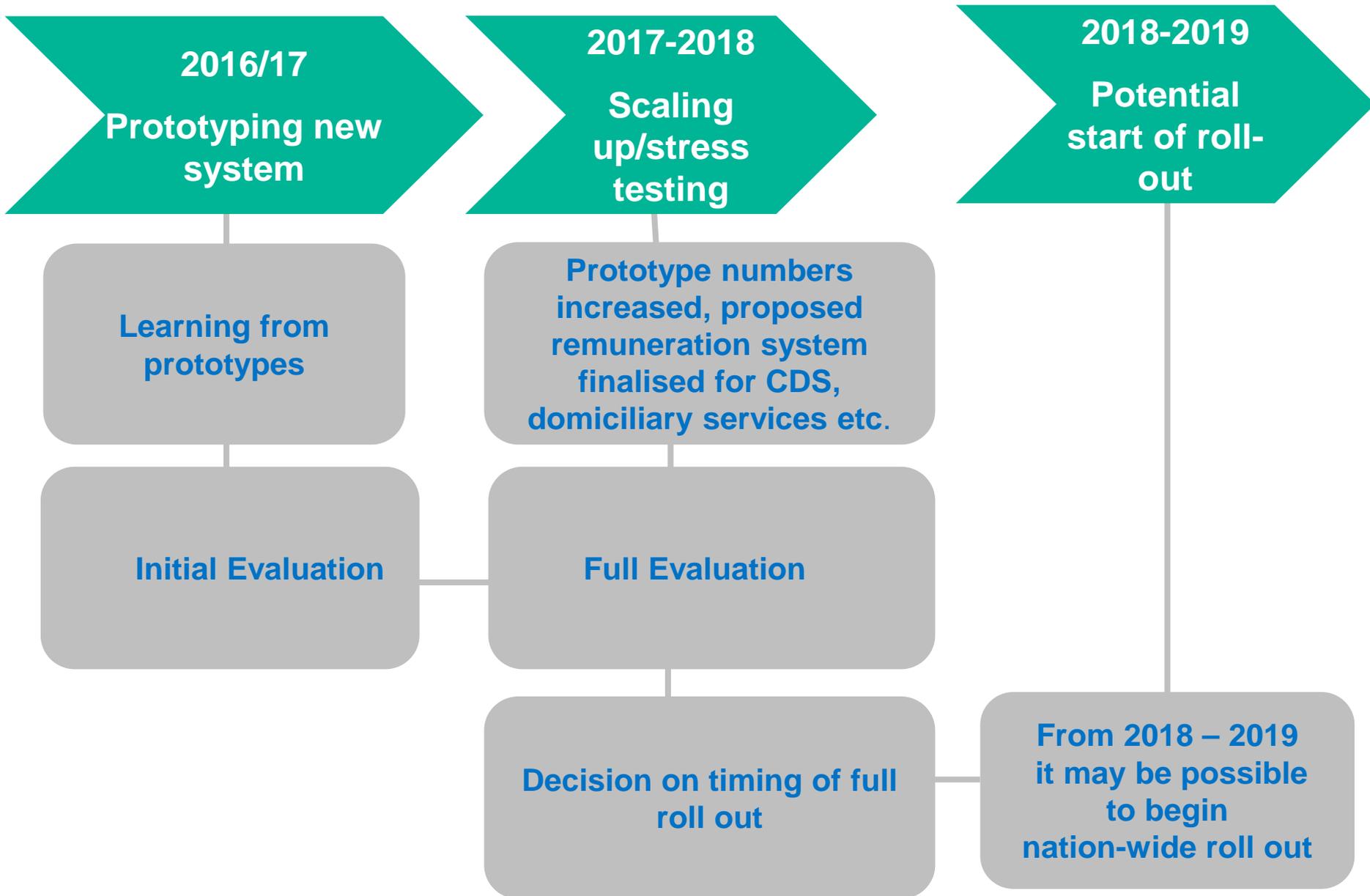
# LDN Development

National leadership and coordination with local integration



# **Local delivery through development of commissioning**

# How does this fit with Contract Reform?



# Contract Reform

- Dental Contract Reform is Department of Health led
  - LDC reps at table – Mick Armstrong, Richard Ems, John Milne
  - BDA – regular dialogue and updates
  - A range of reports & information available....

2014 Dr John Milne said:

“It is important that engagement continues as all parties strive for new arrangements that work for practitioners and patients alike.”

# Contract Reform

- Pilots ran from April 2011 to 31 March 2016.

Learning from the pilots included:

- Pathway has been welcomed by both patients and dentists
- Switching from full activity to full capitation would be too radical a shift
- Positive reception for remuneration system that supports prevention and delivery of treatment (the prototype system)

**Piloting showed potential for change and has ensured the current Government support the need for the next stage of testing - Prototyping**

## Prototypes – the Next Stage

The learning from piloting has enabled a prototype system to be designed, which, *if* successful could begin to be rolled out from 2018/19.

DH advise that they:

- Will continue to test the patient pathway, are aware of current issues
- Will continue to measure against clinical and patient indicators in the Dental Quality and Outcomes Framework (DQOF)
- Will test two blends of remuneration. The majority of remuneration in both blends will be for capitated ongoing and preventative care.

**Issues of Significant note**  
**Software**  
**Target Registration Numbers**

# Preparing For Roll Out

Key issues to be worked on prior to roll-out:

- Decisions on Patient Charges system that fits with the new approach
- Managing any transition from local to national remuneration values (winner/ losers issues)
- Refining the activity metrics used i.e. replacing UDAs
- Optimal contract timeframes and factors for roll on/re-tender

# Measuring Prototype Success

3 high level measures of success before any new system can be rolled out:

## **Appropriate, high quality care:**

- Health outcome measures (tooth decay and gum disease) and treatment volumes to check appropriate care has been delivered

## **Access:**

- Prototypes will need to be able to provide care for at least the same number of patients as the current system

## **Value for money:**

- Care to patients can be delivered within the existing dental budget

- END