

## Appendix 3

**Report to:** Health Overview and Scrutiny Committee  
**Regarding:** Update on the Dental Contract  
**Date:** 23<sup>rd</sup> February 2009  
**By** Stephen Ingram, Strategic Commissioner  
Primary Care and Cherie Young, Primary Care  
Commissioner for Dental and Optometry  
Services

### **Purpose**

The HOSC requested an update regarding how NHS Brighton and Hove commissions and monitors services provided under the General Dental Services Contract.

### **Background**

The new General Dental Contract was introduced in April 2006, with the aim of improving access to NHS dental services for patients in England. To achieve this the reforms included a new system of contracting with NHS dentists, a new system of dental charges, and an end to registration for patients.

NHS Brighton and Hove is responsible for commissioning services that help prevent diseases of the mouth teeth and gums, and provide appropriate care and treatment where disease occurs to any patient that accesses them, regardless of the PCT in which that patient is resident or the GP practice with which they are registered. In other words, services are commissioned on a 'catchment' rather than 'residence' basis. The main diseases are caries (tooth decay), periodontal disease (gum disease) and oral cancer.

### **Contracts**

Prior to the new contract it was possible for a dentist to set up a NHS practice wherever they wished, and to provide an unlimited amount of treatment. Under the new General Dental Contract those dentists who held a contract at 31<sup>st</sup> March 2006 were entitled to a new General Dental Service contract from 1<sup>st</sup> April 2006, initially based on the amount of care provided during the 'reference period' between 2004 and 2005. This reference period data formed the Unit of Dental Activity requirement for each contract together with the contract value and was guaranteed until 31<sup>st</sup> March 2009 with the PCTs dental budget ring fenced until 31<sup>st</sup> March 2011.

Dental Contractors are paid their contract value in advance and are required to hit the UDA target identified in the reference period within a tolerance of + or – 4%.

At the end of the financial year 2006/2007 NHS Brighton and Hove had achieved 90% of its target and successive improvements are being made to service delivery with projected delivery in the financial year 2008/2009 being 96%

Once the contract value protection goes on 31<sup>st</sup> March 2009, contract value becomes just like any other term within a GDS contract: it can be altered by agreement. If the PCT wants to change the contract value, then it may re-negotiate it with the practices concerned. For many contractors, their contract will continue unchanged in 09-10.

There is some concern among dentists with GDS contracts that they may be in danger of termination or required to amend their contract from April 2009. The position is that GDS contracts continue indefinitely, unless the contractor has not complied with the terms to such an extent that they warrant contract termination.

PCTs might wish to renegotiate contract values to tackle particular dental practices within their areas who are struggling to deliver the activity values specified.

### **Who Provides primary dental services**

Primary dental care can be provided by

- Independent contractors with their associates (high street dentists)
- Dentists with Special Interests
- PCT Provider arms and other NHS organisations

The majority of NHS primary dental care is provided by independent contractors, working as single-handed practitioners or in partnerships.

### **What sort of services are provided**

*Independent contractors* - are required to provide mandatory services under the standard GDS contract. Although the remuneration system no longer includes patient registration, providers tend to have a list of regular patients who have a continuing relationship with that practice. However if a practice has space in its appointment book, it should accept any patient who is seeking treatment. These Contractors must provide all proper and necessary dental care and treatment which a practitioner usually undertakes for a patient and which the patient is willing to undergo, this includes all treatment, including urgent treatment and where appropriate, the referral of the patient for advanced/additional services.

Mandatory services include

	<b>General terms</b>	<b>Unit of Dental Activity (UDA) counted against contract</b>	<b>Patients Charge Applicable</b>
Examination, diagnosis, (which includes the taking of radiographs) advice and planning of treatment –	diagnostics	1	£16.80

Preventative care and treatment, endodontic, periodontal, conservative, surgical treatment	Conservation	3	£44.60
Supply and repair of dental appliances, crowns and bridges	treatment involving Laboratory work	12	£198.00

*Out of hours dental services* - these are arranged separately from main provision to deal with urgent care needs which cannot be met in house during normal surgery hours (Monday to Friday 9 – 5) Patients who attend a dentist should contact their practice if in urgent need of care within surgery hours.

*Specialist Primary Care Services* - such as orthodontics and sedation services.

*Salaried primary dental care services* for groups with Special Needs

*Dental Access Centres* - designed for urgent and immediate care.

### **General Dental Service Contracts in Brighton and Hove**

NHS Brighton and Hove currently holds 62 contracts with 55 practices across the city. The size of the contracts varies from 270 Units of Dental Activity (UDA) to 30,000 UDAs with contract values between £5,000 to £900,000.

The total net dental budget allocated by the Department of Health for Brighton and Hove for 2008/2009 was £12,300,000 and assumes that an amount of £3,354,000 will be collected in patient charges. The total monies available for spend is therefore £15,654,000. The dental spend on contracts totalled £12,812,000 with further funding being required to cover on-costs (eg superannuation/maternity and sick pay). NHS Brighton and Hove has commissioned further activity with contractors who have historically evidenced their ability to perform, on a short term contract basis for this and the next financial year to ensure the full budget is spent. This will create a window enabling a full procurement exercise in the open market against the Oral Health Needs Assessment (OHNA) to be undertaken.

In the week commencing 23<sup>rd</sup> February 2009, of the 50 practices within the city who provide mandatory services, 27 are taking on new patients.

Annual reviews of all the city's dental contracts have been undertaken for the financial year 2007/2008 and in year adjustments made where required.

### **Strategic Direction**

Before NHS Brighton and Hove could begin to make improvements to primary care services, a map of the baseline was required to establish the present position. However, the PCT has a responsibility to commission any new contracts, enabling the provision of services to be directed to areas of need. In Brighton and Hove, OHNA has been carried out which will indicate areas where

additional provision should be targeted, and will provide the framework for commissioning future dental services, which will include both general and specialist services.

The OHNA covered the following areas:

1. Assess needs
2. Map existing services
3. Identify what needs to change

This enables NHS Brighton and Hove to rationalise commissioning dental services through assessing need and demand.

The OHNA has identified the need for a Consultant in Restorative Dentistry and NHS Brighton and Hove, following consideration, seek to procure this service to address the unmet need **Independent contractors** – Work has started in the development of not only a smoking cessation package that can be used in dental practices but also in an Oral Health Promotion package and it is anticipated that this will be ready to roll out to the practices this year.

**Specialist Primary Care Services** - the City has two orthodontic providers one of which is a single handed practitioner and the other is a large national company. These contractors only provide services to patients under the age of 18, who fit the new Index of Orthodontic Treatment Need criteria of 3.6 and above and do not require treatment by multi disciplinary teams (orthodontic treatment and constructive surgery) Patients who fall outside of the IOTN criteria and who do not have multi disciplinary needs will generally be offered the treatment on a private basis. Patients over 18 may apply to secondary care for their treatment or be offered treatment on a private basis.

There are two contractors who provide the majority of our sedation services although a further contractor has a small provision.

**Salaried primary dental care services for groups with Special Needs** – NHS Brighton and Hove currently hold a Service Level Agreement with South Downs Health who provide care for children and adults with special needs. This service also undertakes Oral Health Promotion in schools and the community.

**Dental Access Centres** – the Dental Access Centre in St James Street has historically provided urgent and routine care for routine patients within the city. However this service has recently been redesigned to provide urgent and routine care to hard to reach groups including substance misuse clients, travellers, clients with mental health issues, mother and children groups. The centre also provides a full upper and/or full lower denture service.

NHS Brighton and Hove are working closely with this service provider to promote these services with local people.

**Emergency Dental service** - This service is currently being provided for the city at the Emergency Dental Service based at Victoria Hospital in Lewes by East

Sussex Downs and Weald Provider arm. It is open from 18:30 – 22:00 Monday to Friday and 9:30 – 13:30 Saturday to Sunday.

The service is not unique to Brighton and Hove residents and, due to its location can be difficult for patients to access. The service has only limited capacity and at the present time turns away as many patients as it sees.

An EDS review is currently being led by East Sussex Downs and Weald PCT, however due to the length of time the review is taking and the fact that the contract and patients needs have moved on, NHS Brighton and Hove are embarking on a pilot with a local practice to supplement the existing EDS provision.

### **Promoting Access to Dentistry**

Until September 2008 the EDS service in Lewes was the only service provider for Brighton patients without a dentist. With the implementation of the county wide dental helpline in September 2008 it became possible to implement patient care pathways. Access slots around the city were commissioned in normal surgery hours for patients in pain. If possible the same practice would then take the patient on as a routine patient. Alternatively the patient would be referred back to the helpline to be informed of accepting dentists.

The helpline covers 4 PCT areas and since September 2008 has received a total of 3,059 calls for both urgent and routine calls for the following areas

- East Sussex Downs and Weald                    330
- Hastings and Rother                                309
- West Sussex    958
- Brighton and Hove                                  1462

The higher number of calls from the city residents is due to the promotional activities that are being undertaken by NHS Brighton and Hove in directing patients to dental services.

On average one third of the calls from the city are for urgent care. (487)

### **Information for Patients and the Public**

NHS Brighton and Hove are communicating with local people about NHS dental services not only through their PALS and complaints procedures but also through direct contact at workshops in supermarkets and other public places. The following messages are being conveyed:

- Informing patients what they are entitled to expect and how they can get it
- Tackling misinformation (potentially including from dentists)
- Countering inaccurate media messages regarding service availability through signposting services and practices accepting patients

We are investing time and effort in presenting information in an accessible way using a range of techniques including the following:

- The commissioning of a patient dental helpline 0300 1000 899
- The design and distribution around the city of dental posters and business cards advertising the dental helpline
- Internet – PCT and NHS Choices web sites
- Press releases
- Local advertising in papers and magazines
- On the week beginning 16<sup>th</sup> February 2009 NHS Brighton and Hove embarked upon a week long pilot SMILE radio campaign on southern FM. This campaign produced a further 20 helpline hits each day
- One aim is to hold workshops with the city's employers, promoting service availability and include an e mail advert for distribution within their organisation

### Feedback from Patients and the Public

During the current financial year to date the following issues have been raised by patients to NHS Brighton and Hove using the PALS and Complaints department

<b>PATIENT COMPLAINTS</b>		eg
Access and waiting	3	
Building relationships	4	practice attitudes
Information, Communication and co-ordinated care	6	patients charges, Nhs v private treatment
Safe, high quality, co-ordinated care	24	clinical issues

<b>PALS ENQUIRIES</b>		eg
Access and waiting	10	service denied, service not available,
Building relationships	3	behaviour/attitude of practice
Information, Communication and co-ordinated care	169	information provided/ information requested, patients charges, treatment not available on NHS
Safe, high quality, co-ordinated care	16	emergency treatment, treatment available/options, patients charges, request for dentist

### Performance Monitoring Arrangements

This following report is collated and provided to NHS Brighton and Hove by the central dental services division on a quarterly basis. It is also available at

contract level and this is used as the basis for discussion with practices on performance, value for money and improvement in access for patients.

### **a) Access**

The report highlights the % change in the number of unique patients being seen in each successive quarter which indicates the ability of patients in each age range to access services across the city. The figures evidence the progressive impact the dental helpline/workshops and advertising campaign are having in identifying available services to patients

NHS Brighton and Hove monitor trends in the access report and link these with the quality report section to identify those factors which impact on access eg

- Recall intervals - reviewing rates of recall where it appears that dentally fit patients are being recalled over frequently and as a result new patients are unable to access services
- Courses of treatment - identifying and reviewing courses of treatment that are being inappropriately split and as a result patients could be inappropriately charged and contractors are receiving incorrect UDAs

### **b) Activity**

The report graphically highlights the PCT performance in the current versus previous financial years and month on month

### **c) Quality**

The report highlights quality being provided in numbers and percentages and gives a comparison against the StHA percentage. This allows NHS Brighton and Hove to take action to continually improve these quality issues

- recall intervals and courses of treatment see a)
- Urgent courses – at practice level this figure will be higher if urgent access slots are being provided. A high proportion of Band 1 urgent courses may indicate an issue with the quality of diagnosis or treatment planning. A very low level may indicate that patients are not able to access urgent treatment
- Continuations – a high level may indicate an issue with the quality of treatment being provided. A low level may indicate that patients are not able to access urgent treatment

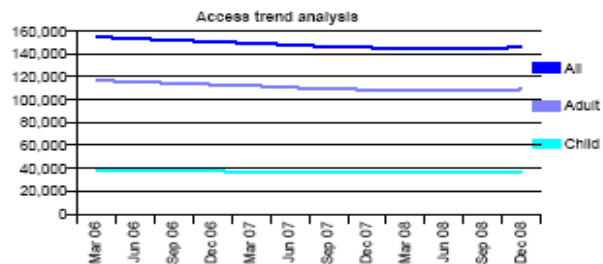
Patient satisfaction survey – these measures are derived from results of routine monthly random patient questionnaires sent to 25,000 patients nationally by the NHS BSA DPD (the response rate is 50%). This information is looked at alongside feedback from PALS and feedback from the local dental helpline

**Vital Signs At a Glance Report for 5LQ Brighton and Hove City Teaching PCT - December 2008**

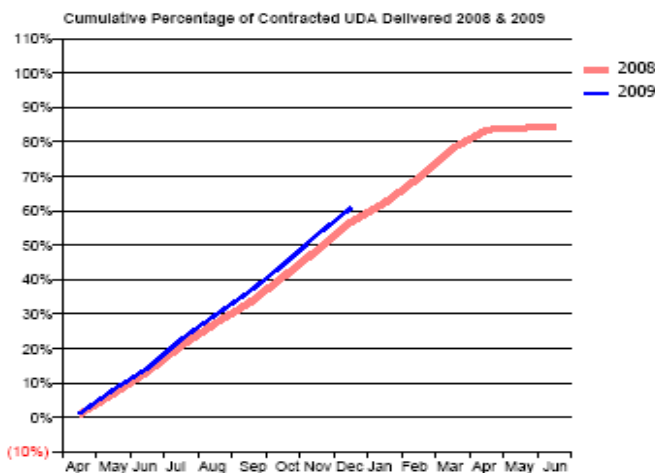
Number of General Contracts	62	08/09 Contracted general activity (UDA)	464,738
Number of Orthodontic Contracts	2	Carry forward general activity (UDA)	2,453
Number of Mixed Contracts	0	08/09 Contracted orthodontic activity (UOA)	21,633
Number of Providers	64	Carry forward orthodontic activity (UOA)	537
Number of Performers	225	Baseline contract value	£12,937,272.60

**ACCESS**

Patients seen in 24 months	Total	Change since previous quarter
Quarter ending March 2008	145,006	
Quarter ending June 2008	144,649	→
Quarter ending September 2008	144,432	→
Quarter ending December 2008	145,986	→
Quarter ending March 2009		
Variance since March 2008	0.7%	→



**ACTIVITY**



Month	Adjusted Scheduled Activity (UDA)	
	2008	2009
April	4,540	5,406
May	33,820	37,836
June	65,732	66,481
July	102,428	105,958
August	134,459	138,261
September	163,665	169,802
October	200,794	205,847
November	239,258	246,615
December	279,486	282,882
January	307,038	
February	342,556	
March	384,797	
April	411,042	
May	413,552	
June	415,267	

**QUALITY**

	Quantity	PCT	SHA
% of FP17s for the same patient ID Re-attending within 3 months	21,683	17.1%	19.1%
% of FP17s for the same patient ID Re-attending between 3 months and 9 months	60,016	47.2%	52.0%
% of FP17s for Band 1 Urgent Courses	9,491	7.7%	7.6%
% of FP17s Relating to Free Repair or Replacements	807	0.7%	0.8%
% of FP17s Relating to Continuations	2,136	1.7%	2.1%
% of Patients satisfied with the dentistry they have received	908	90.9%	90.9%
% of Patients satisfied with the time they had to wait for an appointment	825	82.6%	85.6%

Please see PDF documents - Quarterly Vital Signs Report Guidance PCT.pdf and Vital Signs Reports Technical Explanations.pdf for report descriptions and definitions