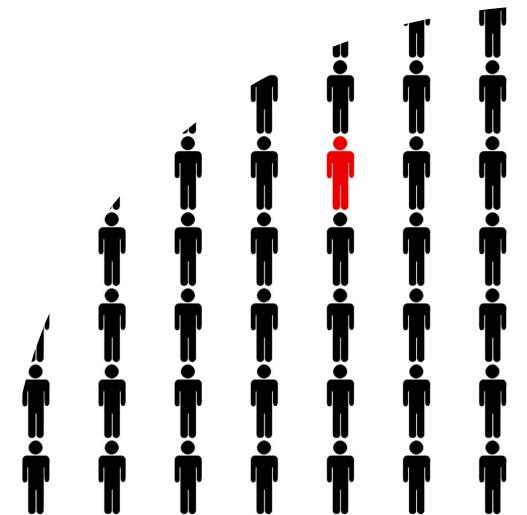


Improving access to Dentistry

Dr Mike Warburton 18 June 2010

www.pcc.nhs.uk/dentalaccess



Introduction



- A brief biography
- Acknowledging some frustrations
- My approach to improving access
- The agenda today

The focus going forward is dependent on the priorities of the new Government



- Department of Health's primary focus has been on improving quality and productivity
 - Clinical Effectiveness
 - Safety
 - Patient Experience
 - Access
- Dental priorities continue as:
 - Access
 - Contractual Reform
- The NHS Operating Framework for 2010/11 commitment is that everybody who seeks dental access has access to an NHS dentist by March 2011
- This commitment is currently stated to the public in the NHS Constitution and Handbook



Secretary of State has outlined his priorities for the Department of Health over the next five years



- A patient-led NHS: strengthening patients' choice and management of their own care, and ensuring patients have a voice in the NHS
- <u>Delivering better health outcomes</u>: shifting focus and resources towards better health outcomes, including national health outcome measures, patient-reported outcomes, and patient experience measures
- A more autonomous and accountable system: creating a long-term sustainable framework of institutions for the NHS, with greater autonomy from political interference and greater accountability to patients and the public
- <u>Improved public health through a new public health delivery system</u>: promoting better public health for the nation by focusing on public health
- A focus on reforming long-term care: improving accessibility and options for long-term and social care by focusing on prevention, personalisation and partnership delivery



"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"

The Coalition: Our Programme for Government *May 2010*

Where dentistry fits: Improved public health and better health outcomes



'Making the transition from dental activity to oral health as the outcome of the NHS dental service will be a challenge for everybody, but it is essential if NHS dentistry is to be aligned with the modern NHS.'

Professor Jimmy Steele
June 2009



A PCT's current strategic context:



1. Clear corporate commitment to improving access	 Board-level responsibility for dentistry Regular reporting & monitoring of performance Engagement with local public and dentists
2. Commissioning services to meet clearly identified needs	 Oral health needs assessment Use of dental helplines to monitor levels, pattern and nature of demand for services and identify gaps
3. Competitive tendering to increase capacity	 Improved value for money More innovative and pluralistic provider market Targeting services at areas of greatest need
4. Active management of contracts	 Addressing under-delivery against contracts Recall intervals Rewards and incentives for good performance
5. Good, accessible information for public	 Well-publicised dental helpline Use of patient forums, LINKs etc Informed and empowered patients

Where we are on dental access: PCTs and dental practices are working on a range of new initiatives



Supporting additional procurement of dental services

- Around 2.5% of the overall NHS budget is spent on NHS dental services
- An extra £375m was allocated to NHS dental services for the two-year period from April 2008
- New **PDS Plus agreement** (*Nov 2009*) has helped PCTs to procure around 330 new contracts for new dental surgeries and increased appointments
- Many new services due to open this year

Supporting possible gains through **contract management**

- Contract Management Handbook published (Jan 2010) to help PCTs manage contracts according to best practice
- Working with Providers resource pack in development to support
 PCTs and practices to deliver improved efficiency from existing contracts

Better communications to patients

- A **communications toolkit** providing a range of template materials for local public communications campaigns has been published (*Mar 2010*)
- Working with the NHS Choices website
- Best practice case studies developed (NHS Manchester, NHS Coventry)

Developing a measure for dental access

- Introduced a **new measure** (Jan 2010), which differentiates on the basis of success or otherwise of getting an NHS dental appointment (the first results will be in July 2010)
- Existing measures of access will remain in place.

The dental access team supports the NHS to improve access



- Since March 2009, the team has been working in partnership with SHAs, PCTs and dentists to increase access for new patients
- It provides support, guidance and tools see: www.pcc.nhs.uk/dentalaccess
- These can be tailored by PCTs to ensure there is 'local fit'
- The emphasis is on PCTs working with dentists to agree improvements
- A key message: improvements are achievable within the current contract

The new PDS Plus agreement was developed to help improve access for patients



- Designed to enable PCTs to provide new dental surgeries
- Good uptake: over 330 expected new procurements this year, resulting in access for thousands of new patients
- Extensive consultation with a wide range of stakeholders, including the BDA and potential providers
- The agreement was significantly amended to reflect the views of stakeholders:
 - Even monthly payments with annual reconciliation
 - One year 'grace period' for KPIs data still collected
 - Enhanced service provisions 'pick & mix' options
 - Contract term flexibility (e.g. 5-10 years, plus 5-10 years)
 - Access Payment based on patients seen
- The roll-out of the template agreement was supported by workshops for PCTs and bidder workshops



There are some important details relating to frequently asked questions



- PDS Plus is an optional variant on PDS for PCTs to customise based on need
- PDS Plus is fully compliant with Regulations and SFEs
- Whole Contract Value is pensionable
- Agreement applicable to new procurements only
- Likely procurements = 150 in addition to over 8000 existing practices
- On termination only those capital items purchased for the provision of the Services – paid for by the PCT – will be assigned
- Insurance widely available through commercial and not for profit providers
- DDRB: PDS Plus Agreement default = uplift of whole Contract Value
- Diminished reliance on UDAs bid price linked directly to the cost of providing the service

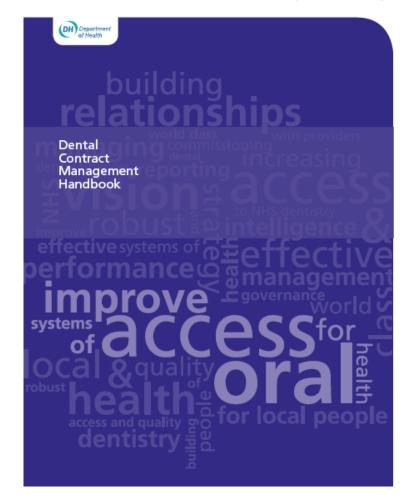
The Contract Management workstream is focused on using best practice consistently to improve access





Primary Care Commissioning

- Good contract management is about improving relationship between providers and local PCTs to deliver a better service for patients
- It is firmly-aligned to the World Class Commissioning agenda
- Capacity and capability are currently a challenge for PCTs
- Contract Management Handbook launched with series of highly effective training workshops across the regions



Key issue for contract management is effective managing for appropriate recall



- While many recalls are clinically necessary and appropriate, NICE guidance suggests that, for people with good oral health, intervals of up to 24 months are usually sufficient
- The Department has two pilots underway led by Professor Martin Tickle which aim to better understand how the NHS can appropriately manage adult recall and treatment intervals
- The pilots, working with NHS Benchmarking, include the development of comparative data sets for PCTs to share with practices to identify what 'appropriate' looks like and will identify how PCTs and providers can work together to improve both clinical quality and access
- We recognise the challenges and issues this piece of work presents, both for PCTs and providers, including how this impacts the dentists' relationship with the patient and how the message of managing for appropriate recall is best communicated to the public

The communications workstream helps PCTs raise awareness of dental access with the public



- A set of professionally-produced, high-quality marketing and communications materials, designed to help PCTs improve dental access for the public
- Particularly useful when new procurements are coming on-line
- Includes:
 - Designed materials such as leaflets, bus posters and information cards
 - Template PR materials such as radio scripts, press releases and media fact sheets
 - A guide to using and tailoring the materials, including example characters and quote placements



The toolkit contains a wealth of public communications materials to help both PCTs and providers





We have developed and introduced a new indicator to measure more robustly demand for dentistry



- Based on public experience of accessing NHS dentistry
- Measured using the existing GP Patient survey started in January 2010
- Assesses the proportion of a PCT's population that has been successful if they have tried to get an NHS dental appointment over a period of time
- From July 2010, the results will provide PCTs with a robust estimate of how many people would have accessed NHS dentistry in a previous period if everyone who had tried had been successful
- Results will enable PCTs to estimate the additional demand for NHS dentistry that may arise as awareness of its availability increases
- We expect the Department of Health and Care Quality Commission to use the new indicator as the primary dental access measure from April 2011

The indicator is based on the results of the Quarter Four GP Survey



The dentistry questions included in the survey are:

- When did you last try to get an NHS dental appointment for yourself?
- Last time you tried to get an NHS dental appointment, what type of appointment were you trying to get?
- Last time you tried to get an NHS dental appointment, was it with a dental practice you had been to before for NHS dental care?
- Were you successful in getting an NHS dental appointment?
- (If relevant) Why haven't you tried to get an NHS dental appointment in the last two years?

The new indicator measured through the GP survey should provide a robust measure of whether past demand for NHS dentistry has been met by supply

The survey should also help inform estimates of future demand for NHS dentistry

Where next? While there is good access for patients in some parts of the country, in some areas there is a shortfall



- The NHS needs to do more this year to improve access to good oral health for patients – and to sustain what primary care dental services already exist
- There is encouraging progress, but there is a shortfall
- This will involve work on improving both productivity and quality
- In particular, we must not lose sight of need to ensure greater equality in services
- Local Dental Committees and dentists have a key role to play

The focus of the national programme for this year will be...



- Working with providers on ways to develop access for new patients within the current contractual system
 - Exploring existing contract variations to support existing contracts
 - Improving quality and productivity
 - Better contract management
- Developing the national patient recall work to ensure clarity on effective application within practices
- Working with PCTs on better clinical engagement within the local system
- Communicating with the public and dentists about NHS dental access
- Ensuring joint working with the dentistry contract reform programme

What role can LDCs play in improving access for patients?



- The PCT Dental Team Consultant in Dental Public Health, Dental Practice Advisors and the Dental Commissioning Lead – must engage with the LDC as the NHS statutory body of elected representatives for dentists
- The LDC has a key advocacy role for the local profession and is empowered to make positive changes
- As Chris Drinkwater's report highlighted, relationships are mostly good between PCTs and LDCs
- Key steps include:
 - Becoming familiar with existing best practice on improving access (through visits, speakers, case studies)
 - Discussing potential improvements at LDC/PCT meetings and with local colleagues
 - Developing PCT/dentist projects to test out changes locally
 - Feeding evidence into the Department of Health or PCT teams

Resources



Comms toolkit: http://www.pcc.nhs.uk/dap-communicating-with-the-public

Contract Mgt Handbook: http://www.pcc.nhs.uk/dap-contract-management-handbook

Procurement resources - http://www.pcc.nhs.uk/dap-procurement

Steele review -

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101137

Scope of Practice (for skill mix): www.gdc-uk.org

Case Studies: http://www.pcc.nhs.uk/dap-communications-case-studies

Questions after today please contact me - Mike.Warburton@dh.gsi.gov.uk