PROPOSALS FOR THE USE OF RECURRING NHS DENTAL SERVICES FINANCES FOR 2011/12

Background and Introduction

Following the Welsh Government adjustment to Patient Charge Revenue (PCR) during 2010/11, Abertawe Bro Morgannwg Health Board has gained additional resources to invest into the ongoing provision of NHS dental services. To take forward a number of contractual changes a full tendering exercise, based on the recently published needs assessment, will need to be undertaken which will have an impact on the time needed to bring new and revised contracts on line. Therefore a number of priority areas have been identified for investment for 2011/12 and recurring investment for 2012 onwards.

In Year Investment (2011/12)

The following schemes have been identified as potential areas of investment to support the development of NHS dental services in ABMU:

1. Orthodontic Waiting List Initiative

As part of the work being considered by the Orthodontic MCN to develop and streamline referral pathways it would seem appropriate to offer a waiting list initiative to move patients currently waiting for an assessment and/or treatment. In considering the number of patients this initiative could support the Health Board has applied the nationally recognised ratio of 2.5:1 (assessment to treatment) and has considered those patients aged 12 and over.

It is estimated that the maximum investment for this service would be £450k.

2. Dental Education

The Health Board is proposing the development of four half day training sessions across the localities to raise awareness and to provide verifiable CPD to dentists working in ABMU to support the development and ongoing management of patient care. The training sessions would include sessions on oral surgery referral criteria and potentially the introduction of a new referral management process; orthodontic referral criteria and the potential introduction of a new referral management process; clinical governance and quality in general practice; prescription audit; national update on the dental pilots etc.

It is anticipated that this would cost approximately £35k.

3. Computerisation and Digital Radiography

Thirty three dental practices across ABMU do not transmit their dental claims electronically indicating that they do not use a clinical software system within their practices. Based on a sliding scale dependant on the number of UDAs currently commissioned from the practice along with the anticipated number of system users a proposal has been developed to offer a sliding scale of investment for practices to apply for a grant to support computerisation within their practices. It is anticipated based on initial costs that if all dental practices identified choose to accept the grant this will cost approximately £119k.

There are two types of digital radiography available to dental practices which are dependant on the number of dental surgeries within a practice; Sensor radiography for single surgery practices and Phosphor for multi-surgery practices. In a similar vein to the computerisation scheme and grant scheme to support the remuneration to practices based on a sliding scale has been developed. A number of clinical concerns have recently highlighted the need for digital radiography in dental practices. If all practices choose to take up the offer of a grant to assist in the purchase of digital radiography the cost will be in the region of £225k.

4. Leaflets/Patient Education

There is a recognised need to enhance the awareness of patients to the services that they can expect to receive within the general dental services both in and out of hours, as well as the need to ensure appropriate call and recall attendance rates as per recent NICE guidance. The cost for the development of this leaflet and sufficient numbers to circulate widely is £6k.

There is also an opportunity to extend the Designed to Smile programme into community services to raise awareness of dental decay in children through supplying the Parkway Clinic with the approved literature, doidy cups, toothbrushes and paste for distribution to patients attending for LA/GA extractions. The table below identifies potential items and associated costs to roll out the D2S programme into a community setting.

Item	Volume	Cost
Leaflets:		
Happy Smile	1000	136.00
Healthy Smiles for all the Family	1000	64.00
Toothbrush & Toothpaste packs age 2-6	1000	920.00
Toothbrush & Toothpaste packs age 6+	1000	920.00
Total including VAT		**£2,448**

5. Chairs

There has been an increase in the number of patients attending for outpatient appointments in a hospital setting due to their inability to access dental treatment in a setting that can accommodate their weight / disability. The Community Dental Service already have one chair that can accommodate larger patients and would be keen on having an additional chair to be able to further manage patient demand. An additional chair would be sited in NPTRC.

Bariatric or bench-chairs cost approximately £30k.

6. Dental Practice Advisor Support

The Health Board currently accesses DPA support through Dental Public Health Wales as required. There has been a reduction in the amount of funding allocated to Dental PHW which has an impact on the amount of DPA time that the Health Board can access. In order to ensure consistent and quality advice on dental performance issues with additional funding the Health Board will request a single point of contact within the PHW team. Public Health Wales have suggested that ABMU HBs investment per anum should be £66K (£30k part year). It may be possible to secure additional support for the remainder of this financial year when the health board is aware of several issues that need to be addressed.

7. Agreed overperformance

Within this year as there is a recognised capacity gap hence the commissioning proposals it would be reasonable to write out to practitioners to deliver some additional UDAs to meet demand. £X,xxx would be needed for this.

8. Dental Monitoring

Recent meetings with shared services have exposed some of the issues regarding dental claims. There are computer programs available that could support a thorough review of all the claims in this area to enable the health board to work with the contract holders to improve the accuracy and appropriateness of claims. This development would require £35,000

Recurrent Investment

The following schemes have been identified as potential areas of investment to support the ongoing management and development of NHS dental services in ABMU:

9. Common UDA Rate

The Health Board has already instigated a minimum UDA rate of £21 which has been applied to all contracts historically below this rate. The discussion with the LDC has also included the move to bring all contracts to a common UDA rate. The table below identifies the number of contracts and the uplift in ACV needed to enact this policy change.

There will of course remain a number of contracts where the UDA value is higher than the common rate; however there is no proposal to reduce these, other than when contracts are renegotiated (PDS) or rescinded (GDS); or through renegotiated contracts from the identification of performance issues that need to be addressed under the Regulations pertaining to Clinical Governance. It is proposed that if agreed as an appropriate way forward, any practices being offered the common UDA rate will need to demonstrate achievement against a set of Quality Indicators (including satisfactory completion of QAS).

This would require significant investment for the Health Board but with no real gain in terms of service accessibility for patients.

Locality	Contracts	Cost to HB
Neath Port Talbot	10	£74,860
Swansea	28	£276,628.35
Bridgend	12	£125,760
		£477,248.35

10. Oral Surgery

Current pressures on the secondary care oral surgery waiting list indicates that there are a number of referrals made that could otherwise be dealt with in a primary/community setting with the localities currently being re-charged approximately £120k per annum for patients being redirected to the Parkway Clinic for treatment.

A proposal to develop a clear referral criteria and referral template with a central referral management system to an intermediate oral surgery service would enable the localities to manage the care of some of these patients through a PDS contract taking them out of the secondary care pathway.

11. Domiciliary Care

A current review of domiciliary care is being led by Public Health Wales which will have a cost implication potentially for training and development as well as for appropriate equipment to deliver an effective service. Associated costs are not yet known for this

service; however there is no anticipated budgetary impact expected for 2011/12.

12. Dental Out of Hours Service

A review on the current uptake of in-hours access sessions and the current dental out of hour's model is being undertaken. Whilst it is anticipated that there is the potential to move existing funding around to ensure appropriate coverage in hours, coupled with increased contract values as per the Dental Needs Assessment, there is the potential for a small budgetary impact from 2012/13 onwards to re-evaluate and remodel the current out of hours service.

Recommendation

It is recommended that the schemes (1,2,3,4,5,6,7, and 8) identified for expenditure be approved for 2011/12 to ensure that the ring fenced the current under-spend that is forecast against the dental budget. The majority of this funding will be reinvested on a recurring basis into a number of different newly commissioned contracts and additional activity as identified through the recent work undertaken on the needs assessment. In addition, with the growing number of dental performance issues being identified across the three localities it is imperative that consistent and appropriate advice is provided through the Dental Practice Advisors via Public Health Wales.

With regard to those identified for recurrent investment for 2012 onwards (10,11 and 12) current service demands indicate that the Health Board needs to review and reinvest in the delivery of primary care oral surgery services and dental access including domicillary access and out of hours care.

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