



## Expert testimony to inform NICE guideline development

### Section A: Developer to complete

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<b>Institution/Organisation (where applicable):</b>	
<b>Contact information:</b>	
<b>Guideline title:</b>	Oral Health for Adults in Care Homes
<b>Guideline Committee:</b>	Public Health Advisory Committee
<b>Subject of expert testimony:</b>	NHS Dental Services Commissioning
<b>Evidence gaps or uncertainties:</b>	[Research questions or evidence uncertainties that the testimony should address are summarised below]
	<ul style="list-style-type: none"> <li>- the current national framework for commissioning oral health care and dental treatment</li> <li>- information on the new dental contract;</li> <li>- commissioning routine, urgent and specialist care, and surgery based and domiciliary care (on care/nursing home premises)</li> <li>- the role and discretion of local commissioners</li> </ul>

## Section B: Expert to complete

**Summary testimony:** [Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary ]

As part of its direct commissioning responsibilities, NHS England commissions all NHS dental services: primary, community and secondary care including dental hospitals and Out of Hours services. However, Local Authorities have statutory responsibilities in respect of improving the oral health of the population. Delivery of dental services is governed by Regulations, including professional registration maintained under the General Dental Council.

### **Information on the new Dental Contract arrangements.**

The current UDA based system is an activity based system with dentists paid for treatment and repair rather than prevention of future disease.

Any new approach needs to meet the significant changes seen in population oral health surveys: Younger people have less decay, although where they do a focus on reducing inequalities needs to happen. However, older people tend to have a legacy of heavily filled teeth that need increasingly intensive levels of repair. This results in the need for access to high quality preventative care and access to advice on how to maintain good oral health.

Since 2011 a new approach to Dentistry has been piloted nationally with around 70 General Dental Practices participating that has three key elements of delivery:

- Pathway (guidance on care)
- Quality Outcomes Framework (QoF) measures quality of care
- Prevention and continuation of care

April 2013 saw the announcement by Lord Howe, Parliamentary Under-Secretary of State for Quality, that there would be a move to advanced stages of the current Pilots that would blend together:

- Capitation
- Quality
- Payments based on activity

This new prototype model will ensure that financial incentives and clinical incentives are aligned.

#### *Principles of the Reform*

It is intended that Primary Care Dentistry will remain a commissioned system with agreed annual levels of delivery, with arrangements continuing to measure delivery and recovery of funding for services not delivered

The principles of the contract reform has three key elements:

- A clinical approach focussed on thorough assessment and prevention as well as treatment that supports a pathway approach to care
- Measurement and remuneration for quality of care
- Remuneration that supports continuing cares and a focus on prevention as

well as treatment and activity

It should be noted that the new system is expected to be based on standardised national values for capitation and activity with capitation based on weighted patient characteristics such as age and deprivation, but is also able to flex according to local needs.

In considering the proposed contract reforms and progressing to prototypes it is important to note that the changes do not plan to reduce or change the scope of NHS care available.

The current intention is that the next stage of the service reformation shall be prototypes which shall be underpinned by a clinical pathway. The pathway starts with an Oral Health Assessment (OHA) and a Red, Amber Green (RAG) status (used to assign risk in four clinical areas: Dental caries, Periodontal disease, Tooth surface loss, Conditions affecting soft tissue)

Remuneration shall be aligned with access and clinical outcomes; a blend of capitation clinical activity and clinical quality.

Quality will be defined as covering five domains:

1. Clinical effectiveness
2. Best Practice
3. Patient experience
4. Safety
5. Data quality

Any possible 'new' / reformed contract nationally would not be feasible before 2018/19.

### **Commissioning of Dental Services in England**

NHS England has been developing guides for the commissioning of dental specialties, which includes Special Care Dentistry.

The speciality of Special Care Dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors.

It is to be recognised that a proportion of adults in care homes may fall within the cohort of patients requiring special care dentistry. However, certainly this is not all care home residents, and many would be expected to access general dental services for their routine care.

The clinical service of dentistry requires specialist and technical instrumentation. There are inherent risks associated with the delivery of dental care which is invasive by its nature. Infection control standards within dental surgeries have been assured through the standards of HTM01-05. However, the same standards are extremely difficult to assure for any services delivered in a domiciliary environment. 'Mobile dental units' are available, but the assurances of quality and clinical standards able to be delivered from them require ongoing review and assurance.

The Dental Public Health function of Public Health England has provided significant support and advice to Local Authority public health functions in relation to oral health

improvement. However, oral health improvement resources are scarce, and one of the greatest challenges to meeting the needs of patients in residential care is supporting their preventative regime in order to reduce the need for dental intervention and treatment.

### **The Role and Discretion of local commissioners**

As a single national organisation, NHS England is committed reducing health inequalities and variation. Also, corporately there is intention to ensure a consistent and coherent approach to the commissioning and delivery of dental services.

Similar to the recent developments in relation to GP Primary Medical Services whereby CCGs have entered into co-commissioning arrangements with NHS England, there are similar discussions of delegation of commissioning of dental services. However, the outcome of these discussions is still to be determined as any change would require a change in primary legislation.

There is recognition that local services must meet local needs, and so although the commissioning of services may be consistent across the country, local delivery will be informed by a number of local factors, not least population need.

The Five Year Forward View for the NHS is explicit in its expectations of preventative approaches and the integration of health and social care services. For patients in residential care there is clear opportunity of a significantly higher level of co-ordination of services, including access to dental care. This access must be underpinned by oral health prevention activity which does not require to be delivered by the specialist dental workforce.

### **References to other work or publications to support your testimony' (if applicable):**

- Securing Excellence in Commissioning NHS Dental Services (NHS Commissioning Board) – February 2013
- Five Year Forward View, NHS – October 2014
- Delivering better oral health: an evidence-based toolkit for prevention, Third Edition (Public Health England) – June 2014
- HTM01-05: Decontamination in primary care dental practices (Department of Health) – March 2013

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.