NHSEI East of England Dental Transformation Strategy 2020-22

November 2020

NHS England and NHS Improvement

Introduction and aims

- currently, NHS dental General Dental Contract (2006) is activity driven delivered through the Units of Dental Activity (UDA)

- following the 'Steele Review', a clinically-led Dental Contract Reform (2011-) programme led by Professor Jimmy Steele focused on:
  - prevention focused care pathways with risk-based Oral Health Assessments for each patient and self-care plans
  - increasing access to NHS dental services
  - reducing health inequalities
  - new remuneration models based on the number of patients they cared for and the quality of that care.
  - quality outcome measures - access, prevention, oral health and quality of life and health inequalities.

- the dental transformation strategy 2020-22 will <u>aim</u>, through a new model of care to:
  - **improve access to dental services**
  - **address regional inequalities in oral health and inequity of access across the life course**
  - **address the impact of rurality on workforce and patient access**
  - **prevention-based care pathways**
  - **development of local clusters of dental providers, working in a hub and spoke system and broadly aligned to GP models of Primary Care Network (PCN) areas, will work collaboratively to meet the needs of local communities**
  - flex as COVID-19 continues to challenge delivery and access to care
  - address the reduction in throughput of patients due to COVID-19

Objectives

- overarching delivery objectives:
  - clinically led service model to deliver equitable access
  - assessing and addressing local oral health needs to reduce health inequalities
  - hub and spoke dental service clusters broadly aligned to PCNs & partnering with wider healthcare systems
  - developing the dental workforce and delivering skill mix models of care to support equity of access and upskilling of Level 1 dentists
  - engaging with patients and the public by informing and consulting

- additional objectives:
  - IT solutions, data collection and analysis
  - evaluation
  - antimicrobial guardianship
  - freedom to speak up guardianship
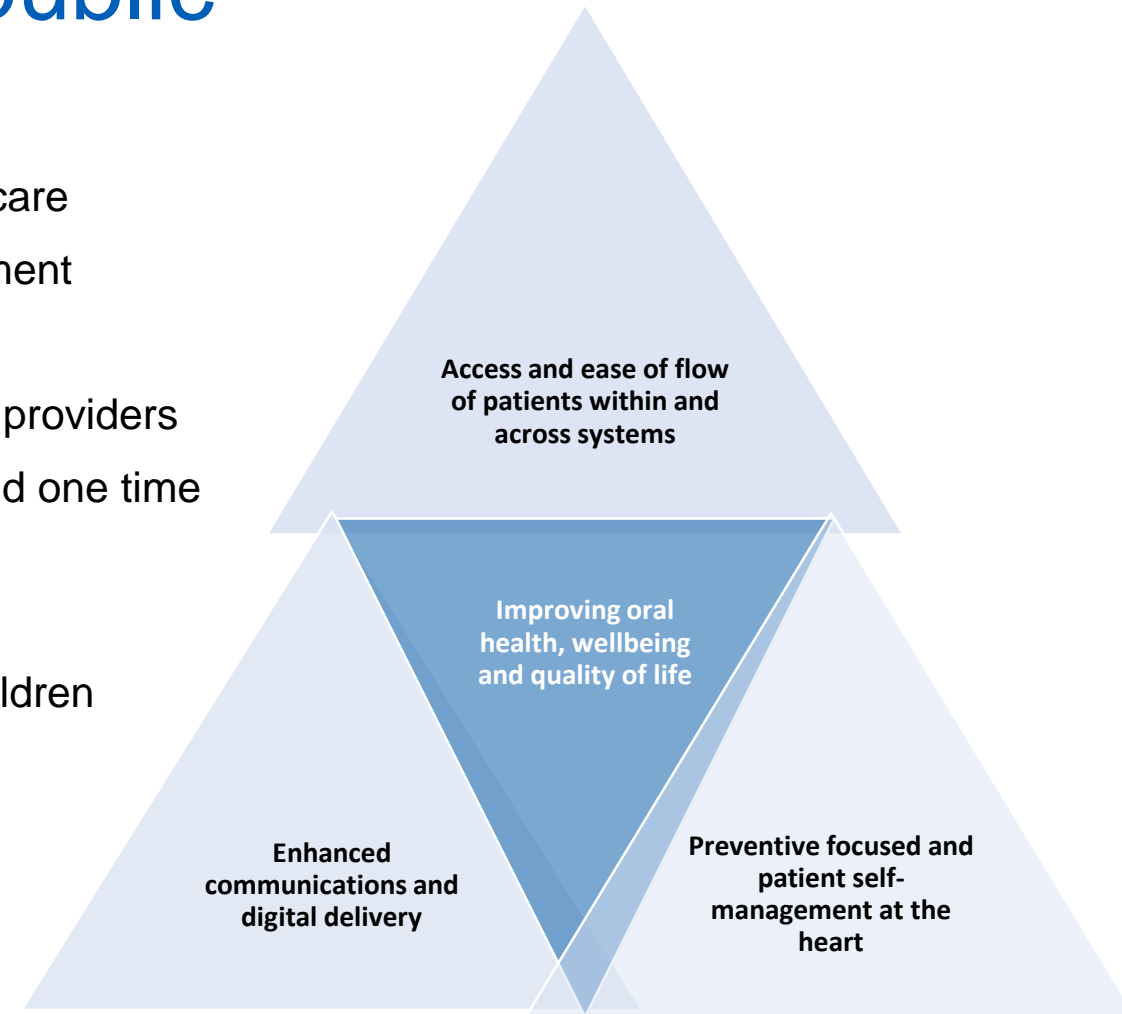 - sustainability and the green agenda
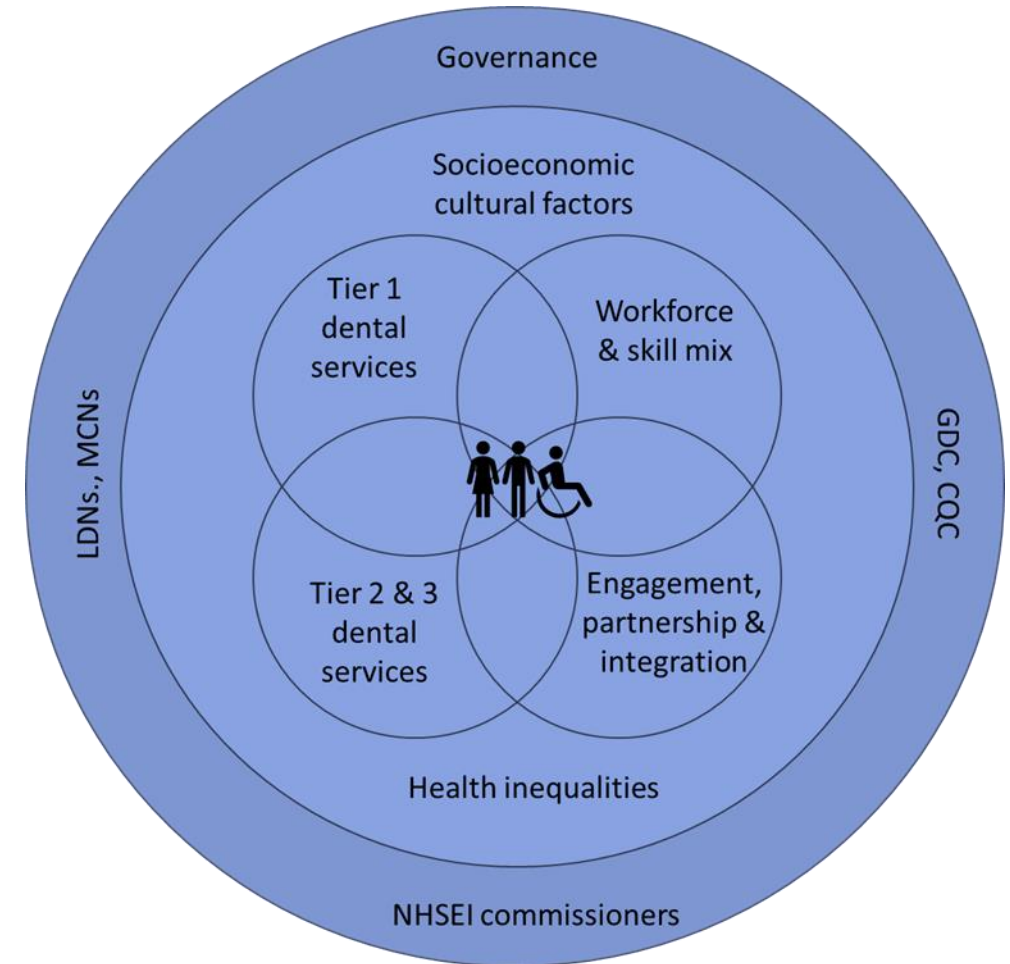
Benefits to dental practices and their teams

- begin to move away from UDAs towards a dental service that measures patient outcomes that are linked to patient need

- a flexible model to deliver prevention and reduce health inequalities, delivered by a wider dental skills mix and supporting self-maintenance such as upskilling of dental nurses to provide prevention

- a clinically managed model with closer working between dental practices in clusters and with wider healthcare partners such as GPs, Pharmacists and Optometrists.

- improved utilisation of skill mix in dental practices to deliver business continuity, access and prevention to patients, using flexible commissioning.

- facilitated upskilling of dentists and peer to peer development supported by Local Dental Networks (LDNs) and Managed Clinical Networks (MCNs).

- diverse opportunities to enhance services including care home programmes and delivery of outreach.

- providing greater opportunities for dental practices to support their local population

Benefits to patients and the public

- improved access

- reduced health inequalities and improved oral health and self-care

- care focused on the principles of prevention and self-management

- equitable access to Level 2 dental services through local pilots

- ease of flow within and across systems and into Level 2 and 3 providers

- potential for health surveillance to be delivered in one place and one time e.g. diabetes screening

- enhanced on-line advice through technology innovation

- continuing to build on enhancing access and prevention for children

- improving access to dental care and prevention through shared care pathways to identified vulnerable groups

- delivery of evidence-informed outreach and prevention programmes delivered through Level 1 dental services

Access and ease of flow of patients within and across systems

Improving oral health, wellbeing and quality of life

Enhanced communications and digital delivery

Preventive focused and patient self-management at the heart

How will we achieve it?
Clinically-led dental care - partnership & integration

Development of a **dental cluster model** will mean:

- small groups of dental practices in clusters working as a Hub and Spoke model, offering peer to peer support.

- clusters broadly aligned to Primary Care Network (PCN) footprints although not limited by this.

- clusters integrating into wider health and social care, aligned to support PCNs priorities and manage and improve the health of local communities e.g. diabetes screening, cardiovascular disease, smoking cessation.

- clusters identifying and addressing local population needs and supporting the reduction of health inequalities.

- system flexibility to ensure dental services deliver on the national steer and manage COVID-19 and potential local outbreaks.

- current structure of clustering based on UDCs will be iterated as the strategy develops to suit operations as appropriate and required. This configuration will change according to local and regional needs.

- a governance, support and leadership structure through NHSE&I, Local Dental Networks & Managed Clinical Networks.

PCDS = Primary Care Dental Service