

Commissioning update for Dental Services

The objectives of the new models of care are to:

- Ensure that we commission safe, high quality services that deliver improved health outcomes for the local population.
- Reduce health inequalities and secure excellent levels of patient satisfaction.
- Prioritise investment of our resources in services that will both meet the health needs of the local population and deliver excellent value for money.

Introduction

The new dental contract which was implemented in April 2006 introduced a completely new system of registration, activity monitoring and patient charging for patients and PCTs. Patients no longer register with dentists as under the new contract 'registration' no longer formally exists – patients are able to contact a practice offering NHS dentistry and ask for an appointment.

The PCT is now responsible for local NHS dental services and:

- commissions local dental services
- agrees contracts with NHS dentists for services that best meet local needs
- can influence where new practices are established
- is responsible for urgent and out-of-hours care in the area

Dentists' performance against contract is now measured in **Units of Dental Activity** (UDAs), or **Units of Orthodontic Activity** (UOAs), depending on the contract held. Each contract has a target of UDAs or UOAs to achieve for the year.

Activity is awarded to the contract in UDAs on the basis of the band of treatment carried out. For example one unit of dental activity includes an examination, diagnosis and preventive care. If necessary, this will include X-rays, scale and polish, and planning for further treatment (band 1). The patient charges collected by dentists are netted off the regular monthly payment made against the contract. The PCT is funded on a net budget basis, i.e. assuming a level of patient charge revenue (PCR). The risk associated with fluctuations in that income rests with the PCT.

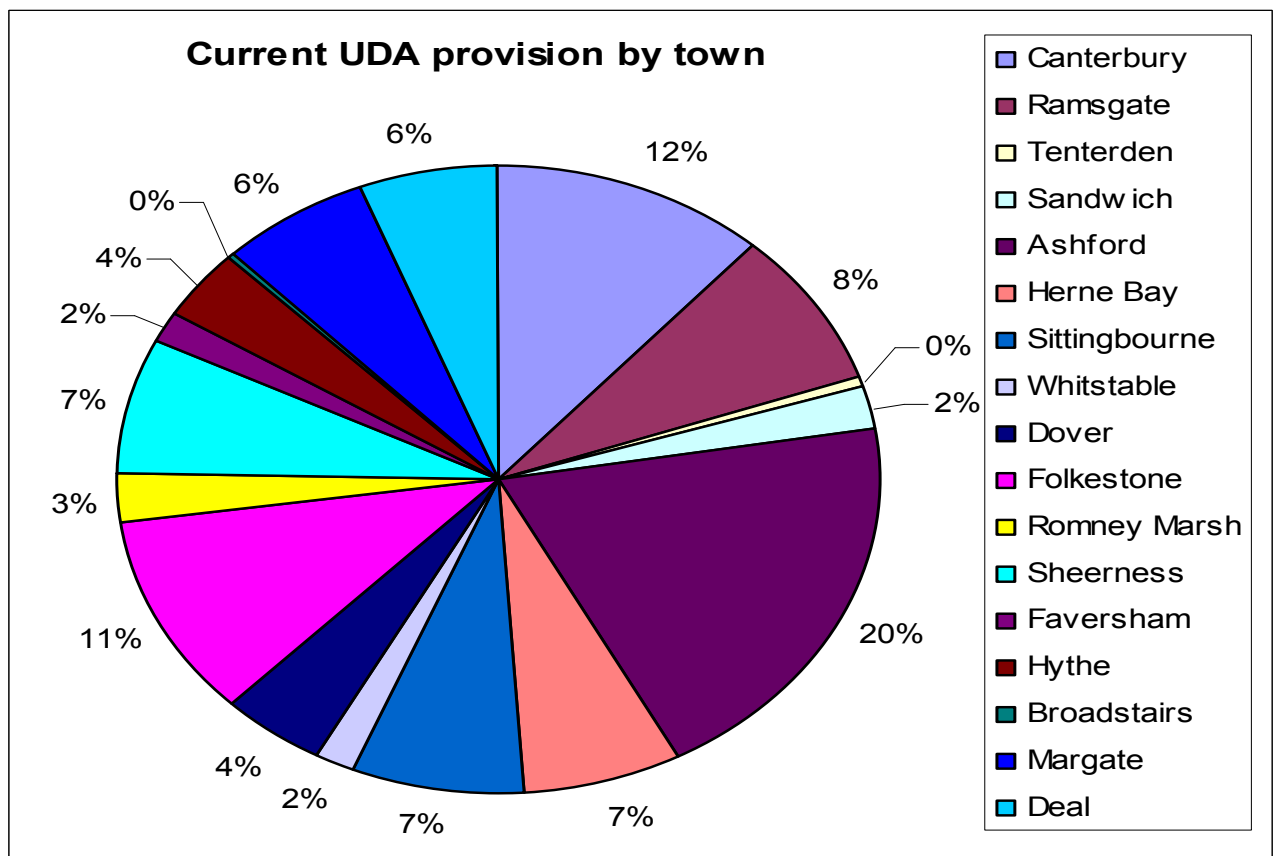
PCT Dental Activity & Financial Performance Targets

When the new dental contract was introduced each PCT was allocated funding and activity associated targets based on the historic provision of dental services in their area. This funding is ring fenced for three years for dental services and the PCT receives a net allocation. The allocation for Eastern & Coastal Kent PCT is as per table below.

SHA allocation	£	
SHA allocation 2008/09	22,840,000	(Net allocation £23,840,000 less estimated £1M for community dentistry)
Vocational trainees		Additional funding from SHA for trainees
LDP funding		
LDP funding (recurring from 2007/08)	500,000	Orthodontic (recurring)
LDP funding (recurring from 2007/08)	309,460	Routine general dentistry pt 1 (recurring)
LDP 2 (recurring from 2007/08)	250,000	recurring
Orthodontic funding	1,800,000	Recurring for 1400 waiting list
Total funding	25,699,460	

LDP funding was allocated to address any over performance of the General Dental Services (GDS) contracts during 06/07 and also to look at reducing waiting times for orthodontics.

The PCT currently has 100 dental contracts providing around 964,000 UDAs per year. The following graph shows the PCT's UDA provision by town.



Many of the PCT's practices have been encouraged to increase their provision where possible and have been awarded temporary contracts, 25 practices have taken up this offer and are providing an additional 91,000 UDAs and 37,000 UOAs at a cost to the PCT of £4.01m.

This spare funding, along with an increased budget of 11% from the Department of Health, means that the PCT is in a position to tender for permanent dental services in all major towns in its area including many areas that currently have poor provision. These include: Ashford, Broadstairs (Thanet), Canterbury, Cliftonville (Thanet), Deal, Dover, Eastchurch (Sheppey), Folkestone, Sittingbourne and Tankerton/Whitstable. There is a total of £1.9m being invested in dentistry which will provide approximately 90,000 additional UDAs each year.

The Department of Health recently announced that the ring-fenced allocation for dentistry will continue beyond the original financial year of 2008-09 to 2010-11. This will enable PCTs to concentrate resources on dentistry for a longer period to ensure that the service is stable.

How we monitor contracts

The total number of UDAs provided up to the end of March 2008 was expected to be 1,167,499 although the number reported to date is 900,109 the data collection method used introduces a time lag of up to six weeks and final position will be known in mid June. Where a dental provider appears to have significant underperformance the dental contract team has met with them to understand any in year issues and agree actions to resolve the shortfall making sure the allocated resources are used appropriately. The PCT has a robust policy to ensure that any underperformance funding is paid back to the PCT via the payments on line system.

The PCR collected is regularly monitored against target.

Needs assessment

Whilst no formal needs assessment for dentistry exists currently, the PCT does have a good knowledge of where particular gaps in the service lie and is looking to fill these with the upcoming tenders. It has, however, invested in additional specialist work by the Department of Dental Public Health to create an assessment.

Service gaps

One particular area is around domiciliary care, for the PCT as a whole. Work is underway to address this issue using the PCT's salaried service with a plan to provide a domiciliary service to nursing homes.

Orthodontics:

The PCT has invested in reducing the waiting times for orthodontics in line with the 18 weeks in place in secondary care.

LDP funding has been allocated to existing contractors to reduce the existing waiting times and ensure the waits are no longer than 18 weeks. A Service Improvement

Group (SIG) has been set up to look at care pathways for orthodontics in both primary & secondary care.

New services

The new health centre in Sheerness has two dental chairs for GDS, it is proposed that these are tendered for.

The new Health Centre in Aylesham is designated as a community dentistry function, the service will re locate to the new building and activity will be increased for those children and young people with special needs.

Training Practices

There are five dental contractors who are training practices, vocational trainees (VT) are attached to the practice for a year following university qualification as a dentist. These posts are funded in addition to the PCT GDS contract .This provides a strong basis for the development of dentistry and improvement in access as these dentists are able to take on an additional caseload of patient care. The PCT needs now to develop a strategy to encourage VTs to remain in the area on a permanent basis once their training is complete.

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