

# PRIMARY CARE DENTAL IMPROVEMENT PLAN 2024-2026

Increasing capacity, improving access and addressing oral health inequalities

- Build upon the current dental programmes in place, and align to the delivery of the national dental recovery plan: [Our plan to recover and reform NHS dentistry- GOV.UK \(www.gov.uk\)](#) published in February 2024.
- Utilise the dental underspend available to the ICB up to the value of £9.985 million, and the £4.8 million which was previously approved by SPCC in June 2023. SPCC has also already agreed funding of £600k for the oral health programme and this is included in the overall total.
- Maintain and create workforce development opportunities within existing practices and within wider health and social care settings.
- Maximise the opportunity for flexing contracts to take into account the altered contracting mechanisms outlined in the dental recovery plan and previous contract reforms.
- Increase access to primary care dental services and review any “knock on” impact to specialist primary care, community and secondary care services.
- Include preventative advice for all patients, and in specific defined areas support a collaborative approach for preventative treatment.
- Focus on ensuring our most vulnerable populations are able to access NHS dental services as an integral element of the ICB ambitions regarding population health management.
- Addressing our health inequalities agenda by focussing activity on areas of highest need and linking to the oral health strategic partnership.

Our plan will be underpinned by **5 key PATHWAYS** that provide access to **NHS Dental services**:

- Three **General Access** pathways
  - Pathway 1: Access to urgent dental care for those in immediate need of support, such as dental pain, or specific medical/statutory requirement\*
  - Pathway 2: Urgent Care Plus - Definitive treatment following urgent care if required/requested
  - Pathway 3: Routine care for patients who require a check-up and any follow up care to make sure they are orally fit
- Two **Targeted Access** pathways
  - Pathway 4: Access for **children**, with additional preventative/treatment needs “ACCDP”\*\*
  - Pathway 5: Access for “cared for” **frail vulnerable adults**

\* looked after children, prerequisite for specific cancer treatment/cardiac

\*\* includes principles of starting well, an initiative recommended within the prevention domain of the dental recovery plan

# ALIGNMENT TO NATIONAL PLAN



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LOCAL SCHEME	DESCRIPTION	ALIGNMENT TO NATIONAL PLAN
<b>PATHWAY 1</b>	<b>URGENT CARE</b> <ul style="list-style-type: none"><li>Requires adequately funded fully functioning helpline</li><li>Network of commissioned urgent care practices</li></ul>	Not in the national plan
<b>PATHWAY 2</b>	<b>URGENT CARE PLUS</b> <ul style="list-style-type: none"><li>Follow up DEFINITIVE care for patients without a dentist</li></ul>	Providers opt in to the local one but cannot do both. Will need to be opted out of the national
<b>PATHWAY 3</b>	<b>ROUTINE CARE FOR ALL</b> (termed quality access scheme)	Providers opt in to the local one but cannot do both. Will need to be opted out of the national
<b>PATHWAY 4</b>	<b>ACCESS</b> for children with additional preventative/treatment needs “ACCDP”	Providers can do both national and local scheme
<b>PATHWAY 5</b>	<b>ACCESS</b> for “cared for” frail & vulnerable Adults – will align.	Providers can do both national and local scheme

# UNDERSTANDING NATIONAL PLAN



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## Key considerations:

- Launched in February 2024, with guidance now following and short timescales for delivery
- Providers need to opt in or opt out (to avoid duplication)
- Due to the success of urgent care plus, many new patients will not incur the premium (due to full treatment being provided within the session)
- Not a targeted approach, so therefore providers could 'cherry pick' patients
- No impact on improving access for vulnerable patients
- Providers could cease routine care for established patient group and opt to see new patients only to take advantage of the scheme.

# NEW PATIENT PREMIUM



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- Not additional funding. Participating practices will receive a nominal credit of UDAs equivalent to:
  - £15 for each eligible new patient requiring only band 1 care
  - £50 for each eligible new patient requiring a band 2 or 3 treatment
- In practice, this means the new patient premium value for seeing a new patient would be translated into the equivalent UDA rate for each contractor.
- For example, in a case where a band 2 or 3 treatment has been completed (£50 new patient premium):
  - where a contractor has a UDA rate of £30, they will receive a 1.67 UDA credit
  - where their UDA rate is £40, they will receive a 1.25 UDA credit

# NATIONAL MINIMUM UDA RATE



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- National Plan indicates a new minimum UDA rate increasing from £23 to £28
- **OPTION 1: Cost is either a maximum of an extra £141.2k per annum on the contract value**
- **OPTION 2: a reduction of 5,042 contracted UDAs**
- Commissioning team will review performance of identified contracts but approval for recurrent funding is required
- Decision required by commissioners based on national timescale and agreeing preferred option

# PLANNING ASSUMPTIONS



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## **The affordability of the plan depends on:**

- a) take-up of the schemes within the local improvement plan
- b) the ability of ICBs to permanently and unilaterally reduce the contracts of practices which persistently under-perform (action indicated in the national recovery plan)
- c) The future redistribution of ICB dental allocations based on need, as identified in the national recovery plan
- d) the number of patients attracting the new patient premium (ending in March 2025).
- e) relies on dentists delivering to similar levels of under-performance in 2023/24 and not recovering to pre-COVID levels.

## **Prioritisation will be as follows:**

- Pathway 3 is the priority scheme for delivery once plan is approved today
- Pathways 1 and 2 already commenced under last year's plan and will continue to run in 2024
- Pathways 4 and 5 will be led by the Local Professional Network supported by NHSE NW Public Health



## **CONTINUATION OF FUNDING FOR ADVICE TRIAGE HELPLINE**

- Feedback from stakeholders and service provider is that this service is much needed and an integral part of the primary care dental system.
- Service is based on national service specification. Service covers Cheshire & Merseyside, and operates 7 days per week, providing access to urgent care/urgent care and advice help to patients.
- Continuation of funding post April 2024 to ensure resilience and capacity to respond to need.

**Total investment requested for continuation of funding £0.468k**

## Pathway 1: URGENT CARE

- Continuation of network of practices (formerly referred to as Urgent Care Centres) was agreed in June 2023 up to 31 March 2025. These practices provide urgent care appointments, in addition to the commissioned service, which are available via the local dental helpline.
- This network also provide support to defined vulnerable patient pathways including 'looked after children' and priority breast cancer patients.
- Work is being undertaken with Clatterbridge to extend the cancer pathway to other priority cancer patients and also to cardiac patients. This will include the pathways being added to the e referral management system.
- In addition, collaboration is in place with LA leads to consider expansion of the LAC pathway to include families/ children at risk.
- Evaluation has been completed from 2023 -2024 and reviewed by commissioners. See APPENDIX 1.

**Total requested for this pathway is up to £3.162 million**

## Pathway 2: URGENT CARE PLUS

- Funded as additional sessions and are an extension to the urgent care pathway, allowing patients who have attended an urgent care appointment to attend a separately commissioned session where they are offered a full examination and any substantive treatment to get them dentally fit.
- Due to the success of the urgent care plus scheme, we have worked with NHS England (formerly Health Education England) to include Dental Foundation Trainees (DFTs), supervised by their 'Educational Supervisor', in the delivery of this service as of 29 January 2024. 17 DFT practices are now undertaking delivery of the project. This supports both education and access for patients.
- Following rapid evaluation we propose to continue to continue this scheme.

**Total requested for this Pathway is up to £3.488 million**

## **Pathway 3: ROUTINE CARE FOR ALL – QUALITY ACCESS SCHEME**

- Funded from 10% reduction in contract activity
- This is an opt-in scheme. Those not opting in will be eligible for the new national top-up of £15 - £50
- From 1st April 2024 to 31st March 2025, participating practices will have a reduction in the annual contractual target by 10% at the start of the year.
- Access to new patients and liaison with a local vulnerable group (will be monitored at the end of each quarter to ensure compliance with the scheme).

## Pathway 3: ROUTINE CARE FOR ALL – QUALITY ACCESS SCHEME

To qualify for the scheme practices must:

- Attend the initial webinar – a Teams invite will be sent. Dates available are listed below for your information
- Amend practice NHS.uk status to ‘accepting new patients’
- Accept an increased amount of urgent patients
- Accept an increased amount of new patients (new patient is defined as someone that has not attended the practice in the previous 24 months)
- Engage with local vulnerable group/third sector organisation/charity (e.g. homeless centre/family hub)
- Complete dementia friendly toolkit, amr audit and oral cancer toolkit by 30 June 2024
- Complete and submit quarterly data return.

## **Pathway 3: ROUTINE CARE FOR ALL – FUNDED OVERPERFORMANCE**

- Proposal to pay for up to 10% overperformance on contracted activity for 24/25
- NB where practice can evidence seeing new patients
- Practices will see more complex patients and new patients linking in with vulnerable patient groups
- Only a proportion of practices will be eligible
- Since Covid, C&M has funded overperformance of £1.2m in 22/23 and estimates £1.0m in 23/24.

**Total requested for this Pathway is up to £6.082 million**

## **Pathway 4: ACCESS FOR CHILDREN WITH ADDITIONAL PREVENTATIVE/TREATMENT NEEDS “ACCDP”**

- Propose to expand Advanced Child Care Dental Practices across C&M
- The ACCDP practices are currently operational in Liverpool, Sefton, Knowsley and referrals are from CDS services where the child doesn't meet the criteria for specialist dental service but require more time than a routine primary care appointment.
- These areas experience the highest level of dental disease burden within the greatest number of children within C&M hence selection. Roll out will be to second group of areas with greatest need.
- ACCDP focus on stabilisation and prevention for the referred child
- Collaboration with Paediatric Managed Clinical Network to support training & development of these practices
- Evaluation has been completed and reviewed by commissioners. See APPENDIX 2.

**Total requested for this Pathway is up to £215k (£200k recurrent)**

## **Pathway 5: ACCESS FOR “CARED FOR” FRAIL & VULNERABLE ADULTS**

- Proposal to work collaboratively (LDN, Special Care MCN, LA, GPs) initially to link dental practices with care homes to support/facilitate oral health plans, signpost to training for care home staff, facilitate appointment at the practice where required and support end of life care
- Project to be evaluated to assess need and future provision
- The amount requested is based on 50 practices each delivering 2 nurse led sessions per month plus a small set-up cost

**Total requested for this Pathway is up to £435k (£420k recurrent)**



## DENTAL ACCESS AND WORKFORCE DEVELOPMENT CENTRES

- To complement our existing plans, we are seeking to develop **at least 3 Dental Access and Workforce Development Centres** across Cheshire and Merseyside in areas of highest need.
- One centre will be up and running in the first year and will act as a proof of concept. We envisage investing between **£676k to £1m**.
- We want to encourage and support a collaborative approach when developing any proposals to deliver this vision.
- We will use the national contracting flexibilities announced recently and are seeking to find creative solutions.
- We envisage that the centres will be accessed for new patients with no dentist via existing referral routes and want to avoid the unacceptable vision of long queues of patients trying to access a service.
- The access centres could offer both undergraduate and post-graduate workforce opportunities, but we expect to see a skill mix model in operation.
- Centres could offer a mix of Pathways 1 to 5.
- The access centres will offer appointments 7 days a week, bookable via NHS 111 or the local dental advice triage helpline.
- We want to support a sustainable model that has evaluation built in from the outset.

**Total requested up to £1 million for the first centre**

# SUMMARY - INVESTMENT PLAN



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AREA OF PLAN	RECURRENT COSTS 2024/25	Risk / Opportunity	Risk / Opportunity
PATHWAY 1	£3.162 million	£-1.960m million	Review scheme mid-year. Reduce payment value or incorporate vulnerable patients in Pathway 3.
PATHWAY 2	£3.488 million		
PATHWAY 3	£4.882 million (local)	£3.882 million (local)	Reduce local scheme payment value or cap uptake at 50% of eligible practices (by total contract value).
	£1.200 million (national)	£1.200 million (national)	Remaining contractors unlikely to incur full impact of National scheme pressure.
PATHWAY 4	£0.200 million		
PATHWAY 5	£0.420 million		
DENTAL ACCESS AND WORKFORCE DEVELOPMENT CENTRES x 1 proof of concept PDS agreement	£1 million		
ADDITIONAL FUNDING FOR ADVICE TRIAGE HELPLINE	£0.468 million		
<b>Total funding requested</b>	£14.820 million	£3.122 million	
<b>Funding Approved in 2023/24</b>	£ 4.835 million		
<b>Net Funding Requested</b>	£ 9.985 million	£3.122 million	

# NEXT STEPS FOLLOWING APPROVAL



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- **ACTION 1** - Establish Programme Board and schedule of meetings
- **ACTION 2** - PMO support/capacity already identified and agreed
- **ACTION 3** - Agree Pathway 1-5 project leads
- **ACTION 4** - Agree support for Dental Access and Workforce Development Centres
- **ACTION 5** - Agree performance quality metrics. Quarterly reporting to SPCC
- **ACTION 6** - Develop Implementation Plan and Risk Log

Aim for completion of the ALL actions by 26/3/24

# APPENDIX 1: URGENT CARE EVALUATION

### Rapid evaluation of the UDC plus scheme has been taken from Sept – Dec 2023

Overall, there is a consistent number of appointments used within this service, with an increase over time.

On average over the 4 months, 986 patients have received treatment through this service, of which 95.1% were deemed by the UDC plus providers to be appropriate for the pathway.

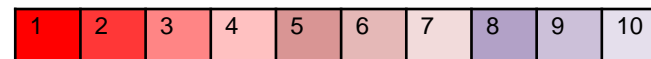
More adults (3602, 91.4%) than children (364, 9.2%) were treated. Using this pathway, 2,116 patients have had a full course of dental treatment to restore their dentition within NHS primary dental care.

There is a reported sense that patients have been motivated, engaged and happy with the pathway.

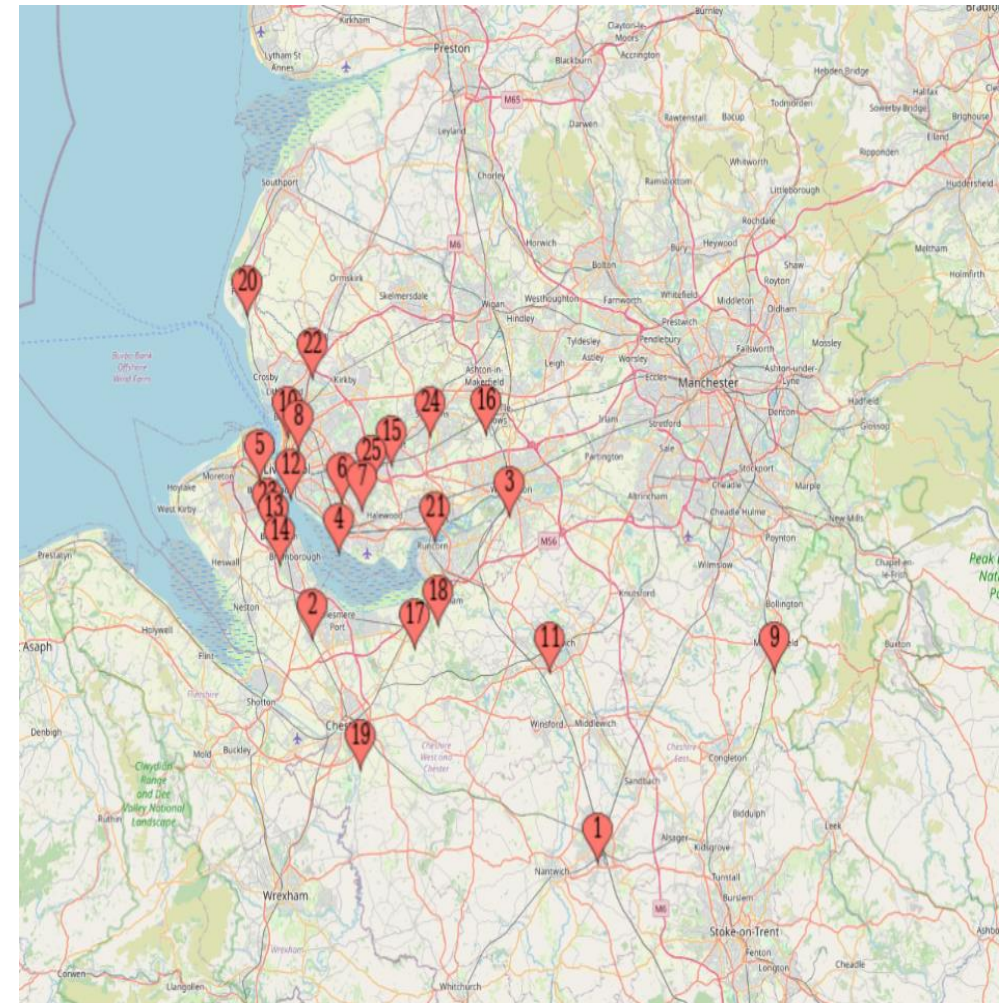
There is also documentation of access for some vulnerable groups, as well as the high dental needs of this group of patients.

Providers also reported positively about the treatment they are providing for these high need patients with very few issues raised.

Map no	Dental Practice IMD*	Dental Authority	Local
4	1	Liverpool	
8	1	Liverpool	
10	1	Sefton	
15	1	Knowsley	
21	1	Halton	
24	1	St Helens	
3	2	Warrington	
5	2	Wirral	
7	2	Liverpool	
13	2	Wirral	
23	2	Wirral	
1	3	Cheshire East	
12	3	Liverpool	
9	4	Cheshire East	
25	4	Knowsley	
14	5	Wirral	
16	6	St Helens	
6	7	Liverpool	
11	7	Cheshire West and Chester	
19	7	Cheshire West and Chester	
22	7	Sefton	
17	8	Cheshire West and Chester	
2	9	Cheshire West and Chester	
18	9	Cheshire West and Chester	
20	9	Sefton	



**Key:** Dental Practice Index of Multiple Deprivation Decline 1 = most deprived 10% nationally, 10 = least deprived 10% nationally



# APPENDIX 2: EVALUATION ADVANCED CHILD CARE DENTAL PRACTICE PATHWAY IN C&M



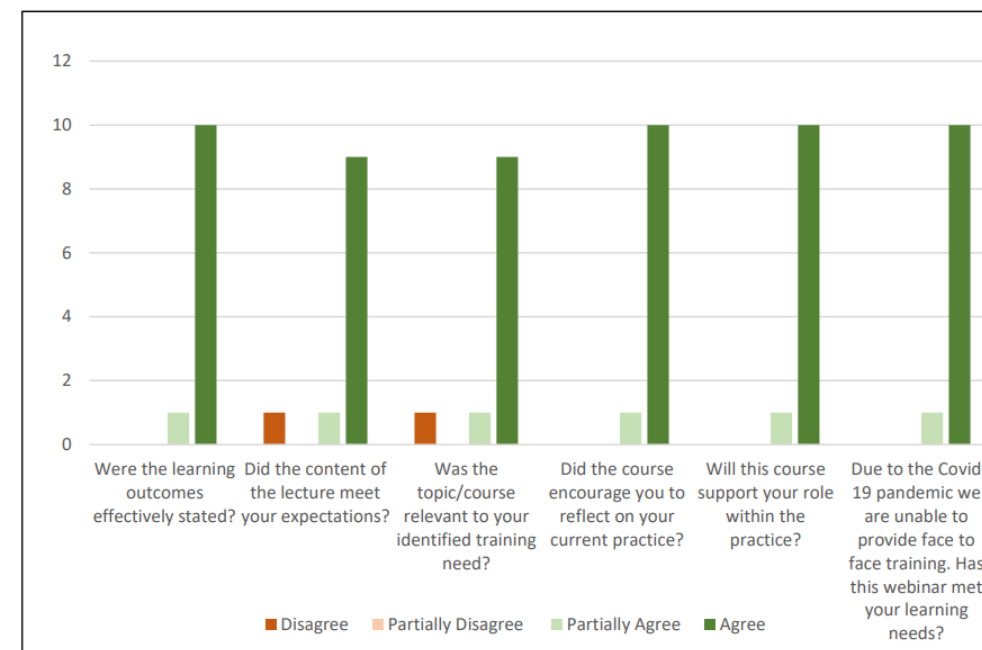
Cheshire and Merseyside

Dental practices completing management/treatment procedures for children ( $\leq 16$  years-olds) to either stabilise and/or definitively treat. It was anticipated that this would help to ease the burden on the CDS, whilst ensuring that each child is seen within a timely manner in the appropriate healthcare setting.

Pathway is important for addressing oral health inequalities to ensure those who have the highest dental needs within C&M have access to appropriate dental care. Furthermore, this fits within the NHS national CORE20plus5 agenda as well as ensuring Children and Young People (CYP) across the pilot area receive the “right care, right time, right place”.

A set criteria specification formed the governance process of choosing suitable dental practices. Key criteria were included to ensure the appropriate selection of dental practices, which consisted of three domains: dental practice location; dental practice facilities; and dental practice activities. All general dental practices within Liverpool, Sefton and Knowsley had the opportunity to express participation interest.

Overall, 28 patients were referred from the triage hub to ACCDP practices. Of these 28, 16 (57.1%) patients had their treatment treated through the ACCDP pathway, with 9 (32.1%) patients either uncontactable or WNB to their scheduled dental appointment. Only 3 (10.7%) patients required onward referral to Community Dental Service, after treatment part completed within ACCDP.



## Next steps

- Consider the roll out of the pilot to other localities across C&M with appropriate training and evaluation required via the C&M Paediatric MCN
- Funding considerations for the sustainability of alternative dental care pathway service for paediatric patients within C&M
- Consider medium to long-term strategies to educate and upskill general dental practitioners to provide Tier 1 paediatric care, with consideration to undergraduate training

# APPENDIX 3: Integration of dental access pathways across C+M for children and young people

