NHS England

Engagement report for the procurement of orthodontic services in the south of England

Document Title: Engagement report for the procurement of orthodontic services in the south of England

Version number: 1

First published: 9th April 2018

Prepared by: NHS England south orthodontic procurement steering group

Classification: OFFICIAL

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the NHS England south communications team

1 Contents

1 Background

A number of contracts to provide orthodontic services in the south of England will be coming to an end on 31st March 2019. NHS England is holding a procurement process to award new contracts to provide some orthodontic services from 1st April 2019.

This applies only to Personal Dental Services (PDS) contracts which have a fixed end date. Orthodontic services provided under General Dental Services (GDS) contracts do not have an end date so will continue as current.

The service specification for the new contracts follows the national Orthodontic Commissioning Guidance which was published in September 2015. The procurement sets out the size of contracts and locations of contracts across the South of England. It has been informed by health needs assessments as well as feedback from patients. We also sought the views of key stakeholders to help inform the procurement.

1.1 Procurement approach

The procurement is being managed on a regional basis across the South of England incorporating the NHS England South West, Wessex, South Central and South East local offices (currently the South region which incorporates the new NHS England South East and South West regions) to ensure consistency across the region. The South Central and West Commissioning Support Unit (SCW CSU) was appointed to manage the procurement process.

The procurement requires any individual or organisation wanting to bid for a contract to first register and gain accreditation on a dynamic purchasing system (DPS). This seeks to ensure that anyone wanting to bid for a contract fulfils the basic requirements needed.

Individuals/organisations which have gained accreditation on the DPS will then be invited to tender for contracts.

1.2 Geographical variances

Although the procurement is being managed on a regional basis, contracts will be split into geographical lots so that potential providers can submit tenders to provide services in the areas they are interested in.

Public Health England carried out Health Needs Assessments for each local office area. These used the projected population of a third of 12 year olds[1] in each local authority area as a basis to inform the level of orthodontic activity to be procured in each area.

The proposed lots have been informed by these local health needs assessments whilst also taking account of available funding and the location and size of any ongoing orthodontic contracts.

This has been done to ensure greater equality of services across the region but will mean some changes to local services. In some areas the number of units of orthodontic activity (UOA) will decrease and in others they will increase to redistribute resources according to need across the region.

2 Engagement activities

2.1 Patients and public

A number of engagement activities were implemented to gain feedback to help inform the procurement.

We gained views of patients and members of the public through an online and hard copy survey. We asked questions about waiting times, the distances people were prepared to travel and the time and day of appointments and have considered responses to help inform the procurement.

We sent a hard copy of the survey directly to 20% (6950) of orthodontic patients across the South. These were split across local authority areas and included those yet to start treatment, in the process of having treatment and where treatment had recently been completed to gain a range of representative views.

An online survey was also set up which could be accessed through the NHS Engage website to allow other patients and members of the public to put forward their views. This was available via a website link which we advertised to patients by sending out posters to General Dental practitioners and asking them to display these in their practices and also asking our partners (Healthwatch organisations and CCGs) to help us in promoting the survey through their own channels.

The poster also included a phone number for patients and the public to call if they wanted a hard copy sending out to them.

The survey included multiple choice questions which could be easily compared across different areas e.g. how far people travel to orthodontist appointments. There was also an opportunity for respondents to include free text comments about orthodontic services.

[1] Source: Office of National Statistics

The survey ran for 11 weeks from 10 October to 27 December 2017.

In total 2209 people completed the survey. This included those completing a hard copy of the survey as well as those completing the survey online.

2.2 Stakeholders and providers

We asked for feedback from the following stakeholders, including organisations representing the orthodontic profession, across the South of England:

- Local dental committees
- Local dental networks
- Managed orthodontic clinical networks
- Health Education England
- Health overview and scrutiny committees
- Health and wellbeing boards
- Healthwatch organisations
- Acute trusts
- STP/ICS leaders
- CCGs
- MPs

Via our national team, we have also been in regular contact with the British Orthodontic Society (BOS) and the British Dental Association (BDA) national bodies and have considered their feedback when finalising the procurement.
Potential providers have been able to ask questions about the procurement since the DPS went live in December 2016 and questions and answers have been posted both on the DPS and on the NHS England website to keep potential providers informed.

We also held eleven market briefing events during October and November 2017 to share information with the profession about the proposed lots and pricing for the contracts. Feedback from these events has been considered when finalising details of the procurement.

3 Respondents

The patient and public survey was completed by 2209 people. 1618 of these received a copy direct by post with a further 591 members of the public and patients completing the survey online or after requesting a hard copy to complete.

Approximately two thirds of respondents were in the process of having treatment with the next largest group having just completed treatment. A small number of respondents were awaiting treatment.

We also received feedback from a range of stakeholders including replies from the British Dental Association, British Orthodontic Society, managed orthodontic clinical networks, local dental committees and networks, Healthwatch, local authorities and a number of providers.

4 Patients' feedback and actions taken

4.1 Waiting times

Nearly half of respondents had their first appointment within three months of being referred for assessment. A further quarter had an appointment between three to six months. 13% of respondents reported a wait of over 12 months. The majority of respondents felt that the time they waited was acceptable with 9% not being happy with the length of time waited. Responses were similar for the amount of time waited between assessment and the start of treatment with 9% of people unhappy with the length of wait.

There were a higher proportion of people waiting longer for appointments both from referral to assessment and from assessment to the start of treatment in the South Central and Wessex areas.

In line with the health needs assessments the number of units of orthodontic activity being commissioned for the South Central and Wessex areas has been increased, this is expected to reduce the length of time waited in these areas to bring these in line across the South region.

4.2 Travel to appointments

94% of respondents had treatment within twenty miles of their home and 91% felt that this was an acceptable distance to travel. Distances were slightly lower in the Thames Valley and South East areas.

The majority of the patients/carers who responded to the survey (66%) would not be prepared to wait longer to get an appointment closer to home.

Most people (87%) reported travelling to appointments by car with 5% using public transport and 7% walking or cycling. This was similar across all areas though a higher number of people (14%) walked or cycled in the Thames Valley area.

The lower distances travelled in the South East and Thames Valley areas is likely to be due to the large conurbations in these areas where many services are located.

The majority of people were happy with the distance travelled with 91% reporting that the travel was acceptable. Only 6% of people reported being unhappy with the distances they had to travel though some of the free text comments highlighted this as being an issue when using public transport.

In addition to answering questions about the current distances travelled respondents were also offered the opportunity to provide free text comments about how far they would be prepared to travel to get to appointments. Of those people who provided text comments 59% indicated that they were prepared to travel up to 10 miles (16km) for appointments with 41% being prepared to travel over 10 miles.

The procurement seeks to locate orthodontic services in locations across the region to ensure that 80% of patients can access services within 15km in urban areas and

25km within rural areas from their home. Public transport was also considered when selecting the locations proposed for contracts, with contracts situated in the largest towns in each area where there is the greatest access to public transport. It should also be noted that these are the maximum distances for travel so many patients would need to travel much shorter distances.

4.3 Appointment times/days

84% of people replied stating that they were happy with the current appointment times with 13% reporting being unhappy. Although there was an acceptance of current times and days for appointments when asked for free text comments, many patients/carers stated that they would like to have more choice of appointment days as some providers currently only provide services on certain days. They also requested appointments outside of school hours, mainly late afternoon or early evening and on Saturday mornings. In total 1406 respondents included free text comments stating that they would like the option of appointments outside of school hours.

In response to patient feedback, we have asked bidders to provide 30% of appointments outside of school hours. This can be on weekdays before or after school and at weekends. Providers will be able to decide which hours and days of the week to provide appointments according to local need.

4.4 Quality of services

Those patients/carers completing a hard copy of the survey were also asked about the Friends and Family test to ascertain level of awareness and whether patients were aware of how they could provide feedback on the quality of services. There was low awareness and correspondingly low numbers of people who had completed the Friends and Family test, so they were not aware of how to put forward their views on providers.

A number of respondents included comments praising their current orthodontic provider.

As part of the new contracts, we have asked that providers gather patient feedback which can then be used to make improvements.

4.5 Information

Patients felt well informed with 95% reporting that they felt they had enough information about their treatment.

As patients were happy with the information being provided we have not made any additional specific requests in this aspect as part of the procurement.

Overall 8% of respondents reported having a disability with the highest instance being a learning disability this was similar across all areas.

We have asked bidders to demonstrate what provision they will make to ensure patients are treated equally and able to access services, for example, by providing information in easy read format if needed.

4.6 Orthodontic health needs assessments

Feedback from other stakeholders included a view that the procurement plans did not consider the orthodontic workforce and only considered patients. Providers and stakeholders wanted to know more about the methodology used to carry out the health needs assessments and did not feel that these considered where parents worked and the location of schools.

The health needs assessments considered the projected population of a third of 12 year olds in local authority areas based on information from the Office of National Statistics.

We also gained views from the profession via local clinical networks to inform the needs assessments.

The lots have been based on health needs assessments for the areas. Patients/carers are able to choose where they receive treatment so if it is more convenient for them to have treatment closer to their school or parent's place of work, they can do this. We have not specifically asked for feedback from schools, as we are not able to identify whether parents and carers choose to have their treatment near to schools or near to home where this is in a different location. We can confirm that we considered the population of 12 year olds in boarding schools in the needs assessments.

NHS England's primary concern is to commission services that are patient-centred, so we have focused the procurement on patient need rather than provider need. Where possible we have also considered the needs of providers. For example, in response to feedback received, we have reviewed initial proposals and are offering contract sizes that we believe will allow businesses to be viable and sustainable.

4.7 Lots and contract sizes

Some stakeholders and providers raised concerns around the proposed lot sizes in specific areas.

There was also some contrasting feedback on contract sizes with some feeling that these were too small and others feeling they were too large. Some respondents were also concerned that this might mean a reduction in access to services and reduced patient choice. A question was raised around why the lots had been created around local authority boundaries.

Questions were also asked on the impact on secondary care and whether this had been considered.

NHS England can confirm that levels of secondary care activity were taken into account when developing the lots.

We made some adjustments to lots based on the feedback received whilst continuing to ensure that they meet the requirements identified in the local needs assessments. As a result of feedback the minimum contract size has been reduced from the initial proposal of 15,000 units of orthodontic activity to a minimum contract size of 6,500 units of orthodontic activity.

Changes made to lots following feedback received are:

- An adjustment in lot sizes in Mendip, Taunton and Sedgemoor to reflect travel patterns between these areas
- A reduction of 25% in secondary care activity in the South West to reflect the treatment provided to adult patients
- Commissioning of orthodontic services from primary care has been increased to reflect the reduction in secondary care activity related to children
- Ongoing existing provision in Torbay and Plymouth orthodontic planning areas has been reduced to reflect recent contract handbacks of orthodontic activity by General Dental Service contract holders
- Activity within the two lots for Torbay, Teignbridge and South Hams has been adjusted to more accurately reflect the location of the 12 year old population and to allow for patient flows within the area
- Concern was raised by Maidstone providers at the reduction in activity within their orthodontic planning area (OPA) as a result of ongoing over provision in neighbouring Ashford. The reduction for the Ashford ongoing over provision will now be made to all 5 bordering orthodontic planning areas on a proportionate basis. This has seen in an increase in units of orthodontic activity to be commissioned for Maidstone, Swale and Canterbury, with a reduction in Rother and Shepway. The reduction in provision for Rother means that this will now form a spoke of the Hastings contract.
- Concern was also raised about the reduction in activity in the Spelthorne area. This too was as a result of historical over-provision. Reductions will now be made to both bordering orthodontic planning areas on a proportionate basis. As a result there has been an increase in the units of orthodontic activity to be commissioned for Elmbridge and a reduction in those to be commissioned for Runnymede. Runnymede will now form a hub with a spoke in Elmbridge to be located in either Weybridge or Walton on Thames.
- We will now commission a standalone contract for provision in Sevenoaks rather than a hub and spoke arrangement as had been previously proposed.
- Amendments were also made to the Wessex lots as the original formula had not removed the secondary care activity from the activity that needed to be procured in primary care. In recognition of the fact that referrals to secondary care are mostly managed by the Central Referral Centre and most practices in Wessex are already specialist-led and, therefore, more complex patients are already appropriately cared for in the community, only 80% of the secondary care activity was removed.

The lots have been developed in line with local authority areas as these are recognised areas. This also reflects ongoing closer working between the NHS and local authorities to deliver health services to local communities.

The amount of treatment available to patients (overall number of units of orthodontic activity) has not been reduced but has been redistributed according to need across the south.

4.8 Provider impact

Some respondents felt that the procurement favours large corporate companies. Smaller providers were concerned about the cost of ensuring any new premises are compliant with the Disability and Discrimination Act.

There was also a concern about potential high costs of setting up hub and spoke locations and a view that this could be confusing for patients. Providers also felt that there might be difficulty in providing administrative support and sharing patient information across sites. Some respondents also thought that the procurement meant that services would have to be delivered by dental therapists.

The procurement is open to all providers both large and small. It is a decision for providers if they want to join with others to form consortia to deliver services or to bid for standalone contracts. All providers regardless of size will need to ensure their premises are compliant with the Disability Discrimination Act. When bidding for contracts providers should consider if there are any additional costs they will need to incur and ensure their financial calculations take this into account.

When evaluating bids, we will consider the quality of services provided and will not be weighting the evaluation in favour of corporate providers but will consider those providers which have best demonstrated in their tender that they are able to deliver services according to the specification considering patient needs whilst also being financially sustainable. It is a matter for providers if they use dental therapists to deliver some services, this is not something which has been specified by NHS England.

The location of spoke sites has been defined in some areas whilst in others providers will be able to select the location of spoke sites after considering the needs of their local population. The choice of premises and how administrative support is provided is a matter for providers.

4.9 Pricing

Some questions and concerns were raised around the level of pricing proposed for the new contracts and that this might favour larger providers who may provide a number of services via therapists rather than using more skilled orthodontists. This was taken into account when agreeing the final pricing for units of orthodontic activity. Bidders will need to specify the price they can provide services for within a range. We have opted to specify a price range in order to avoid providers bidding at a very low price to be awarded a contract, but not being able to sustain the services at that price. The price range has been amended twice in response to concerns raised by the profession with the lower limit revised upward each time with the range now set at £54.89 to £58.89. Changes have also been made to how points will be awarded as part of the financial evaluation of the bids.

4.10 Patient engagement

We received some feedback on the level of patient and public engagement undertaken and how specific this was in relation to any planned changes.

We have engaged with patients, providers and stakeholders and have used feedback to help inform the procurement. A number of changes, as described in previous sections, have been made as a result and these are detailed in this report.

We will be retaining and increasing orthodontic services across the south. We are not re-commissioning services in some areas as the volume of activity is predicted to decrease in line with the health needs assessments. Activity is therefore being redistributed in order to reduce inequalities in access across the South.

We do not yet know if there will be specific impacts to existing patients in some areas. This will not be known until we have confirmation, following contract awards, of whether current providers will continue to deliver the remaining courses of treatment to their current patients. We will be working with providers to provide the minimum disruption to patients possible.

We have gained feedback from patients to help inform the procurement including the distances which they are prepared to travel to receive treatment. The locations of contracts have been selected in line with the health needs assessments for local populations. The contracts are based on using a hub and spoke approach with a main location as the hub but with providers asked to provide services from other locations in the area (spokes). We have specified where the spokes should be located in some areas to ensure a spread of services across the area but in some areas have asked providers to select where to locate spoke sites using their local knowledge to ensure good accessibility to services for patients.

5 Equality and Health Inequalities Analysis

We carried out an equality and health inequalities impact analysis as part of NHS England's commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

An Equalities and Health Inequalities analysis has been carried out and will be published on the NHS England website.

6 Additional documents

Information relating to the procurement has been published on the dynamic purchasing system so that any potential bidder can access it.

The following information is also available on the South East and South West pages of the NHS England website:

- Summary of patient feedback
- Orthodontic needs assessments for each local office
- Slides from the market briefing events
- Service specification

You can also view the national orthodontic commissioning guidance on the NHS England website.