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Special Care and Paediatric Dental Services South East Region

November 2020

NHS England and NHS Improvement

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Introduction

Richard Woolterton
Head of Primary Care
NHSE and NHSI – South East

Aim and Objectives

- The purpose of the briefing today is to share the South East recommissioning process for Special Care and Paediatric Dental Services across the region.
- This is a briefing event and to ensure that all feedback is collated and addressed we will not be using the “Chat” function within Microsoft Teams.
- We welcome your feedback and questions, please send them to england.southeastdentalfeedback@nhs.net by the 9th December 2020.
- We will collate all feedback and questions and publish response to the InTend system and https://www.england.nhs.uk/south-east/our-work/info-professionals/dental/

Background

- Currently there is significant variation in service provision, funding, contract form and different types of provider, many services were commissioned by legacy organisations.
- Our objective is for a common core offer for all patients across the South East region
- Services that are now outside the scope of Special Care and Paediatric Dentistry services may be commissioned on a different timescale and/or different geographic lotting but it is planned that all services should commence from 1 April 2022.

Timeline

We paused the process in March and managed to secure an additional year, meaning existing contracts will all continue until 31 March 2022, new contracts will now be awarded effective from 1 April 2022

- Our initial market briefing was held 'face to face' in July 2019, this was held in order to shape and influence our decision-making and help design the service model
- We followed up with the 'you said we did' WebEx session October 2019 which gave a comprehensive update of changes made
- Work recommenced in August to finalise the specification, contracts, financial model and to prepare the bidder information packs.
- We recognise this is a challenging time for everyone, however, we are required to recommission these services now, so have created an agile & proportionate process which we'll detail later.

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Feedback

Linda Gregory
Senior Communications and Engagement Manager
NHSE and NHSI – South East

Patient feedback summary

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- Generally very positive feedback on existing services and workforce
- Essential to have a service that is understanding, caring, patient and has good communication
- Referral to appointment too long (also feedback from General Dental Providers)
- Patients have complex needs – lot of anxiety about dental visits but often linked to other issues e.g. learning disabilities, dementia
- Evidence of poor dental health in patients with additional needs – consider what is being done in terms of health prevention
- Increase in need for care at home
- Appointment times/days not as important as flexibility of appointments e.g. changing at short notice due to good/bad days
- Continuity of care/building relationships is important in building trust and reducing anxiety
- Need to tailor service to individuals due to complex problems

Considerations for Commissioning

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- In answering questions as part of the commissioning process bidders may want to consider:
  - how they will communicate with patients with different needs
  - what adjustments they will make to ensure that they provide a welcoming environment for patients e.g. quiet area, toys
  - accessibility – accessibility for patients with physical disabilities (e.g. travel, building access, toilets, provision for wheelchair users)
  - parking and public transport arrangements (distance from parking – can be difficult for patients with high anxiety/behavioural problems)
  - what health prevention initiatives they have in place/will they put in place to improve patients' dental health e.g. education
  - services for care home residents/ domiciliary care – increasing demand – what can be done to improve this including dental education and health prevention advice

Dental profession feedback

NHS England and NHS Improvement

Profession – CDS workforce

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- 148 responses – response from range of providers across the South East and from people working in different positions
- Identified wide range of patients seen
- Supported working more closely with GDPs:
  - **23%** of respondents **said some patients could be seen by general practice**
  - **49%** of respondents **said some patients could have shared care with general practice**
  - **69% said that shared care would improve care pathways**
- **88%** felt that their current service is limited in some way
- **61% stated they had additional training** to see special care dental and paediatric patients
- **Just over half (53%)** said that their **service provided different levels of care (1,2,3a and 3b)**
- **81%** felt that patient care pathways are consistently applied across their service

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Profession - GDP

- 52 responses were received from General Dental Practitioners

- The main reasons given for referring patients to the CDS were:
  - The requirement for a general anaesthetic
  - Patients who are medically compromised
  - Patients with severe learning disabilities
  - Bariatric patients
  - Domiciliary visits
  - The need to have specialist skills for some patients

- A number of general dentists felt that with some additional support they could treat more patients in their own practice (sedation was mentioned as a service they could provide if given NHS funding to do so)
- Areas for improvement focused mainly on the referral process with the time from referral to treatment being too long

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Specification

Hugh O’Keeffe
Dental Senior Commissioning Manager
NHSE and NHSI South East

Specification

Key features:

- Countywide service as a minimum; population 750,000 +
- GDC Registered Specialist led (Special Care Adult and Paediatric)
- One service to be covered by 2 contracts; primary care (PDS) – community; hospital (NHS standard) - GA
- Performer List Regulations 2005
- Based on NHS England Commissioning Guides – Special Care (2015) and Paediatric (2018)
- Contract for 10 (+2) years
- For people resident/GP registered in South-East/urgent care for temporary resident
- Performance measured by Units of Dental Activity (PDS Regulations Part 5, para 13) and Key Performance Indicators

Role

- Prevention
- Treatment
- Oral health improvement across wider population
- Support to and from local dental systems (primary, intermediate and secondary care)
- System leadership and engagement (LPNs, MCNs, PCNs)

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Specification

Service delivery

- Treatment settings – clinics, homes, hospitals
- Treatment modalities – local anaesthetic/Sedation/General Anaesthetic
- Level 2 and 3a
- Shared and continuing care

Exclusions

- Level 3b treatment, but part of shared care with hospitals
- Orthodontics, but support to and from local systems re treatment planning and treatment
- Unscheduled Care and ‘High Street’ Sedation (separate procurements)

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Specification

Governance

- Clinical leadership
- Compliance with relevant legislation (e.g. IM&T; Estates; Infection Control; Equality Act)
- Engagement of patients/carers and other stakeholders in review of services
- High quality service delivery - KPIs (3% of TACV)
- Getting ready for the requirements of accreditation/build on strong systems

Access

- Eligibility criteria
- Waiting times
- Geographical and physical access
- Opening hours (flexibility)

Specification

Impact of coronavirus

- Specification for ‘normal’ times
- Notional targets for first 3 years
- Service able to support responses to emergency planning and recovery
- Local contract within national context (see 2020-21)
- Contractual restoration and recovery

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Lotting and Premises

Annie Godden
Dental Senior Commissioning Lead
NHSE and NHSI – South East

Lotting Principles

October 2019

- Lots should cover a minimum population of 750,000
- Services need to be large enough to recruit and retain specialists
- Services need to be of sufficient size and capacity to deliver:
  - Training
  - Flexible hours
  - Routine and urgent care
  - GA, sedation and domiciliary care
  - Necessary premises and equipment

Feedback Received

- STP/ICS boundaries likely to change throughout contract length
- Larger areas are better, but should not be too big
- Larger footprint will help ease specialist recruitment

Options assessed, including lots based on existing contract boundaries, STP, Local/Unitary Authority footprints

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Lotting Principles – October 2019

Contract Areas

Five lots based on county boundaries:

1 Kent and Medway (Kent)

2 East Sussex, West Sussex, Brighton and Hove (Sussex)

3 Surrey

4 Hampshire and Isle of Wight

5 Berkshire, Oxfordshire and Buckinghamshire

Populations between 1.2m and 2.1m

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Lots – October 2020

- Lot data sheets shared with the market via In-Tend portal on 23 October
- Sheets show planning areas and minimum number of sites; planning areas largely conform with CCG boundaries (pre-merger in some areas)
- Sheets refer to specific metrics incorporated in the weighted funding formula with data taken from CCG and Local Authority indicators analysed as part of the Needs Assessment:
    1. Deprivation score (Index of Multiple Deprivation – 2015)
    2. Learning disability: % of all patients recorded on practice registers (all ages) (2017/18) (QOF prevalence)
    3. Long-standing health condition: % of GP patient survey responders who reported having a long-term physical or mental health condition, disability or illness (16+yrs) (2018)
    4. Care home beds (nursing and residential) per 100 people 75+ (2018)
    5. Children in low income families: % of children under 16 in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income (2016)
    6. Aged 85+ years: % of GP registered population (2018)

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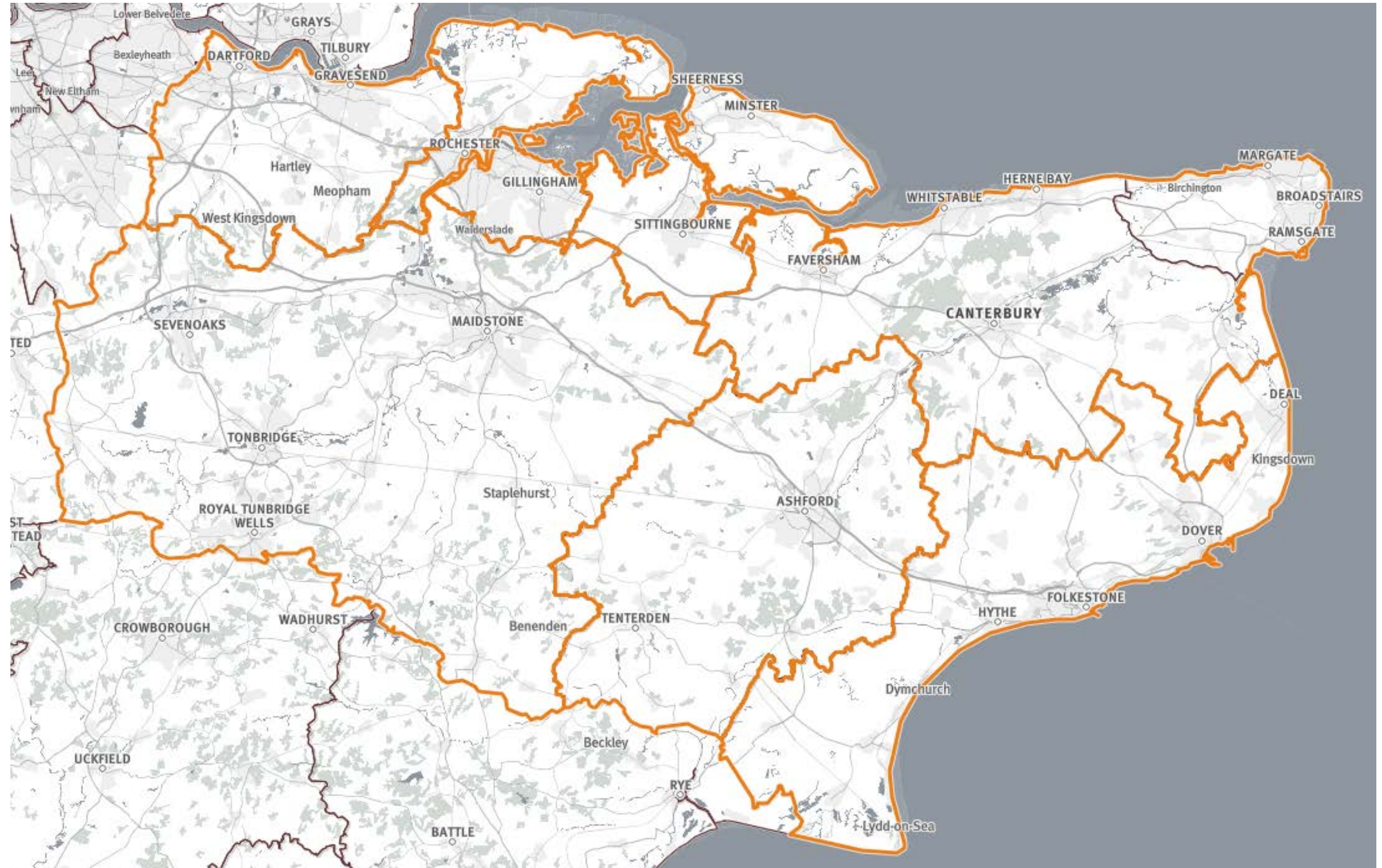
Lots – At a Glance

Lot number	Lot Name	UDAs (notional first 3 years of contract)	Minimum number of sites	Lot population
KT1.0	Kent	41,634	15	1,846,478
SX2.0	Sussex	38,451	8	1,703,827
SY3.0	Surrey	23,891	7	1,189,934
HIoW4.0	Hampshire and the Isle of Wight	43,800	13 (includes 2 mandated sites)	1,985,783
BOB5.0	Berkshire, Oxfordshire and Buckinghamshire	42,893	17	2,138,986

KT1.0 - Kent



Planning Areas in Lot KT1.0:

- **KT1.1 Swale**
- **KT1.2 Medway**
- **KT1.3 Dartford, Gravesham and Swanley**
- **KT1.4 West Kent**
- **KT1.5 Canterbury and Coastal**
- **KT1.6 Thanet**
- **KT1.7 South Kent Coast**
- **KT1.8 Ashford**

SX2.0 - Sussex

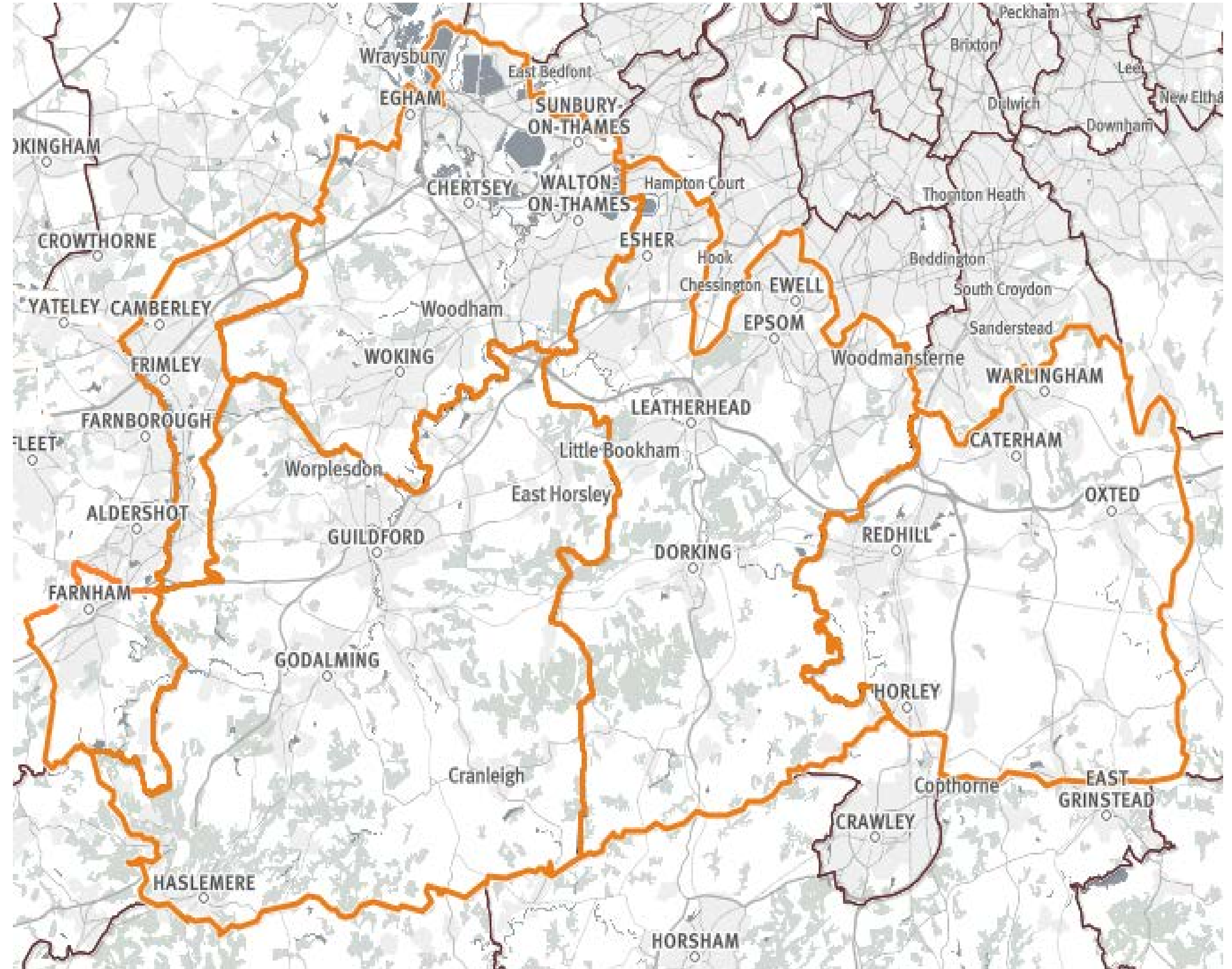
Planning Areas in Lot SX2.0:

- **SX2.1 Eastbourne, Hailsham and Seaford**
- **SX2.2 Hastings and Rother**
- **SX2.3 High Weald, Lewes and Havens**
- **SX2.4 Horsham, Mid Sussex and Crawley**
- **SX2.5 Coastal West Sussex**
- **SX2.6 Brighton and Hove**

SY3.0 - Surrey

Planning Areas in Lot SY3.0:

- **SY3.1 East Surrey**
- **SY3.2 Guildford and Waverley**
- **SY3.3 North West Surrey**
- **SY3.4 Surrey Downs**
- **SY3.5 Surrey Heath – no sites required**
- **SY3.6 Farnham (South)**



HIoW4.0 – Hampshire and the Isle of Wight

Planning Areas in Lot HIoW4.0:

- **HIoW4.1 Southampton City**
- **HIoW4.2 Portsmouth City**
- **HIoW4.3 South East Hampshire**
- **HIoW4.4 Fareham and Gosport**
- **HIoW4.5 West Hampshire**
- **HIoW4.6 North Hampshire**
- **HIoW4.7 North East Hampshire**
- **HIoW4.8 Isle of Wight**

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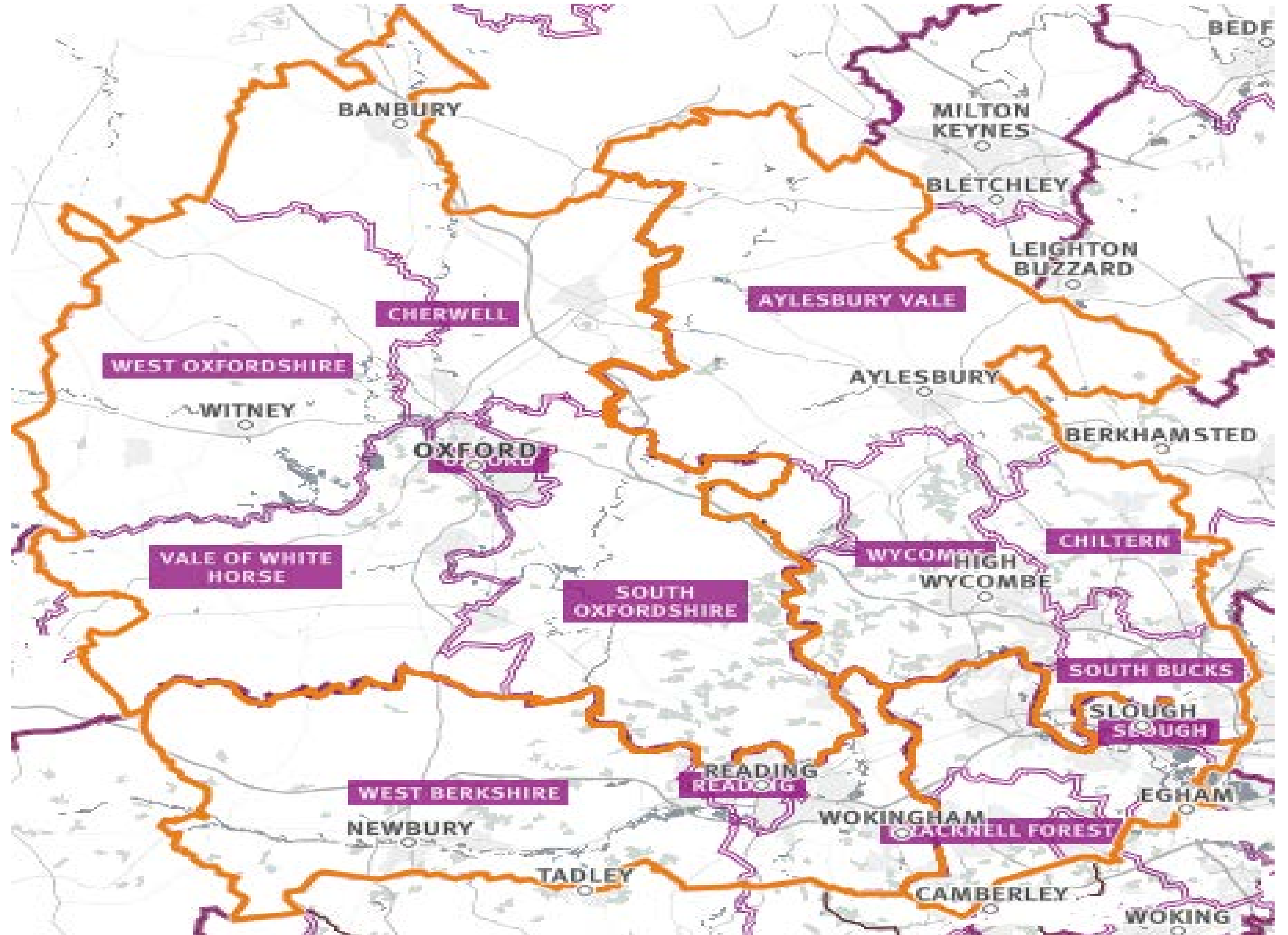
BOB5.0 – Buckinghamshire, Oxfordshire and Berkshire



Planning Areas in Lot BOB5.0:

- **BOB5.1 Berkshire East**
- **BOB5.2 Berkshire West**
- **BOB5.3 Buckinghamshire**
- **BOB5.4 Oxfordshire**

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Premises

- Premises and asset information to be issued as part of market notice calling for expressions of interest (early January 2021)
- Existing estate is mixed, including NHS Property Services, Community Health Partnership, Trusts, Local Authorities and independent landlords
- Some premises not automatically transferable and successful providers will need to negotiate future occupancy with landlords; in many instances existing providers do not have formal leases
- Service specification sets out minimum number of sites required in each planning area; actual number of sites is to be determined by the provider depending on how many surgeries can be accommodated within each site
- No requirement for existing estate to be utilised with the exception of two sites
- Mandated premises in Andover and Hythe (within the Hampshire and Isle of Wight lot) with detailed information on the specification of each site available. Decision to mandate these sites is due to committed investment in planned developments by NHSE/I and CCG commissioners which offer opportunities for co-location of community health services

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Premises

Principles for all premises:

- HTM01-05 Best Practice – to be achieved within three years (this may make some sites unviable)
- Where digital radiography is not immediately available there should be a plan in place to move to this as part of an equipment replacement programme
- Equality Act compliance – to be achieved by start of contract
- Dental chair and equipment for patients over 23 stone, hoists and wheelchair tipper – not required at each site but within a reasonable travelling distance within each lot
- NHSE/I do not expect care to be provided from single surgery sites apart from exceptional circumstances, agreed with the commissioner

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Budget

Dena Walker
Head of Finance Primary Care and Public Health Commissioning,
NHSE and NHSI South East

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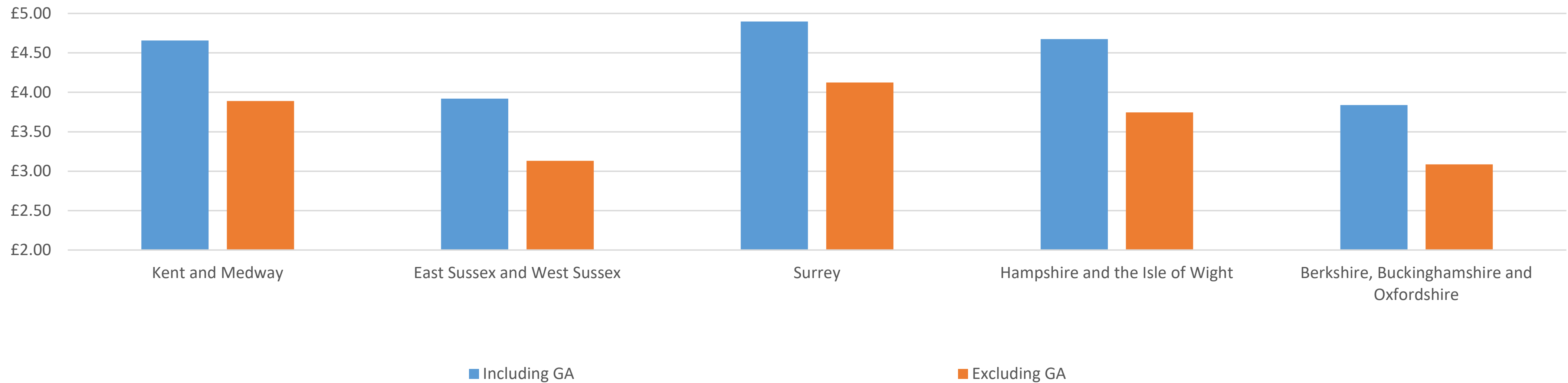
Considerations in determining Funding per Lot

- Current situation – number of different contracts with significant variation in funding
- Recommissioning this service affords an opportunity to benchmark funding and ensure equitable levels of investment within each system
- Distribution of funds that took account of population and reflects the needs of users of the service to address health inequalities
- Health Needs Assessment advised measures of need that should be considered in determining funding
  - Deprivation
  - Care Home Beds
  - Long Standing Conditions
  - Children from low income families
  - Adults over 85
  - Adults with learning disabilities

Existing levels of funding per head of population



General Anaesthetic (GA) Services are determined by local Trust prices, therefore for the purpose of this paper we will focus on costs and funding excluding GA . Range of funding per head excluding GA = £3.09 to £4.13

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Methodology Adopted

1. Determined overall financial envelope:
   i. confirming contract values of existing contracts for this service
   ii. Exclude out of scope activities (e.g. High Street Sedation, Orthodontic)
   iii. General Anaesthetic Contracts were ring-fenced within the funding envelope and treated as a separate item
   iv. Primary Dental Services (PDS) Envelope = overall envelope less General Anaesthetic less out of scope services
2. 70% of funding envelope distributed to system by population
3. 30% of funding distributed on weighted basis of need as described in Health Needs Assessment
4. Two elements added together to reach Total Annual Contract Value for PDS services for each Lot

Total Annual Contract Value (2020-21 values)

LOT	PDS Activity	PDS KPI (3%)	PDS	Allocation per head	NHS Standard Contract (GA)	Total Allocation
Kent and Medway	£6,879,818	£212,778	£7,092,596	£3.84	£1,217,271	8,309,867
East Sussex and West Sussex	£6,330,947	£195,802	£6,526,749	£3.83	£1,192,398	7,719,147
Surrey	£3,918,267	£121,184	£4,039,451	£3.39	£781,195	4,820,646
Hampshire and the Isle of Wight	£7,188,888	£222,337	£7,411,225	£3.73	£1,637,763	9,048,988
Berkshire, Buckinghamshire and Oxfordshire	£7,064,361	£218,485	£7,282,846	£3.40	£1,427,198	8,710,044

Currency and Payment

- Total Annual Contract Value includes cost of clinic (primary care) commissioned under a NHS Primary Dental Services (PDS) Contract plus cost of hospital based services for treatment under General Anaesthetic (GA) commissioned under a NHS Standard Contract
- PDS Contract values will be uplifted in line with Annual Doctors' Dentist Review Body uplifts
- GA Contract will be a block payment throughout the life of contract
- PDS Contract will have an activity (UDA) and performance measures (Key Performance Indicators) associated with it
- Activity and Performance measures will be notional in years 1-3 and payment to PDS Contract will be on a block basis during this period.
- Year 1 – 3 used to understand activity levels and requirements of contracts to inform Key Performance Indicators applicable from Year 4.

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Currency and Payment

- GA Contract continues to be paid on block basis
- From Year 4 payment under PDS contract will relate to activity and performance achieved in each year
- Planned activity for each Lot will be agreed
- Payment will be based on planned activity for the year
- Key Performance Indicator payment will account for a maximum of 3% of Total Annual Contract Value of PDS contract
- Failure to deliver 96% of planned activity will result in financial recoveries against the contract
- Achievement of Key Performance Indicators will trigger KPI payment and will be calculated on 3% of activity achieved

Recommissioning Process

Phil Fear
Clinical Procurement Manager,
SCW

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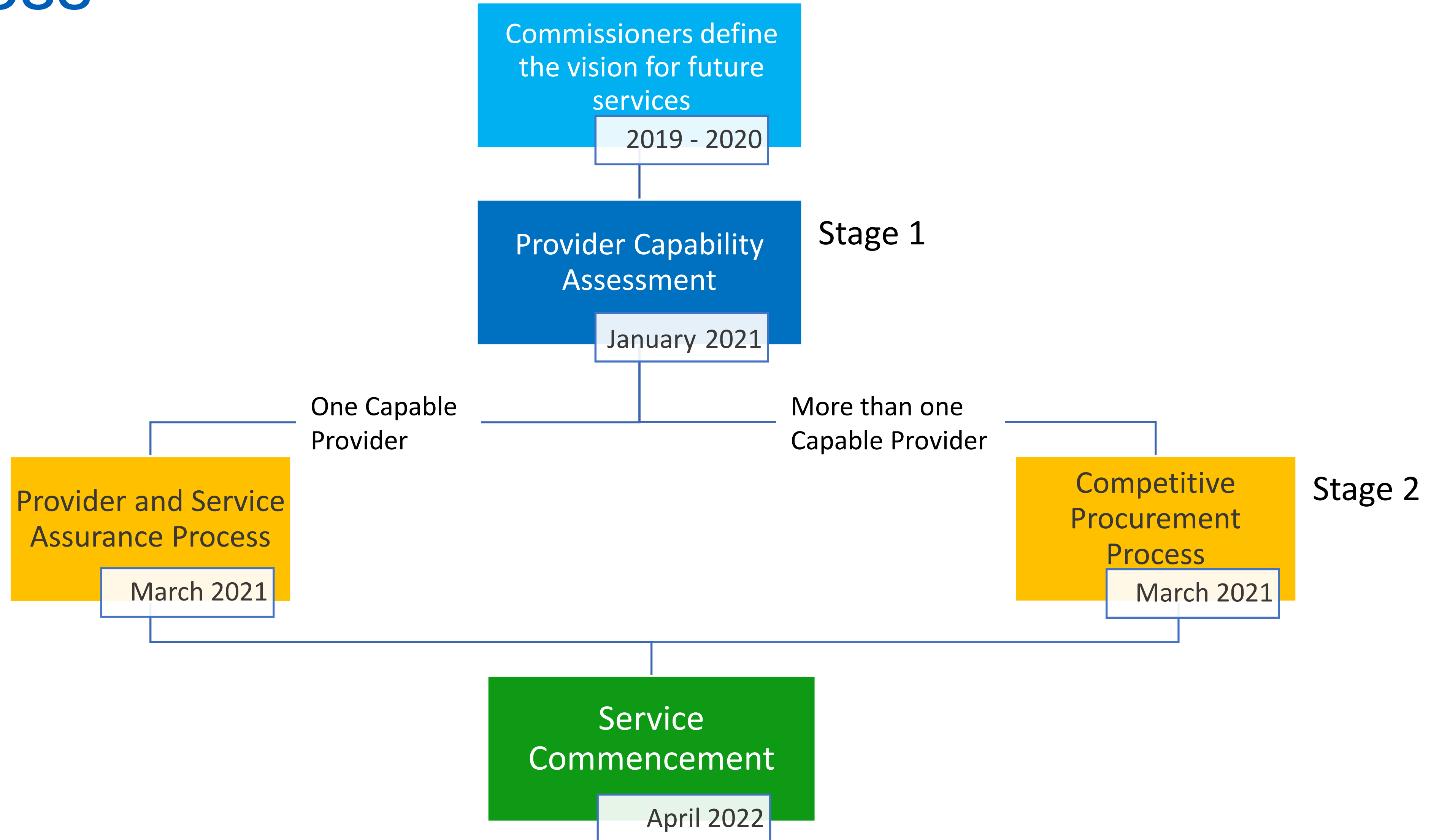
Recommissioning Principles

- South, Central and West (SCW) are a NHS Commissioning Support Unit who are managing this process in conjunction with NHS England and NHS Improvement South East
- The recommissioning process will be undertaken under the Public Contract Regulations (PCR) 2015
- Fully committed to a fair and transparent recommissioning process, where all potential providers will be treated equally to achieve a quality service and value for money
- The process will comply with the EU treaty principles (Equality of Treatment, Transparency, Mutual Recognition, Proportionality) and Procurement, Patient Choice and Competition regulations
- We will use an e-Tender procurement portal (In-Tend) to facilitate the process, which has a full audit trail

Process



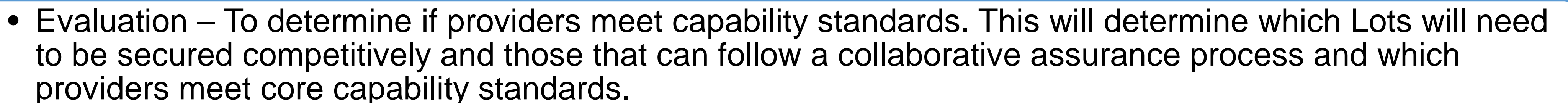
Stage 1 – Provider Capability Assessment

- Market Notice issued – January 2021

- Providers to register interest for each Lot they wish to be considered for (via e-Tendering Portal)

- Access Lot-specific documentation including the Provider Capability Questionnaire

- Complete Questionnaire (including organisational form, evidence of commitment, capability and capacity)
- Submit for Evaluation – End of February 2021



- Evaluation – To determine if providers meet capability standards. This will determine which Lots will need to be secured competitively and those that can follow a collaborative assurance process and which providers meet core capability standards.

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Stage 1 Provider Capability Assessment

Potential areas of assessment:-

- Provider organisational form
- Evidence of commitment
- Evidence of capability and capacity

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Organisational forms

- Consortia and/or other forms of partnership/multiple-organisation submissions will be accepted by the Commissioner.
- Such organisations are under no obligation to make legally binding arrangements at this stage.
- Consortium Providers must identify one organisation as the Lead Organisation in order to co-ordinate their response
- The Commissioner requires the Contract to be entered into by a lead single entity
- The provider organisation must be capable of holding PDS & NHS standard contracts

Stage 2

- Notification of Stage 1 outcome including the number of qualified providers per Lot
- Assurance Process or Competitive Procurement Process to then commence

Assurance Process

- Assurance Documentation issued via In-Tend portal
- Collaboration Workshop
- Iterative "Evidence Review Decision" process
- Governance Approval to Proceed/Abandon
- Contract Award – September 2021

Competitive Process

- Invitation to Tender Issued via In-Tend Portal – March 2021
- Provider to complete Tender Submission
- Submit via In-Tend Portal – May 2021
- Evaluation – May to July 2021
- Governance Approval to Proceed – August 2021
- Contract Award – September 2021

- Mobilisation/Transition and Service Development Plan
- Service Commencement – April 2022

Please Note: All timescales are indicative and may be subject to change

Recommissioning Timeline

Stage	Date
Stage 1 Provider Capability Assessment published	Start January 2021
Stage 1 Submission Closing Date	End February 2021
Stage 1 Evaluation Period Ends	March 2021
Decision on format of Stage 2 process (per Lot)	March 2021
Commence Stage 2 Assurance/Competitive Processes	March 2021
Conclude Assurance/Competitive processes, to proceed to Contract award	September 2021
Service commencement date	1st April 2022

Please Note: All timescales are indicative and may be subject to change

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Recap of Key Points

- Commissioning the future vision of services in realigned Lot geographies
- 2-stage process undertaken in each Lot
- Stage 1 begins January 2021
  - Demonstrate your capability and capacity to provide the services NHSE/I are commissioning
  - Demonstrate your commitment
  - Think about what your provider organisation will look like to meet these criteria
- Stage 2 processes will be determined following Stage 1, from March 2021
- Service Commencement April 2022

Thank you for your time

If you have any comments or questions please send them to the email address below before the 9th of December.

england.southeastdentalfeedback@nhs.net