

Securing Excellence in Commissioning NHS Dental Services

Key Facts

1. From April 2013, the NHS Commissioning Board (NHS CB) will take commissioning responsibility from primary care trusts for all NHS dental services: primary, community and secondary, including dental out of hours and urgent care. This will include commissioning dental services provided in high street dental practices, community dental services, and dental services at general hospitals and dental hospitals.
2. As commissioner, the NHS CB has an overarching role to ensure that the NHS delivers better health outcomes for patients, within its available resources, and upholds and promotes the NHS Constitution.
3. The NHS CB will commission NHS dental services based on the local oral health needs assessment which will be developed by public health teams in local authorities and will help determine the needs of local populations.

The clinical commissioning system

4. From April 2013, the current NHS commissioning system – of primary care trusts, strategic health authorities and specialised commissioning groups – will be very different with most of the NHS budget managed by 211 clinical commissioning groups (CCGs) which will be responsible for commissioning the majority of secondary care and mental health services for patients. CCGs are groups of general practices which come together over a defined geography to take on responsibility for commissioning the best services for their patients and population.
5. The NHS CB will be set up and be responsible for directly commissioning all specialised services, primary care, offender healthcare and some services for members of the armed forces. It will have 27 area teams but will be one single organisation operating to a common model with one Board.
6. CCGs and the NHS CB will be supported by new commissioning support units (CSUs) of which there are 23. Their role will be to carry out transactional commissioning function, such as contract negotiation and monitoring, and transformational commissioning functions, such as service redesign.
7. Commissioning of public health services will be undertaken by Public Health England (PHE) and local authorities, although the NHS CB will commission, on behalf of PHE, many of the public health services delivered by the NHS.

Improvement

8. The benefit of the NHS CB becoming a single commissioner for all dental services will be the ability to plan for and deliver more consistent standards, higher quality services and better health outcomes for patients across the whole of England. A more consistent approach to commissioning and contract management will be implemented in order to deliver these improvements.
9. In addition, by having the oversight and responsibility for commissioning all dental services for the population, the NHS CB will be able to ensure greater coordination between the different areas of dental care. This offers dentistry a unique opportunity to share excellence across England.
10. A 'care pathway' approach is proposed for all dental services in *Securing Excellence in Commissioning NHS Dental Services* – the new national single operating model for dental commissioning. The care pathways will describe consistent national elements, regardless of setting. This will ensure a focus on patient outcomes and greater consistency in delivery of dental services, both in the sequencing, effectiveness and quality of clinical care and the 'journey' that patients' experience.

NHS CB regional and area teams

11. The work of the NHS CB in relation to all dental services will be managed locally through area teams of the NHS CB to ensure close contact with patients, the public and key commissioning partners as well as local contractors and providers, and to ensure local priorities are part of the decision-making process.
12. NHS CB area teams will be the interface for all dental services and stakeholders, such as local dental committees, at a local level. This will initially be based on what the NHS CB inherits from PCTs until the new local dental networks (LDNs) are established which will enable commissioners and clinicians to work together at a local level.
13. NHS CB regional teams will have a key role in ensuring an overview of dental commissioning. In particular, they will maintain a focus on tackling health inequalities and ensuring the right balance between consistency, and the adoption of national frameworks, and localisation. They will also support the coordination of some of the NHS CB's national developments.

Local dental networks

14. Through the LDNs, the area teams will start to implement new national frameworks to promote innovation and best practice, and share expertise to get the best 'local fit'. Clinicians within LDNs will also work with area teams to implement the national model pathways as they emerge and are validated.

They will work with local partners, including patients, established wider dental networks and specialist groups to implement pathways to meet local needs.

Providers

15. All NHS dental provider contracts will be transferred to the NHS CB at the end of March 2013. The aim of the NHS CB will be to introduce greater fairness and transparency for all providers by managing contracts in a consistent way.
16. Primary care dental contracts will be managed based on a new set of standard policies and procedures. As the policies have been developed, they have been shared in draft form with the British Dental Association (BDA) and others as part of an external engagement process. In addition, a dental assurance framework for dental services has been developed in co-production with commissioners, consultants in dental public health and the BDA. This will ensure a consistent approach is taken across the country in providing assurance to commissioners and the public that dental services in their area are of a high quality and are improving oral dental health.

National dental commissioning task group

17. Nationally, the NHS CB will work with a range of stakeholders to determine the outcomes expected from all dental services and the main characteristics of high quality services.
18. A national dental commissioning task group will be established, which will enable central input from across the NHS CB, to oversee the delivery of the NHS CB's single operating model. It will establish working groups across specialist areas and feed into the development of the NHS CB's primary care strategy.

Workforce

19. The NHS CB will work with Health Education England (HEE) to secure an effective and sustainable workforce for the future. A working group for workforce and dental schools will be established which will develop frameworks for the NHS CB to enable it to commission services from dental schools. This will need close partnership with HEE and local education and training boards.

Dental public health

20. The partnership with consultants in dental public health within Public Health England (PHE) will be crucial to delivering the vision for NHS dental services. The NHS CB and PHE will work together across the system to deliver excellence by developing and implementing oral health needs assessments and strategies to improve health outcomes for patients.

Next steps

21. A scoping exercise of the various options for commissioning and managing secondary dental care has been undertaken and the outcome of this exercise will be published in February 2013.
22. In 2013/14, the NHS CB will focus on a steady state transition to the new commissioning system and working with providers, clinicians and commissioners, collaboratively across the country, to develop consistent high quality, evidence-based care pathways. Work to improve access to NHS dental services will continue as will the drive to improve the cost-effectiveness of dental services in order to deliver the NHS' Quality, Innovation, Productivity and Prevention (QIPP) challenge.
23. At the same time the NHS CB will develop its primary care strategy which will focus on service improvement and better health outcomes across all primary care services including NHS dental services.