

Guides for Commissioning Dental Specialties

*-implications and opportunities
for commissioning sedation*

services

SAAD

Colette Bridgman
PHE Consultant DPH GM
Supporting Office of the
Chief Dental Officer

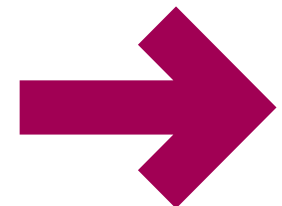
3rd October 2015



Presentation will:

- Explain the context in England - the 5 Year Forward View
- Provide an update on the development of the Specialty Commissioning Guides
- Implications of the Commissioning Guides

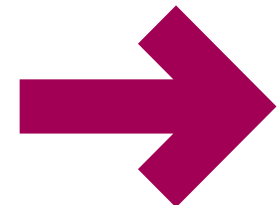
....with a focus on sedation!



Objectives of producing guides

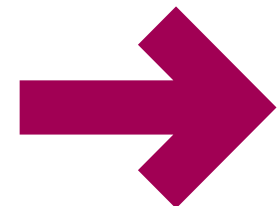
- Improving access and identifying need
- Meeting unmet need and serving demand
- Ensuring consistency and parity of outcome
- Utilising resources to maximise patient care
- Have sight of the whole pathway in order to commission coherent services
- Support development of intermediate care and capacity in primary care

Ensure ... if sedation is needed patients can access this adjunct to dental care safely with quality standards assured

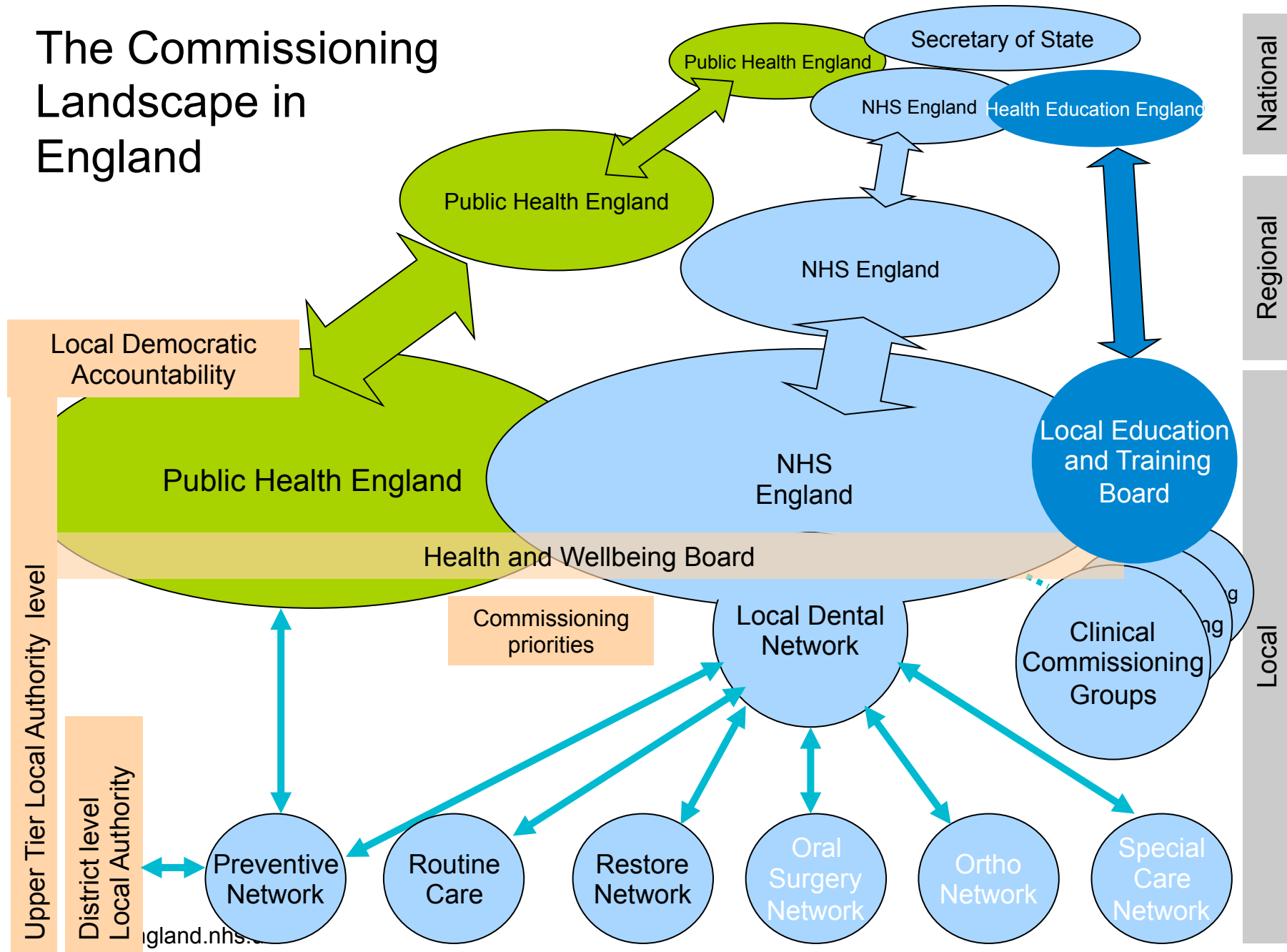


In a nutshell.....

- Current inefficiencies in the system are raised but the commissioning guides are not about reducing costs but rather about releasing resources from one part of the dental system and using it more efficiently in another to meet need
- This is possible because NHS England is the single commissioner for the entirety of dental services, and there exists a unique opportunity to define services at a national level and to really transform the way we deliver services locally.



The Commissioning Landscape in England





Five Year Forward View published late 2014

“Increasingly we need to manage systems – networks of care – not just organisations”



Five Year Forward View

- “Radical upgrade in prevention and public health”
- “Patients will gain far greater control of their own care”
- “NHS will take decisive steps to break down the barriers in how care is provided”
- “England is too diverse for a ‘one size fits all’ care model”
- “Services need to be integrated around the patient”
- “We should learn much faster from the best examples”
- “Need to evaluate new care models to establish which produce the best experience for patients and the best vfm”

HEE Workforce plan for England 2015/16

- “Align dental specialty trainingwith changing health needs and **to meet requirements of NHS commissioners**”

Sets out what the future will look like

- Services need to be integrated around the need of patients not organisations or training programmes. NHS England, the commissioner of all dental services in England, will take decisive steps to break down barriers in how care is provided between primary care and hospitals.
- The pathways will expand and strengthen primary and ‘out of hospital care’, they will improve health not just treat ill health and provide isolated episodes of care.
- A more consistent approach to commissioning dental specialist services will be adopted, using the investment and work force we have, more effectively and efficiently.

What is needed to underpin change

in dentistry in England....

Greater
focus
prevention
(contract
reform)

**Greater
consistency,**
clarity and
equity in the
NHS offer for
patients, the
profession and
commissioners.
(Commissioning
Guides)

Local flexibility
**Existing
Resources?**

**Improved
quality
and
outcomes**
from dental
care

**Better
VFM**
Identify and
meet need
review
current
delivery

Greater
integration
with wider
health and
social care

Clinical
leadership
MCNs

What is intended?

A new relationship with patients and communities

Dental LPNs provide clinical leadership and input into commissioning process

Future service redesign will need to engage with patients to identify and meet need

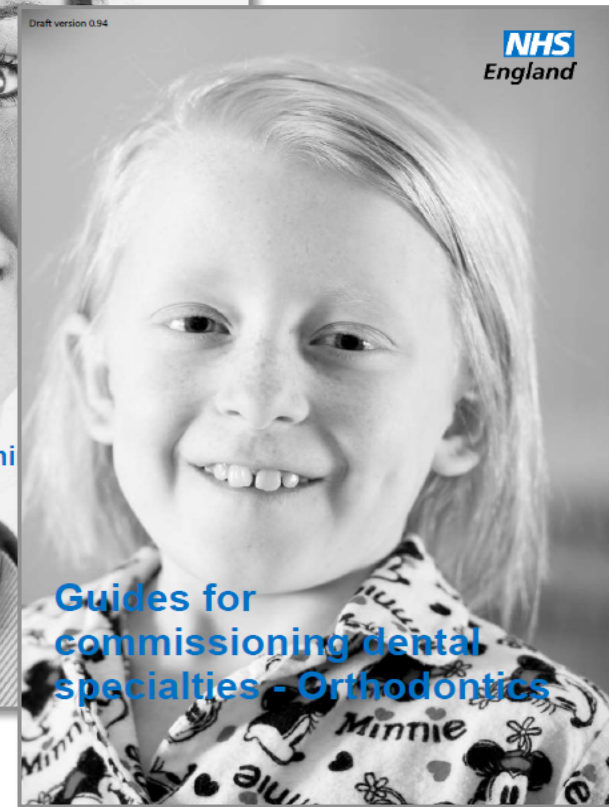
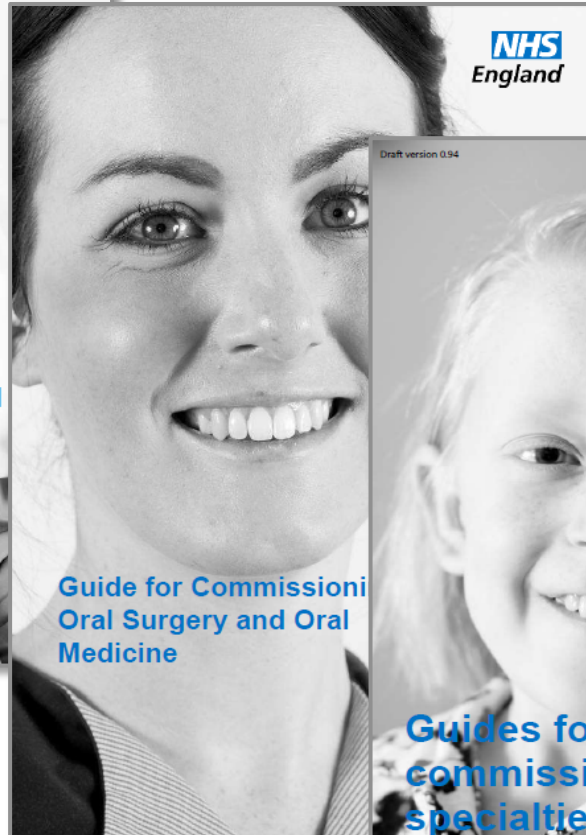
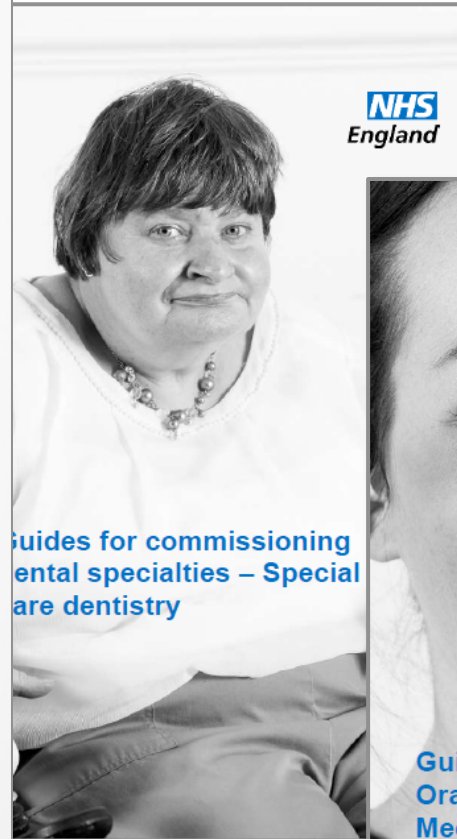
The Commissioning Guides set out a national framework.

Consultation will need to take place at local level.

Implementation plans will vary across the country.

The guides are working documents, on going dialogue will need to take place with patients, the profession and the commissioners.

Commissioning Guides

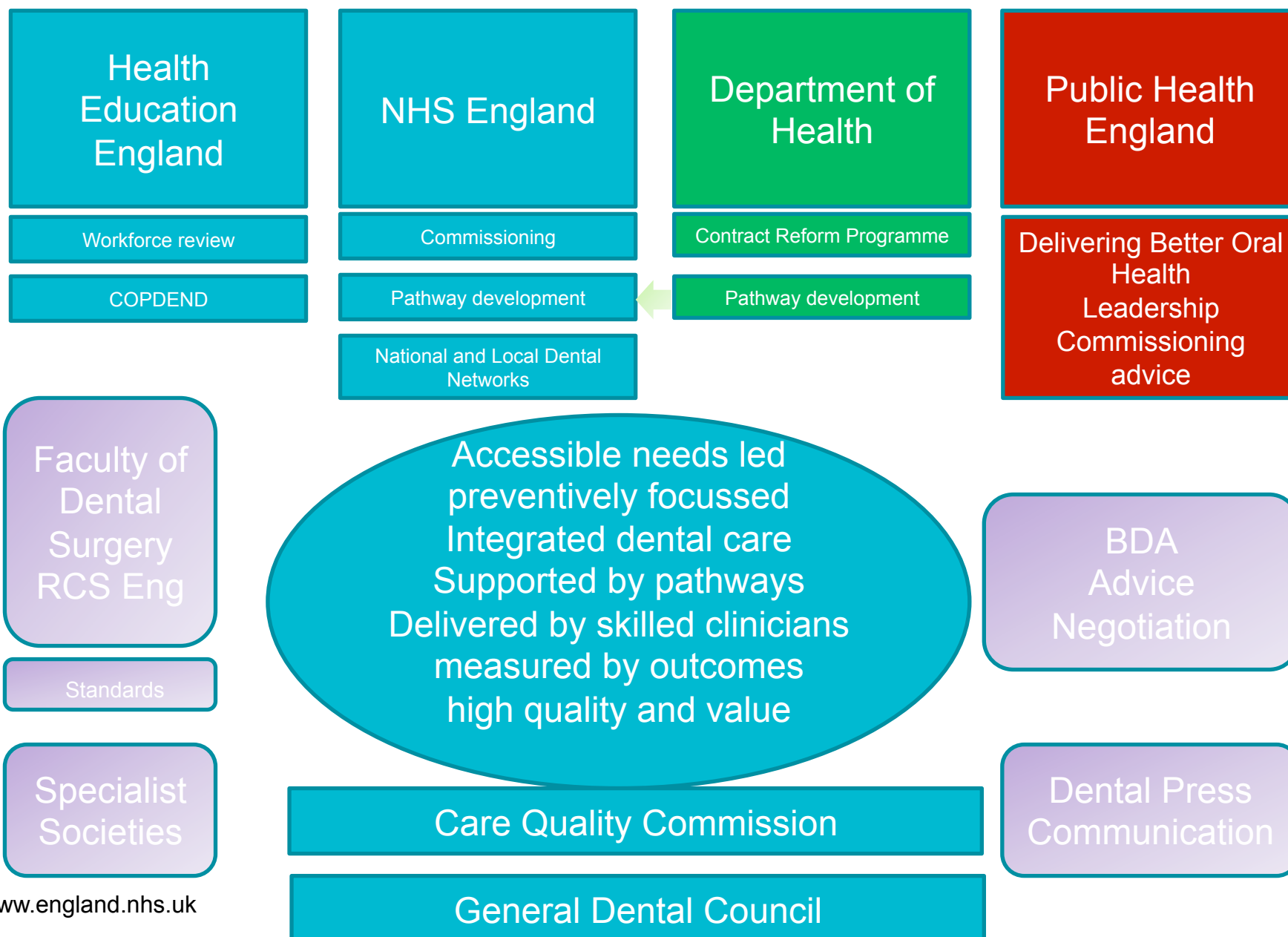


Process

- Working groups convened to develop specialty guides
- Wide stakeholder membership in each group including speciality leads, clinicians, patients, education leads, commissioners, public health etc
- Members contributing views of wider organisations
- Patient involvement on all groups to shape PROMS and PREMS and service specific issues
- Iterative process to shape and agree content
- Governance provided by review group and legal team
- Restorative, paediatric and supporting specialties currently being developed.....**sedation relevant to all almost all**

Barriers

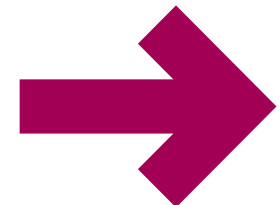
- Engaging with the profession and overcoming anxiety around services for patients with level two complexity
- Changing the way data is collected across primary and secondary care settings:
 - Agreeing a programme of work to allow the above
 - Mandating electronic collection, referral management core data set, justification of need, standards assurance, consistent coding and reporting of outcomes – **no codes for sedation!**
- Developing a fit for purpose contract to be used across care settings:
 - Managing the current pressures in secondary care
 - Ensuring appropriate delivery standards in primary care



Background -

- NHS England inherited a complex commissioning and provider landscape
- Private/NHS interface in dentistry
- Moved to a single organisation with commissioning responsibility for the whole dental pathway
- Inequitable access and varied models of service delivery
- Recognition that good practice needs to be built on and shared

By commissioning services along an integrated pathway as set out in the strategic document, *Securing Excellence in NHS Dental Services*, February 2013 aligns with the 5 Year Forward View

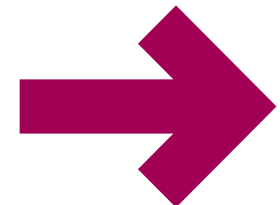


Objectives

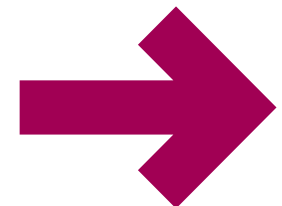
To improve care for patients and ensure identified needs are met:

So they are receiving:

- the highest **quality** dental care
- in the most **appropriate setting**
- delivered by professionals with required **skill set**
- resulting in **improve outcomes**
- ensuring **value for money** for the taxpayer.



Overarching Introductory Guide



Overarching Introductory Guide

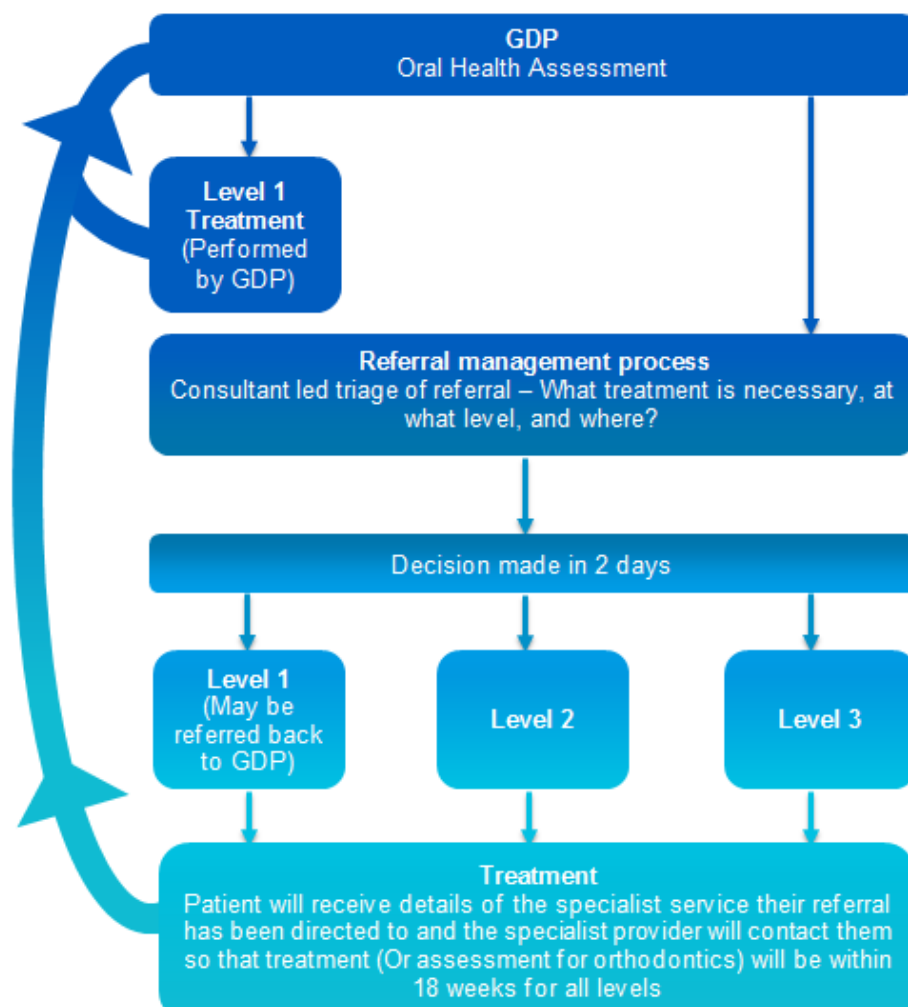
- Sets out the background to the specific guides.
- Covers issues that are generic to commissioning dental services which apply across the other guides.
- Ensures that the specialty specific guides focused
- Important that specialty specific guides are read in conjunction with the overarching introductory guide

Principles apply to all dental care
.....relevant to sedation services start by
reading the Introductory Guide.....

Specific guides - common structure

- A description of the specialty
- Outline of current national workforce and training capacity
- Description of population need and delivery at a national and regional level (where data exist) giving commissioners a methodology to collate and understand local need and the impact of current services
- An illustrative patient journey
- Quality standards and metrics for competency of clinicians, environment including equipment
- Generic and specialty specific PROMs and PREMs.

Patient Journey



Every patient's journey should begin with a visit to primary care practitioner

The patient should receive information on their oral health need (**Including the need for sedation**) and risk of dental disease together with tailored preventive advice

If the patient requires specialist care treatment, they will be referred via referral management process.

The patient will commence treatment within 18 weeks from assessment (orthodontics within 18 weeks of optimum time period).

The patient will be informed of what to expect

Challenges

- Challenges relating to equity of access and efficiency and quality of service delivery - **assurance of standards**
- Agreements and contracts coming to an end
- Specialised service delivered in primary care and hospital settings – very different contracts and funding arrangements
- Geographical variations in access including waiting times and treatment by a specialist - **access to sedation services**
- Redesigning services to meet patient need rather than historical delivery or meeting training programme requirements
- Workforce planning and overlaps between specialties
- Lack of needs assessment and referral management processes
- Lack of outcome or VfM measurement
- Need for consistent PROMs/PREMs in England

New models of care

Breakdown of barriers
between primary and
secondary services

Care delivered with
links to a Managed
Clinical Network
(MCN)

MCN will receive data
on quality and
outcomes of care to
offer assurance to

**Commissioners
understanding of
need and peer
review to stimulate
change**

All level 2 and 3
practitioners must
work with and
link to a MCN

Quality metrics will be
collected at a national
level to allow
benchmarking

Workforce critical to delivery

Shared understanding of 3 levels of patient complexity – procedural or modifying requiring skill, competency and experience.

Workforce Development - *including sedation providers!*

- Right numbers, right skills
 - Dental Team
 - Level 2 requirements – needs assessment
 - Specialist/consultant workforce to meet need
-
- Maintaining the stability of training in transition
-
- Clarity around funding for undergraduate and postgraduate training

There are currently 13 specialties recognised by the General Dental Council. Table ### below provides a breakdown of numbers by specialty registered with the GDC (note this is not the breakdown for England only)

Specialty	Male	Female	Total
Dental and Maxillofacial Radiology	13	12	25
Dental Public Health	55	61	116
Endodontics	203	62	265
Oral and Maxillofacial Pathology	20	11	31
Oral Medicine	50	19	69
Oral Microbiology	3	4	7
Oral Surgery	547	208	755
Orthodontics	725	644	1369
Paediatric Dentistry	61	180	241
Periodontics	240	116	356
Prosthodontics	347	92	439
Restorative Dentistry	239	79	318
Special Care Dentistry	103	217	320

Core principles for MCNs to follow

An MCN must:

- Be managed and led (ideally) by a consultant - appointed to have overall responsibility for the network - PAs within work plan
- Have defined clinical structure and boundaries
- And a strategy for clinical and service improvement
- Use evidence base and data returns for assessing need, peer review of outcomes and areas for quality improvement, mentoring and capacity building
- Seek research opportunities and
- Hear the patients voice and communicate effectively with patients and commissioners

How MCNs could work for Sedation providers

- All clinicians and sedation service providers working, in the geographical area of the network (England or Region Team?) must participate actively e.g. collecting needs, triage, audit and review of outcomes, mentor, leadership
- Empower sedation providers to link in and improve integration with dental care providers to build capacity
- There would be no sedation provider (accepting NHS referrals) working in isolation in primary or secondary care
- Leading and managing MCNs will need to be a part of a NHS consultant's job plan – find out what is happening
- Clinicians from all settings working together for patients
- Provide specialist input and advice on sedation to LPNs
- Sedation providers part of dental leadership advice

Clinical leadership:

Managed Clinical Networks will be established - linked groups of health professionals from primary, secondary and tertiary care working in a coordinated manner, unconstrained by existing professional and organisational boundaries to ensure, equitable provision of high quality, clinically effective services.

How it could and should be.....

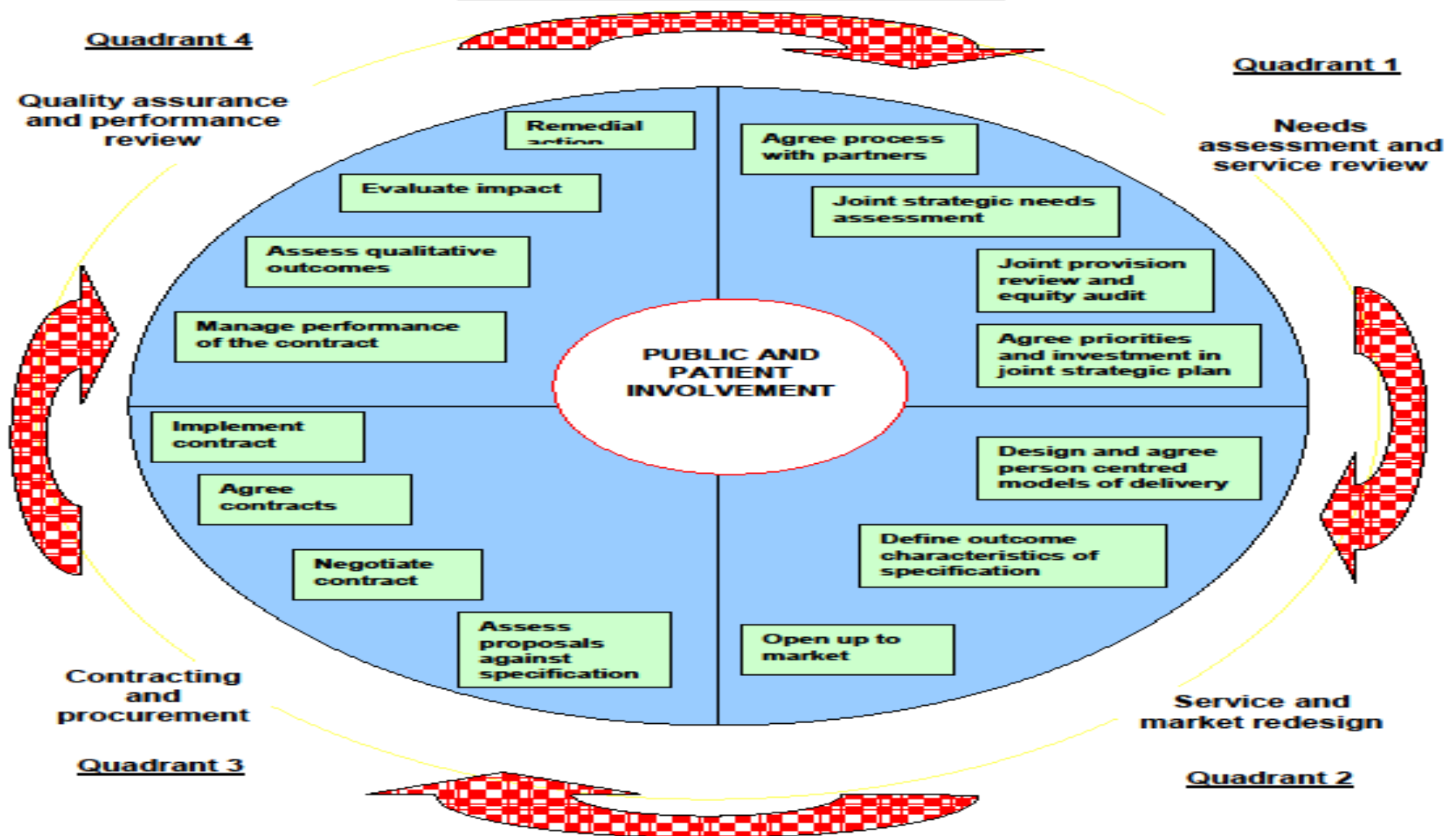
- Dental LPNs, CsDPH and commissioners working with local clinicians **(including sedation providers)** to develop and agree:
 - A clear and locally appropriate Patient Journey
 - Improved data collection **(including needs)**, peer review and commissioner use of VfM, quality and outcome measures including PROMS and PREMS

SEDATION services have to be part of this – get involved....

Implementing the commissioning guides is an iterative process and a huge opportunity for SAAD

FIGURE 1

THE COMMISSIONING QUADRANTS



Commissioning Sedation – to do list!

- Identify need – IOSN - other methods?
- Integrated links to specialist pathways
- Describe service offer
- And access
- And workforce
- What is current spend and impact?
- **Describe standards for service specifications**
- PROMS and PREMs
- Audit and assurance for MCNs and commissioners
- Highlight gaps and impact on patients of not receiving sedation services when need identified



Guides stimulate change locally....

- Guides produced to communicate what good looks like and to address deep-rooted inequalities, inequity, and variable quality of care and they are
- Intended to promote consistent value and quality of specialist (including sedation) dental care provided to patients.

As responsible clinical stewards, SAAD and providers of sedation services can assist in leading change and provide a more effective use of resources by broadening their influence with primary care clinicians and commissioners in dentistry.

Would some time and knowledge be better spent supporting implementation - to benefit more patients - rather than just continuing to respond to referrals received?

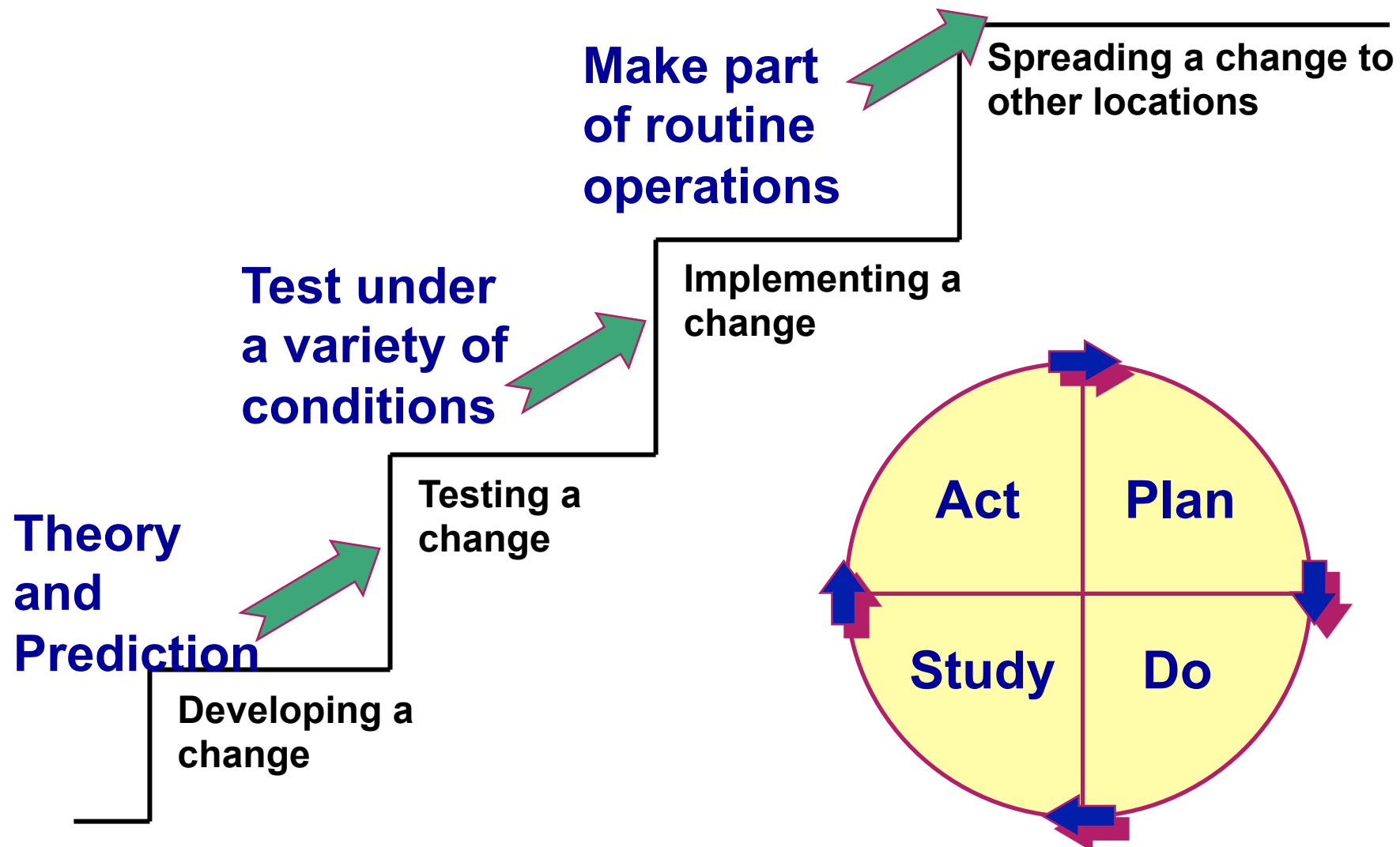
Leadership from SAAD and sedation providers could make integrating sedation in care pathways a reality locally?

Next steps

- Four Guides in final draft and process for national stakeholder engagement to understand: How organisations / specialist societies can support progress?
- SAAD can contribute positively to that call
- Awareness raising via LPNs and MCNs as they emerge
- Local offices will need to determine their priorities and assess existing services against the content of the guides – accurate data & information will be essential
- Ensure the workforce can deliver
- Leadership building for clinicians

Needs assessment for sedation services and description of current resources.....

The Sequence for Improvement



Start with supporting robust data:

Needs assessment

- IOSN
- Other?

Workforce

- Training
- Who/where/capacity

Current services

- Standards
- Costs what are current resources?
- Audit
- Outcomes

Standards for specifications new and existing contracts

Standards for Conscious Sedation in the Provision of Dental Care

Report of the Intercollegiate Advisory Committee for Sedation in Dentistry

2015 | The dental faculties of the royal colleges of
surgeons and the Royal College of Anaesthetists



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



Standards for Conscious Sedation in Dentistry: Alternative Techniques

A Report from the Standing Committee on Sedation for Dentistry

2007

←→<http://dentalreferral.w...>[Greater Manchester | Dental...](#)

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Greater Manchester

Posted on November 10, 2012 by Anne

Please use the PDF version of the form if you are emailing your referral using NHS.net or if you wish to print it out and post it in. When using the PDF forms the font size will change to enable you to enter sufficient information. Please ensure that you have a URN before commencing your referral- referrals without a URN will be returned – get a URN [here](#). You can download a copy of adobe PDF reader [here](#). You can download a copy of IOTN guide [here](#). There is guidance for the new ortho form available [here](#).

It is important that you save the files to your computer rather than completing them within your browser (i.e. right click as select "Save AS"). PDF forms completed within the browser cannot be saved; only printed. For emailing completed PDFs , simply save using the link below ,complete and then attach to your nhs.net email. Please name the file using the URN- i.e. BOL0000145

These forms are for use in the following localities – Ashton, Leigh & Wigan (ALW), Stockport (STK), Trafford (TRF), Manchester (MAN), Tameside & Glossop (TAG) apart from child GA which can be found below, Bolton (BOL), Heywood Middleton & Rochdale (HMR), Salford (SAL), Oldham (OLD), Bury (BRY).

Greater Manchester Forms

Minor Oral Surgery	Maxillofacial Surgery	Child Oral Health	IOSN Sedation Forms
Orthodontics	Restorative Dentistry	Adult Medical History Forms	Child Medical History Forms

Contact Us

Send Your referral to:

[Dental Referral Management Centre](#)
[6 The Offices](#)
[Stannian Fold, Pool Lane](#)
[Lymm, WA13 9AB](#)

d.referrals@nhs.net

Referral Forms








» [Cheshire, Warrington and Wirral](#)
» [Greater Manchester](#)
» [Thames Valley](#)

For Patients

» [How to Help TMJ Problems with Jaw Exercises](#)
» [Patient Guide](#)
» [Restorative Assessments](#)
» [Orthodontic Assessments](#)

For Dentists

» [Services for Cheshire, Warrington & Wirral](#)
» [Get a URN](#)
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10:08
28/09/2015

URN:

IOSN SEDATION FORM

MUST ACCOMPANY RESTORATIVE OR MINOR ORAL SURGERY FORM

TREATMENT COMPLEXITY GUIDANCE – NOT EXHAUSTIVE

(IF IN DOUBT OVER TREATMENT COMPLEXITY PLEASE SCORE THE HIGHER VALUE)

- ROUTINE –** Scale, single rooted extraction of 1 or 2 teeth, small soft tissue biopsy, single quadrant restorations, crown preparations or anterior endodontic treatment
- INTERMEDIATE –** Scale and root planning, multi-rooted tooth extraction, surgical extraction without bone removal, apicoectomy anterior tooth, 2 quadrant restorative, posterior endodontic treatment
- COMPLEX –** Periodontal surgery, surgical extraction with bone removal, apicoectomy posterior tooth, multiple quadrant restorative, multiple posterior endodontics
- HIGH COMPLEXITY –** Any treatment considered more complex than above or are multiples of the above

Complexity Score Check One: ☐ Routine ☐ Intermediate ☐ Complex ☐ High Complexity

Treatment Required: under sedation. Please chart any teeth for extraction (mark X) or fill (mark F). For extractions please provide necessary radiographs. Please note that if you have completed a charting on the Minor Oral Surgery form there is no need to replicate if the requested treatment is limited to extractions.

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Please describe in detail any other treatment that should be provided:

The reason for referral is that I have been unable, or felt it inappropriate to treat under local anaesthesia alone because:

- The patient is unable to co-operate adequately for me to treat them
- The patient is too frightened to accept treatment
- I have not been able to achieve satisfactory local anaesthesia
- The patient gags uncontrollably when I attempt treatment
- The patient has a severe phobia of needles

☐
☐
☐
☐
☐

Other reason (please specify)

MEDICAL & BEHAVIOURAL INDICATORS

This information does not replace a full medical history which should be completed and attached to this referral.

No medical or behavioural indicator

Systemic disorders (not of severity to exclude sedation) that may be exacerbated by treatment.
Fainting attacks / epilepsy / hypertension / asthma / other (please state)

Conditions that compromise ability to cooperate.

Arthritis / parkinsonism / multiple sclerosis / other (please state)

As a rule of thumb ASA I would generally be 2 or 3 and an ASA III would result in a grade of 4.

Tag Reflex

CHECK GRADE

☐ 1

☐ 2 ☐ 3 or ☐ 4

☐ 2 ☐ 3 or ☐ 4

☐ 2 ☐ 3 or ☐ 4

PATIENT ANXIETY QUESTIONS – to be completed by the patient

If you went to your dentist for TREATMENT TOMMOROW, how would you feel?

☐ Not anxious ☐ Slightly anxious ☐ Fairly anxious ☐ Very anxious ☐ Extremely anxious

If you were sitting in the WAITING ROOM (waiting for treatment) how would you feel?

☐ Not anxious ☐ Slightly anxious ☐ Fairly anxious ☐ Very anxious ☐ Extremely anxious

If you were about to have a TOOTH DRILLED, how would you feel?

☐ Not anxious ☐ Slightly anxious ☐ Fairly anxious ☐ Very anxious ☐ Extremely anxious

If you were about to have your TEETH SCALED AND POLISHED, how would you feel?

☐ Not anxious ☐ Slightly anxious ☐ Fairly anxious ☐ Very anxious ☐ Extremely anxious

If you were about to have a LOCAL ANAESTHETIC INJECTION in your gum, above an upper back tooth, how would you feel?

☐ Not anxious ☐ Slightly anxious ☐ Fairly anxious ☐ Very anxious ☐ Extremely anxious

These indicators are not designed to replace a full medical history. Please complete a medical history form and attach.

IOSN part of referral process

This is a common medical history form. This should be used in combination with a referral form with an URN.

Before you begin a referral:

Please ensure that you have read and understood the referral guidelines; referrals not meeting these guidelines will be returned to you. Make sure that you have the necessary attachments, such as radiographs, and, if this is an electronic form, that you have acquired a unique reference number (URN). You can read guidelines, get a URN and check the status of any referral by visiting: www.dental-referrals.org.

MEDICAL HISTORY FORM

URN: PLEASE ENTER THE URN FROM THE REFERRAL FORM. THIS FORM SHOULD BE SUBMITTED WITH THE REFERRAL FORM. ATTACH WITH A PAPER CLIP. PLEASE DO NOT STAPLE.

MEDICAL ALERT – Please note here anything of particular importance in the medical history and their impact on delivering care within a regular primary care setting.

DOES THE PATIENT HAVE / SUFFER FROM / CURRENTLY EXPERIENCING

- | | |
|--|---|
| <input type="checkbox"/> RECEIVING TREATMENT FROM HOSPITAL DOCTOR OR CLINIC? | <input type="checkbox"/> CARRYING A MEDICAL WARNING CARD? |
| <input type="checkbox"/> BLOOD OR BLEEDING DISORDER? | <input type="checkbox"/> HEART DISEASE? |
| <input type="checkbox"/> TAKING ANY PRESCRIBED / NON-PRESCRIBED MEDICATION | <input type="checkbox"/> BRONCHITIS, ASTHMA OR OTHER CHEST COMPLAINT? |
| <input type="checkbox"/> INFECTIOUS DISEASES (HEPATITIS)? | <input type="checkbox"/> PACE MAKER |
| <input type="checkbox"/> PREGNANT OR POSSIBLY PREGNANT? | <input type="checkbox"/> BLOOD PRESSURE? |
| <input type="checkbox"/> LIVER DISEASE? | <input type="checkbox"/> VISUAL IMPAIRMENT? |
| <input type="checkbox"/> HEARING IMPAIRMENT? | <input type="checkbox"/> LEARNING DISABILITY? |
| <input type="checkbox"/> SPEECH IMPAIRMENT? | <input type="checkbox"/> AUTISM? |
| <input type="checkbox"/> COMMUNICATION PROBLEM? | <input type="checkbox"/> OTHER? |

PLEASE PROVIDE DETAILS OF ANY CONDITION INDICATED ABOVE INCLUDING ASSESSMENT OF SEVERITY AND IMPACT ON DELIVERING CARE

MEDICAL ALERTS

- ☐ EPILEPSY
- ☐ UNCONTROLLED HIGH BP
- ☐ ALLERGIES
- ☐ RHEUMATIC FEVER
- ☐ REQUIRES AB COVER
- ☐ IMPLANTS OF ANY KIND

PLEASE LIST ANY ALLERGIES HERE

MOBILITY ISSUES

- ☐ WALKS UNAIDED
- ☐ WALKS AIDED
- ☐ WHEELCHAIR USER
- ☐ BEDRIDDEN

PLEASE PROVIDE DETAILS OF PATIENT'S SMOKING STATUS INCLUDING DAILY TOBACCO CONSUMPTION (E.G. CIGARETTES/DAY) AND UNITS OF ALCOHOL CONSUMED PER WEEK

PLEASE PROVIDE DETAILS OF ANY PRESCRIBED MEDICINES HERE

Interconnecting strands of work

