Health and Social Care Board

CONSULTATION ON PILOTING NEW DENTAL CONTRACTS

This document can also be made available in an alternative format upon request using the contact details on page 4.

1. Executive Summary

The purpose of this consultation is to seek your views on proposals by the Health and Social Care Board (the Board) to pilot new dental contracts in dental practices throughout Northern Ireland under Personal Dental Services legislation. It is not possible to test the new contracts within the current GDS framework. Instead the pilots will be established as pilot Personal Dental Services schemes.[1] Pilot PDS schemes allow the HSC Board to work with dentists to address local problems and tailor services to meet the needs of the local population.

Role of the HSC Board

In order to meet the legislative requirements for pilot Personal Dental Services schemes under the 1997 Order the Board must consult with Local Dental Committees, the Patient and Client Council and any other body or representatives of any group of people which, in the opinion of the Board, is likely to be significantly affected by the proposals.

Following consultation, the Board, when making proposals to the Department for pilot schemes must include any written response received from Local Dental Committees and the Patient and Client Council as well as a summary of all the responses received, including information indicating the level of local support for, and opposition to, the proposed arrangements. The Department will consider the Board's proposals and decide whether to approve them or

[1] Pilot PDS schemes were introduced to NI by the Health Services (Primary Care) (Northern Ireland) Order 1997 – http://www.legislation.gov.uk/nisi/1997/1177/contents/made

not. The Department will also be responsible for ensuring there are appropriate Regulations on preparatory funding and dental charges and Directions on the implementation of these schemes.

Funding

The pilot Personal Dental Services schemes will be funded from the General Dental Services budget. This budget was devolved to the HSC Board from July 2010 and preparatory funding may be made available by the Board from the GDS budget for dentists participating in the pilots.

Timetable

This consultation ends on 31st January 2011. Once the Board has considered the responses it will then make recommendations to the Department.

Glossary

A glossary explaining some of the terms used in this paper is attached at Appendix 1.

The purpose of this consultation, therefore, is for the Board to obtain opinion on how the proposed pilot Personal Dental Services framework will meet the objective of testing the new arrangements for contracting with dental providers in Northern Ireland.

2. How to respond

You are invited to provide comment on the proposals in this paper to test the new dental contracts as pilot PDS schemes and answer the following questions:

CONSULTATION QUESTIONS

Question:

Do you think the proposed pilot Personal Dental Services scheme will meet the objective of testing the new arrangements for commissioning dental services in Northern Ireland?

Yes/No

Comments

Question:

Do you agree with the proposal to have separate contracts for Primary Dental Care, Orthodontics and Oral Surgery?

Yes/No

Comments

The responses to this consultation will be considered by the HSC Board and used to inform its proposals to the Department on whether pilot schemes should proceed. (**A Consultation Booklet for responses is available via the consultations tab at www.hscboard.hscni.net**)

PLEASE RESPOND BY 31st JANUARY 2011 TO:

Mr Michael Donaldson
Head of Dental Services
Health and Social Care Board
County Hall
182 Galgorm Road
BALLYMENA
BT42 1QB

Tel: 028 2531 1028
Fax: 028 2531 1029
E mail Michael.Donaldson@hscni.net

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Board will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Board can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, in this case the Board. This right of access to information includes information provided in response to a consultation. The Board cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances.

3. Strategic Context

Background to the New Dental Contracts

In 2006 the Department of Health, Social Services and Public Safety (the Department) issued the **Primary Dental Care Strategy**[2], which set out a model for the future delivery of primary dental services in Northern Ireland. As part of that strategy it was recommended (Recommendation 10) that a new Northern Ireland wide General Dental Services contract framework be developed. This contract would provide the basis for commissioning services to meet local need. It was further recommended that these new arrangements should be piloted before being rolled out across Northern Ireland. The **Oral Health Strategy**[3] followed the Primary Dental Care Strategy in 2007.

The Department has been in negotiations with the Dental Practice Committee of the British Dental Association (BDA (NI)) since November 2006 to develop bespoke dental contracts for Northern Ireland.

The Department and HSC Board are now in the final stages of developing the new dental contracts for Northern Ireland. There will be separate contracts for general dental services, oral surgery and orthodontics. These will be subject to separate but overlapping pilots. Once piloted and evaluated, the Department will bring the new contracts into operation using powers in the Health (Miscellaneous Provisions) Act (Northern Ireland) 2008. Papers describing the evolution of the contract and its key components have been published at http://www.dhsspsni.gov.uk/index/dental/dental-pubs.htm.

[2] http://www.dhsspsni.gov.uk/dental_strategy_2006.pdf
[3] http://www.dhsspsni.gov.uk/2007_06_25_ohs_full_7.0.pdf

4 Detail of the new contracts

(a) Primary Dental Care Services

Key Aims of the PDCS

- Local commissioning of services;
- Access to appropriate dental care for everyone who needs it;
- A clear definition of treatments available under the Health Service;
- A greater emphasis on disease prevention;
- Guaranteed out-of-hours services;
- A revised remuneration system, which rewards dentists fairly for operating the new arrangements.

In addition, the following key principles were used when developing the framework for the new contract.

Common Underpinning Principles

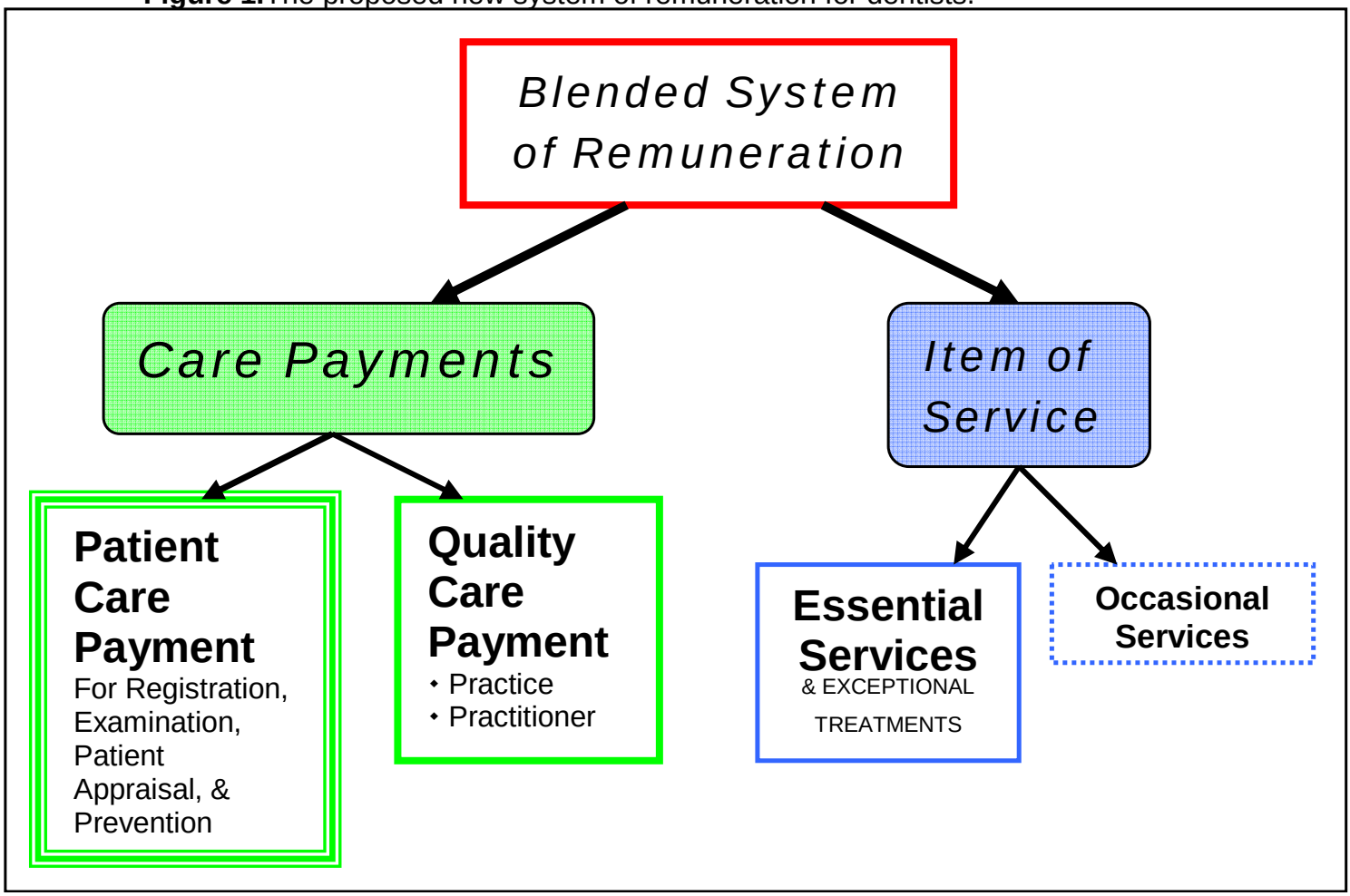
- Cost–effective;
- Evidence-based;
- Equitable access to care;
- Opportunity to access services defined in the new contract is available to all;
- Contractor commitment to offer services;
- Simplified system of administration and monitoring, both for dentists and the HSC Board;
- Fewer categories/descriptors of treatment;
- Simpler administration and data returns;
- Easier for patients to understand with greater information on what care and treatments are available;
- Equality impact assessment compliance.

Two key elements that are fundamental to the new contract are:

- providing preventive care for patients; and
- defining the core range of treatments to be available under Health Service dental care.

The former aims to reward practitioners for providing preventive advice and interventions. It is expected that this will positively impact in the longer term on the oral health of people in Northern Ireland. The latter will clearly define the specific oral health treatments, which are considered to be both clinically effective and cost effective, rather than treatments that primarily fulfil cosmetic or aspirational needs. The new model will also allow clearer mixing of Health Service and privately provided dental treatment at the patient's request, through informed choice. The blended system of service delivery and remuneration is illustrated in Figure 1 overleaf.

Figure 1. The proposed new system of remuneration for dentists.



Payments to Practitioners

We anticipate that under the new contract, practitioners will receive the bulk of their Health Service income through the Patient Care Payments (PCPs) and Quality Care Payments (QCPs) with a reduced dependence on Item of Service fees.

- PCPs will be regular weighted capitation payments for providing ongoing patient care including examination, associated procedures, patient appraisal, simple periodontal care and preventive advice/interventions. The PCP will be calculated using **the weighted**

capitation formula[4], which takes into account variations in patient need.

- QCPs will be payable where the practice environment and individual practitioner achieve quality assurance standards.[5]

The blended payment system will consist of these regular Care Payments to dentists along with supplementary Item of Service payments for specified treatments from a clearly defined range of Essential Services.

Essential Services[6] will comprise a scaled down list of treatments that are available to all patients under Health Service arrangements and will be paid through the Item of Service mechanism. There will be clear and comprehensive information available to patients on which specific treatments are available under the new contract. A list of Exceptional Treatments may be provided through a strict prior approval mechanism and will only be approved where the treatment is clinically necessary and cost effective. This will also be paid through Item of Service. Any items of treatment not included in the Essential Services or allowed through Exceptional Services may be provided privately to patients.

Occasional treatments are still included, now known as Occasional Services, as there will always be a patient group who only want to access care on an ad hoc basis. Whilst we would encourage patients to register for ongoing care, we still need to have such a facility available for those patients who elect not to register.

Charges for Dental Treatment

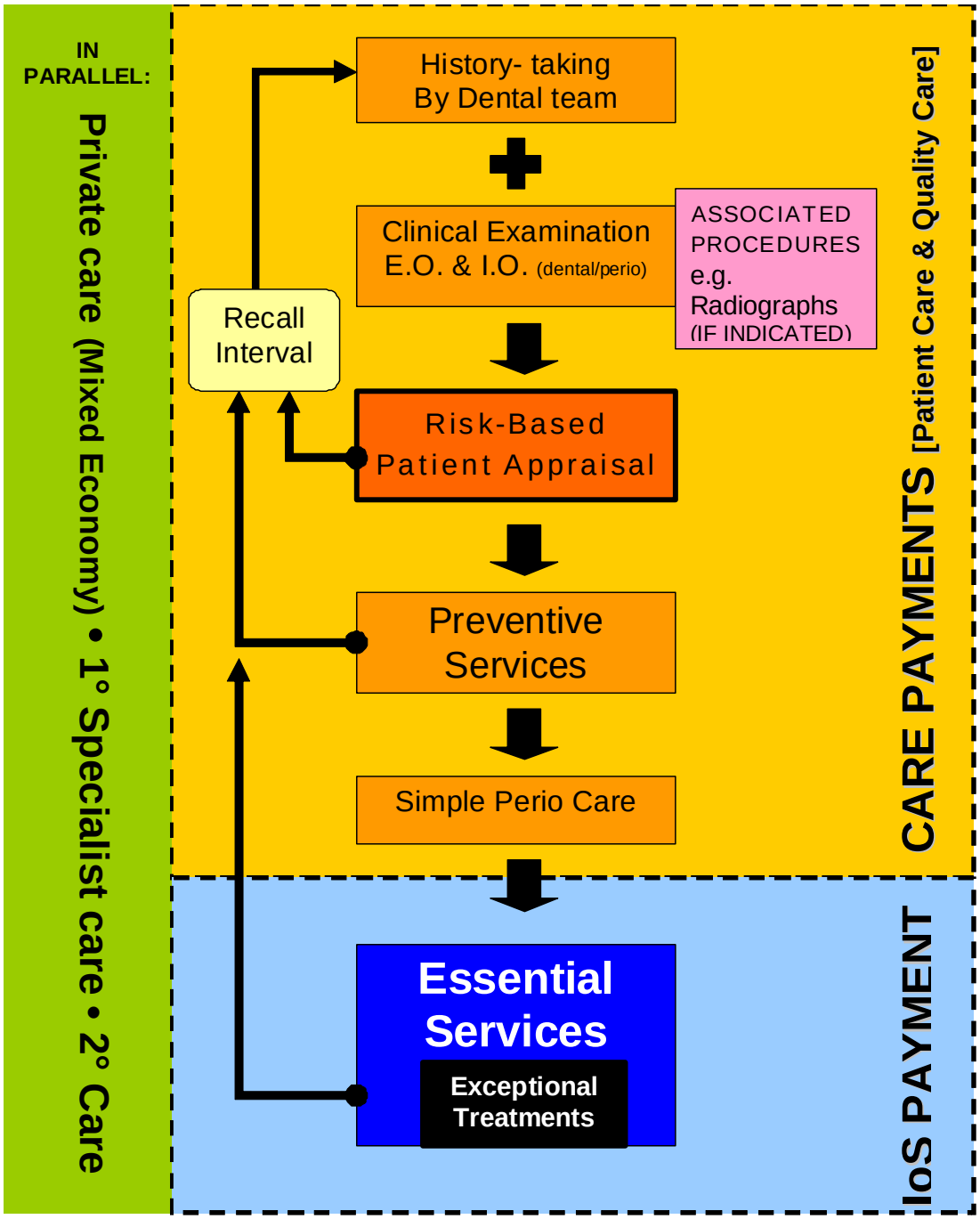
The way that dentists are paid for providing treatment and care is changing under the new contract. As such, revised patient charges are currently being developed and will be piloted prior to the implementation of the definitive new contracts.

[4] http://www.dhsspsni.gov.uk/weightedcapitationpaper.pdf
[5] http://www.dhsspsni.gov.uk/care_payment_quality_indicator_domains.pdf
[6] http://www.dhsspsni.gov.uk/primarydentalcarecontract2.pdf

However, to ensure that patients are not disadvantaged; treatment provided by a pilot dentist will cost no more than the equivalent treatment in a non-pilot practice. Arrangements will also be put in place so that patients are not disadvantaged with regard to the range of care and treatment that will be available to them.

Figure 2 overleaf illustrates the Care Pathway from the new contract. This shows how a patient's care would be provided and how the components within the contract will integrate.

Figure 2. The Patient Care Pathway under the proposed new contract.



Benefits and Advantages of the new Contracts

The benefits and advantages of the proposed Northern Ireland Primary Dental Care Contract over the existing system include:

- Preventive care is integrated into the remuneration system and will be paid within the Patient Care Payments. The aim is to reward the dental team for providing preventive care to patients. The expectation is that in the long term this will deliver improvements in the overall oral health of the population.
- Quality Care Payments will reward the attainment of quality assurance standards in relation to both the practice environment and practitioner performance. The aim is to move away from the current system that tends to reward quantity rather than quality.
- Under the weighted capitation system, Patient Care Payments will guarantee that regular payments will be made to practitioners based on the needs of their patients. It is expected that this will allow for better financial planning and aid practice cash flow. Effective monitoring processes will provide assurances that the system delivers high quality care and value for money.
- It is not a target-based system and therefore dentists can work at a pace that is suitable for the dental team and their patients.
- There is clear definition of which treatments are available under the new contract thus clarifying for patients and dentists the boundary between private and Health Service care.
- Under the new contract the system of making and processing payment claims will be less administratively complex and therefore easier for dental teams to operate and commissioners to monitor.

(b) Orthodontics

Underlying Principles for the Orthodontic Care Contract

Like the Primary Dental Care Contract, the policy and strategic direction underpinning the Orthodontic Care Contract is set out in the Primary Dental Care Strategy and Oral Health Strategy. In order to ensure the delivery of a needs based quality orthodontic service, the Department proposes that a separate contact for Orthodontic Specialist Practitioners be developed, rather than combine it with the main Primary Dental Care Contract. The same underlying criteria have been used in developing the Orthodontic Care Contract, it will be:

- Cost-effective;
- Evidence based;
- Feature local commissioning of services;
- Equitable access: everyone who fulfils the criteria for treatment will have the opportunity to access care;
- Contractor commitment to offer services: all clinically necessary treatment should be available to patients who meet the specified criteria, (IOTN);
- Simpler administration and data returns for practitioners and the Board;
- Easier for patients to understand.

The Board will contract mainly with trained and qualified Orthodontic Specialist Practitioners. However, in areas where there is limited access to specialist practitioners, it may be appropriate to contract with Dentists with a Special Interest in Orthodontics.

General Dental Practitioners will receive guidance on how to appropriately refer patients for orthodontic treatment. There will also be clear information available for patients and parents on the types of treatments, which can be provided under the contract. The service will also be needs based rather

than demand led. It is expected that the criteria for treatment will include an Index of Treatment Need rating of 3.6 or above.

Prior to active orthodontic treatment commencing there will be a comprehensive and documented orthodontic assessment of patients, which will include:

- Examination, assessment and orthodontic charting;
- All appropriate radiographs;
- All necessary photographs;
- Study models (where indicated).

The following principles have shaped the mechanisms by which treatment will be carried out, recorded, reported and paid for:

- Active treatment should always be preceded by an orthodontic assessment with all necessary investigations and records;
- Case payment will be for the **complete** treatment of the case. This will include any intermediate stages, repairs, final study models and the provision and supervision of appropriate retention;
- The aim is to provide efficient clinical care in the most cost effective manner with a simple but robust reporting and remuneration process that isn't burdensome to the practitioner or Board.
- The clinical need for orthodontic treatment will be determined using the recognised measure of 'Index of Treatment Need'. The aim is to ensure the effective and efficient targeting of resources.

It is proposed to have broad categories of treatment depending on the type of appliance used in treatment. Each category will include all necessary preliminary work, additional treatments and appliances that the practitioner deems necessary to successfully treat the case.

- In addition to payments for treatment and assessment under the Orthodontic Care Pathway, Quality Care Payments will also be applied to the new orthodontic contract. Quality Care Payments will be payable

where the practice environment and individual practitioner achieve quality assurance standards.

Again revised patient charges are currently being developed and will be piloted prior to implementation.

(c) Oral Surgery

There are a small number of specialist practices in Northern Ireland, which provide a service limited to Oral Surgery. These practices treat patients on referral from General Dental Services practices for complex extractions and surgical procedures, which are not available within a general dental practice. This model currently exists in Northern Ireland within a primary care setting in addition to a hospital based, secondary care service. This model is not present to the same extent in other parts of the UK.

A new contract for Primary Care Oral Surgery will be highly specialised and apply only to a small number of specialist Oral Surgeons. The pilot Oral Surgery Contract is again proposed under Personal Dental Services arrangements and proposes a simplified banding system relating to the complexity of treatment for a patient case. The range of actual clinical treatments provided however will remain essentially unchanged. Again revised patient charges are currently being developed and will be piloted prior to implementation.

Timing of Pilots

We are aiming to commence all the pilots in 2011. The pilots will last for one year (with the exception of orthodontics which will be for two years). Pending successful evaluation, we aim to roll out the new contract in 2013.

Piloting the New Contracts

In order to pilot the new contracts it is necessary to move beyond the usual system whereby the Board makes arrangements with dental practitioners for general dental services, orthodontics or oral surgery. Instead, the pilots will be established under pilot Personal Dental Services (PDS) schemes. These schemes were first introduced in Northern Ireland by the Health Services (Primary Care)(Northern Ireland) Order 1997 ("the 1997 Order") and were recently used to address the shortage of Health Service dentists by introducing additional dental services in designated areas in Northern Ireland where access is a problem. Pilot PDS schemes can be provided by a variety of providers:

- HSC Trusts
- Dental practitioners
- HSC employees or pilot scheme employees
- Corporate bodies
- A limited company

The responses to this consultation will be considered by the HSC Board and used to inform its proposals to the Department on whether pilot schemes should proceed.

5. Outcome of equality screening

In developing these proposals a preliminary Equality Impact Assessment has been conducted. As this screening exercise identified no adverse impact on any of the Section 75 categories it is not considered necessary to subject this to a full Equality Impact Assessment. These proposals do not offer any opportunities in relation to the Good Relations duty or to duty under the Disability Discrimination Act 1995 to promote positive attitudes towards disabled people and encourage participation by disabled people in public life. These proposals are also deemed compatible with Human Rights legislation.

APPENDIX 1

Glossary

Blended payment system – The new contract will allow, with the patient's agreement, clearer mixing of Health Service and privately provided dental treatment. The blended payment system will consist of regular Care Payments to General Dental Practitioners along with supplementary Item of Service payments for specified treatments from a clearly defined range of Essential Services.

Care Payments – Care Payments will form the bulk of practitioners' Health Service income under the Primary Dental Care Contract. They are regular payments made to General Dental Practitioners and will comprise both Patient Care Payments and Quality Care Payments.

Essential Services – A defined list of individual restorative treatments that will be available to registered patients under the Primary Dental Care Contract. This is a core range of treatments, which will be drawn from the current list of treatment items in the Statement of Dental Remuneration and will be primarily for health benefit as opposed to cosmetic benefit.

Exceptional Treatment - A limited range of treatments, which is over and above, those specified under Essential Services. They will only be available through a strictly controlled prior approval mechanism. These treatments will be drawn from the current list in the Statement of Dental Remuneration and will only be approved where the treatment is clinically necessary and cost effective.

Item of Service Payment – A retrospective fee/payment for service where General Dental Practitioners are paid for individual treatment items carried out.

Occasional Services – Treatments provided to patients who choose not to register with a General Dental Practitioner but only wish to access care as and when it becomes necessary.

Patient Care Payment - The proposed ongoing weighted capitation fee paid per patient to General Dental Practitioners that covers: the provision of an examination; radiographs (x –rays); preventive care; simple periodontal care (cleaning); and includes an element of payment recognising likely prospective treatment needs. It will also cover ongoing patient care and allows patients to access the defined range of available treatments as defined in Essential Services.

Quality Care Payment – It is proposed that these payments would be made where the practice or practitioner meet defined quality indicators. We anticipate that these will include:

- Successful practice inspection;
- Possession of a recognised charter mark;
- Peer review/ Clinical audit participation; and
- Possession of a higher qualification.

Weighted Capitation Formula – A formula based on the size of the population within each area (i.e. capitation) with factors that seek to adjust for the relative need (i.e. weighted) for healthcare resources. Such a formula determines the share of funding for each area based on relative need but does not determine the overall size of the budget. For the purposes of the Primary Dental Care Contract, it is the formula proposed to calculate specific registration payments (Patient Care Payments) to General Dental Practitioners for providing ongoing dental care and treatment to individual patients. The payment the dentist receives relates to the group profile of their list of patient registrations and is determined by the age, gender, socio-economic status and attendance pattern of each patient.