

# CDO UPDATE

**DH** Department of Health

AUTUMN 2011

A COMMUNICATION TO THE DENTAL HEALTH TEAM FROM THE CHIEF DENTAL OFFICER



## Foreword

Welcome to the second, electronic only, version of CDO Update. Much has happened in both the area of NHS reform and, more specifically, new dental contract piloting, since our past publication.

The government's response to the Future Forum report has now been published and details about David Nicholson's initial thinking on how the new commissioning system could work and the NHS Commissioning Board's role within that system have been published – see more detailed articles on both on pages xx and xx of this issue. The work under development regarding the Commissioning Board is crucial to the future of dentistry as the Board will be responsible for directly commissioning all dental services from primary care, including both GDPs and salaried services, acute sector services and dental schools.

The British Dental Association (BDA) are involved with the development of the new contract pilots and we have recently shared with them our views on the development of local professional networks. The Commissioning Board will be one national organisation but it will have a local presence to enable it to be engaged with local issues, and the involvement of local clinicians on this is key. I recently attended an informal scoping meeting between PCTs and clinicians in north west London as they start the process of testing a local network.

Having been involved in the allocation of new training places in 2005, it has been a particular pleasure over the last couple of months to meet the first graduates from the new dental schools in Preston and the Peninsula.

Considerable credit should be given to the teams who have developed the new dental schools, which are both based on a totally new model, with clinical training experience being gained largely in a community based situation. Credit should also go to the first tranche of graduates as they have played an engaged role in helping develop these new courses.

As part of the Department of Health's efficiency process, CDO Update is no longer being published in paper form. Any dentist wishing to receive an email alert when each edition is published online should email: [cdoupdate@dh.gsi.gov.uk](mailto:cdoupdate@dh.gsi.gov.uk)

**BARRY COCKCROFT, Chief Dental Officer, England**

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## Dental pilot programme – official launch

On Thursday 1 September, the government officially launched the new dental contract pilot programme – see press release: <http://mediacentre.dh.gov.uk/2011/09/01/government-prioritises-children%E2%80%99s-oral-health-in-new-dental-contract-trials/>

At the time of going to press, it looks as though the final total will be 70 pilots – taking us a little beyond the number announced in April.

Professor Jimmy Steele, who was a member of the National Steering Group which developed the proposals, said:

It is vital that changes to dentists' contracts are piloted before the government introduces a new dental contract.

It is heartening to see the profession engaging so positively in the pilot process.'

Ben Atkins, principal at Revive dental care in Manchester, one of the participating pilot sites is writing a series of regular articles for BDA News about various aspects of the pilots. Ben also spoke at the 2011 HSJ annual dental forum, which took place on 27 September, and focused on the pilots, speaking of his early experiences to date.

Sue's Column

# ALL CHANGE



In addition to the potential changes ahead with dental contract reform and the launch of the pilots, there are much wider system changes underway. Earlier this year we had “the pause”, allowing further time and consideration of the range of health White Papers published this spring. This listening exercise was supported by the establishment of an independent, ongoing NHS Future Forum, on which Professor Jimmy Steele has a place. The Future Forum has reported ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_127443](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127443)) and as a result there has been some refinement of plans.

**Key changes announced in June were as follows:**

**- wider involvement in clinical commissioning groups**

A wider range of experts will be given the power and freedom to make decisions about health services for their local community by, for example, including nurses and specialists on the boards of clinical commissioning groups

**- stronger safeguards against a market free-for-all**

The health care regulator Monitor's core duty will be to protect and promote patients' interests. It won't be required to promote competition as if it were an end in itself

**- additional safeguards against privatisation**

The government said it will never privatise the NHS, and will create a level playing field to stop private companies 'cherry-picking' profitable NHS business. It will ensure that competition is on quality and introduce additional safeguards against price competition

**- evolution, not revolution**

The government will allow clinical commissioning groups to take charge of commissioning when they are ready and able, and a more phased approach to the introduction of Any Qualified Provider.

**- greater information and choice for patients**

The government will make clear that the people who make decisions about local services have a duty to promote patient choice. Following current pilots, the government will make it a priority to extend personal health budgets including across health and social care.

**- breaking down barriers within and beyond the NHS**

A new duty for clinical commissioning groups to promote joined up services both within the NHS and between health, social care and other local services.

The government wants all providers to make a fair contribution to the costs of education and training of NHS staff, but has said that these changes will be introduced carefully and with enough time to develop the details right.

**Sue's Column**

## Amended timetable

The timetable for changes to the health and care system has been amended in response to the NHS Future Forum report, which emphasised the need to get the pace of change right in the best interests of quality and safety. The new timetable aims to strike a balance between maintaining momentum and allowing more time to recognise that some organisations may not be ready to take on their full responsibilities under the current timescales.

**The proposed new timetable is set out below.**

**October 2011**

NHS Commissioning Board established in shadow form as a special health authority

**During 2012**

Health Education England and the NHS Trust Development Authority are established as special health authorities, but in shadow form, without full functions

**April 2012**

The next step in extending the choice of Any Qualified Provider, which will be phased in gradually

**By October 2012**

NHS Commissioning Board is established as an independent statutory body, but initially with limited functions – including establishing and authorising clinical commissioning groups

**October 2012**

Monitor starts to take on its new regulatory functions

Health Watch England and local Health Watch are established

**1 April 2013**

SHAs and PCTs are abolished and the NHS Commissioning Board takes on its full functions

Health Education England takes over SHAs' responsibilities for education and training

the NHS Trust Development Authority takes over SHAs' responsibilities for the foundation trust pipeline and for the overall governance of NHS trusts

Public Health England is established

a full system of clinical commissioning groups is established. But the NHS Commissioning Board will authorise groups to take on their responsibilities only when they are ready.

Immediate changes to the current NHS structures, following the recent PCT clustering activity, are the grouping of the 10 Strategic Health Authorities into four SHA clusters:

- NHS North of England
- NHS South of England
- NHS Midlands and East of England
- NHS London.

## NHS IC publishes NHS Dental Statistics for England

The NHS Information Centre published their document NHS Dental Statistics for England: 2010/11 on 18 August – see <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/nhs-dental-statistics-for-england-2010-11> for the full version. The report brings together information on different aspects of NHS dentistry in England, from the number of dentists working for the NHS and the amount of activity they perform, to the number of patients seen by an NHS dentist. It points to an increasing number of NHS dentists, NHS dental patients and also NHS dental treatments.

**Sue's Column**

**Key facts include:**

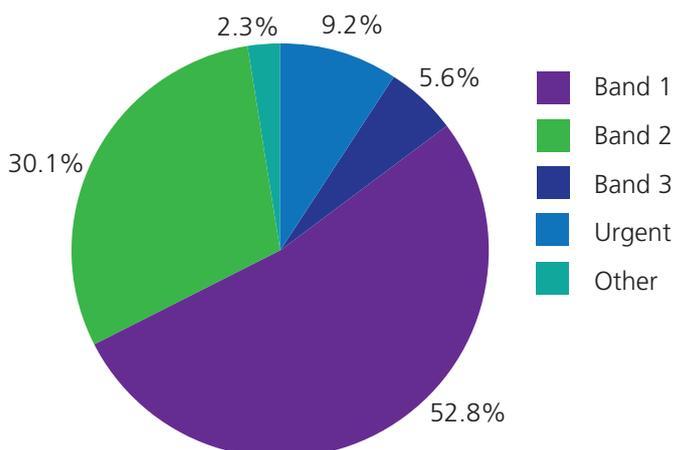
- the number of treatment courses performed on the NHS increased by 655,000 (1.7 per cent) in a year to reach 39.2 million in 2010/11. This number has been increasing each year since the courses of treatment measure was first introduced in 2006/07.
- 29.2 million patients (56.3 per cent of the population) were seen by an NHS dentist in the 24 months to June 2011; a one million increase on the 24 months to March 2006, immediately prior to the introduction of the current dental contract when 55.8 per cent of the population were seen by an NHS dentist.
- among child patients; 7.8 million were seen by an NHS dentist in the 24 months to June 2011; a 26,000 decrease (0.3 per cent) on the 24 months to March 2006. The number of child patients seen has increased each quarter since June 2008.
- an increasing number of women dentists are working for the NHS. In 2010/11; 22,800 dentists performed NHS activity – an increase of approximately 800 (3.6 per cent) overall on the previous year. 43.5 per cent of NHS dentists are now women following a 6.8 per cent increase on the previous year. This continues a recent trend that is particularly notable in the under-35 age group, 55.2 per cent of whom are women.

For the first time the report includes information on the different types of clinical treatments performed by dentists. A key finding from this data is that the number of treatment courses that included a fluoride varnish increased substantially between 2009/10 and 2010/11.

Child treatments of this type rose by 55.1 per cent to nearly 850,000 (8.1 per cent of all child treatments included a fluoride varnish), while there was a 21.6 per cent rise among adults to 335,000 (1.2 per cent of all adult treatments included a fluoride varnish). The rise may reflect a positive response of dentists to Department of Health recommendations in the evidence-based Delivering Better Oral Health prevention tool kit.

With respect to UDAs and courses of treatment, a total of 87.5 million UDAs were carried out during 2010/11. This is a rise of 2million (2.3 per cent) on the previous year, with increases in all charge bands except "other". The percentage of UDAs delivered at band 3 has increased each year from 24.9 in 2006/07 to 30 per cent in 2010/11. The diagram below, Figure 1a, illustrates the percentage of courses of treatments (CoTs) in each treatment back for 2010/2011.

**Figure 1a: Percentage of CoTs in each treatment band, 2010/11**



# The NHS Commissioning Board

In July Sir David Nicholson, the Chief Executive Designate of the NHS Commissioning Board, published a document setting out initial proposals on how the Board will operate and how it will be organised – see:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_128118](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128118)

## This document states its functions as follows:

- to agree and deliver improved outcomes and account to Ministers and Parliament for progress. There will be a clear mandate, setting out expectations for the Board and the broader commissioning system
- to oversee the commissioning budget, ensuring financial control and value for money
- to develop and oversee a comprehensive system of clinical commissioning groups with responsibility for commissioning the majority of healthcare services
- to commission directly around £20bn of services including specialised services and primary care services (including holding around 35,000 contracts for primary care services and dental contracts);
- to support quality improvement by promoting consistent national Quality Standards, a culture which promotes research and innovation and providing world class support for clinically led service improvement and leadership
- to promote innovative ways of demonstrating how care can be made more integrated for patients
- to promote equality and diversity and the reduction of inequalities in all its activities
- to develop commissioning guidance, standard contracts, pricing mechanisms and information standards
- to engage with the public, patients and carers, champion patient interests and ensure patients have access to a wider range of information about services
- to develop a framework to make choice a reality for patients, setting out guidance in consultation with Monitor about how choice and competition should be applied to particular services

- to oversee planning for emergency resilience and lead the NHS operational response to significant emergencies
- with its partners, develop a medium term strategy for the NHS, which alongside the local priorities developed through health and wellbeing boards, helps form the basis for local commissioning plans.

This is not a comprehensive list of the Board's functions, but rather aims to set out the most important levers, which the Board will use in order to fulfil its purpose.

Underpinning the new mechanisms for commissioning health services is much greater involvement of professionals/clinicians and the document makes many references to these relationships. In the list of its most important partnerships:

- the healthcare professions, whose expertise and input will need to be built into the workings of the Board. The views of nurses and doctors from primary and secondary care, and of allied health professionals, healthcare scientists, dentists, pharmacists and optical specialists should all be represented
- healthcare providers, including those from primary, secondary and social care at local level, from specialist providers at regional and national level, and from the public, private and voluntary sectors. Alongside its commissioning relationship with providers, it will be important for the Board to develop an effective strategic partnership with this group, in particular because of the importance of commissioners and providers working together to develop integrated pathways of care

The stated ambition is to put healthcare outcomes and professional and clinical leadership at the heart of the Board's business. The roles of clinical networks and clinical senates will be key in delivering the business. The document starts to flesh this out as follows:

- healthcare professionals working together in clinical senates to give expert advice about how to best make patient care operate effectively in each area of the country. Clinical senates would provide advice and support on a range of issues, providing a more robust and reliable system for ensuring that commissioners are able to fulfil these statutory responsibilities in ways that draw on and take account of the very best clinical leadership, advice and support. They would work with the Board in their support of clinical commissioning groups, advising on whether commissioning plans are clinically robust and on the clinical implications of major service changes.

- the creation of a broader advisory system for the Board at national level, include medical Royal Colleges, specialist societies and other colleges taking in the views of all of the healthcare professions, including nursing, medicine, allied health professionals, healthcare scientists, dentistry, pharmacy and optical services, which would ensure that a broad range of stakeholders are able to influence and be involved in improving quality.
- arrangements for the Board to act as a repository of professional and clinical advice for other organisations in the system, potentially including the Department of Health, Monitor and Health Education England. The level and nature of this support will be discussed with these organisations as plans for the Board are developed.
- opportunity for the Board's clinical and professional leaders to work with a wide range of local clinical networks. The networks would act as a transmission belt, conveying the Board's mission to improve quality and outcomes to local professionals (both commissioners and providers).
- the definition and format of local and wider networks will be reviewed to consider how they will fulfil their functions. This would include networks for clinical conditions or client groups, for example cancer, stroke, trauma, children or mental health but also professional networks such as healthcare scientists or pharmacists.
- the combination of clinical networks and senates would ensure that the Board, as well as all other levels of the commissioning system, would have access to expertise on specific conditions and pathways, together with high quality advice and support on the overall local health and care landscape. This would ensure that clinical leadership from all of the healthcare professions is embedded within the Board's ways of working.

## How is this being taken forward for dentistry?

Responsibility for the commissioning of all dental services across primary, salaried and secondary care will sit with the NHS Commissioning Board, rather than the local clinical commissioning groups.

The proposals for all primary care commissioning are currently being refined and have been shaped with significant input from the NHS and primary care clinicians and providers. The vision for commissioning dental services sees dental local professional networks - clinicians and commissioning managers working closely together - developing and delivering local service plans, quality improvement strategies across all dental services and providing clinical leadership and expertise at local level.

Dental local professional networks would therefore, play a very important role in the future commissioning process. Work is underway to develop a model for testing some of the proposals for dental local professional networks and the intention is to begin these very soon.

This will enable dentists, working with commissioners and other local stakeholders, to ensure that all dental services, including secondary care, salaried services, and general dental practitioners, are integrated and work together in the most efficient way.

For the dental profession this is a unique opportunity to be at the forefront of designing and testing a system that will commission and deliver the best services for patients. Now is the time for dentists to get involved!

# CDO ATTENDS TWO PRACTICE OPENINGS IN LIVERPOOL



*Left: Principal dentist of Origins Dental Surgery, Dr Ravi Gollapudi with Barry Cockcroft.*

On 5 August, Barry Cockcroft, visited the Origins Dental Surgery, at Whiston Primary Care Resource Centre, Merseyside to see at first hand how Knowsley Health and Wellbeing is providing dental access to around 7,000 residents. Origins is the borough's newest NHS dental practice and represents a partnership between the principal dentist, Dr Gollapudi, and former GP, Dr Sudhaker Khandavalli. The partnership has used its local knowledge of the health issues within the borough to target its services directly in line with the needs of the community.

Origins Dental Surgery comprises two surgeries – one at the Whiston Primary Care Resource Centre, which opened in February 2011, and one at the Halewood Resource Centre, which has also opened recently.

Funded by the £600,000 funding from the Department of Health's Dental Access Programme (DAP), the practice now provides three whole time equivalent dentists and extended opening times to help improve oral health in Knowsley.

Co-locating the practice within existing primary care resource centres means that residents can access all their healthcare services within the heart of the community.

Barry Cockcroft commented: 'As part of the government's commitment to dentistry and improving oral health nationally and at community level, I am always interested to see how community initiatives are helping to improve access to dental care.

'I'm delighted to see first-hand how Knowsley Health and Wellbeing has shaped its new surgery following the expertise of Origins Dental's principal dentist and partnership with a local GP.

Taking a tailored approach towards the needs of the local community will no doubt help increase access to dental services and I look forward to hearing how it is received by local residents.'

Sue Drew, Knowsley Director of Public Health said: 'At Knowsley Health & Wellbeing, we are committed to improving the oral health of local residents. Increasing access to NHS dental services and the opening of our second surgery recently are just some of the steps that we are taking to prioritise this.

'By increasing the number of dentists and extending practice times, residents have more and more choice when it comes to the services they can access. Plus, Origins Dental Surgery joins our 18 dental surgeries in the borough in providing the latest treatment, technology and services.'

Origins Dental Centre will provide a full range of high street dental services including the full range of NHS service as well as a range of private treatments. The practice will also provide frequent early morning and late evening appointments for patients in the borough.

## Lowe House Dental Care, St Helens

On Friday, 5 August 2011 NHS Halton and St Helens celebrated the opening of a newly established NHS Dental Practice at Lowe House Health Care Resource Centre in St Helens.

This new, state of the art NHS dental practice was officially opened by the Chief Dental Officer for England, Mr Barry Cockcroft.

Jim Wilson, Chair of NHS Halton and St Helens said "Oral health is still a priority in Halton and St Helens, even in these financially constrained times. Through concerted and innovative efforts, the PCT has increased access to NHS dentistry and improvements have been made.

"The opening of this new practice has provided us with an opportunity to celebrate the achievements made in improving access, and demonstrates what can be achieved by the collaboration of high street dentists, public health professionals and the PCT's commissioning team."

The opening of Lowe House Dental Care has allowed the relocation of two single handed practitioners into a new partnership in fit for purpose accommodation, providing increased access and has secured continuity of care for existing patients. This new practice offering high quality dentistry in the heart of St Helens town centre will be taking on new NHS patients, increasing access to NHS dentistry for St Helens residents.

The opening of the practice completes the full utilisation of the Lowe House Health Care Resource Centre's facilities allowing primary care, community pharmacy, high street dental care and many other community services to be available in a single facility.

Jim Wilson, Chair of the PCT and the Dental Commissioning Team were joined at the opening ceremony by guests including the Mayor of St Helens - Tom Hargreaves, Local MP - Dave Watts, Marie Rimmer - Leader of St Helens Council along with other local council representatives and health care professionals.



*Pictured left to right:*

*Dave Watts, MP; Tom Hargreaves, Mayor of St Helens; Geoffrey Almond, St Helens Councillor; Marie Rimmer, Leader of St Helens Council; Jim Wilson, Chair of NHS Halton and St Helens; Barry Cockcroft, Chief Dental Officer for England; Mr Jackson, patient representative; Mr Murphy and Mr Read, Dentists from Lowe House Dental Care.*

## First tranche of students graduate from Peninsula Dental School

On July 22 the first group of dental students graduated from the Peninsula Dental School, the first new dental school to open in the UK in the last 40 years.

Set up in Plymouth in 2007 to address the shortfall of NHS dentists in south west England, the school is the first to offer an entirely new model of dental education based on training in local community Dental Education Centres (DECs) rather than city centre hospitals. Over the four year course, students initially developed their clinical skills via the use of state of the art virtual technology. They then moved on to carrying out assessments and treatments under supervision for NHS patients at Dental Education Facilities in Exeter, Plymouth and Truro.

Professor Liz Kay, dean at the Peninsula Dental School, commented,

‘My sincere congratulations go to our first graduating cohort, and to the many people who have worked so hard to ensure that they achieved so much. Ours is a true partnership between students, faculty, local dentists and the wider South West community. The effectiveness of that partnership is proven by the calibre of our first graduating students. I wish them well in their careers and I am confident that, wherever they practise, their patients will benefit from their excellent clinical and interpersonal skills.’

During the course of their training the students have seen over 5,000 patients, undertaken nearly 9,500 fillings and providing treatment ranging from preventative advice up to quite advanced procedures. The school has confirmed that 30 of the 47 dental graduates are now planning to work across NHS trusts across Devon and Cornwall.

## More graduation celebrations at UCLAN

Another dental school collaborating with its local PCTs to bring student dentists closer to the population they aim to serve is the dental school at the University of Central Lancashire (UCLAN), based in Preston.

Set up to tackle the growing problem of a shortage of dentists in Lancashire, in June 2011, it saw the successful qualification of thirty new dentists. The new department is housed in a purpose built School, costing £5.25 million and is a collaborative project with Cumbria and Lancashire Medical and Dental Consortium and the Blackburn with Darwen and NHS East Lancashire Primary care Trusts. As with the Peninsula Dental School, UCLAN students undergo part of their training in Dental Education Centres (DEC), within local communities.

To help mark their achievements the latest wave of graduates were joined by Barry Cockcroft at a celebratory dinner held at UCLan’s Westleigh Conference Centre.



Left: Professor Lawrence Mair, Dean of the School of Dentistry with Barry Cockcroft.

## CDO re-opens refurbished hospital dental centre

Patients and dental students are benefiting from a £2 million refurbishment of

The Dental Centre at St Thomas' Hospital has been given a £2 million update and now comprises of a welcoming waiting area, 24 remodelled surgeries, a small onsite laboratory and radiography facilities.

Located on the ground floor of St Thomas' Hospital, it was reopened by Barry Cockcroft on 2 June. He said: "I am delighted to be here to open these new dental facilities that will be of great benefit to patients, staff and students at St Thomas' Hospital. Providing modern, high quality dental care for patients is a priority in the NHS and this is a great example of how we can improve services."

The centre, previously known as the Dental Polyclinic, first opened in 1995 to allow students and dental care professionals to learn in an environment similar to a general dental practice. A team of 19 nurses and 13 dentists treat more than 8,500 patients a year and train around 12 postgraduate speciality trainees,

170 undergraduate fifth year dental students, 130 undergraduate first year dental students and 40 hygiene and therapy students annually.

In 2009 a survey was carried out by the centre to gauge patient satisfaction with the service. Dr Barry Quinn, Director of the Dental Centre explained: "We listened to our patients who suggested that the centre needed to become a warmer, friendlier space for them and their relatives to visit. We are delighted with the final results, which makes this a more pleasant environment for our patients, students and staff particularly as patient numbers continue to increase."



Left to right: Anne-Marie Martell, Beverley Banton, matron, Barry Quinn, clinical lead, Sir Hugh Taylor, Chairman Guy's and St Thomas' with Barry Cockcroft.

### NEWS IN BRIEF

## OFT launches dental study

The Office of Fair Trading (OFT) has launched a study to investigate whether private and NHS dental services and charges are working well for patients.

Due to be published in March 2012, the study will focus on how dentistry services are sold, whether patients are given appropriate information to help them choose between dental practices, the types of treatments on offer and different payment methods in the context of both NHS and private dentistry. It will also look at how easy it is to change dentists, and whether the current system for customer redress works.

The study will also examine whether there are any unnecessary barriers to new practices entering either private or NHS funded markets, and consider the issue of professional restrictions on direct access to specialists or providers of auxiliary services, such as hygienists.

**For more information, see: <http://www.of.gov.uk/news-and-updates/press/2011/99-11>**

NEWS IN BRIEF



## Orthodontist elected as Chair of the General Dental Council

Professor Kevin O'Brien has been elected as Alison Lockyer's successor as Chair of the General Dental Council (GDC). Commenting on his appointment, Professor O'Brien said:

"I am very pleased to have been elected Chair of the GDC and I look forward to leading this experienced and talented Council in public protection – our key role. I look forward to working with my fellow Council members and the Executive as we make decisions to support improvements in Fitness to Practise and deliver important projects such as the reviews of Standards and CPD."

Professor O'Brien, a qualified dentist, was born in Edinburgh and is now based in Manchester Dental School where he is Professor of Orthodontics. He was the dean of the dental school from 2004-2007 and associate dean of the Faculty of Medical and Human Sciences from 2007-2010.

He has previously worked with the GDC in the roles of chair of the specialist dental education board and a member of the strategic review of undergraduate training.

Further details are available at:

**[www.gdc-uk.org/Newsandpublications/Pressreleases/Pages/General-Dental-Council-announces-new-Chair.aspx](http://www.gdc-uk.org/Newsandpublications/Pressreleases/Pages/General-Dental-Council-announces-new-Chair.aspx)**

### General Dental Council freezes retention fee for 2012

Dentists and Dental Care Professionals will not be subject to any increase in their registration fees in 2012 following a decision by the GDC.

This means dentists will pay £576 by 31 December 2011 and dental care professionals £120 by 31 July 2012.

The decision to keep the fee at 2011 levels is in line with both the GDC's own Strategy and the Government's Command Paper, 'Enabling Excellence', ensuring GDC resources are managed effectively, efficiently and sustainably. To read more, see GDC press release at:

[www.gdc-uk.org/Newsandpublications/Pressreleases/Pages/General-Dental-Council-keeps-retention-fee-on-hold-for-2012.aspx](http://www.gdc-uk.org/Newsandpublications/Pressreleases/Pages/General-Dental-Council-keeps-retention-fee-on-hold-for-2012.aspx)

### NHS Dental Services dental portal now live

The NHS Dental Services online portal for providers and performers is now live. The portal allows users online access to information around FP17 processing, including live claim status, contract and superannuation information and activity information including real time updates. Users will also be able to download pay statement and reports. For full details see: <http://www.nhsbsa.nhs.uk/DentalServices/3300.aspx> where you will also be able to access or activate your portal account.

Gateway reference number: 16650