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Flexible Commissioning: a prevention and access focused approach in Yorkshire and the Humber

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Introduction

Commissioning is a continuous process described by the Commissioning cycle involving strategic planning, procuring services and monitoring and evaluation of services (Figure 1) with the aim of supporting and delivering health care and health improvements within the resources available (1).

Figure 1: Commissioning cycle: Courtesy of NHS England (2)

The current dental contract was introduced in April 2006, and resulted in significant changes for the commissioning arrangements of dental care services in England and

Wales (3). Scotland and Northern Ireland continue to operate under predecessor systems where patients are registered under a capitation or continuing care arrangements with the dentist and fee per item of service respectively, as set out in the Statement of Dental Remuneration (4).

The introduction of the new General Dental Services(GDS) and Personal Dental Services (PDS) contracts, based on Units of Dental Activity (UDA), in England and Wales has been met with some criticism for focusing on target delivery over the quality of care or prevention (5). In areas of deprivation and poorer oral health, the risk of failing to reach targets is higher. Recruitment of dentists is more challenging in these areas combined with high needs patients requiring more clinical time. Practices are disincentivised from treating patients with high oral health needs due to increased care time required. This can lead to missing targets, clawback, contract hand back or contract reduction (6).

Contractual underperformance of UDAs may lead to clawback, which increased by more than 60% from £54.5 million in 2015/16 to £88.8 million in 2017/18 (7). In 2018, 38% of all UDA practices faced clawback. Clawback could suggest over-commissioning associated with low need and high levels of access; however, this is often not the case and the reasons for clawback may be varied and multifactorial. As early as 2008, the Health Select Committee of the House of Commons made a set of recommendations including the need to review the UDA system, the need to incentivise prevention and to commission differently and effectively. The Dental Contract Programme commenced soon after this inquiry (5) and has now reached the prototype testing stage but without a confirmed launch date. The continuing challenges to delivery of care under the current contractual model supports the view that seeking new ways to work within the limitations of the current contract is required in parallel with the development of the dental contract reform programme. This has been supported by the National Conference of Local Dental Committees.

At the 2018 LDC Conference it was noted that the vast majority of practices remain under the 2006 arrangements within the constraints of the UDA system and all the incumbent challenges of recruitment and retention, limited delivery of prevention and poor morale. The LDC Conference voted in favour of a motion supporting the

potential benefits of a Flexible Commissioning (FC) model where a percentage of the existing contract value is used to target local needs or meet local commissioning challenges.

The GDS and PDS agreements have two main components: mandatory services and additional services (which may include dental public health, orthodontic, sedation or other services) (10,11). A Flexible Commissioning approach is permissible the GDS and PDS frameworks under the additional services element by either 'substituting' a percentage of the existing contract value from UDAs into the planned commissioned activity (delivered within current contract value) or in 'addition' to the contract value within limits. An amendment to the Statement of Financial Entitlement (SFE) in 2018, enables practices to be remunerated up to 104% of their contract value with prior commissioning agreement (8). This permits the commissioning of extra UDAs but also has the potential to increase headroom for flexible commissioning.

At national level, in December 2018, representatives from the Department of Health and Social Care (DHSC), NHS England (NHSE) and the Local Dental Network (LDN) Assembly started discussions about the potential to develop flexible commissioning programmes. These conversations were supported by the British Dental Association (BDA), the Association of Dental Groups and the General Dental Practitioner Committee (GDPC) and since April 2019 several flexible commissioning workstreams have been under collaborative development.

The NHS England and NHS Improvement (Yorkshire and the Humber) Dental Commissioning Team from are at the forefront in developing and implementing a framework for flexible commissioning. This initiative has been supported by the Local Dental Networks, Public Health England, Health Education England, Local Dental Committees, NHS Business Service Authority and by all local authorities in the region (Figure 1). This Logic Model for the Yorkshire and the Humber approach to Flexible Commissioning provides an overview of the inputs from the stakeholders and various activities that have supported the planning, design and implementation of the programme and aims to capture the anticipated short- and long-term outcomes of the programme.

Logic Model

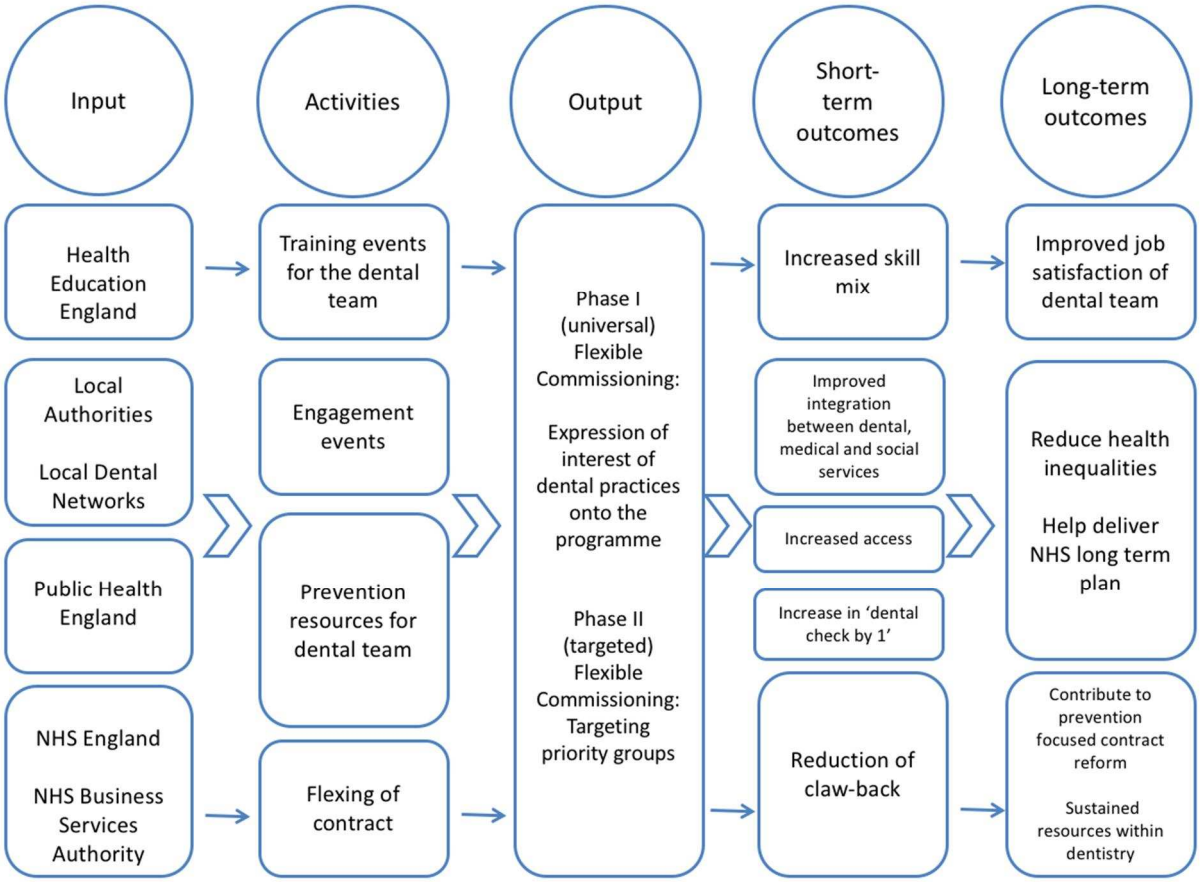

Figure 1 - Logic Model for Flexible Commissioning in Yorkshire and the Humber

Figure 1 presents the Logic Model for Flexible Commissioning in Yorkshire and the Humber. The model adopted in Yorkshire and the Humber aims to increase access to prevention and dental care for the whole population with a focus on children and older adults and will be delivered in two phases.

Phase One will be rolled out from November 2019 and adopts a practice based universal approach to access and prevention. Phase Two is planned to be developed and rolled out during 2020 and will be targeted towards population groups and geographies with high needs and will involve practices outreach into these communities. NHS England and NHS Improvement (NHS E&I) have committed to

the FC programme for a minimum of three years with annual break points. In Phase One the value of the contract and payments to providers will remain the same, however the UDA target may be reduced by up to 10% in return for delivery of access and prevention elements (see table 1 and 2)

Table 1

Phase One Access
Practice listed as 'open' for new patients on NHS Choices
Accepting referrals from the Community Dental Services (CDS)
Accepting referrals from 0-19 services
Delivery of Dental Check By 1 (DCBy1)

Table 2

Phase One Prevention
Delivery of evidence-based prevention to all patients using skill mix (Delivering Better Oral Health Toolkit) (9)
Delivery of targeted prevention pathways for children (aged 0-2, 3-6, 7-18) with caries or who are being referred for a general anaesthetic
Delivery of targeted prevention pathways for adults at risk of dental disease
Signposting to relevant health and wellbeing services (smoking cessation, alcohol reduction)
The nomination of a Practice Prevention Champion – building on the work of the Starting Well programme

Table 3

High risk children age groups	**High risk adults**
0-2	Diabetes
3-6	Dementia
7-18	At risk of osteonecrosis of the jaws
	Xerostomia
	High caries risk

The pathways focus on key evidence-based prevention messages and interventions that can be delivered through skill mix. Health Education England Yorkshire and the Humber (HEE Y&H**)** have supported training of the dental teams including oral health promotion, development of behaviour change skills and fluoride varnish application training for dental care professionals.

The monitoring and future evaluation of the programme has been developed with the support of NHS Business Service Authority (NHSBSA). Programme compliance and activity will be monitored using a data collection tool via a web portal developed by the NHSBSA to supplement data available from the FP17.

NHS E&I hosted a series of engagement events and dental practices were invited to submit an expression of interest for Phase 1 of the programme and to participate in an initial training event hosted by HEE Y&H. By December 2019, the programme received more than 100 expressions of interest.

In summary, flexible commissioning aims to refocus a section of the existing commissioned activity or utilise the Statement of Financial Entitlement (SFE) to increase capacity to deliver specific programmes or incentivise particular activities. Flexible commissioning reduces the focus on UDA activity and has the potential to reduce clawback and improve sustainability. The Yorkshire and Humber initiative also has the potential to support the development of skill mix and to mitigate some of the pressures faced by dentists working in primary care.

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