Commissioning dental services in Morecambe Bay

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INTRODUCTION

The reorganisation of the NHS has been widely debated and from 1 April 2013 primary care trusts handed over many of their functions to the clinical commissioning groups (CCG). Whilst a lot has been written about the effects that these changes will have on local medical services, not as much has been heard about dentistry. However, the recent publication from the NHS Commissioning Board (February 2013), *Securing excellence in commissioning NHS dental services*, clarifies the situation for dental services. Dentistry is now being commissioned centrally from the NHS Commissioning Board (NHS CB), with Barry Cockcroft, the Chief Dental Officer, taking his place at the table to represent the profession. The NHS CB will ensure that there is consistency in the quality of dental services in terms of effectiveness, safety and patient experience. Local Dental Networks (LDNs) are being established consisting of clinicians who will implement national models of care. These changes will affect primary dental, community dental and hospital services, and this paper will consider the implications for patients in the Morecambe Bay area.

BACKGROUND

Dentistry in the UK is delivered mainly from primary care, and this will certainly remain the bedrock of the profession. In addition, there has been a community dental service, which

traditionally looked after school children but now focuses largely on access for emergencies and special-need patients. The hospital dental services (known locally as the maxillofacial unit) comprise oral and maxillofacial surgery, restorative dentistry and orthodontics, all of which are represented at University Hospitals of Morecambe Bay Foundation Trust (UHMBFT).

In UHMBFT, the maxillofacial unit covers all three acute hospital sites and delivers a comprehensive service (with the exception of head-and-neck cancer surgery). The relationship between primary and secondary care is well established, and when a dentist decides that a patient would benefit from specialist treatment, the referral pathway is directly to the appropriate consultant.

The unit does, however, have a history of innovation; for example, it was the first in the UK to trial electronic referrals between primary and secondary care. More recently, the hospital staff, working with primary care colleagues, have established new referral patterns which have been recognised nationally as the template for dental services. Clinical networks have been established in the Morecambe Bay area for orthodontics, endodontics and oral surgery, with the aim of giving patients the opportunity to be treated by specialists in the primary care setting. Instead of the traditional referral pathway described above, patients can now be referred from their dentist to appropriately trained specialists in primary dental care to have some treatments.

NHS Cumbria Managed Clinical Network⁽¹⁾

In July 2008, an oral surgery review concluded that there were a significant proportion of patients whose care could be provided in a primary care setting by appropriately trained clinicians. The review was signed off by the elective care board of Cumbria Primary Care Trust and a decision taken to work with local clinicians to develop a good quality accessible minor oral surgery (MOS) service. Critical to the success of the creation of this service was the establishment of the oral surgery clinical network.

The network was established in 2009, when clinicians from four dental practices and two salaried primary care dental clinics met with oral surgery staff and consultants from the Morecambe Bay and Carlisle hospitals. In addition, commissioners from NHS Cumbria and the consultant in dental public health were involved at the outset of the process. The network considered:

- The complexities in oral surgery procedures and who should provide them, the competencies that would be required for an MOS service provider; how these related to routine general dental practice and how they would be assessed
- The development of a single clinical pathway and associated referral pack
- The identification of training needs and plans to address these
- The establishment of a review process to include audit and lessons learned

Having agreed an outline clinical pathway, the network agreed to develop a referral pack to support dentists making referrals to the oral surgery services. This referral pack included the care pathways and guidelines, the responsibilities of referring dentists, the responsibilities of service providers, patient information, specific information about the MOS providers and a single oral surgery referral form to be used for all referrals. The referral form was also made available electronically.

The clinical pathway became operational in 2010, when the referral guidelines were published and sent to all local practices. The pathway was also promoted at locality engagement events with local general dental practitioners and at contract monitoring reviews. By following the agreed guidelines and using the referral form, patients are directed to the most appropriate, be that the MOS provider or hospital consultant care. Capture of data about the source and quality of referrals enabled the creation of a feedback loop to general dental service providers who were not following the guidelines or were deemed to be outliers. This has resulted in feedback to referrers via the commissioning process and has improved the quality and scope of care within general dental services contracts.

The importance of the clinically led approach to the development and continuous improvement of this local system cannot be underestimated.

ORAL AND MAXILLOFACIAL SURGERY

As a specialty, oral and maxillofacial surgery (OMFS) receives referrals from both general dental and medical practitioners. The work is varied and ranges from complex dental problems to correcting facial deformity, oral and skin cancers, salivary gland disease and trauma. However, it is accepted that in some OMFS departments the oral surgery component of the specialty may encompass up to 80% of referrals, much of which is carried out by trainees and specialty dentists, whilst the remainder requires a maxillofacial surgeon. Some of the oral surgery referrals could be managed in primary care by a trained specialist, and indeed this has been the way in which the service has developed locally in the last two years (see box on previous page).

It is recognised that a proportion of oral surgery will continue to be managed in the hospital setting as the unit has a training commitment to the dental students at the Morecambe Dental Education Centre, part of the University of Central Lancashire. In addition, the unit, in conjunction with the North West Dental Deanery, offers training to dentists in the area who wish to extend their competencies in the specialty.

In terms of commissioning, there is still a considerable amount of work to be done to fully differentiate between the oral and the maxillofacial components, and until that has been achieved, commissioning will be with the NHS CB working with the local CCGs. In due course, it is expected that maxillofacial surgery, as a medical specialty, will be transferred to CCGs as part of their remit to commission all medical services.

Table 1 below illustrates the range of work that each of the different tiers of practitioner could be expected to perform.

Whilst this table acts as a guide, it is expected that as practitioners have appropriate training, they will extend their range of work. This is particularly important for those Tier 2 specialists who might want to develop their soft tissue skills, for example. The network should be able to accommodate such training as is necessary, supported by nationally agreed competency levels for the practitioners to develop. The royal colleges have a role to play in establishing a national clinical competency framework to ensure consistency and to maintain standards.

SUMMARY

The commissioning of dentistry is changing and with that will come an opportunity to change how we deliver some specialist services in Morecambe Bay. We have already led the way in developing networks and these could be extended to encompass more branches of dentistry as clinicians working in the LDNs identify a need. The hospital services will undoubtedly change, with a reduction in routine work, particularly in oral surgery, but will remain central in the training of undergraduate and postgraduate dentists. The educational continuum from student to dental practitioner and on to Tier 2 specialist is established in this area and will continue to deliver a high level of dentistry for the patients of Morecambe Bay.

REFERENCE

1. NHS Commissioning Board. Securing Excellence in commissioning NHS dental services. February 2013. P23

TIER 1 General dental practitioner (GDP)	TIER 2 Minor oral surgery (MOS) service provider	TIER 3 Oral and maxillofacial surgery provider
<ul style="list-style-type: none"> • Routine extractions and simple dento-alveolar surgery within the competency of a GDP • General dentistry in line with NICE guidelines • Management of minor dental trauma 	<ul style="list-style-type: none"> • Complex extraction of single and multi-rooted erupted teeth • Exposure of teeth if palpable • Removal of buried roots and fractured or residual root fragments • Removal of simple impacted/ectopic/supernumary teeth • Removal of simple mucocoele • Surgical endodontics (practice-dependent) • The above possibly requiring sedation (practice-dependent) 	<ul style="list-style-type: none"> • Advice only • Complex extraction of single and multi-rooted erupted teeth • Removal of complex impacted/ectopic/supernumary teeth • Exposure of teeth • Management of soft tissue problems • Management of cranio-facial pain • Removal of simple fibro-epithelial polyps • Removal of uncomplicated denture-induced mucosal hyperplasia • The above possibly requiring sedation or general anaesthetic • Any other oral or maxillofacial conditions

Table 1 Clinical guidelines