DPASS Service Specification.

1. **Introduction**

To provide additional sessional access to the most vulnerable and in need populations of Suffolk and North East Essex. During weekdays, weekends, and bank holidays – providing additional in-hours, out of hours dental appointments, treatments, and oral health stabilisation to the population. Practices will be remunerated for the additional sessions, whilst using the existing contractual UDA allocation or via a higher UDA rate.

This specification represents the requirements for the provision of urgent and priority access dental care combined with the opportunity for prevention of future disease and oral health stabilisation for both adults and children. These services will be through providers who hold an existing General Dental Services (GDS) or Primary Dental Services (PDS) contract and who provide a full remit of mandatory general dental services to adults and children.

1. **Principles of DPASS**

It is expected that the following principles should guide the delivery of the additional
activity:

* Patient appointments to be made available to treat and maintain dental health,
through the provision of effective, evidence-based approaches and appropriate
treatment planning and prevention including a Personalised Care Plan for the Priority Access Groups.
* All patient’s seen under DPASS are expected to be continued to be seen by the practice for all dental needs until the DPASS variation ends.
* Reducing inequalities in access and oral health for target groups set out below through the provision of services and approaches appropriate to their specific needs.
* Prioritising those most vulnerable in our community.
* Addressing the patients' needs and providing support through discussing and outlining choices to reach an informed consent for the agreed approach to care as well as agreeing an ongoing Personalised Care Plan with the patient.
* Prioritising and managing workload to ensure timely care for urgent problems or early intervention in situations where there is a risk of deterioration in the patients' condition.
* Acquiring, maintaining, and implementing systems of monthly data collection to record patient categories and clinical activity and the necessary reporting systems required to produce contract monitoring reports which meet the needs of the commissioners of the service – Reporting requirements are detailed below.
* Acquiring, maintaining, and implementing systems to permit secure electronic data transfer, within NHS (National Health Service) protocols, including receiving referrals, providing prescriptions and correspondence with NHS practitioners and bodies.
* Providers will be expected to attend a monthly drop-in meeting to share best practice and any learning.
* Providers are expected to engage with any evaluation undertaken of the service.
* Patient survey - Obtaining elevated levels of positive feedback from service users, gathered through appropriate channels to ensure coverage of all patient groups.
* Minimising the number of complaints and where these occur to implement change where needed.

3a) **Service Model Option A**

***The Service will provide initial assessment, treatment and then ongoing review as part of a managed list ~~of~~ the provider***while DPASS is commissioned for new patients to the surgeries (subject to improvement in oral health scores and Engagement criteria) for patients over the course of a phased course of treatment as set out in https://www.england.nhs.uk/publication/avoidance-of-doubt-provision-of-phased-treatments/.

The service will undertake a detailed assessment of the patient’s oral health needs and agree this with the patient to attempt to ensure stabilisation of patients going forwards.

The service will review the oral health needs assessment with the patient at every recall visit for the time of the DPASS contract variation.

A DPASS information leaflet will be created by the ICB explaining that DPASS is a short-term measure and that the patients will receive ongoing care for the pilot period by the Provider. This care may potentially cease at the end of the pilot period subject to Provider capacity. Every patient will be provided with this leaflet when their Personalised Care Plan is offered to them.

The Service Provider will be linked to the Priority Access Populations, via the Commissioner or agreed local networking, to include:

1. Homeless
2. Transient Populations including immigrants.
3. LD & ASD Patients
4. Children in Care
5. Care Leavers
6. Urgent and Emergency Care Patients
7. Those awaiting any NHS procedure that requires Oral Stabilisation
8. In-practice care for residents of Care Homes and Nursing Homes.
9. High Dental Risk Patients
10. Dementia Patients
11. Sex Workers

Priority Access Populations will take priority for this additional activity, However the Provider may use some of the activity for its current service patients (as agreed with the ICB).

Signposting of patients within the agreement will be clear and effective. This will exist between healthcare services, including but not limited to:

• NHS 111

• primary care services (GMPs)

• secondary care services (A&E, OMFS)

• Healthwatch

• General Dental Practitioners (GDPs)

• selected agreement holders and patients

Communication will be via nhs.net secure email, texts, information leaflets and will

be in accordance with GDPR.

Information will be provided to healthcare services by the Provider and the ICB to

inform them of this provision of care and the available pathway to care.

**Option A Sessional programmes** to include:

**Weekday session**. 3.5-hour session with at least 2.5 hours outside of normal GDS Contracted hours paid at rate of **£500 per 3.5-hour session**. Patient treatment to be inclusive of routine, urgent access or out of hours care with the opportunity to utilise skill mix where appropriate.

Within the weekday sessions, where there is benefit to the community and with prior ICB agreement to provide alternative access/services for the population, the dental team are willing to be flexible and engage in discussion to provide oral care and services to other cohorts of the populations.

Phased courses of treatment and oral stabilisation are part of this initiative.

Data capture will be by submission of FP17 against a new contract line for the flexible commissioning & weekly MS forms data submission.

Patients number expectation per 3.5-hour session is a **minimum of 2 patients per hour = 7 patients within 3.5 hours.** Each patient attendance will be recorded on MS forms. There is no maximum patient limit as this would be for a practice to manage capacity and to maximise patient access within clinical governance.

**Weekend session – 5 Hours on Saturday & 5 Hours on a Sunday** – patient treatment to be inclusive of routine, urgent access or out of hours care with an opportunity to utilise skill mix where appropriate.

Paid at rate £750.00 per 5-hour per day/session.

Data capture will be by submission of FP17 & weekly MS forms data submission.

Patients number expectation per 5-hour session is a minimum of 2 patients per hour = 10 patients within 5-hour session. Each patient attendance will be recorded on MS forms. There is no maximum patient limit as this would be for a practice to manage capacity and to maximise patient access within clinical governance.

**Bank Holiday Cover days - 5 Hours opening on bank holiday** – patient treatment to

be inclusive of routine, urgent access or out of hours service requirement with an opportunity to utilise skill mix where appropriate.

Paid at rate **£1,000.00 per 5-hour session**.

Data capture will be by submission of FP17 & weekly MS forms data submission.

Patients number expectation per 5-hour session is a minimum of 2 patients per hours = 10 patients within 5-hour session. Each patient attendance will be recorded on MS forms. There is no maximum patient limit as this would be for a practice to manage capacity and to maximise patient access within clinical governance.

In recognition of the commitment to additional working arrangements, consideration will be given to buddying arrangement subject to location and ICB agreement. There will need to be confirmation that FDS/111/DOS contact details are up to date to enable streamlined patient access.

**Scheduled and Out of Hours dental care**

The provider will be expected to provide additional sessions outside of their core hours to deliver the sessional activity, with the exception on 1 hour per weekday within normal practice opening hours. It is expected that these additional sessions provide additional dental care to patients with improvements in their oral health, access to dental care, maintenance and prevention.

**Or**

3b) **Service Model Option B**

***The Service will provide initial assessment, treatment and then ongoing review as part of a managed list of the provider***while DPASS is commissioned for new patients to the surgeries (subject to improvement in Oral Health Scores and Engagement criteria for patients over the course of a phased course of treatment as set out in https://www.england.nhs.uk/publication/avoidance-of-doubt-provision-of-phased-treatments/.

The service will undertake a detailed assessment of the patient’s oral health needs and agree this with the patient to ensure stabilisation of patients going forwards.

The service will review the oral health needs assessment with the patient at every recall visit for the time of DPASS.

A DPASS information leaflet will be created by the ICB, explaining that DPASS is a short-term measure and that the patients will receive ongoing care for the pilot period by the Provider. This care may potentially cease at the end of the pilot period subject to Provider capacity. Every patient will be provided with this leaflet when their Personalised Care Plan is offered to them.

The Service Provider will be linked to the Priority Access Populations, via the Commissioner or agreed local networking, to include:

1. Homeless
2. Transient Populations including immigrants.
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8. In-practice care for residents of Care Homes and Nursing Homes.
9. High Dental Risk Patients
10. Dementia Patients
11. Sex Workers

Priority Access Populations will take priority for this additional activity, Howeverthe Provider may use some of the activity for its current service patients (as agreed with the ICB).

**An enhanced UDA rate of £50 a UDA will be used via 10% Flexible Commissioning** for the initial assessment and ongoing care of these patients.

Data capture will be by submission of FP17 & weekly MS forms data submission.

Signposting of patients within the agreement will be clear and effective. This will exist between healthcare services, including but not limited to:

• NHS 111

• primary care services (GMPs)

• secondary care services (A&E, OMFS)

• Healthwatch

• General Dental Practitioners (GDPs)

• selected agreement holders and patients

Communication will be via nhs.net secure email, texts, information leaflets and will

be in accordance with GDPR.

Information will be provided to healthcare services by the Provider and the ICB, to

inform them of this provision of care and the available pathway to care.

1. **Access**

Practices will accept patient referral from 111/FDS, direct patient contact, the ICB and NHS Providers. The Practice is expected to prioritise access to those more vulnerable identified above, with a proportion of new priority group patients agreed with the ICB as a result of this extra funding.

The practice will be tasked to complete MS forms for each patient appointment. This may result in several forms for the same patient depending on the number of treatments required. Ongoing treatment can be completed within the normal working hours or within the agreed additional sessions. Practice & contractual management will dictate the allocation of the continuing treatment pathway.

In line with The National Health Service (General Dental Services Contracts) Regulations (2005) SI 2005 No. 3361, a data collection template will be provided on acceptance to the scheme subject to criteria being met. This template will comprise:

• Referral pathway – Direct practice contact /111/Trauma

• Patient postcode

• Did the patient attend the appointment

• High or low risk patient

• FP17 claim number for this patient

• Patient DOB

• Date of appointment

• Patient survey requested

As this is a pilot exercise, the ICB reserves the right to amend the criteria of the data collection.

Practices are required to submit MS forms data on a weekly basis to allow the ICB to review practice data.

Failure to submit data collection reports will result in funds being recovered for the period of non-compliance.

Providers will offer a clinical service of treatment for patients presenting with disease. The requirements for patient acceptance within this service specification is aimed primarily at patients requiring dental care who do not have access to a regular dentist and are from a Priority Access Group. Patients in a currently active course of treatment should receive urgent care from their dentist/Provider.

The Provider is required to appropriately manage the health needs of all patients seen within the service and to ensure that they maintain the necessary competency, expertise and skill mix in the dental team undertaking this role, as appropriate.

The clinical workforce will be professionally led by and clinically accountable to an experienced GDC registered dentist working within the practice and associated with the contract of that practice.

1. NHS Directory of Services (DOS).

New DoS profiles will be created to allow patients to flow from 111 to practices. Practices are required to update their availability and opening times for the DPASS on the DOS and https://www.nhs.uk/nhs-services/dentists/ as a matter of routine to ensure that 111 are aware if the practice has capacity for new DPASS patients. This should be undertaken at least weekly using the availability indicator on the DOS.

This will have the effect of making it easier for patients to find a practice and for the system to support patients to access care.

In line with the recent dental reform announcement in January 2023 (https://www.england.nhs.uk/long-read/building-dental-teams-supporting-the-use-of-skill-mix-in-nhs-general-dental-practice-long-guidance/), dental hygienists and therapists will be able to operate within their scope of practice and competence to provide care advice on oral health as part of or the entirety of a course of treatment.

NHS providers should regularly update their NHS profile on NHS Choices as well (https://www.nhs.uk/nhs-services/dentists/).

1. Clinical Governance

The practice will be expected to demonstrate clinical governance arrangements within

SuNEE to display continuous monitoring and improvement of dental services leading to clinical effectiveness and evidence-based dentistry through:

• Responsibilities.

• Programme standards and performance monitoring.

• Quality assurance.

• Quality improvement.

• Risk and incident management.

1. Indemnity

The provider will be expected to carry the appropriate level of Professional Indemnity in addition to Employers' Liability Insurance, Public Liability Insurance and Product Liability Insurance.

1. Safeguarding

The service must ensure that Lead Agency (Local Authority) policies and procedures relating to safeguarding are adhered to and that staff have undertaken training appropriate for their professional role. All staff, before working face-to-face with patients, will have undertaken a Disclosure and Barring Service (DBS) check.

1. Evidence Based Dentistry

The service will keep up to date with best practice in line with policies and local clinical guidelines.

1. Patient experience

The practice will request completion of a patient satisfaction survey by all patients that have accessed/attended the additional sessions. Patient survey is to be shared with SuNEE to measure the results of the pilot scheme.

1. Complaints Procedure

A complaints procedure will be operated by the practice to deal with matters connected with the provision of services under the service specification. All reasonable efforts will be made to effectively deal with the complaint within the process and period set out in the current NHS Complaints Procedure.

If the patient feels unable to resolve the matter in a manner satisfactory to them, they

will be able to invoke the NHS England’s standard Complaints Procedure.

1. INFORMATION TECHNOLOGY

Transmission of FP17s to the Business Services Authority (BSA) should be via an electronic data link. The service may employ an integrated clinical and reporting IT system.

1. . RECORDING AND REPORTING ACTIVITY AND CASEMIX
	1. Practices will submit FP17 claims via the usual method and activity will be counted and allocated against contractual activity on the mandatory service line.
	2. Monthly data submission from practice detailed patient activity data as detailed above will be provided.
	3. Courses of Treatment and Patient Charge Income GDS (General Dental Services) and PDS (Personal Dental Services) Directions require the practice to collect patient charges from eligible patients, for those services that attract charges. The practice will be required to submit claims to NHS Dental Services by FP17 form electronically. The service will be paid net of collected patient charges, as calculated through the BSA system based on FP17 submissions.
2. PERIOD OF SERVICE

The commissioning of additional sessions shall run for a period of 18 months or as agreed with the Commissioner

1. TYPE OF CONTRACT

The service will be delivered through the existing contract with an additional contract variation for the service line to cover sessional payment/ enhanced UDA. The contract will receive a sessional payment/enhanced UDA payment on the providers existing contract using the service line for DPASS program.

NOTICE PERIOD

Dental providers will be required to give 6 months' notice to terminate the Dental

Access program if this termination is prior to the Contract Variation ending

The program is due to run for 18 months.

Practices that fail to satisfy the reporting or sessional requirement or meet the

minimum patient appointment criteria will be invited to meet with ICB colleagues and

discuss the continuation of the project and will be given 3 months' notice if practice is

unable to fulfil the project specification.