Minor Oral Surgery Service Reconfiguration

1 Introduction

The purpose of this report is to inform the Board on the status of the Minor Oral Surgery Service Reconfiguration programme and request approval to proceed to the next Phase.

The Board is asked to:
- Note the contents of this report.
- Approve Phase 1 of the Programme.
- Agree to proceed to Phases 2 and 3 and commission a Primary Care Minor Oral Surgery service.

Financial Assessment and link to Financial Recovery Plan

The Health Board has a budget of £30 million to deliver dental services. This is a ring fenced allocation from Welsh Government.

The latest correspondence from Welsh Government is clear that it expects the ring-fenced funding to be utilised for the purpose of ensuring adequate access to primary care dental services.

The service reconfiguration described in this paper will be delivered within existing Health Board resources.

Risk Assessment

Financial
If the Health Board fails to spend the full allocation, there is a risk that the Welsh Government will claw back the funding without any improvement in access or oral health across the Health Board.

Patient and Service Issues
At present circa 8% of total activity within the Maxillo Facial Directorate relates to minor oral surgery, which could be provided by General Dental Practitioners in Primary Care, with the appropriate training and
The Directorate continues to breach Referral to Treatment Times with current waiting times of 36 weeks.

Patients currently have to access minor oral surgery provision in hospital settings within Aneurin Bevan Health Board when it could be appropriately and safely provided in out of hospital settings.

**Annual Operating Framework**

This report relates to the Experience and Access Domain: Scheduled Care Acute Access Times.

**Standards for Health Services Wales**

This report relates to Standard 1: Governance and Accountability Framework; Standard 3: Health Promotion, Protection and Improvement; Standard 6: Participating in Quality Improvement Activities and Standard 8: Care Planning and Provision.

**Equality Impact Assessment**

Whilst a formal assessment has not yet been conducted the issues have been considered throughout the development of the model.

### 2 Background: Strategic and Local Context

Welsh Government’s recent policy drivers - Setting the Direction, Primary and Community Services Strategic Delivery Programme, November 2009, Delivering Local Health Care July 2013 and National Oral Health Delivery Plan, Together for Health, A National Oral Health Plan for Wales 2013-2018, Welsh Government 18 March 2013- set out a clear vision for strengthening Primary and Community Services through the development of services for patients which are delivered closer to home, in a Primary Care setting and enabling hospital based services to focus on more complex care.

The Health Board has significant Referral to Treatment Time pressures with referrals to Oral and Maxillofacial Departments for Minor Oral Surgery have risen over a number of years. This increase in demand is attributable to a variety of factors, including the generally poor state of dental health in Gwent.
In Aneurin Bevan Health Board, whilst there may be multiple reasons for the increase in referrals to the Oral and Maxillo Facial Departments, it is recognised that one of the reasons is the lack of Minor Oral Surgery provision within Primary Care since the introduction of the New General Dental Services Contract. A significant number of current referrals for Minor Oral Surgery to secondary care could be managed in alternative settings in primary care.

In recognition of this issue, a programme of work was commissioned by the Chief Operating Officer/Deputy Chief Executive in February 2013 to consider service reconfiguration for minor oral surgery services within the Health Board.

As a result a clinically led Task and Finish Group was set up in February 2013 with representation from Primary Care & Networks, Scheduled Care, Community Dental Services and Public Health Wales. This group was initially tasked with reviewing current provision, identifying examples of best practice across the UK and developing an appropriate Minor Oral Surgery pathway and referral criteria.

Consequently the objectives of the Programme were agreed as being to:

- Ensure patients receive care closer to home,
- Ensure patients are seen in the most appropriate care setting,
- Reduce waiting times,
- Free up secondary care capacity for patients with complex needs,
- Promote the most efficient use of NHS resources.

The Task and Finish Group, reports to the Health Board’s Oral Health Advisory Group and the Divisions of Primary Care and Networks and Scheduled Care. Progress is reported through the Operational Management Team, chaired by the Chief Operating Officer.

3 Programme Structure

The Programme of work has been divided into three phases, which are set out below, with the associated timescales:
3.1 Phase 1:

This phase focussed on identifying a suitable option going forward to meet the objectives set out above and as such covered:

- Completion of the baseline assessment;
- Identification of options to deliver future Minor Oral Surgery activity;
- Development and agreement of an appropriate Minor Oral Surgery Pathway (including triage and referral criteria).

Within the original timetable it was anticipated that this phase would be completed with a paper being presented to the November Board. However, the programme is currently running two months ahead of schedule.

3.2 Phase 2

Assuming approval from the Board to proceed with the preferred option, phase 2 will manage the commissioning of services which includes:

- Production of a Service Specification and tender documentation;
- Production and Implementation of a Communication Plan;
- Tender process for commissioning new services.

It is anticipated that this phase will be completed by January 2014, for the new service model to commence by 1 April 2014.

3.1 Phase 3

Following the implementation of the agreed service model, which relates to internal transfers of activity between secondary and primary care, there will be an assessment to determine if any further activity can be repatriated from other Health Boards or service providers.

It is envisaged that this work will be completed by September 2014.

4 Baseline Assessment:

Currently minor oral surgery services for Aneurin Bevan Health Board are provided via the following:

- Primary Care by General Dental Service Providers;
Community Dental Services, for vulnerable adults and some children;
- Secondary Care by Maxillo Facial Consultant Surgeons;
- Cwm Taff and Cardiff and Vale Local Health Boards, via Long Term Agreements;
- Dental Hospital Wales;
- Kensington Court for surgery involving Children.

The Health Board currently commissions oral surgery services from Cardiff & Vale and Cwm Taff Health Boards. At present the Health Board is experiencing difficulties in access activity data for the University Dental Hospital Wales; this has been escalated to the Chief Dental Officer. Further the funding arrangements for the University Dental Hospital Wales are outside of the usual Long Term Agreement arrangements and thus repatriation of activity and funding associated with the Dental Hospital Wales is complex.

However, there is provision for oral surgery within the current Long Term Agreement with Cardiff and the Vale Health Board. To date, the Health Board has not been able to access activity information from Cardiff and the Vale Health Board to determine how much of this activity is minor oral surgery and thus how much, if any, could be repatriated back to Aneurin Bevan Health Board. This would be either to a new Primary Care service or if more complex, to Maxillo Facial Consultant Surgeons. This work is progressing and will form Phase 3 of the programme.

The Oral Health Advisory Group has commissioned a review more generally on General Anaesthesia and Sedation services and in particular with regards children. This paper therefore relates to Minor Oral Surgery and excludes the wider debate with regards dental surgery under general anaesthesia.

5 Options

A number of options for the future provision of minor oral surgery, within Aneurin Bevan Health Board, have been considered against the following three criteria:

1. Providing quality and safe care to patients in the most appropriate setting;
2. Meeting Oral Surgery Referral to Treatment Time targets;
3. Promoting the most efficient use of NHS Resources

The following options were therefore explored:
1. Status Quo – no change with approximately 500 minor oral surgery cases continuing to be delivered in Hospitals.
2. Increase maxillofacial capacity to deliver minor oral surgery activity and meet Referral to Treatment Time;
3. Increase Community Dental Services capacity to deliver minor oral surgery activity for non-vulnerable patients;
4. Increase Primary Care capacity to deliver increased minor oral surgery activity;
5. Increase commissioning levels with external providers.

Each of the options has been assessed against the three criteria. In addition consideration was also given to the competency of clinical staff, necessary infrastructure and cost.

6  Preferred Option

The Task and Finish Group’s preferred option is Option 4. This will commission adequate capacity within the Primary Care setting to transfer circa 500 cases back to General Dental Practitioners and will include provision for future demand.

A pathway has been developed to support this transfer of activity, which included referral criteria. The options for triage of referrals were identified and the following considered:

1. Central triage system
2. Triage by Maxillo Facial Consultant Surgeons
3. Triage by referring dental provider against the agreed referral criteria.

Clinical opinion is that Option 3 is the most appropriate option to increase Primary Care capacity, with triage being undertaken by the referring clinician against agreed referral criteria.

7  Financial Assessment of Preferred Option

To date the group has not completed the financial assessment for the preferred option as this will form part of development of the Service Specification in Phase 2 of the project. A review of similar services and benchmarking of reimbursement rates is being undertaken. It is anticipated that costs will be considerably less providing this service in primary care even after factoring in the increased costs per Unit of Dental Activity, to reflect the higher level of competency required.
Early indications suggest that assuming the commissioning of the activity currently undertaken within Scheduled Care and managing future growth, the cost of providing this activity in primary care is approximately £0.300m per annum. Although, it must be stated that this figure is an estimate; this will be finalised as an element of Phase 2.

It should also be noted that within the Primary Care and Network Division’s three year financial plan, there is an investment of £0.300m per annum identified for Minor Oral Surgery from 2014/15. It should also be noted that the Primary Care dental budget is ring-fenced with a risk that if the allocation is not appropriately utilised then this will be clawed back by Welsh Government.

Whilst the Health Board’s ring-fenced dental under-spend was not clawed back by Welsh Government in 2012-13, the following was acknowledged and should be noted:

- The Welsh Government were notified that an element of the under-spend had been recurrently committed as a result of the four new contracts commissioned from 1 April 2013;

- The most recent correspondence from the Welsh Government recognises that if under-spent the allocation could be used for dental services elsewhere within the Health Board, but only if the Health Board can demonstrate that all Primary Care issues have been resolved.

Whilst significant progress has been made, and the Health Board is currently in the process of devising its five year Local Oral Health Plan, the Health Board cannot currently give this commitment.

8 Conclusion

Together for Health – A National Oral Health Plan for Wales 2013-18, published by Welsh Government in March 2013 emphasises the need for Health Boards to ensure an integrated approach to planning and delivering oral health across Primary, Community and Hospital based services. Furthermore, there is a drive to move, where clinically appropriate, more care to the Primary Care Setting. This will help to ensure that there is sufficient capacity within Hospital Services to deliver complex care and meet Referral to Treatment Time targets.
Based on an analysis of current minor oral surgery activity and research in other areas within Wales and across the United Kingdom, there is a view that a significant proportion of patients care could be appropriately provided in a primary setting by appropriately trained clinicians.

Offering a Primary Care Minor Oral Surgery Service it is envisaged that care will be provided closer to home, there will be an improvement in Referral to Treatment Times for Oral Surgery and the Health Board will be able to demonstrate value for money for these procedures.

9 Recommendation

The Board is asked to:

- Note the contents of this report.
- Approve Phase 1 of the Programme.
- Agree to proceed to Phases 2 and 3 and commission a Primary Care Minor Oral Surgery service.

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