Service Specification	
Specification Title	SWL Primary Care General Dental Practice Pilot
Date	Monday, 17 February 2025

1. Document purposes

This document presents the service specification for the primary care general dental practice element of the SWL Dental Engagement Plan which will run from April 2025 – September 2025. This document will outline the core, minimum requirements for the pilot which aims to facilitate integrated working across various healthcare and community settings to improve dental access in South West London.

This purpose of the pilot is to provide a model for integrated care at the neighbourhood level to support dental access and the reduction of health inequalities. Please note that the pilot delivery requirements are subject to ongoing review and subsequent changes may be made in relation to the level of engagement throughout the pilot delivery.

2. Background and Context

Poor oral health is largely preventable, yet despite improvements over the last few decades, it remains a significant health problem across the life course nationally and regionally. Oral health impacts on general health, and the causes for poor oral health are complex. Oral disease causes pain and infection, diminishing quality of life and wellbeing. It also affects functions such as speech, eating, sleeping and school readiness.

In London, according to the National Dental Epidemiology Programme (NDEP) oral health survey of 5-year-old schoolchildren, the number with experience of dentinal decay was 27.4% in 2022, compared to 22.4% nationally. In those children with experience of dentinal decay, each child had on average 3.7 (CI 3.58-3.82) teeth with experience of dentinal decay. There is wide variation in both prevalence and severity of experience of dentinal decay across London and within ICBs and local authorities. The proportion of 5-year-old children with experience of dentinal decay was 22.7% in South West London. However, there is variation across London, South West London boroughs and within its wards.[1]

The prevalence of dental decay experience varies across London boroughs and ICBs is described below.

[1] https://www.gov.uk/government/collections/oral-health

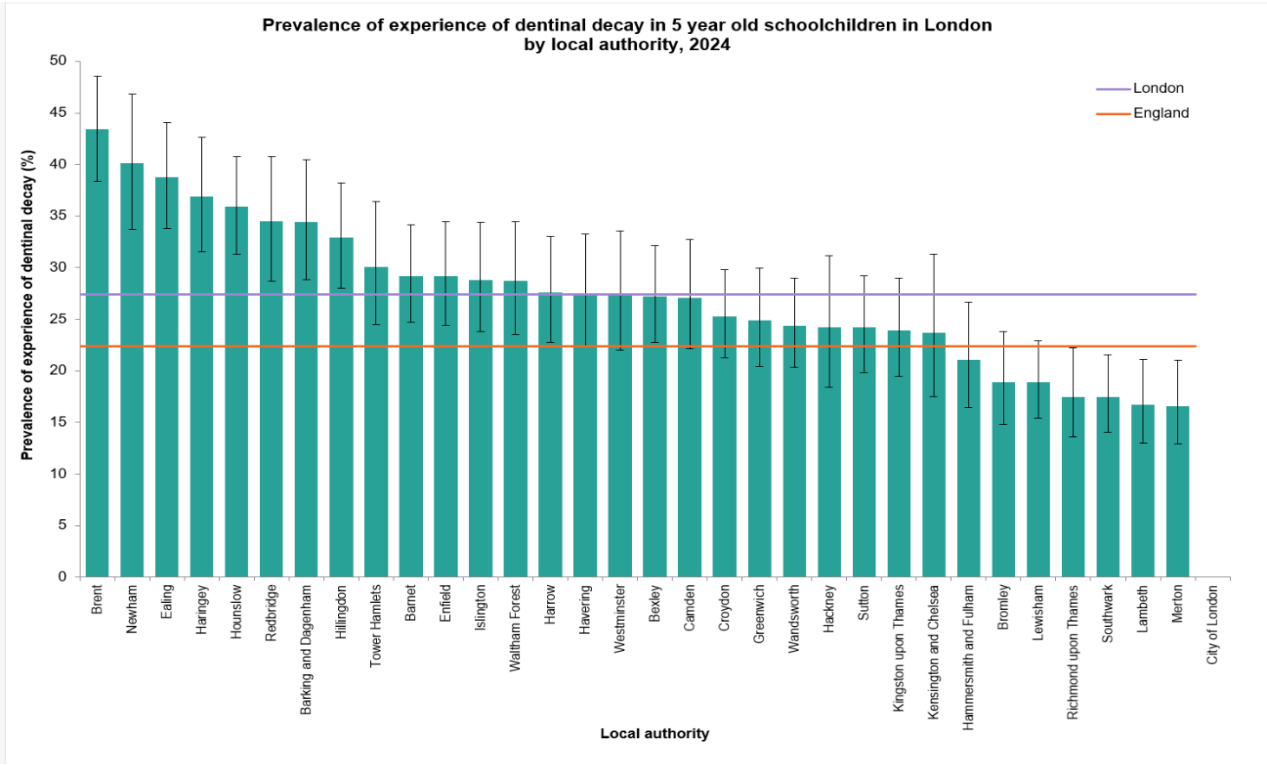

Figure 1a. Proportion of schoolchildren aged 5 years with experience of dentinal decay (d3mft>0), by London boroughs

A recent survey of children in year 6 identified that 13.5% of children in London had experienced dental decay in their adult teeth; this was 11.2% in SWL ICB. There were a further 6.1% of children in SWL with one or more obvious untreated dentinal decayed teeth.[2]

The 2021 Adult Oral Health Survey of adults attending general dental practice highlighted that people who lived in the most deprived areas were less likely to contact their dentist when they required treatment and that more people in deprived neighbourhoods experienced pain (41%) and broken or decayed teeth (40%) compared with those living in the least deprived neighbourhoods (25% and 30% respectively).

It is now clear that there is a bidirectional link between diabetes and periodontitis (severe gum disease). People with type 2 and type 1 diabetes are at greater risk of developing periodontitis and people with periodontitis are at greater risk of developing type 2 diabetes and experiencing diabetes complications. In addition, effective treatment of periodontitis in people with type 2 diabetes can improve glycaemic control to an extent that can reduce the need for an additional prescribed medication.[3]

[2] https://www.gov.uk/government/collections/oral-health

[3] England, N. (n.d.). *NHS England» Commissioning standard: dental care for people with diabetes*. Www.england.nhs.uk. https://www.england.nhs.uk/long-read/commissioning-standard-dental-care-for-people-with-diabetes/

The NHS Commissioning standard states that people with diabetes require support from the dental team to help prevent periodontitis, with early diagnosis and treatment of periodontitis, if it is already established. To help prevent development of type 2 diabetes, people with periodontitis require dental treatment and maintenance of good gum health. In both cases there is a need to raise awareness of this interrelationship, within the dental, medical and health professions, and with the public. [3]

NICE guidance recommends all adults should have an oral health review at least every 24 months and all children should have an oral health review at least every 12 months[4]. In London, 39% of adults saw an NHS dentist in the previous 24 months and 53% of children saw an NHS dentist in the previous 12 months in 2023/24. For SWL this was slightly lower: 37% and 50% respectively.[5]

3. Policy Context and National Guidance

General Dental Services are provided across SWL under the 2006 national dental contract. The 2006 dental contract commissions services using Units of Dental Activity (UDAs) that are delivered each year by providers. There are a range of bands, which are based on the treatment needs. UDAs are awarded for a course of treatment provided rather than for every item of treatment as in the pre-2006 fee per item of service contract.

There is a recognition that there are challenges associated with delivering care to higher needs patients within the current dental contract. The first stage of contract reform was introduced in 2022, with agreed aims of improving patient access to NHS care with a specific focus on addressing inequalities, increasing incentives to undertake preventative dentistry, and prioritising evidence-based care for patients with the most needs.[6]

Following the delegation of primary care commissioning functions to all ICBs on 1 April 2023, Integrated Care Boards (ICBs) have been exploring opportunities to prevent poor oral health, as well as protect and expand access to high quality care.

Guidance and guidelines:

- Delivering better oral health: an evidence-based toolkit for prevention (PHE,202X)
- NICE Dental checks: intervals between oral health reviews
- NICE Oral health promotion: general dental practice
- Safeguarding in general dental practice
- SDCEP Prevention and Management of Dental Caries in Children
- Avoidance of doubt: Provision of phased treatments
- Delivering phased-care for periodontitis patients under UDA banding in England: Road map to prevention and stabilisation

[4] NICE Dental checks: intervals between oral health reviews
[5] Dental statistics – England 2023/24 | NHSBSA
[6] B1802_First-stage-of-dental-reform-letter_190722.pdf

- BSP UK Clinical Practice Guidelines for the Treatment of Periodontal Disease
- Commissioning standard: dental care for people with diabetes

Aims and Objectives

This pilot aims to pilot the delivery of an integrated primary care model of oral healthcare. The pilot has three key areas of achievement:

1. To facilitate access to dental care and prevention for children in Core20 areas to NHS primary dental care, supported by an engagement approach.
2. To test a pathway to facilitate access for diabetic patients with co-morbidities to access NHS primary care dental, through general practice
3. To evaluate the pilot primary care model to support a sustainable deliverable model.

The core focus of the engagement pilot is to begin improving access to dental care for high need children. The pilot will look to improve access via co-located settings in each borough in SWL, with a particular focus in those CORE20 areas. The pilot will be open to children who do not have a dentist or who have not seen a dentist in the last two years.

There is also an opportunity for two dental practices to work with co-located GP practices to support access for the GP practices diabetic patients with co-morbidities and who don't have a dentist/ haven't seen a dentist in 2 years.

The evaluation of this pilot will support identifying long term strategies to improve dental care access for SWL residents. It will also look to understand the added value and impact of wider engagement in facilitating access for patients. Following the evaluation of the pilots, there is an opportunity to review whether the findings from the pilot can be taken forward.

4. Funding

- The funding for this pilot is limited and additional funding will not be allocated to support further UDA uplift or any part of the delivery of the pilot once you have used your full funding allocation which is outlined below:

Engagement	UDA Uplift	Training Backfill	Total Allocation
£9,600	£40,000	£1560	£51,160

- Funding will be provided to the practice in two payments:
  - i) Initial payment of £11,160 to support
    - a. backfill costs for staff to attend training (April 2025)
    - b. funding for a Practice Community Engagement Lead (CEL) (Dental Hygienist/Dental Therapist/Extended duties Dental Nurse) with oral health promotion skills to drive support for
      - i. Oral health improvement sessions within the Practice (local decision making as to how these are delivered i.e. sessional or individual appointments.
      - ii. engagement with agreed co-located healthcare, community and education settings
      - iii. engagement with Kings College Community Health Promotion (KCH OHP) team and upskilling sessions

  - ii) A second payment of £40,000 to support UDA uplift in treating patients via this pilot. The mechanism for delivering these episodes of care can be determined within the Practice to suit their ways of working. This may be delivered through weekly block sessions or individuals' appointments throughout the Practice diary.

  - Additional UDAs will be delivered at a value of £40 to treat patients signposted to the Practice via co aligned schools, Family Hubs (FHs) and GPs.

- Once you have used the total amount allocated for the pilot, SWL ICB cannot provide any additional funding, even if you have used the funding up before the end of the pilot period.

- The service specification and financial information for the pilot will be varied into existing GDS contracts as an additional schedule. A designated contract entry will be created on Compass to allow the enhanced UDA value and supporting funds to be separated from existing contractual payments and UDA targets. All activity delivered under the pilot will be claimed for under the designated contract number so delivery can be monitored and reconciled, and treatment data can easily be accessed from the BSA.

5. Dental Pathways

5.1 Schedule 1: Children and young people

5.1.1 Children and young people's settings such as schools and Family Hubs (FHs) will be identified and agreed collaboratively by the ICB and local authority public health teams, based on a triangulation of data including the Practice location, Core20 areas, neighbourhood teams, current schools engaged through the current oral health promotion programme.

5.1.2 The Practice community engagement lead (CEL) will be linked to Local Authority Public Health teams, children's service leads, Local consultant in dental public health, the ICB and the SWL Paediatric Managed Clinical Network (MCN) to identify local community assets and consider the local borough approach to identifying schools, FHs and vulnerable children.

5.1.3 Engage with various co-located settings which include but not limited to: community health champions, school nursing (SN)/school wellbeing leads, safeguarding staff, health visitor (HV), Family Hubs (FH), Children Looked After (CLA) teams and Voluntary Community and Social Enterprise (VCSE) groups. These teams will facilitate signposting the children to the practice.

5.1.4 The Practice CEL to link with King's College Hospital (KCH) Community Dental Service (CDS) Oral Health Promotion team (OHP) team and attend an online session to support joined up consistent messaging throughout the pilot programme. The KCH OHP team to share locally used resources throughout the pilot engagement programme. Please note, the role of the CEL is not to deliver oral health promotion in SWL as the KCH team already facilitate this in SWL. The CEL role will link in with the KCH OHP team to support access and oral health promotion in the practice setting. For example, the CEL could share existing resources for oral health promotion but won't deliver OHP training.

5.1.5 Engagement for the purposes of this pilot programme means building relationships to foster signposting, facilitation and sharing of information and resources on oral health in line with Delivering Better Oral Health (DBOH), with School Nurses/Health Visitors and Family Hub teams. The dental engagement lead will collaborate with KCH OHP team around resource and information to ensure that there is consistent messaging.

5.1.6 The practice CEL will ensure information to signpost to the practice is shared in addition to oral health improvement information. The aim will be to facilitate access to care in the dental practice. The pilot scheme is open to those children who do not have a dentist and who haven't accessed a dentist within 24 months.

5.1.7 As part of the engagement funding, the dental practice will provide oral health improvement sessions within the practice. This may include parents of children signposted to care in the Practice and will include sharing oral health and wider resources as part of Making Every Contact Count.

5.2 Schedule 2: Long Term Conditions (Optional for 2 sites)

5.2.1 Dental teams in the Practice to engage with co-located GPs to share knowledge on oral health and risk factors for poor oral health and resources to support oral health improvement, and to support facilitated access to those patients with risk factors for poor oral health.

5.2.2 Participate in an integrated working group to support the development and delivery of this part of the pilot which will involve members of the ICB, public health leads, community diabetes teams and GP practice staff.

5.2.3 To receive patients identified by the medical practice (s) including those Diabetic patients with multi-morbidities who do not have a dentist or who have not seen a dentist in the last two years.

5.2.4 Support greater awareness of the links between diabetes and oral health for people with diabetes and the practices patient base.

5.2.5 Engage with the local community diabetic teams and co-located GP practices to develop a pathway for those patients who have diabetes and co morbidities.

5.2.6 Patients on attending the Practice will be provided with dental care including periodontal care as appropriate.

6 Statement of Requirements

6.1 Dental Practice

6.1.1 The ability to co-ordinate suitable staffing, premises and resources, to ensure staff can provide support to deliver the pilot and engage with wider health care settings and teams.

6.1.2 The ability to ensure the dentist leading on the clinical provision for the pilot can attend the Workforce Training & Education (WT&E) training (April 2025)

6.2 Lead dentist

6.2.1 Ability to attending scheduled training days and deliver clinical care to signposted residents.

6.2.2 The ability to actively participate and drive the pilot within their Practice and with local stakeholders.

6.2.3 The ability to attend /induction sessions and further establish a timetable for regular information and learning sessions.

6.2.4 Must be fully trained to deliver oral health promotion and to take an engagement approach to delivering this specification.

6.2.5 The ability to attend an online session on oral health promotion.

6.3 Practice Community Engagement Lead (CEL)

6.3.1 Will be a Dentist or a Dental Hygienist/Dental Therapist/Extended duties Dental Nurse with oral health promotion skills, and with the ability to engage and facilitate access to the dental practice.

6.3.2 Will undertake a training session with KCH OHP to support consistent messaging to the community and local stakeholders.

6.3.3 The Practice CEL will attend agreed meetings with the ICBs, KCH OHP team, and relevant stakeholders to review progress, provide feedback.

6.3.4 The ability to actively engage with the dental landscape including KCH OHP team and CDS, GPs, community health champions, Health Visitors/School nurses, Children Looked After (CLA) teams, and Family Hub teams, to support signposting and facilitation of children in CORE 20 areas.

6.3.5 The ability to work with the above groups to positively facilitate access to the dental practice for those eligible children.

6.3.6 Participation in evaluation and reporting.

6.4 The Dental Team

6.4.1 Must be committed and supportive of the Practice and the Practice CEL

6.4.2 The ability to actively engage with the dental and wider health and care landscape including KCH OHP team and CDS, GPs, community health champions, Health Visitors/School nurses, Children Looked After (CLA) teams, and Family Hub teams, to support signposting and facilitation of children in CORE 20 areas.

6.4.3 The ability to establish positive patient journeys to facilitate and deliver care pathways for the provision of dental care where residents can access the dental practice and where they don't have a dentist or haven't see on in the last two years.

6.4.4 The ability to ensure staff understand the need for quality improvement by learning to develop skills to deliver initiatives and embed new approaches into the practice, utilising an evidence-based approach.

6.4.5 The commitment to record and report non-identifiable data to support with the evaluation of the pilot using the relevant data collection sheet.

6.4.6 The practice will submit all associated claims to the designated contract number for the pilot.

6.5 The Dental Pathways

6.5.1 The ability to deliver Dental Pathway (schedule 1), Children in Primary School.

6.5.2 The ability to deliver Dental Pathway (schedule 2), Long Term Conditions where this has been agreed to.

6.6 Funding of the Pilot

6.6.1 The ability to deliver the pilot within the stipulated budget.

6.7 Tracking and Reporting Requirements:

6.7.1 Ability to provide a monthly budgetary report, showing details of current spend for the pilot delivery.
6.7.2 Ability to provide a monthly report on activity and engagement levels during the pilot.
6.7.3 Ability to attend regular check in meetings (at a time mutually agreed) to review progress.
6.7.4 Participation in the evaluation of the pilot

6.8 Service Delivery Knowledge and Experience:

6.8.1 The provider should be able to demonstrate that they hold an existing GDS or PDS contract of 3000 UDA's minimum and provide a full remit of mandatory dental services to both adults and children.
6.8.2 The practice should be able to engage with other stakeholders including Primary Care Networks and Special Dentistry Services to support wider learning for this service.

7 Examples of data reporting

There is an expectation as part of the pilot for participating dental practices to report data as part of the contract. The exact data reporting mechanism will be confirmed before the start of the pilot. Please see below for indicative outputs.

Pilot outputs

- The number of pilot dental practices recruited.
- The number and type of dental staff who attended training provided by WT&E.
- The number of patients treated during the pilot by age, ethnicity etc.
- The number and type of settings the practice has engaged with, the people in the settings they have engaged with, and their job roles.
- The number of new pathways or referral routes established and the benefits/challenges of these.
- Reported risks, issues and resource requirements.
- Reported barriers and facilitators relating to patient access and care and patient experience.
- Dental teams experience of engaging and establishing signposting pathways.

Clinical Outcomes

The following quantifiable units of measurement will be used for the assessment of the extent to which the outputs and outcomes have been achieved:

- The number of new patients received by the pilot practice and their route into the pilot practices.
- The number of patients that were received by the Practice and facilitated to receive dental care who **did not attend/ where not brought** to their dental appointment.
- The type of treatment the patient received, and the amount of UDA used.
- The number of children treated via this pilot and their age, ethnicity, IMD.
- The number and role staff in the dental practice took in the pilot.
- Details of the new pathways/routes established.
- The use of skill mix and scope of practice used in the provision of clinical care and what treatments they provided.
- The number of onward referrals, where they were referred to and referral needs.

KPIs

- Identification of a clinical lead and practice CEL
- Data reporting, capturing clinical outcomes and pilot outputs.
- Attendance at training sessions (WT&E training and CDS OHP)
- Attendance at ICB pilot engagement sessions

8 Timescales

9 Resources

9.1.1 The dental practice is expected to provide details of what inputs are required for the efficient and effective delivery of the pilot.

10 Reasonable Adjustment

10.1.1 The service specification may be amended where mutually agreed by both the ICB and participating dental practice prior to the start of the pilot.

Appendix:

1. *Prevalence of experience of dentinal decay in 5-year-old schoolchildren by local authority 2019- 2024 - oral health survey of 5 year old schoolchildren 2024 [National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old schoolchildren 2024 - GOV.UK]*