



Integration Joint Board

29<sup>th</sup> November 2016

This Report relates to  
Item 9 on the Agenda

# Lochside Dental Clinic Review

*(Paper presented by Julie White)*

*For Approval*

|                                   |   |
|-----------------------------------|---|
| <b>Approved for Submission by</b> | Angus Cameron, Medical Director                                       |
| <b>Author</b>                     | Valerie White, Consultant Dental Public Health                        |
| <b>List of Background Papers</b>  |   |
| <b>Appendices</b>                 | Appendix 1 Difficult Decisions Template<br>Appendix 2 Engagement Plan |

## SECTION 1: REPORT CONTENT

**Title/Subject:** Lochside Dental Clinic Review

**Meeting:** Integration Joint Board

**Date:** 29<sup>th</sup> November 2016

**Submitted By:** Valerie White

**Action:** For Approval

### 1. Introduction

- 1.1 At its meeting on 6<sup>th</sup> October 2014, Dumfries and Galloway Health Board approved the recommendations of the Salaried Dental Service (now Public Dental Service) review which concluded that General Dental Services continue to be provided at Lochside Clinic by the independent contractor via a lease arrangement. A tendering exercise was undertaken during 2015 for the provision of NHS General Dental Services from Lochside Clinic but no alternative provider applied to take over service provision. The regulations surrounding Transfer of Undertakings Protection of Employment (TUPE) make this option non-viable in the short to medium term.
- 1.2 In October 2015, the NHS Board approved the proposal to undertake a further service review to explore options for future service delivery of routine NHS General Dental Services from Lochside Clinic. This review process was instigated prior to Integration of Health and Social Care Services.
- 1.3 This report provides an overview of the process undertaken to date regarding the review of provision of routine General Dental Services provided by the Public Dental Services from Lochside Clinic, the preferred option resulting from the review process and also outlines the next steps to allow completion of the review process prior to final decision making.

### 2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**
- 2.2 **Note the comprehensive review process undertaken to date.**
- 2.3 **Note the preferred option resulting from the review process of complete withdrawal of routine NHS General Dental Services provided by the Public Dental Service from Lochside Clinic with facilitated transfer of registered patients to independent dental contractor practices.**
- 2.4 **Note there will be a need to implement the final recommendations of the Lochside and Lincluden Oral Health Needs Assessment following**

**consultation to support improvements in oral health and reduction in oral health inequalities regardless of the outcome of the decision regarding the preferred option.**

- 2.5 **Approve the recommendation to go out to consultation with patients and wider stakeholders in January 2017 on the preferred option as per the engagement plan.**
- 2.6 **Note that a final paper following consultation will be presented to the Board at the end of May 2017 for final decision making.**

### **3. Background**

- 3.1 In 2006, registration levels with an NHS Dentist in Dumfries and Galloway stood at 33% of the population, with a waiting list of over 30,000. Consecutive Scottish Governments have implemented various policy initiatives to improve access to NHS Dental Services. This included granting NHS Boards the ability to establish Salaried General Dental Services in areas where access to independent contractor General Dental Services was poor.
- 3.2 NHS Dumfries and Galloway established 7 Salaried Dental Clinics throughout the region which included, Dumfries Dental Centre, Lochmaben, Lochside, Castle Douglas, Newton Stewart, Sanquhar and Stranraer.
- 3.3 Retraction of provision of routine General Dental Services by the Public Dental Service was undertaken in Castle Douglas in 2008 and Stranraer in 2012. Following a review of provision of routine General Dental Services by the Public Dental Service in 2014, retraction of routine General Dental Services took place from Lochmaben Dental Clinic and Dumfries Dental Centre (specialist services and teaching and training are still provided from Dumfries Dental Centre) and plans are in place for retraction of services from Newton Stewart Dental Clinic in Spring 2017. As at March 2016, 85% of the population of Dumfries and Galloway were registered with an NHS Dentist

### **4. Main Body of the Report**

- 4.1 As this piece of work has been identified as potentially contentious it has been progressed through the NHS Board Difficult Decisions process. Appendix 1 contains the completed Difficult Decision Template presented to the NHS Board Management Team on the 27<sup>th</sup> September 2016 and the Health and Social Care Senior Management Team on the 6<sup>th</sup> October 2016. The Health and Social Care Senior Management Team recommended that the Integration Joint Board be provided with a paper on this review prior to undertaking any consultation. Appendix 2 contains the review Engagement Plan.

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **5. Resource Implications**

- 5.1. Implementation of the preferred option (service withdrawal) would result in an estimated net saving of £105k. With a reduction of £157k from Local Public Dental Service budget and an estimated resultant increase of £52k spend from the non-discretionary Scottish Government held General Dental Services budget.

### **6. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 6.1. The priorities set out by the Board are as follows:

- Enabling people to have choice and control
- Supporting carers
- Developing and strengthening communities
- Making the most of well-being
- Maintaining safe, high quality care and protecting vulnerable adults
- Shifting the focus from institutional care to home and community care
- Integrated ways of working
- Reducing Health Inequalities
- Working efficiently and effectively
- Making the best use of technology

- 6.2. Feedback from the consultation will help further inform assessment of impact on Board outcomes and priorities. However, at this stage it is assessed that the preferred option falls within priority 9 working efficiently and effectively, as the preferred option would seek to make best use of existing independent dental contractor practices. Although the preferred option may appear to be in contradiction to priority 8 reducing health inequalities, it should be noted that 85.7% of the Lochside and Linccluden population are registered with an NHS dentist, of which the vast majority (79%) are registered to receive dental care with independent dental contractor practices. Only 6.9% (458 people) of those resident in the Lochside and Linccluden area are registered for dental care at Lochside clinic. Reduction of health inequalities is a key priority of the Board and it would be important that the recommendations from both the oral health needs assessment and equality and diversity impact assessment are implemented to support improvements in health inequalities.

- 6.3. Scottish Government guidance states that in areas of improved access to NHS dental services, NHS Boards should be reviewing their provision of routine NHS dental services by the Public Dental Service.

### **7. Legal & Risk Implications**

- 7.1. Key areas of risk are:

- **Perceived Patient Experience:** Patients of the Clinic have previously made it clear that they highly value the service they currently receive and would like to continue to receive dental services from their current clinic. Where withdrawal and transfer of patients has occurred previously, steps to mitigate concerns were put into place. The NHS Board is not aware of any complaints following the transfer of patients to the independent contractor sector following withdrawal of routine General Dental Services from Lochmaben and Dumfries Dental Centre.
- **Level of Interest:** It is likely there will be a high degree of interest in this review due to the fact that the current service is provided in an area of deprivation and a perception that withdrawal of the service will lead to an increase in oral health inequalities. A briefing paper on the review has been shared with the Councillors representing the North West Dumfries area and a briefing paper was prepared for the NHS Board Chief Executive to share with MPs/MSPs. However, this did not detail the options under consideration. The Oral Health Needs assessment recommendations will need to be implemented to support improvements in oral health and reduction in oral health inequalities regardless of the outcome of the decision regarding the preferred option. Briefing papers for elected members will need to be provided prior to commencement of the consultation.
- **Independent Contractor Capacity:** At present capacity reported by the independent dental contractor sector is far in excess of that required to disperse patients from Lochside Clinic. However, it is recognised that a proportion of this capacity is provided by dentists who come from the European Union. It is not yet known what the impact of withdrawal of the UK from the European Union will have in regards to this. However, it was assessed by the review group that should this start to have impacts this would become a much wider regional issue, that keeping Lochside Clinic would not in itself address. Of our current independent dental contractor workforce, 45% are from the EU.
- **Staff:** Is it acknowledged that it can be challenging to redeploy dentists and dental nurses, redeployment would be actively progressed by Human Resources.

## 8. Consultation

- 8.1. The Scottish Health Council provided advice and support in development of the review engagement plan which has been implemented throughout the review process. A 12 week period of consultation on the preferred option would commence from the 9<sup>th</sup> of January 2017 as detailed in the engagement plan (Appendix 2). In addition the views of the Strategic Planning Group will be sought regarding the preferred option.

## 9. Equality and Human Rights Impact Assessment

- 9.1. Equality and Diversity has been considered throughout the review process. All shortlisted options have been subject to an initial Equality and Diversity impact assessment. A further impact assessment of the preferred option following collation of feedback on the preferred option will also be undertaken. The initial

Equality and Diversity impact assessment did not identify areas of discrimination based on protected characteristics, but it did identify that action would be required to mitigate the potential impacts of all the short listed options. It was recognised that Lochside Clinic has a high level of accessibility compared to other independent dental contractors practices, but acknowledged that accessible independent dental contractors were available. It has been agreed that an update of accessibility of practices reporting current capacity will be undertaken prior to consultation.

## **10. Glossary**

10.1. TUPE – Transfer of Undertakings Protection of Employment

## APPENDIX 1

### Service Change / Disinvestment template

|                                      |  |
|--------------------------------------|--|
| <b>Title of Proposal</b>             | <b>Review of Provision of routine NHS General Dental Services Provision from Lochside Clinic</b> |
| <b>Stage</b> (delete as appropriate) | X Initial - Phase 3  |
| <b>Lead Manager/Clinician</b>        | <b>Valerie White Consultant Dental Public Health</b>   |
| <b>COO/ Sponsoring Director</b>      | <b>Angus Cameron, Medical Director and Katy Lewis, Director of Finance</b>                       |

|           |   |
|-----------|---|
| <b>1.</b> | <b>Brief description of proposal:</b><br>(clarify whether:- budget reduction; redesign of service to make efficiency savings; service withdrawal/disinvestment; other)  |
|           | <p>Scottish Government guidance states that in areas of improved access to NHS dental services NHS Boards should be reviewing their provision of routine NHS dental services by the Public Dental Service.</p> <p>At it's meeting on 6<sup>th</sup> October 2014, Dumfries &amp; Galloway Health Board approved the recommendations of the Public Dental Service review which concluded that General Dental Services continue to be provided at Lochside Clinic by the independent contractor sector via a lease arrangement. A tendering exercise was undertaken during 2015 for the provision of NHS General Dental Services from Lochside clinic, no alternative service provider applied to take over service provision. The regulations surrounding Transfer of Undertakings Protection of Employment (TUPE) make this option non-viable in the short to medium term. In October 2015, the NHS Board approved the proposal to undertake a further service review of the Public Dental Service to explore options for future service delivery of routine NHS General Dental Services from Lochside Clinic.</p> <p>Following the Boards approval of the recommendation to explore options for future delivery of routine NHS General Dental Services from Lochside clinic, it was agreed by the implementation group that undertaking a further options appraisal exercise would be the most appropriate way forward. An engagement plan for the review was devised with the support of the Scottish Health Council (<b>Appendix 2</b>). Patients registered to receive dental treatment from Lochside Dental Clinic were written to at the beginning of January 2016 advising that this review would take place and seeking feedback on what was important to them in terms of NHS dental service provision. An oral health needs assessment of the Lochside and Lincluden Community has been undertaken; this included participatory appraisal work undertaken with the Lochside and Lincluden Community. These reports were used to inform an options appraisal, which included two patient representatives and a representative from DG Voice. The options appraised and the results of the appraisal are detailed in <b>Table 1</b>.</p> <p>Although option 2 and option 9a were relatively close when scored qualitatively when the finance data was included option 2 (withdrawal of service with patients transferred to the independent contractor sector) clearly became the preferred option. It should be noted that options 3, 4a&amp;b and 9a&amp;b would require additional financial investment by the Board, further details of this are given in section 6. It is also noted that options 3, 4a&amp;b and 9a&amp;b would require additional new patient registrations. There is a level of uncertainty as to whether these new registrations could be achieved from the existing unregistered population or whether new registrations would be drawn from existing independent contractor practices, which may have the potential to destabilise these existing practices.</p> |

**Table 1: Option Appraisal Results Ranked in Order of Preference 1-7**

| Option | Description  | Qualitative Score | Financial Score | Combined Score | Rank |
|--------|--|-------------------|-----------------|----------------|------|
| 2      | Complete withdrawal of service with facilitated transfer of registered patients to independent dental contractor practices   | 36.35             | 40.00           | 76.35          | 1st  |
| 1      | Status Quo - no change in current service provision  | 30.81             | 13.35           | 44.16          | 2nd  |
| 9a     | Retention of all existing registered patients and building capacity to utilize the 2 dental surgeries to provide dental services to people resident in the Lochside and Lincluden area (maximum capacity 3000) (1500 additional Lochside and Lincluden area residents) Two dentist model   | 34.96             | 8.54            | 43.51          | 3rd  |
| 9b     | Retention of all existing registered patients and building capacity to utilize the 2 dental surgeries to provide dental services to people resident in the Lochside and Lincluden area (maximum capacity 3000) (1500 additional Lochside and Lincluden area residents). One dentist and one therapist model.   | 32.77             | 9.90            | 42.67          | 4th  |
| 3      | Facilitated transfer to independent dental contractor practices of only those registered patients living out with the Lochside and Lincluden area and utilizing remaining capacity to provide dental services to people resident in the Lochside and Lincluden area (maximum capacity 1500)  | 27.81             | 12.26           | 40.07          | 5th  |
| 4 a    | Facilitated transfer to independent dental contractor practices of only those registered patients living out with the Lochside and Lincluden area and building capacity to utilize the 2 dental surgeries to provide dental services to people resident in the Lochside and Lincluden area (maximum capacity 3000). Two dentist model                    | 31.85             | 7.98            | 39.83          | 6th  |
| 4b     | Facilitated transfer to independent dental contractor practices of only those registered patients living out with the Lochside and Lincluden area and building capacity to utilize the 2 dental surgeries to provide dental services to people resident in the Lochside and Lincluden area (maximum capacity 3000). One dentist and one therapist model. | 29.89             | 9.15            | 39.04          | 7th  |

Lochside Clinic is situated in North West Dumfries, an area classified as within the 20% most deprived areas in Scotland. Poor oral health is associated with deprivation. During the initial options appraisal exercise in 2014, the option to withdraw NHS General Dental Services from this clinic was not shortlisted for further appraisal. The review group did not

shortlist withdrawal at that time for the following reasons:

No other accessible dental service within the vicinity  
Cost of public transport  
Current need for the service  
Area of deprivation

It was agreed that the above areas required further exploration and an Oral Health Needs Assessment Exercise was undertaken to help inform the options appraisal process. The needs assessment looked at relevant quantitative data regarding oral health and access to dental services and also included qualitative data gathered from the Lochside and Lincluden community via participatory appraisals methods. Lochside patient feedback on what was important to them regarding provision of their dental care was also collated and reviewed. These reports helped to inform the options appraisal process. The high level findings can be summarised as follows:

- Although it requires interpretation with caution, the Oral Health of Primary 1 children in the Lochside and Lincluden area does appear to be poorer than Primary 1 children more generally in Dumfries and Galloway. This is not unexpected given the deprivation level of the area.
- The nurseries and primary schools in the area benefit from inclusion in the Childsmile Oral Health Improvement Programme.
- Data on the oral health of adults for the Lochside and Lincluden area is not available; however, it is likely that oral health of adults will generally be poorer due to the deprivation status of the area, compared to those in more affluent areas. At a Scottish level a significant proportion of the adult population report some level of anxiety about attending the dentist. Barriers to attending the dentist reported at a Scottish level include difficulty in getting an appointment that suits, the expense of dental treatment, difficulty in getting time off work and distance to go to a dentist.
- Dental Registration figures for the Lochside and Lincluden area are high, 86% of the population are registered with an NHS dentist.
- Dental Registration rates are lowest for the 0-2years 11month age group at 37% of this age groups population.
- Only 458 people from the Lochside and Lincluden area are registered at the Lochside clinic (6.9% of the Lochside and Lincluden population)
- 66% (876) of the people registered to receive dental treatment at the clinic live outwith the Lochside and Lincluden area.
- It is estimated that approximately 950 people living in the Lochside and Lincluden area are not registered with an NHS dentist (14% of the population of this area).
- The information reviewed in relation to participation with NHS dental services did not appear to support the conclusion that the location of the clinic necessarily influences participation in NHS dental services.
- Individuals living in the Lochside and Lincluden community are registered at a number of different General Medical Practices throughout Dumfries Town.
- Frequent bus routes were noted to connect Lochside and Lincluden to Dumfries town centre.
- Whilst transport/access was mentioned by some individuals in the participatory appraisal as an issue for accessing dental services, wider and more complex reasons which may contribute to attendance at the dentist were highlighted including costs of dental treatment, fear of dental treatment, lack of awareness of the need to attend a dentist (particularly for those wearing dentures) and reported poor previous experiences.
- A number of those who participated in the participatory appraisal did advise that they would like to be registered at the Lochside clinic.
- Patient feedback demonstrated that patients highly value the existing dental service

provided from Lochside Clinic and see the clinic as being convenient and having adequate parking.

Whilst access to dental services is an important factor in maintaining oral health it must be recognised that there are many factors that influence an individual's general and oral health and wellbeing.

Emerging research aimed at tackling oral health inequalities is challenging the current "downstream" approach which tends to focus on disease specific individual prevention and outlines the need to work in partnerships across sectors and disciplines to address the wider determinants of health including the social, economic, community and environmental factors. The importance of giving priority to interventions targeting early life is also promoted.

There is a great deal of excellent partnership work already ongoing in the Lochside and Lincluden area. The following recommendations identified in the Oral Health Needs Assessment outline some additional areas of work that should be taken forward to support a reduction in both general and oral health inequalities. The 1986 World Health Organisation Ottawa Charter outlined five key areas of action for promoting health. This framework has been used to structure the draft needs assessment recommendations which will support a reduction in both general and oral health inequalities and should be implemented regardless of the decision regarding the preferred option.

- **Healthy Public Policy**

Link with colleagues across Dumfries and Galloway and Nationally to:

- Increase advocacy for reduction in sugar consumption
- Increase advocacy for restriction of marketing of unhealthy foods and drinks to children and improved food labelling.

- **Creating Supportive Environments**

- Ensure oral health is included in health and wellbeing plans for schools and nurseries
- Provide additional support to schools/nurseries/early years groups in the Lochside and Lincluden area re development of healthy food and drink policies and in their implementation.
- Work with schools in the Lochside and Lincluden area to support expansion of the school toothbrushing programme all through the school
- Work with health visiting teams in the Lochside and Lincluden area to increase the amount of support provided to young families via the Childsmile practice programme to encourage increased rates of dental registration in the early years of life.
- Strengthen follow up support pathways for children identified as having potential dental problems following fluoride varnish application in nurseries and schools in the Lochside and Lincluden area
- Explore the opportunity to include toothpaste and toothbrushes in food bank packages for families living in the Lochside and Lincluden area.

- **Strengthening Community Action**

- Undertake community engagement with families and older people living in the Lochside and Lincluden area regarding oral health.

|           |   |
|-----------|---|
|           | <ul style="list-style-type: none"> <li>• <b>Supporting Behaviour Change</b> <ul style="list-style-type: none"> <li>○ Provide Continuing Professional Development (CPD) opportunities to those involved in supporting oral health behaviour change to ensure that behaviour change techniques are based on evidence based psychological theory.</li> </ul> </li> <li>• <b>Re-orientation of dental healthcare systems</b> <ul style="list-style-type: none"> <li>○ Provide CPD opportunities for dentists and dental teams regarding oral health inequalities.</li> <li>○ Work with dental practices to ensure that appropriate clinical prevention is provided to children and adults at high risk of developing dental decay.</li> <li>○ Work with dental practices to review their appointment systems for those individuals who may require a greater degree of flexibility due to challenging personal circumstances.</li> <li>○ Provide support to dental practices to help them link to other relevant services and agencies within their local community</li> <li>○ Promote the opportunity for individuals within the Lochside and Lincluden Community to receive dental treatment via the Dental Student Outreach Clinic at the Dumfries Dental Centre.</li> </ul> </li> </ul> |
| <b>2.</b> | <b>Contribution to planning &amp;/or corporate objectives:</b>  |
|           | <p>Implementation of <b>option 2</b> would be:</p> <ul style="list-style-type: none"> <li>• In line with government policy of independent dental contractors being the preferred service delivery model for provision of routine General Dental Services.</li> <li>• Maximise the benefit of the financial allocation by delivering clinically and cost effective services efficiently through utilisation of existing independent contractor dental services</li> </ul>  |
| <b>3.</b> | <b>Impact on service and staff:</b><br>(include details of workforce - by staff group & wte /training /locations)   |
|           | <p>Implementation of <b>option 2</b> would have the following impacts:</p> <p><b>Service</b></p> <p>There would be no provision of NHS dental services from Lochside clinic.</p> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>• 1 x 0.8 WTE Dentist</li> <li>• 1 x 0.8x WTE Dental Nurse</li> <li>• 1x 1 WTE. Receptionist (Fixed Term Contract)</li> </ul> <p>Staff would be covered by the Boards Organisational change policy. It is acknowledged however, that re-deployment of dentists and dental nurses is difficult.</p>  |
| <b>4.</b> | <b>Assessment of impact on:</b>   |
|           | <b>i) All patients:</b>   |
|           | <p>If option 2 were implemented:</p> <p>Patients would need to change the current location of provision of NHS dental treatment and would need to change their dentist. However, they would continue to receive dental</p>  |

|   |   |          |           |  |
|---|---|----------|-----------|--|
|   | treatment under the same NHS General Dental Service terms and conditions. This transfer would be facilitated by the Board. From the patient feedback already received it is clear that patients are very happy with the service provided from Lochside clinic and withdrawal of the service is likely to be very contentious. |          |           |  |
| <b>ii) Different equality groups (legislated protected characteristics)*:</b>   |   |          |           |  |
|   | Negative  | Positive | No Impact | Describe how impact will be mitigate   |
| Age   | X   | X        |           | Additional support through the transfer process would be required.<br><br>Recommendations from Oral Health Needs Assessment should be implemented to support a reduction in inequalities in oral health. Current practice has a high level of accessibility compared to other independent dental contractors. An update of the accessibility of independent dental contractor practices would need to be undertaken prior to consultation. |
| Disability  | X   | X        |           |  |
| Gender Re-assignment  |   |          | X         |  |
| Marriage/Civil Partnership  |   |          | X         |  |
| Pregnancy/Maternity   |   |          | X         |  |
| Race  |   |          | X         |  |
| Religion or Belief  |   |          | X         |  |
| Sex   |   |          |           |  |
| Sexual Orientation  |   |          | X         |  |
| * undertake Equality Impact Assessment (EQIA) for all Developed / Full proposals  |   |          |           |  |
| <p>Equality and diversity has been considered throughout the review process. All shortlisted options have been subject to an initial equality and diversity impact assessment. A further impact assessment of the preferred option following collation of feedback on the preferred option will also be undertaken. The initial equality and diversity impact assessment did not identify areas of discrimination based on protected characteristics but it did identify that actions would be required to mitigate the potential impacts of all the options. It was recognised that Lochside clinic has a high level of accessibility compared to other independent dental contractors practices, but acknowledged that accessible independent dental contractors were available. It has been agreed that an update of accessibility of practices reporting current capacity will be undertaken prior to consultation if it is agreed that consultation on option 2 is to be progressed.</p> |   |          |           |  |
| <b>iii) Other NHS services:</b>   |   |          |           |  |
| <p>If option 2 were implemented:</p> <p>Podiatry services and paediatric speech and language run clinics from the Lochside clinic, it is for other services to review their own service delivery plans in line with the needs of their service users. This should happen independently of any changes to provision of dental services from Lochside Clinic. Withdrawal of dental services provides the opportunity for other services to utilise the remaining space within Lochside clinic.</p>  |   |          |           |  |

Podiatry services are provided from Lochside Clinic two days a week (Mon and Thursday) an additional clinic is also provided once a month on a Wednesday. The podiatry clinics utilise the support of the dental receptionist to assist with running of the clinic i.e. letting people into the clinic, being a presence should a patient take unwell. If dental services were withdrawn from Lochside clinic Podiatry services would need to consider how to provide the necessary clinic support.

Paediatric speech and language therapy services are provided from Lochside clinic 2 days per month. It is the intention to move these clinic sessions to Lochside Children's Centre after December 2016.

There would be a reduction in through put of dental equipment for Central Sterilisation Services (CSSD).

As identified within the Oral Health Needs Assessment recommendations there will be a need to increase collaborative work between the Oral Health team and with other health services and social care services, such as health visiting and Nithsdale Health Improvement team to address some of the wider determinants of poor oral health.

**iv) Partner organisations:**

If option 2 were implemented:

As identified within the Oral Health Needs Assessment recommendations there will be a need to increase work with partner organisations, such as education, early years services and welfare services to address some of the wider determinants of poor oral health.

**v) The local economy and suppliers:**

If option 2 were implemented:

This would increase sustainability of the independent contractor sector and should support jobs in the local economy.

**vi) Other stakeholders:**

Not applicable

**5. Accommodation/estates impact (particularly in respect of access issues):**

Space would become available in Lochside clinic to allow provision of other services or for colleagues in estates to consider the appropriateness of retention of this facility.

**6. Anticipated full and part year savings:**  
(include gross savings & any 'spend to save' investment required)

Costs of Implementation of each option are outlined in **Table 2**

**Table 2 – Total Annual Costs of Implementation of Each Option (£)**

| Option 1 | Option 2* | Option 3 | Option 4a | Option 4b | Option 9a | Option 9b |
|----------|-----------|----------|-----------|-----------|-----------|-----------|
| 157,158  | 52,443    | 171,114  | 262,752   | 229,178   | 245,533   | 211,959   |

\*Assuming full redeployment.

Implementation of Option 2 (Service withdrawal) would result in an estimated net saving of £105k. With a reduction of £157k from Local Public Dental Service Budget and an



However, based on previous experience it is likely that the following risks may be encountered:

### **Perceived Patient Experience**

Patients have previously made it clear that they highly value the service they currently receive from their clinic and would like to continue to receive dental services from their current clinic. Where withdrawal and transfer of patients has occurred previously steps to mitigate concerns were put in place. The Health Board is not aware of any complaints following the transfer of patients to the independent contractor sector following withdrawal of routine General Dental Services from Lochmaben and Dumfries Dental Centre.

### **Level of Interest**

It is likely that there will be a high degree of interest in this review due to the fact that the current service is provided in an area of deprivation and a perception that withdrawal of the service will lead to an increase in oral health inequalities. A briefing paper on the review has been shared with Councillors representing the North West Dumfries area and a briefing paper was prepared for the Chief Executive to share with MPs/MSPs. However, this did not detail the options under consideration. The Oral Health Needs assessment recommendations will need to be implemented in full to support improvements in oral health and reduction in oral health inequalities regardless of the outcome of the decision regarding the preferred option.

### **Independent Dental Contractor Capacity**

At present capacity reported by the independent dental contractor sector is far in excess of that required to disperse patients from Lochside clinic. However, it is recognised that a proportion of this capacity is provided by dentists who come from the European Union. It is not yet known what the impact of withdrawal of the UK from the European Union will have in regards to this. However, it was assessed by the review group that should this start to have impacts this would become a much wider regional issue, that keeping Lochside clinic would not in itself address. Of our current independent dental contractor workforce 45% are from the EU.

### **Staff**

It is acknowledged that it can be challenging to redeploy dentists and dental nurses, redeployment would be actively progressed by Human Resources.

## **11. Potential Unintended Consequences / How these will be managed:**

If option 2 were implemented:

Increased waiting times for appointments in the independent contractor sector. Managed by transferring patients at the end of a course of treatment, or those who have completed treatment and are awaiting a routine recall appointment. This would mean that the majority of patients transferred should be dentally fit and not have high treatment needs. Work could also be undertaken with the independent contractor practices to explore means of increasing service capacity through changes in skill mix.

## **12. Potential Other Options:**

The following options were considered but were not put through the options appraisal process for the reasons outlined below:

**Option 5 Retention of Service until the dentist leaves then move to withdraw**

Reason For Rejection

- Not appropriate to plan service provision based on personal circumstances of staff

**Option 6 Retention of Lochside and Lincluden area patients with dispersal of those living out with this area**

Reason for Rejection

- Clinic would become inefficient
- Number of patients would not warrant full time dentist therefore would become difficult to provide the service according to NHS General Dental Service Terms and Conditions

**Option 7 Re-attempting Leasing of clinic to the independent Dental Contractor Sector**

Reason for Rejection

- The regulations surrounding TUPE make this option non-viable in the short to medium term.

**Option 8 Provide Special Care Programme from Clinic**

Reason for Rejection

- Previously been agreed to centralise the special care programme in Dumfries Dental Centre and Stranraer to make most efficient use of specialist resources

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**For Fully Developed Proposal**

In addition to completion of template, confirm that all requirements are completed and information/ details attached (Tick)

|                                   |  |                                  |  |
|-----------------------------------|--|----------------------------------|--|
| Consultations (full range)        |  | Ethico-legal values / principles |  |
| Evidence                          |  | Finance checked                  |  |
| Option appraisal (if appropriate) |  | Risk Assessment                  |  |

## **APPENDIX 2 – Engagement Plan: Review of Provision of Routine General Dental Services by the Public Dental Service From Lochside Clinic**

### **Background**

The NHS Reform (Scotland) Act 2004 states that Health Boards should ensure patients are involved in planning and developing services. Involving patients can help services meet need. It can build a relationship of trust between patients and services, and can help to manage expectations.

In 2006, registration with an NHS Dentist in Dumfries and Galloway stood at 33% of the population, with a waiting list of over 30,000. Consecutive Scottish Governments have implemented various policy initiatives to improve access to NHS Dental Services. One method of addressing the difficulties in access was to increase provision of Salaried General Dental Services in areas where access to Independent Contractor General Dental Services was poor. NHS Dumfries and Galloway established 7 Salaried Dental Clinics throughout the region including: Dumfries Dental Centre, Lochmaben, Lochside, Castle Douglas, Newton Stewart, Sanquhar and Stranraer. Withdrawal of provision of routine General Dental Service by the Salaried Dental Service was undertaken in Castle Douglas in 2008 and in Stranraer in 2012.

In April 2013, a new financial governance framework was introduced for Salaried General Dental Services. As part of this new financial framework an Annual Integrated Service and Financial Plan for the Salaried Dental Service had to be submitted to the Scottish Government before they would agree the release of an earmarked financial allocation directly to the Board. In the guidance accompanying the financial plan Scottish Government advised that:

*“Salaried GDS should only be established in areas of unmet need or where there is difficulty in accessing GDS services. Equally, as access improves in an area, boards should be actively managing a reduction in the size of the Salaried GDS workforce.”*

Since then a review of access to NHS dental services concluded that access to NHS dental services had significantly improved and that a number of independent dental contractors reported that they had capacity to take on additional patients. This led to the undertaking of a review of provision of routine NHS general dental services by the Salaried Dental Service from its existing clinics. Following agreement of the NHS Board this resulted in withdrawal of routine NHS General Dental Services by the Salaried Dental Services at Dumfries Dental Centre (Specialist Dental Services and Training still remaining) and Lochmaben Dental Clinic. Plans are in place for the withdrawal of dental services from Newton Stewart for Spring 2017. The Board attempted to progress leasing arrangements of Sanquhar Dental Clinic and Lochside Clinic for the continued provision of NHS Dental Services however, these arrangements were not able to be progressed. In October 2015 the NHS Board agreed that the situation with regard to Lochside should be further reviewed.

### **Who are we going to involve?**

- The target audience are patients currently registered to receive NHS dental services from the Lochside Dental clinic and those individuals who are resident in the Lochside and Lincluden area.
- We will need to take steps to ensure involvement from different sectors of the community. The process should be inclusive so that participation is possible for everyone, across the equality strands.
- Discussions with the clinic staff regarding the review are ongoing.
- Views of independent dental contractors will also be required.

### **Benefits of involving our local communities**

- The involvement of local people goes some way to ensure that local health needs are met.

- Improves local peoples understanding of delivery of dental services
- Encourages collaboration between groups that would not traditionally work together in a planning process
- Gives insights into a community's needs and values that may not otherwise be obtained.
- People may take more 'ownership' of their dental service and therefore utilise it and use it appropriately.

### **Possible drawbacks**

- The Board may decide to proceed with recommendations that patients and/or the Community are not happy with. A summary of patient and community feedback regarding the preferred option will be used to inform the final equality and diversity impact assessment and a summary of the feedback will be included in the final Board paper. This will hopefully provide reassurance that the views of patients and community have been considered.

### **Do we need any resources?**

Some resources will be needed to carry out the proposal. These are:

- a) Staff time – The Consultant Dental Public Health and Dental Services Manger will be responsible for devising the engagement process with contributions from the review working group. Staff at the dental clinics will also need to contribute some time to help in the recruitment of volunteers.
- b) Expenses - some volunteers and patients may need assistance with; travel or childcare costs.
- c) Refreshments will also be required
- d) Materials –patient letters, posters, information leaflets and patient questionnaires.

### **How are we going to involve people?**

The following involvement is proposed:

#### **Phase 1 - Engaging Patients and Lochside and Lincluden Community**

#### **Phase 2 – Options Appraisal**

#### **Phase 3 – Informing and Engaging of Preferred Option**

#### **Phase 4 – Informing of Board's Decision**

#### **Phase 5 – Reflecting and Learning**

These Phases are now detailed below.

### **Phase 1 – Engaging Patients and Lochside and Lincluden Community**

#### **Expected Outcomes**

- Patients will be aware of the review and able to provide feedback on what matters to them regarding dental service provision.
- Members of the Lochside and Lincluden Community will be able to provide feedback on their oral health needs and their experience of accessing dental services.
- Volunteers for the options appraisal process will be indentified.
- Information gained from this phase, in conjunction with other data sources will be used to inform development of a short list of options for future service delivery from Lochside Clinic, which will then go through an options appraisal process.

## **Phase 1**

### **Aims**

To advise those registered patients of Lochside clinic of the review and gain feedback on what matters to them in terms of dental services provision. To obtain information on the reported oral health needs and accessibility of dental services for the Lochside and Lincluden community. Volunteers for the options appraisal will be recruited.

### **Method**

- Letters will be sent to individual patients on the review and a questionnaire seeking feedback on what matters to them will be enclosed with the letter.
- Information on the review will be posted on the Health Board's website
- The Participatory Appraisal network will undertake work within the Lochside and Lincluden Community to gain feedback on oral health needs and accessibility of dental services.
- Information received will be used by the review group to inform a short list of options for future service delivery.

### **Responsibility**

- The Dental Services Manager will develop the patient letter, leaflet and questionnaire in conjunction with colleagues in patient experience and the Scottish Health Council.
- The Dental Services Manger will be responsible for uploading relevant information on to the Health Board website.
- The Dental Services Manager will be responsible for providing a report on patient feedback.
- The Consultant in Dental Public Health will work with the Participatory Appraisal Network to design the Lochside and Lincluden Community engagement.
- Clinic staff will help identify patients living in the Lochside and Lincluden Community who may be willing to be involved in the participatory appraisal.
- Consultant in Dental Public Health will be responsible for producing Oral Health Needs Assessment Report of the Lochside and Lincluden Community.

### **Cost**

- Staff costs will be absorbed through existing budgets
- Poster and leaflet costs will be absorbed through existing budgets

### **Timelines**

- Feedback from patients will be gathered between 6<sup>th</sup> January 2016 to 10<sup>th</sup> February 2016
- Volunteers for the options appraisal will be identified by the 30<sup>th</sup> of June 2016
- The Participatory Appraisal will be undertaken between the 26<sup>th</sup> of May and the 24<sup>th</sup> of June with a report provided by the 4<sup>th</sup> of July 2016.
- Review group meet on 14<sup>th</sup> of July 2016 to consider patient feedback and Oral Health Needs Assessment to develop a short list of future service delivery options.

## Phase 2 – Options Appraisal

### Expected Outcomes:

- Options Appraisal will be completed with patient and community representation
- Preferred Option will be identified

### Phase 2 Part 1 - Options Appraisal Volunteer Preparation

#### Aim

Volunteers will be appropriately prepared for participation in the options appraisal process.

#### Method

Volunteers will be required to attend an initial briefing session prior to the options appraisal this will last 2 hours. This will include the following elements and will allow participants an opportunity to ask further questions:

- Presentation, including background to review and process to date (including overview of how the long list was developed into a short list)
- Discussion of the background information document to ensure participants can understand the documents provided
- Outline of the options appraisal process and how it will work
- A member of the Scottish Health Council will attend the session to support participants.

#### Responsibility

- It will be the responsibility of the Consultant Dental Public Health and Dental Service Manager to provide the briefing session and provide those involved with a background information document containing relevant information and overview of the options appraisal process.

#### Costs

- Staff time will be absorbed through existing budgets
- Expenses for participants will be met through Dental Services Budget

#### Timeline

- It is hoped that background documentation will be shared 1 week prior to the options appraisal.
- Pre options appraisal session will be undertaken the day prior to the options appraisal.

## **Phase 2 Part 2 – Options Appraisal Session**

### **Aim**

Volunteers will participate in an options appraisal process

### **Method**

Volunteers supported by Scottish Health Council will participate in the options appraisal. It is anticipated the options appraisal will last 5 hours. An outline of the options appraisal process is detailed below:

- Aims and Objectives
- Overview of how short list was developed
- Benefits and Risks of short listed options
- Benefits Criteria
- Rank and Weighting
- Scoring Process – Consensus on the day
- Next Steps

### **Responsibility**

- It will be the responsibility of the Consultant Dental Public Health and Dental Service Manager to develop and circulate the documentation required for the options appraisal
- It will be the responsibility of the Consultant in Dental Public Health to secure a facilitator for the session
- It will be the responsibility of the Dental Services Manager to provide a note taker for the session

### **Costs**

- Staff time will be absorbed through existing budgets
- Expenses for participants will be met through Dental Services Budget

### **Timeline**

- The aim is to complete the qualitative aspects of the options appraisal on the day via undertaking consensus scoring.
- The financial appraisals will be undertaken following the outcome of the appraisal.

## Phase 3 Informing and Engaging of Preferred Option

### Expected outcomes

- Patients will be informed of the preferred option following options appraisal
- Patients will understand what the results of any proposed change would mean for them
- Patients will be able to provide their feedback on the preferred option for the Lochside clinic
- Feedback will be given to the Lochside and Lincluden Community on the findings of the Oral Health Needs Assessment and also of the preferred option for the Lochside Clinic
- People in the Lochside and Lincluden Community will be able to provide their feedback on the preferred option for the Lochside Clinic
- Feedback from patients and the Lochside and Lincluden Community will help inform the final recommendations and the decision making process
- Patients will understand when and where a decision will be made
- Independent Dental Contractors will be informed of the preferred option

### Phase 3 – Informing and Engaging of Preferred Option

#### Aim

Patients are aware of the recommendation made for their clinic and are knowledgeable about what this might mean for them and are able to provide their feedback on this. The Lochside and Lincluden Community will be aware of the recommendations from the needs assessment and have been able to provide their feedback. Independent Dental Contractors will be informed of the preferred option

#### Method

This can be achieved through:

- Letters will be sent to options appraisal participants outlining the results and preferred option and the next steps.
- Production of a patient feedback sheet outlining what this would mean for patients and where they can get further information will be available at the clinic and the Health Board Website.
- Individual patients will be lettered on the preferred option, given a patient information leaflet and provided with a feedback form.
- A briefing paper will be prepared for local councillors and MSPs representing North West Dumfries.
- The preferred option for the clinic will be displayed at the clinic and on the Board Website.
- Links to the Board website will be posted on the Board facebook page and twitter account
- A summary of the high level needs assessment results and preferred option will be made available at community sites involved in the participatory appraisal with information available on how to provide feedback on this
- Comments received from patients and the Lochside and Lincluden Community will be summarised and used to inform the final equality and diversity impact assessment and a summary of comments will be included in the final Board paper.
- A summary document of the responses will be uploaded to the Board website and will be available on request.
- A paper on the preferred option will be presented to the Dental Advisory Committee
- Feedback on the preferred option will be sought from independent dental contractors

#### Responsibility

- It will be the responsibility of the Dental Services Manager to provide letters/posters/info leaflets/Patient feedback sheets for the patients / clinic, these will be developed in partnership with the Scottish Health Council and Communications Team.
- It will be the responsibility of the Dental Services Manager to upload these documents on the Board website.
- It will be the responsibility of the Consultant in Dental Public Health to send a letter to the Options Appraisal participants to advise of the results of the preferred options.
- It will be the responsibility of the Consultant in Dental Public Health/Dental Service Manager to produce the feedback summary in regard to the preferred option in collaboration with the Scottish Health Council
- It will be the responsibility of the Dental Services manager to upload the patient feedback comments onto the Health Board website.

#### Costs

- Staff costs will be absorbed through existing budgets
- Poster and leaflet costs will be absorbed through existing budgets

#### Timeline

- Informing of patients and public will take place once this has been signed off by the Integrated Joint Board and Clinic Staff have been advised of the preferred option
- The Consultation period will last for a 12 week period.

## **Phase 4 Informing of Boards Decision**

### **Expected outcome**

- The decision made by the Board will be reported to participants, patients and public. The method of doing this will depend on the decision as different levels of informing/engagement may be required. It is anticipated that the review will be completed by May/June 2017.

## **Phase 4 Informing of Boards Decision**

### **Aim**

Decisions are fed back to the patients and wider public.

### **Method**

This can be achieved through:

- Press release will be issued following the Board meeting.
- Formal letter will be written to those involved in the options appraisal advising of the Board decision.
- Patients will receive individual letters advising of decision and what that means for them.

### **Responsibility**

- It will be the responsibility of the Communications team to write the press release
- It will be the responsibility of the Consultant Dental Public Health to write to the options appraisal patient participants
- It will be the responsibility of the Dental Services Manger to provide the patient letter, posters and patient information leaflets in collaboration with the Scottish Health Council.

### **Costs**

- Staff costs will be absorbed through existing budgets
- Poster and leaflet costs will be absorbed through existing budgets

### **Timeline**

- The Board meeting will take place in public therefore the decision will become public knowledge very quickly. Posters and patient information leaflets will be available in clinics and on the Board website at most one week following the Board decision.

## **Phase 5 Reflection and Learning**

### **Expected Outcome**

**Lessons are learned from the patient public involvement approach used**

#### **Phase 5 – Reflection and Learning**

##### **Aim**

To learn lessons from the approach to public involvement undertaken.

##### **Method**

This can be achieved through:

- Invitation from Consultant Dental Public Health for meeting/telephone call, to discuss with participants on their thoughts on involvement in the options appraisal process.
- Discussions with staff involved in process and Scottish Health Council colleagues on their thoughts
- Report on process and learning produced

##### **Responsibility**

- It will be the responsibility of the Consultant Dental Public Health produce this report

##### **Costs**

- Staff costs will be absorbed through existing budgets

##### **Timeline**

- The report should be produced with 3 months of the final Board decision.