BAOS Standards for Commissioning

July 2020

Background

The BAOS is aware of variations in the way that the 2015 NHS England Guide for Commissioning Oral Surgery and Oral Medicine[1] is being interpreted and implemented throughout England. We are also aware of variations in the commissioning of oral surgery services in Wales, Scotland and Northern Ireland. In response to concerns around these processes and services, BAOS council have created this document to act as a series of standards to be applied when commissioning oral surgery services. Although this primarily applies to England, it is considered by council that this document represents best practice and can be applied to all parts of the United Kingdom.

Commissioning in the Covid-19 Era

The Covid-19 pandemic has changed delivery of oral surgery care in the UK and new and innovative and collaborative ways of working have developed rapidly amidst the uncertainty of the future of commissioning of services. This document describes some of the disappointments that the pre-Covid era had brought in not delivering consistently across England the vision set out the 2015 NHS England Guide for Commissioning Oral Surgery and Oral Medicine[1]. There is now an opportunity for stakeholders to engage and take the vision forward taking into account new ways of delivering oral surgery services both during the Covid-19 era and in the post Covid-19 era.

There is a need to reduce patient volumes in secondary care and to enable primary care services to develop. One of the impacts of the Covid-19 pandemic is extended waiting lists for all secondary care services including Oral Surgery. In some areas of the country, these waiting lists were already around 12 months long and with several months of cancellations of elective care, they will become potentially unsurmountable.

Oral Surgery Managed Clinical Networks (MCNs)

BAOS Council recommend the following:

- The MCN Chair is a specialist in Oral Surgery
- The MCN Chair is remunerated for their time – this might be in the form of 'buy back' of PAs if the Chair is employed in a secondary care setting, or payment of BDA Guild Rates if the Chair works in primary care
- The MCN membership should include all providers of the services in the region, with information relayed to performers as appropriate
- Members of the Local Dental Network should also sit on the MCN

Accreditation of Performers for Level 2 complexity Oral Surgery

All performers need to be quality assured in order to work in these services. The standards for this are outlined in the document 'Guidance for Commissioners on the Accreditation of Performers of Level 2 Complexity Care'[2]. We recommend that the Local Accreditation Panel includes the following individuals (as described in the document):

- Chair of the Local Dental Network (would usually chair the panel);
- Chair of the Managed Clinical Network in the relevant specialty, where applicable;
- A consultant or listed GDC specialist in the relevant specialty who works within the local office area;
- A consultant or listed GDC specialist in the relevant specialty who works out of the area;
- LDC representative;
- HEE representative;
- NHS England commissioner;
- Other members can be considered in addition to those detailed above.

Triage of referrals

This should be performed by a specialist or specialists in the region who are part of the MCN and who are actively involved in the delivery of the service.

Remuneration for Providers

The actual figures for this will be decided by the MCNs and commissioners, however, we are aware of disparities in these figures throughout the country. Examples of low tariff fees include Sheffield at £120 per case, and London at £150 per case, with no additional fees for sedation[3]. This will reduce access to sedation for anxious patients and the tariff should be at a level which reflects the time, resources and skills necessary to treat patients with compassion and kindness. If this service is not funded appropriately, this will also lead to further waiting list pressure on NHS Trusts.

The BAOS published a recommendation for Oral Surgery tariffs in 2017[3], having looked extensively at 2013/2014 tariffs in England and Wales. This included a recommended annual uplift to allow for inflation and the inevitably increasing costs of running a service over time.

In the current climate, commissioners may need to consider sessional fees as the volume of patient activity is likely to be reduced due to the pandemic and ongoing restrictions to the practice of dentistry. There will need to be additional fees paid to cover the costs of enhanced PPE until the restrictions are lifted. This approach is essential if NHS England wish to ensure that oral surgery services are of consistently high quality with adequate funding and resources allocated to allow such services to perform.

‘See and Treat’ and ‘One stop shop’ models

Services designed in this way are discouraged especially when third molar surgery is involved. These service models are not aligned to current best practice with regards to consent and patient choice[4, 5, 6].

Peer review

In order to maintain standards, the following data should be collected and acted upon where necessary by the service and ultimately by the MCN:

- Patient Reported Outcome Measures (PROMs)
- Patient Reported Experience Measures (PREMs)
- Annual appraisal of performers
- Audits into complications
- Audits into suitability of referrals to the service.

The BAOS paper on PROMS and PREMS published in 2017 recommended appropriate questions for an oral surgery service. Such data is essential in order that commissioners can monitor services in a standard way across the country[7, 8].

Conclusion

It is essential for the gold standard treatment of patients that oral surgery commissioning is of a unified high standard across the United Kingdom. The rigorous appointment of clinicians along with adequate remuneration and appropriate peer review alongside local MCN engagement will provide a high quality, safe and optimal service for all patients. BAOS would urge NHS England, along with the dental commissioners of the other devolved nations, to ensure that all Oral Surgery contracts meet these criteria in order that patients receive the high standard of care that they expect and deserve.

References

1. Commissioning Guide NHS England: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/guid-comms-oral.pdf

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4. Dungarwalla M, Bailey E. Consent in Oral Surgery: a Guide for Clinicians. Dental Update 2020; 47: 92-102.

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8. Grossman S, Dungarwalla M, Bailey E. Patient-reported experience and outcome measures in oral surgery: a dental hospital experience. British Dental Journal 2020; 228: 70–74.