

**DENTAL DOMICILIARY
SERVICE SPECIFICATION
FOR DERBYSHIRE AND
NOTTINGHAMSHIRE
(EXCLUDING
BASSETLAW)**

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**SPECIFICATION
(DENTAL DOMICILIARY)**

Service	Domiciliary Dental Service for Derbyshire and Nottinghamshire (Excluding Bassetlaw)
Commissioner Lead	
Provider Lead	
Period	1st April 2020 – 31st March 2023

PART 1 PURPOSE

British Society for Disability and Oral Health: Definition of Domiciliary Oral Healthcare

“Domiciliary oral healthcare can be described as a service that reaches out to care for those who cannot reach a service themselves. Domiciliary care is intended to include oral health care and dental treatment carried out in an environment where a patient is resident either permanently or temporarily, as opposed to that care which is delivered in dental clinics or mobile units. It will normally include residential units and nursing homes, hospitals and patients’ own homes. Whilst domiciliary care includes preventive oral health care, it excludes dental screening procedures.”¹

1.1 Aims and Objectives

NHS England and NHS Improvement – Midlands (The Commissioner) of the service are seeking to re-procure domiciliary dental services in Derbyshire & Nottinghamshire (excluding Bassetlaw).

The Commissioners aim is to:

- Deliver appropriate oral health care, including a full examination and cancer screening, oral health risk assessment, treatment and oral health promotion to all patients whose circumstances make it impossible, unreasonable or otherwise impractical for them to receive care in a dental surgery. The service will work collaboratively with the Derbyshire County Council commissioned Oral Health Promotion service.
- Provide dental services within Derbyshire & Nottinghamshire (excluding Bassetlaw) for residential, nursing and care homes and patients confined to their own homes. Patients eligible for treatment under this service will have long term and/or progressive medical conditions; mental illness or dementia, causing disorientation and confusion in unfamiliar environments; or increasing frailty which means that they are not able to travel to a dental surgery.²

Providers must have access to CQC registered dental clinical facilities within Derbyshire & Nottinghamshire (excluding Bassetlaw) if bidding for both Lots premises should be secured in each locality.

¹ British Society for Disability and Oral Health - Guidelines for the Delivery of a Domiciliary Oral Healthcare Service, August 2009

² As per note 1

1.2 Evidence Base

The services must meet all national standards of service, quality and clinical governance.

The Provider must be compliant with the essential standards of quality and safety –

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. Providers must evidence that they meet the outcomes.

The Provider must provide the service in accordance with all relevant guidance, including NICE guidance, as well as any future guidance issued by NICE and other relevant organisations.

Clinical governance arrangements must be proportionate to the service provided and comply with NHS England policies and procedures.

In order to deliver a responsive service that demonstrates value for money and meets all national and local standards for the Office of National Statistics (ONS) reported populations of Derbyshire & Nottinghamshire, the following documents have also been used to develop this service specification:

- Valuing People's Oral Health: A good practice guide for improving the oral health of disabled children and adults. Department of Health, 2007.
- Meeting the Challenges of Oral Health for older people: a Strategic Review. Department of Health, 2005.
- British Society for Disability and Oral Health (Guidelines for the Delivery of a Domiciliary Oral Healthcare Service – August 2009)
- Delivering Better Oral Health – 3rd Ed. (PHE, June 2014)
- Oral health promotion: dental practice, NICE (NG 30) December 2015.
- Oral health for adults in care homes – NICE (NG28) July 2016
- Commissioning better oral health for vulnerable adults – PHE – expected publication October 2016

PART 2 DEFINITION AND SCOPE

2.1 Service Description

Domiciliary dental services are concerned with providing and enabling the improvement of oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, or medical factor that limits their ability to access oral health care services appropriate to their needs. Frequently patients may have a combination of a number of these factors.

The service will provide a domiciliary dental service to care homes and patients confined to their own homes, including a full clinical examination, an oral health risk assessment and appropriate treatment, including preventive care, to patients with long term and/or progressive medical conditions; mental illness or dementia, causing disorientation and confusion in unfamiliar environments; or increasing frailty who are unable to travel to a dental surgery and who could not otherwise access dental care.

2.2 Partnership Working

The Provider will work with The Commissioner local dentists, the oral health promotion service and care homes, patients, carers and their families to increase awareness of the importance of oral health and to ensure only appropriate referrals are made to the service.

The Provider must work with partners to address the needs of priority groups to attain optimum outcomes. Partners will include:

- Social care
- General Dental Practitioners (GDPs)
- General Medical Practitioners (GPs) and their teams.
- Mental health services
- Psychological services
- Community services
- Allied health professionals
- Community/salaried dental services
- Nursing/residential homes
- Secondary care
- Carers

The partners as listed above may make referrals to the dental domiciliary service and the Provider should seek feedback on the service provision from these groups (the Provider will produce an evaluation form to be approved by The Commissioner form links with these groups; the Provider may be required to make appropriate onward referrals to these groups.

The Commissioner of the service and will performance manage the Provider(s).

2.3 Interdependencies

- GDPs
- Primary Care health professionals
- Community Dental Services
- Special Care Dentistry Managed Clinical Network
- Local Dental Network
- Oral health promotion services
- Hospital dental services
- Carers of service users

- Residential care home staff and management
- Dental laboratories

2.4 Safeguarding

The Provider must have an Adult Safeguarding policy and a Child Protection policy in accordance with the NHS Safeguarding Accountability Framework.

The Provider must ensure and demonstrate that all staff have in-date training in adult and children's safeguarding to a minimum of level 2, as defined by the Derbyshire Safeguarding Adults Board and Derbyshire Safeguarding Children Board.

All staff must have undertaken an enhanced Disclosure and Barring Service check (for dentists this will be in accordance with the NHS Performers List Regulations).

The Provider must ensure that they have a Mental Capacity Act policy that ensures compliance with the Mental Capacity Act 2005, and associated Code of Practice, with particular regard to obtaining written consent to treatment, and training for staff appropriate to their roles and responsibilities.

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PART 3 SERVICE DETAILS

3.1 Service Model

The service will:

- Enable access to dental care for people who are resident in care homes, or require the services of a domiciliary dentist, in Derbyshire & Nottinghamshire (excluding Bassetlaw).
- Provide appropriate oral health advice and support for eligible patients, and their families and carers.

3.2 Patients

This service is to be delivered to adults who are:

- Housebound and not able to travel to a dental surgery due to –
 - Long term and / or progressive medical conditions
 - Mental illness
 - Dementia
 - Frailty
 - Agoraphobia

A domiciliary dental service patient remains eligible to access the service whilst the contract is valid unless their circumstances change and they are discharged from the service.

3.3 Treatment

The Provider must provide for its patients all proper, necessary and appropriate dental care and treatment which includes the following:

- The care which a dental practitioner usually undertakes for a patient, and which the patient is willing to undergo
- Urgent treatment
- Referrals for dental treatment that cannot be safely delivered in a domiciliary setting.

The dental care and treatment referred to above includes the following:

- Oral health examination and risk assessment
- Diagnosis
- Make appropriate arrangements for taking radiographs and other investigations as appropriate.
- Advice and planning of treatment
- Preventive care and advice for patient, carer or both
- Periodontal treatment
- Conservative treatment
- Surgical treatment
- Supply and repair of dental appliances
- Issue of prescriptions
- Liaise with social care and / or GP as necessary

Routine screening undertaken as part of a survey, for example, which does not include a full

clinical examination, or assessment outside NICE guidelines on dental recalls, is excluded from this service.

3.4 Oral Health Promotion

The Provider will provide oral health advice and support for patients, families and carers/staff in residential/nursing homes in Derbyshire, appropriate to their needs. The Provider will work collaboratively with the Derbyshire County Council and Nottinghamshire County Council commissioned Oral Health Promotion service to ensure that consistent messages and training to care home staff are delivered.

Support should include:

- Advice on denture care and labelling of dentures
- Provision of a patient/carer leaflet on improving and maintaining oral health
- Advice on tooth brushing and preventive measures tailored to the needs of the individual patient.

3.5 Referral Route

- The Provider will undertake to make regular visits to the care homes to provide examinations and treatment to residents.
- The Provider will also provide domiciliary care to individual patients in their place of residence on receipt of a referral form (Appendix 4) and for as long as the patient meets the eligibility criteria (Section 3.6).
- Urgent and unscheduled referrals – referrals to be made by telephone (Provider to share contact number). If the patient requires attention within the next 24 hours (section 3.9); the Provider will triage the patient by telephone to assess whether an urgent visit is required.

3.6 Referral Criteria

The patient must be:

- Resident in nursing/residential care home and have lack of mobility, long term and/or progressive medical conditions; mental illness or dementia, causing disorientation and confusion in unfamiliar environments; or increasing frailty and who are not able to travel to a dental surgery.
- Housebound, i.e. at a patient's place of residence – to be eligible for this service, patients must be housebound due to lack of mobility, a phobia, i.e. agoraphobia, long term and/or progressive medical conditions; mental illness or dementia, causing disorientation and confusion in unfamiliar environments; or increasing frailty and are not able to travel to a dental surgery.

3.7 Geographic Coverage/Boundaries

Residents of Derbyshire & Nottinghamshire (excluding Bassetlaw) are eligible to be treated

provided they meet the eligibility criteria (section 3.6 and Appendix 1).

A geographical map of Derbyshire & Nottinghamshire is attached at Appendix 2, and population data from the 2011 Census for Derbyshire & Nottinghamshire is attached at Appendix 3.

3.8 Hours of Operation

Mandatory and urgent/unscheduled dental care would ordinarily be provided to the patient group between the hours 09:00 – 17:00 Monday to Friday. Due to the nature of this service, the Provider may provide services outside of these hours by mutual agreement with the patient. If a patient needs treatment out of hours they should be provided with information that allows them to access local Out of Hours Dental Service provision. The Provider must give these details to all patients and include them in any telephone answering service.

The Provider will be required to have in place appropriate administration and clinical staff to undertake treatment for 52 weeks of the year.

3.9 Unscheduled/Urgent Dental Care

The Provider will provide urgent care to eligible patients within the operational hours on the same day of notification or within 24 hours of notification. NB: After 17:00 hours on Fridays and prior to Bank Holiday weekends the Provider would not provide urgent care within 24 hours of notification but would be expected to provide treatment at the earliest possible opportunity on the next working day. If a patient needs treatment out of hours they should be provided with details of how they can contact local Out of Hours Dental Service provision. The Provider must give these details to patients and include them in any telephone answering service.

3.10 Patient Charges

Patients will be subject to payment in line with the NHS (Dental Charges) Regulations 2005 (unless exempt). In all cases the requirements for statutory forms as set out in the NHS regulations must be complied with including, but not limited to, the completion of forms FP17 / FP17DC / FP17PR (which must be signed by the patient or someone duly authorised to sign on their behalf).

3.11 Care Pathway/Response Time and Prioritisation

The patient pathway, including response time, and prioritisation into and out of the service is described below.

All referrals are received at (new service details) and are assessed for appropriateness.

- 1.1 Replies are sent to referrers and patients/carers within 5 working days.
- 1.2 Appointments for initial routine consultation should be made within 4 weeks.
- 1.3 Subsequent treatment appointments are made at the time of the assessment.
- 1.4 If patients need onward referral to secondary care they must be seen by a consultant within 18 weeks of initial referral. Therefore it is imperative that clinical assessment and onward referrals are made as soon as possible.
- 1.5 Provider to familiarise themselves with other clinical pathways e.g. minor oral surgery and 2 week cancer pathway and the process to refer into these pathways.
- 1.6 See 3.9 above for urgent response times.

3.12 Contact details

Contact details to be provided by the Provider:

- Named contact person
- Telephone number
- Secure fax number
- NHS.net email address
- Operating days/hours: 09:00 – 17:00, Monday to Friday, excluding Bank Holidays
- Contact number for out of hours care

3.13 Exclusion Criteria

The Provider is able to refuse dental treatment for the following reasons:

- Persistent non-payment of dental charges by fee-paying adults
- Threatening behaviour/violence
- Discharge from service as domiciliary visit no longer necessary
- Patient does not meet eligibility criteria

3.14 Patient-Centred Care

The Provider must deliver the services in a way that treats every patient and carer as a valued individual, with respect for their dignity and privacy. The Provider must:

- Ensure that the provision of services and the premises protect and preserve patient dignity, privacy and confidentiality
- Ensure that all staff behave professionally and with discretion towards all patients and their carers at all times

The Provider should take into account the needs of patients and their carers by engaging patients in the ongoing development of the service.

The Provider must evaluate and continually improve patient satisfaction rates, part of which will be the conduction of a bi-annual patient satisfaction survey on an agreed sample number of patients/carers and demonstrate that the learning from patient feedback is used to improve the customer experience. The patient satisfaction survey must be approved by NHS England – North Midlands before distribution to patients/carers.

It is expected that all clinical and non-clinical staff will participate in these learning exercises.

3.15 Interpretation and Translation

The Provider must make available to patients access to a professional translation or interpretation service during consultation and treatment, where this is relevant and appropriate. Patient information materials should also be provided in a format suitable for those patients who have difficulty in reading standard publications or written materials.

PART 4 PREMISES, FACILITIES AND EQUIPMENT

4.1 Premises, Facilities and Equipment

The Provider will be expected to have, or have access to, a dental surgery within Derbyshire and/or Nottinghamshire (both areas if biddings for Lots 1 and 2) which provides sterilisation and clinical waste facilities, as well as secure storage space for dental records and equipment. Such premises must be registered with the CQC and will also be subject to satisfactory inspection by The Commissioner .

A list of all relevant equipment required is provided at Appendix 5. The Provider will be responsible for all set-up costs relevant to premises, facilities and equipment.

Facilities including any equipment provided should meet standards normally expected in primary care dental services and conform to all relevant health and safety regulations and national standards. Cross-infection control and decontamination procedures should meet the essential standards of HTM01-05 as a minimum, and if not already meeting best practice should have a plan in place for achieving this within the initial term of this contract.

Clinical waste must be disposed of appropriately in accordance with the Department of Health's guidance i.e. "Safe management of healthcare waste" document. <http://www.environment-agency.gov.uk/business/regulation/129220.aspx>

The Provider must have in place prior to the commencement of the contract, an IT system capable of hosting the electronic referral management system (e-referral) and transmitting FP17's electronically. The Provider must comply with all statutory and local policy requirements relating to data handling, storage, confidentiality and data protection in line with GDPR guidelines.

Clinical waste must be transported appropriately in accordance with the Carriage of Dangerous Goods by Road Act 2005 – including the relevant requirements for carrying compressed gas cylinders.

The Provider must have an appropriate clinical IT system.

PART 5 WORKFORCE

5.1 Workforce

- All dental practitioners must be on the National Dental Performers' List, in accordance with the NHS (Performers' List) Amendment Regulations 2013.
- Clinicians must possess GDC registration and should fully adhere to the General Dental Council's (GDC) guidance 'Standards for Dental Professionals'.
- The Provider must ensure that all staff must be able to communicate in English at a level appropriate to their role.
- The Provider is expected to deliver services in accordance with the Equality Act 2010 and to maintain an inclusive culture which promotes dignity and respect for all.
- Clinical staff should have a special interest in the procedures covered by their contracts, and the opportunity to treat a sufficient number of patients to maintain their skills.
- A staff training and investment plan is produced and updated annually, as part of staff appraisal.
- Appropriate procedures are followed for the appointment of locums and fixed term staff and adequate supervision is given to trainees.
- The Provider will need to have sufficient liability insurance cover and ensure that all performers have personal professional indemnity insurance in place, through an appropriate professional defence organisation (GDC, 2015).
- Administration staff to manage the booking of appointments.

5.2 Staff Training and Development

All staff in the service will be required to satisfy at entry to the service and ongoing through appraisal, that they have the expert knowledge and competence as is necessary to enable them to perform the service.

As an underlying principle, the Provider must deliver the services in a learning environment. To this end, the Provider must implement a continuing professional development (CPD) plan for all staff involved in delivering or supporting the delivery of the services which will:

- Include mandatory training requirements in respect of safeguarding children and vulnerable adults, including awareness of their responsibilities under the Mental Capacity Act 2005.
- Ensure the safe, correct and up to date operation of all systems, processes, procedures and equipment.
- Respond to individual training needs identified by staff performance appraisal and clinical supervision.
- Meet requirements of professional bodies for re-registration and revalidation.

The Provider will be responsible for any costs incurred in relation to general professional training by the Provider or his/her directly employed staff providing services under this specification. This includes the cost of providing cover during training absences.

The Provider will facilitate the engagement of Performers under this contract with the NHS England and NHS improvement – Midlands, Special Care Dentistry Managed Clinical Network.

PART 6 QUALITY AND PERFORMANCE

6.1 Performance Monitoring

The contract will be monitored by The Commissioner using the standard dental contract monitoring processes.

The Provider will ensure completed FP17s transmitted electronically to the BSA within two months of the course of treatment being completed.

The service will be reviewed on a quarterly basis by The Commissioner and meetings will be arranged between the Provider and The Commissioner if necessary. The Commissioner reserves the right to amend aspects of this specification to ensure our objectives are delivered to the highest standard.

The Commissioner reserves the right to visit the Provider within the duration of the contract to carry out a patient satisfaction survey.

6.2 Monthly Return and Year End Reconciliation

A monthly return will be required from the provider by the 20th working day of each month. Information to be included (Commissioner to supply template prior to award of contract):

- Outcome of referrals
- Patients offered examination
- Patients examined
- Completed episodes of treatment
- Patients referred to other services – by service (OMFS, community/salaried dental service)
- Waiting times (updated on e-referral system)
- Patient satisfaction
- Complaint trends and actions to improve the service
- Number of incidents

An annual year-end reconciliation will be completed in line with NHS England's Mid-year and year-end reconciliation and financial recovery policy.

The Commissioner reserves the right to ask for any information or performance data in connection with the contract.

Data must be submitted to e.derbyshirenottinghamshire-dentistry@nhs.net by the 20th working day of each month.

6.3 General Quality Standards

The Provider will consider the following health and safety issues:

Risk assessment, staff protection, chaperoning, employer's liability, personal protection, manual handling skills and insurance for vehicles (e.g. business) and equipment. The service will abide by the standards below, as well as the Provider's own policies:

- Compliance with all Health and Safety legislation

- Infection Control
- HTM01-05 and subsequent additions and amendments
- Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000
- Hepatitis B Infected Health Care Workers Guidance on Implementation of Health Circular 2000/020
- Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: new healthcare workers, Department of Health (2007).
- Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance, January 2014, PHE, 2014.
- Dental records are maintained in accordance with FGDP Clinical Examination and Record Keeping; Good Practice Guidelines
- Compliance with the Care Quality Commission (CQC)

6.4 Clinical Governance

The Provider must:

- Be compliant with the essential standards of quality and safety (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. Providers must evidence that they meet the outcomes.
- Be compliant with the requirements of Health and Safety Law, COSHH regulations and other statutory instruments and regulations (such as those relating to Ionising Radiation Regulations, Pressurised Vessels and Infection Control) as they apply to dental services.
- Maintain strong internal governance systems; Clinical governance arrangements must be proportionate to the service provided and comply with NHS England policies and procedures.
- Ensure that all staff undertake regular continuing professional development relevant to their function to meet GDC registration requirements and the requirements of this service.
- Be compliant with the Mental Capacity Act 2005.
- Ensure that contractor notifies the Authority of any employees who have been referred to the GDC.

6.5 Complaints

The Provider must provide a friendly, efficient and reliable service and treat all patients and carers as valued individuals, with respect for their dignity and privacy. The Provider must ensure that all staff behave professionally and with discretion towards all patients and visitors at all times.

However, in the event that patients are not satisfied with the services, the Provider must have an effective complaints policy / procedure. This must be in accordance with current NHS complaints regulations. There must be a nominated person who will act as the complaints manager for the service. All reasonable efforts should be made to effectively deal with the complaint by the Provider. If the patient feels unable to resolve the matter in a manner

satisfactory to them, they will be able to invoke the NHS England complaints procedure.

NHS England Contact Centre details are:

Telephone: 0300 311 22 33

Address: NHS England, PO Box 16738, Redditch, B97 9PT

Email: england.contactus@nhs.net

6.6 Information Governance

This includes, but not exclusively, Records Management, Patient Information, Data Protection Act, GDPR, Freedom of Information Act and Caldicott principles.

The Provider will process information in accordance with the standards laid down in the Data Security and Protection Toolkit. The Provider will have in place an IG Management Framework incorporating as a minimum a Caldicott Guardian and Information Governance Lead and have full access to adequate technical information security expertise and support. The IG Management Framework will have implemented IG related policies and procedures covering the aspects of Data Protection, Confidentiality, information sharing, information security, records management, E-mail and Internet use, registration authority, use of mobile storage devices and data quality. The Provider will be required to have the ability to pseudonymise patient information where the Commissioner requests data for service planning and performance management and any other secondary uses. IG training will be provided to all the Provider's employees on an annual basis. The Provider will support NHS England – North Midlands by providing relevant information to enable NHS England – North Midlands to meet its obligation under the Freedom of Information Act 2000.

Both parties will:

- Recognise the importance of confidentiality, information security and the protection of personal data
- Be aware that, as a public body, NHS England – North Midlands is open to public scrutiny and has a duty to disclose information in response to requests under the Freedom of Information Act (2000), subject to a limited number of legal exemptions
- Ensure that all staff are aware that they must work to and within current legislation including the Data Protection Act 1998, the Freedom of Information Act (2000), common law duty of confidence, Access to Health Records Act (1990), Computer Misuse Act (1990), Environmental Information Regulations (2000), Human Rights Act (1998), Health and Social Care Act (2001), NHS Code of Confidentiality (2003), NHS Code of Practice for Records Management (2006), Caldicott Guardian Manual (2006).
- Be aware that, as a Provider of NHS services, a yearly submission within the Data Security and Protection Toolkit.
- Undertake staff training as required by the Data Security and Protection Toolkit.
- Undertake monitoring and review to ensure compliance
- Bring to attention of the other party when standards or legislative requirements are not being adhered to
- Ensure the general right of access to and sharing of information is not impeded but is subject to compliance with the Caldicott Principles and current legislation (GDPR)
- Reinforce all staff's understanding of their operational and legal responsibilities for record keeping and records management from creation to disposal, to ensure a common approach across organisations
- Maintain a secure working environment for all users and to protect the confidentiality of information and systems accessed

- Only use NHS Mail to send emails containing sensitive information and patient identifiable data (NHS Mail to be set up by NHS England if required).

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6.7 Evidence Based Dentistry Programmes

The Provider will provide clinical services based on best available evidence, and will work to relevant clinical guidelines published by professional bodies, incorporating relevant best-practice principles. The Provider of the service will keep up to date policies and local clinical guidelines incorporating recommendations from (as a minimum):

- Department of Health
- NHS England
- Public Health England
- NICE
- Faculty of General Dental Practice UK (FGDP(UK))
- Faculty of Dental Surgery (FDS)
- British Society for Disability and Oral Health (BSDOH)
- British Dental Association (BDA)
- British Society of Paediatric Dentistry (BSPD)

6.8 Business Continuity and Service Recovery

A Business Continuity & Service Recovery Plan should be developed by the Provider and agreed by The Commissioner prior to the commencement of service. This should include details of how patients will be managed in the event that the service is unable to provide clinical services and advice.

6.9 Patient Information Leaflet

A Patient Information leaflet should be developed by the Provider and agreed by The Commissioner prior to the commencement of service. The NHS logo must be used in line with the NHS brand policy and guidelines which can be found at <https://www.england.nhs.uk/nhsidentity/>

6.10 Oral Health Promotion Leaflet

The Provider should work with the Derbyshire/ Nottinghamshire Oral Health Promotion Team to ensure that an appropriate oral health information leaflet is available. This will be agreed by The Commissioner prior to the commencement of service. The leaflet must be evidence based and in line with NICE guidance and Delivering Better Oral Health (3rd edition 2014) and any successor documents. The NHS logo must be used in line with the NHS brand policy and guidelines (Section 6.9).

PART 7 FINANCE

7.1 Activity

Activity will be monitored on units of dental activity (UDA) and courses of treatment (COT) delivered. This will be measured using a combination of Compass, Eden and the monthly monitoring return.

7.2 Activity Plan

The Contractor shall provide the following units of dental activity for each Lot during each financial year and this will attract the DDRB uplift in future years:

Lot 1 – Derbyshire 2,413 UDAs
Lot 2 – Nottinghamshire 2,011 UDAs

7.3 Prices and Costs

The cost per UDA will be £46.58 at 2019/20 prices

Contract Values – per annum

Lot 1 – Derbyshire £112,422
Lot 2 – Nottinghamshire £93,672

7.4 Payment

Payment will be made in line with the standard national PDS Agreement – 1/12th of the contract value paid monthly via the Compass payment system.

7.5 Courses of Treatment and Patient Charge Income

Part 7 (Fees and Charges) directions require the Provider to collect patient charges from eligible patients for those services that attract charges and remit the charges to the Commissioner. The Provider will be required to submit claims to NHS Dental Services, by FP17 form **electronically** within two months of completion/discontinuation of treatment.

PART 8 CONTRACT

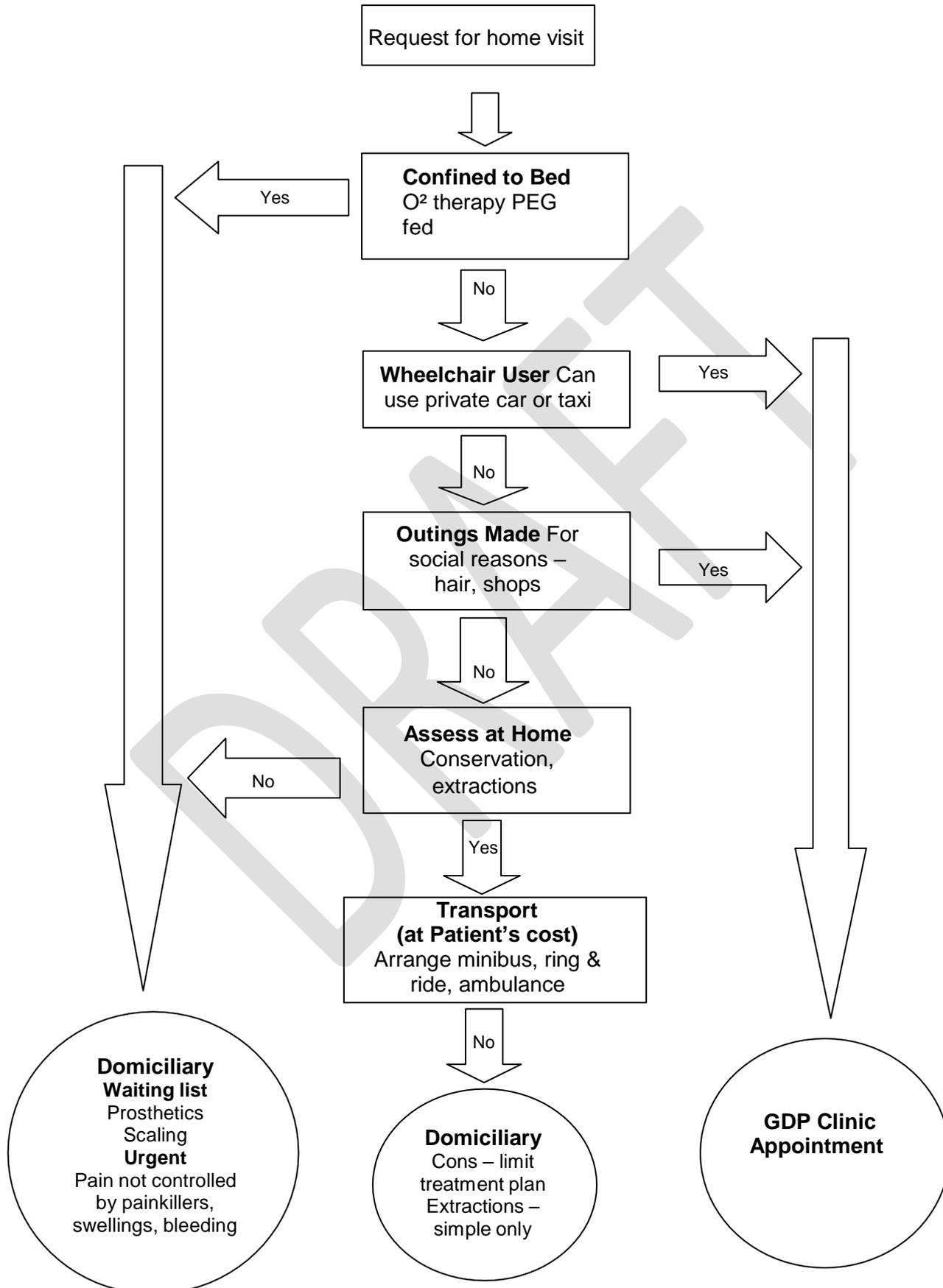
The Contract will be a Personal Dental Services (PDS) Agreement. The Contract is to be signed by The Commissioner and the Provider

The service will run for a period of 3 years from 1st April 2020 – 31st March 2023

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APPENDIX 1 – ELIGIBILITY CRITERIA

Decision Making Process for Domiciliary Dental Treatment



APPENDIX 2 – GEOGRAPHICAL MAP OF DERBYSHIRE AND NOTTINGHAMSHIRE-



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APPENDIX 3 – POPULATION DATA FOR DERBYSHIRE & NOTTINGHAMSHIRE

Derbyshire

Derbyshire has a land area of around 2,625 km² and had a population of around 792,000 people. Over half of the population live in the conurbation surrounding the city.

The population density in the county is around 399 persons per km² (slightly less than the average for England of 410 persons per km²) to over 1600 persons per km² in the urban district of Chesterfield (ONS, 2014). The City of Derby has a population density of around 7,900 persons per km².

The population of Derbyshire is projected to increase by 8% to around 846,200 by 2041; with those aged over 65 expected to account for just under a third of the population (ONS, 2014).

Those aged 65 and over accounted for almost 21% of the population in 2017. There was a similar rate across the majority of the LAs. However, Swadlincote and Chesterfield had slightly younger populations. There are pockets of younger populations in other areas such as Matlock, Ilkeston and Bolsover.

Physical disability

The number of people aged 65 and over living in Derbyshire who are unable to manage at least one mobility activity on their own was predicted to be 32,462 in 2014 with around a third of those in the 85 plus age bracket. The total number is expected to increase to 36,868 by 2020 (www.poppi.org.uk Version 8.0).

Adults with dementia

According to Public Health England figures there were 7,483 people with dementia recorded on GP registers in Derbyshire in September 2017. The prevalence of dementia was highest in the area served by Southern Derbyshire CCG. (www.hscic.gov.uk)

The *estimated* prevalence of dementia for 2016 is 35% more than those recorded on GP QOF records and is estimated to be 10,864 in 2016 rising to 12,242 by 2020 (www.poppi.org.uk).

Residential and nursing care

Across Derbyshire there has been an increase in the number of people aged 65 and over living in residential and nursing care homes, an increase of 94 residents in 2014-2015 compared to 2013-14. When compared to the national average, the number was higher in Derbyshire for 2013-14 (<https://nascis.hscic.gov.uk/Portal/Reports/Default.aspx>).

Nottinghamshire

Nottinghamshire has a land area of around 2,160 km² and had a population of around 790,100 people. Over half of the population live in the conurbation surrounding the city.

The population density in the county is around 380 persons per km² (less than the average for England of 410 persons per km²). Across the LAs, population density varies from 180 persons per km² in Bassetlaw and Newark & Sherwood LAs to 1,370 in Broxtowe LA (ONS, 2014).

The population of Nottinghamshire is projected to increase by 7% to around 840,700 by 2021; with those aged over 65 expected to account for over a fifth of the population (ONS, 2014).

Those aged 65 and over accounted for almost 18.9% of the population in 2012. There was a similar rate across the majority of the LAs. However, Mansfield and Ashfield had slightly younger populations. There are pockets of younger populations in other areas such as Newark, Worksop and Bingham.

Physical disability

The number of people aged 65 and over living in Nottinghamshire who are unable to manage at least one mobility activity on their own was predicted to be 28,341 in 2014 with around a third of those in the 85 plus age bracket. The total number is expected to increase to 32,965 by 2020 (www.poppi.org.uk Version 8.0).

Adults with dementia

According to quality and outcome framework data (QOF) there were 6,174 people with dementia on GP registers in Nottinghamshire in May 2016. The prevalence of dementia was highest in the area served by Mansfield and Ashfield CCG. (www.hscic.gov.uk)

The *estimated* prevalence of dementia for 2016 is 35% more than those recorded by the QOF and is estimated to be 9,573 in 2016 rising to 10,756 by 2020 (www.poppi.org.uk).

Residential and nursing care

Across Nottinghamshire there has been an increase in the number of people aged 65 and over living in residential and nursing care homes, an increase of 72 residents in 2014-2015 compared to 2013-14. When compared to the national average, the number was higher in Nottinghamshire for 2013-14 (<https://nascis.hscic.gov.uk/Portal/Reports/Default.aspx>).

DRAFT

APPENDIX 4 – TREATMENT REQUEST FORM

NHS Domiciliary Dental Treatment Request Form

Patient Name		NHS Number	
Address _____		GP Name _____	
Post Code _____		GP Practice _____	
Date of birth _____		Post Code _____	
Gender	Male <input type="checkbox"/>	Female	<input type="checkbox"/>
Contact Number _____			
Details of person completing form, if on behalf of the patient			
Name _____			
Relationship to the patient (relative, carer, GDP, GP etc.) _____			
Contact Number _____			
ELIGIBILITY			
Have you contacted a local dentist?	Yes	<input type="radio"/>	No <input type="radio"/>
Do you attend your doctor's surgery?	Yes	<input type="radio"/>	No <input type="radio"/>
If you have a hospital appointment, how do you get there? Ambulance <input type="radio"/> Taxi <input type="radio"/> Car <input type="radio"/> Other <input type="radio"/> Please state: _____			
Do you have someone to take you to a dental surgery?	Yes	<input type="radio"/>	No <input type="radio"/>
Do you use a taxi for other activities?	Yes	<input type="radio"/>	No <input type="radio"/>
Do you attend a hairdresser/chiroprapist etc.?	Yes	<input type="radio"/>	No <input type="radio"/>
Mobility – Walks unaided <input type="radio"/> Needs assistance <input type="radio"/> Wheelchair user <input type="radio"/> Confined to home <input type="radio"/>			
REASON FOR REQUEST FOR DOMICILIARY VISIT			
What is the reason for the domiciliary dental visit and/or dental treatment? E.g. routine appointment, you are in pain, broken/lost denture. Please provide as much information as possible. _____			
Do you need to be seen urgently? Yes <input type="checkbox"/> No <input type="checkbox"/>			
When was your last dental appointment? _____			
Was the appointment in a dental surgery or a domiciliary visit? Surgery <input type="checkbox"/> Domiciliary <input type="checkbox"/>			
MEDICAL HISTORY			
Please provide any relevant medical history _____ _____			
ADDITIONAL COMMENTS			
_____ _____			
PATIENT DECLARATION			
I am unable to visit my local dental practice for treatment and therefore request a domiciliary dental visit.			
Patient's signature _____ Date _____ (Or relative/carers etc. if patient is unable to sign)			

APPENDIX 5 – EQUIPMENT

This is meant to be a useful guide, and is not prescriptive. Other items may be included according to individual need and preference.

All equipment should be carried in an appropriately labelled, hard container with a secure lid. A separate box should be used for any contaminated equipment with an appropriate label warning that the contents are contaminated. And a separate secure sharps box should also be carried.

The dentist should also carry the necessary equipment to deal with medical emergencies that may arise during the visit.

General Kit

This is likely to include:

- Portable light
- Portable suction
- Examination instruments for initial assessment visits e.g. mirror and probe
- Finger Guard
- Infection control items and equipment:
 - Gloves
 - Masks/face visors
 - Protective clothing for dentist and nurse e.g. plastic aprons
 - Sharps disposal
 - Alcohol gel
 - Plastic over-sheaths/cling film
 - Disinfection wipes
 - Waste bags
 - Paper towels, rolls, tissues
 - Dirty instrument-carrying receptacle with secure lid
- Protective spectacles/bib for patient
- Relevant PPE for dentist and support staff
- Laerdal resuscitation pocket mask
- Emergency equipment/ drugs kit / oxygen

Administrative Items

The following items are useful:

Identification badge	Prescription pad
Diary	BNF
Appointment cards	Mobile phone
Record cards	Pen
Referral forms	Satellite Navigation system
Patient notes	Change for parking
Laboratory forms	Medical history forms
Post-op instruction leaflets	Health promotion literature
Consent forms	List of contact phone numbers
FP17s/FP17PRs	

Prosthetics Kit

A list of all the items that you would usually use for removable prosthetics:

Impression material	Adhesive/fix
Impression trays & mixing equipment	Shade guide
Safe air heater	Articulation paper
Portable motor, handpieces, burs	Plastic bags
Waxes	Gauze
Pressure relief paste	Cotton wool rolls
Bite registration material	Vaseline
Wax knife	Denture fixative
Bite gauge	Dividers
Paint scraper/occlusal rim trimmer	Indelible pencil
Denture pots	Denture marking kits
Scalpel	Tissue conditioner
Impression disinfection	

Conservation kit

Portable unit (motor and suction)
3 in 1 syringe
Handpieces and burs
Light source
Syringes, needles, needleguards
Mirrors
Conservation instruments and tray

Materials

Temporary dressing materials	Dry socket medicament e.g. Alvogyl
Restorative materials	Local anaesthetic cartridges
Matrix bands	Topical anaesthetic cream/spray
Gauze	Oraquix local anaesthetic plus applicator
Suture materials	Cotton wool rolls and pellets
Haemostatic agents	Vaseline
Bite packs	

Periodontal kit

Hand scalers
Portable ultrasonic scaler
Toothbrushes, toothpastes and therapeutic agents, e.g. Corsodyl, Tooth Mousse

Surgical kit

Syringes, needles, needleguards
Mirrors
Forceps
Elevators
MOS instruments including instruments for suturing

Source: British Society for Disability and Oral Health (Guidelines for the Delivery of a Domiciliary Oral Healthcare Service – August 2009)