

University of Portsmouth Dental Academy (UPDA)

CLINICAL REFERRAL ARRANGEMENTS

Q&A

1. So what's changing?

The initial five- year fixed term contract the University of Portsmouth agreed with the former Portsmouth City Primary Care Trust, expired on the 31st August 2015.

The funding for this contract was sourced from service funds to provide clinical services delivered by students to “ensure that the future dental workforce is appropriately trained and effective in delivery of services required as part of an NHS primary contract”.

Early in 2015, the PCT's NHS *successor* body (NHS England) agreed to renegotiate a single tender agreement for a further two - year period from 1st September 2015 - 31st August 2017. This was further extended to 28th February 2023

As part of the contract negotiations, UPDA was asked by NHS England to instigate a new referral arrangement/clinical model for a portion of the clinical activity it currently delivers as part of the student education process.

This enables UPDA to receive referrals from general dental practitioners for a range of agreed mandatory primary care dental services (perio/gingivitis, endodontics, extractions and paediatrics as per the key headlines mentioned above.

2. How does it work?

The Dental Academy will continue to recruit the majority of patients in the way we have previously to date (i.e. either through the NHS England website or via our community activity). However a proportion of patients can also come via GDP referrals. In the latter case, this would be for a specific treatment item rather than comprehensive care and, on completion of this item, the patients would return to their (referring) GDP.

The contract takes the form of a standard PDS agreement and the performance will be measured against a UDA delivery target, a unique patient target and several Key Performance Indicators.

3. Why is this a good thing for GDPs and UPDA?

NHS England commissioned this service from UPDA in order to deliver NHS dental care to support students in completing their training and the referral arrangement in order to enable local dental practitioners to support their professional colleagues in developing the skills and experience needed in primary care.

We genuinely believe this is a win/win development.

For GDPs, whilst the referrals should all be for mandatory services, it is also recognised that there may be a variety of reasons GDPs and their patients may welcome this option.

Patients will not be charged for treatment undertaken by students.

For the Dental Academy and its students, the revised patient flow should enable us to ensure a comprehensive and appropriately targeted range of clinical experience is provided to all the dental and DCP students. This in turn offers a fully skilled workforce to primary care providers.

The Dental Academy also offers opportunities for hands on CPD, and involve the referring GDP in the treatment process by sharing the treatment plan, and a report on completion of the treatment.

4. What if there are more referrals sent than UPDA have capacity to cope with?

As the Appendix makes clear, there is a fixed and limited capacity. We would envisage using the website to provide information on whether at any moment in time we are /able to accept particular types of referral.

5. What if UPDA do not receive enough referrals?

This is kept under constant review and means UPDA balancing our patient workflows between community/NHS England patient recruitment and GDP referrals.

6. What if there is not enough work to go round and UPDA are effectively competing with GDPs for patients?

There is little evidence to suggest this is the case. We have always been able to recruit patients whenever needed. Our focus on the hard to reach groups means we are often recruiting from a different pool of patients.

7. How is it intended to monitor this arrangement?

The Academy provides quarterly reports and a small group, including the UPDA Clinical leads, LDC and NHS England, oversee the operation. They are empowered to make any appropriate adjustments to the model, within the terms of the contract.

The formulation and ongoing monitoring of this arrangement has been a joint initiative between NHS England, LDC and UPDA, as will be the ongoing monitoring oversight and any subsequent tweaking of the model that experience might suggest prudent.