



**DoH Future Planning Model Consultation
Integrated Care System (NI) draft Framework**

16th September 2021

The British Dental Association (BDA) is the voice of dentists and dental students in the UK. As the recognised trade union and professional body, we represent all fields of dentistry including general practice, salaried primary care dental services, the armed forces, hospitals, academia, public health and research.

We are grateful for the opportunity to provide feedback on the draft Framework.

At the outset, the extremely challenging context dentistry is operating under, particularly post-pandemic are well documented. Without significant reform, these pose a real threat to the future sustainability of General Dental Services, and to the provision of Community and Hospital dental services. We need to see a new strategic approach to oral health provision that will deliver better outcomes for our population, and our dental workforce.

Firstly, we point to the mixed signals coming out of the draft Framework in relation to the timeframe for reforming how services are commissioned. 1.9 refers to, 'reforming services and addressing the backlog to ensure future sustainability 'being a complex and *longer-term issue*', while 2.4 states, 'we must *now* build on the lessons we have learnt'. Clarity on timescales for this reform agenda is key, while the need for the utmost urgency to advance dental reform, including a new GDS contract underpinned by an updated oral health policy is obvious.

We welcome the acknowledgement in 2.8 to transforming how we design, plan, manage and deliver HSC services in ensuring the sustainability of our services. 2.11 refers, 'local providers and communities must be empowered to work in partnership, including HSC Trusts, independent practitioners and the voluntary and community sectors.' Moreover, the draft Framework envisages an Integrated Care System model whereby, 'local providers and local communities come together to plan care and services for their area'.

Dental representation on AIPBs

Our concerns primarily lie with only very scant reference to the role of Family Practitioner Services, independent contractors, and that no mention whatsoever is given to dentists being involved directly with Area Integrated Partnership Boards (AIPBs). In contrast, the relationship between HSC Trusts and GPs on AIPBs, 'has been highlighted as pivotal' (10.4), while it is proposed that each AIPB should initially be co-chaired by HSC Trusts and GPs. (10.2). Under minimum membership in 10.6, there is no mention of dentistry.

In 11.4 the draft Framework does set out an ambition at the Community level of, 'optimising the utility of all commissioned *family practitioner services*'. If that's the stated aim, then a role for dental input at a decision-making level is surely a pre-requisite.

Dental input into local commissioning arrangements

The draft Framework does state an ambition for sectors/professions/organisations to bring forward the views of their sector as a whole on general topics, under 12.8. Ideas mooted in 12.10 to facilitate profession or sectoral views include establishing a 'Partnership Forum' or 'Partnership Board' that would sit alongside the structures, with such a forum being responsible for collating and securing the views of their sector, and being able to provide one or two nominated individuals as formal members of the Area level AIPB.

BDA considers it to be essential that dentists -alongside their GP and pharmacy colleagues - are afforded the opportunity to provide meaningful, direct input into all tiers of the new local commissioning arrangements. Facilitating engagement from existing local structures, such as Local Dental Committees (LDCs) which are organised along HSC Trust boundaries seems a logical starting point. Dentists have been represented on Local Commissioning Groups in the past.

In addition, the future role of 'All Area LDC meetings' which has been a useful platform for discussing local dental issues with the HSCB, is unknown. We would ask for such a mechanism to continue to maintain that dialogue between the profession with local commissioners.

Further detail in relation to AIPB composition, including minimum membership and what safeguards will be in place to maximise input by sectors/professions/organisations is required.

Inclusive of dentistry for better outcomes

Finally, we note the aspiration in Appendix A that the Trust/GP partnership, 'is not seen as an exclusive, 'inner circle' but rather an enabler for effective broader partnership'...and that, 'all levels of functioning Integrated Care System (ICS) need appropriate inclusion, parity of esteem and equality of influence on decisions'.

Getting the right engagement structures in place will be key to realising this aspiration and striving to be more inclusive to sectors that have been previously on the margins, such as dentistry.

Our overarching ask is to ensure dentists are fully considered, and included in these new structures, in a similar vein to the important role envisaged for GPs and pharmacists. This would reflect the important contribution oral health makes towards general health and wellbeing, and the unparalleled opportunity to better meet the local needs of the population through working more collaboratively working going forward.