

Somerset Council  
Scrutiny Committee  
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NHS Dentistry Services in Somerset

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Executive Lead Member: Sukeina Kassam, Deputy Director of Primary Care

**1. Division / Local Member: Summary**

- 1.1. The Health and Social Care Act established Integrated Care Board's (ICB) as legal entities, allowing the delegation of primary care commissioning functions. Now that these functions are delegated, responsibility for discharging them moves to the ICB but NHSE retains overall accountability for the discharge of its responsibilities under the Act.

Since April 2023 NHS Somerset ICB was delegated commissioning authority for Pharmacy, Optometry and Dentistry.

### **Overview of Pharmacy Commissioning**

Pharmaceutical Services are commissioned from independent contractors, Community Pharmacy, Dispensing Doctors and Dispensing Appliance Contractors. Community pharmacy contractors comprise 'bricks and mortar' pharmacies and distance selling pharmacies.

There are not generally individual contracts for pharmaceutical services commissioning, there is a contractual framework laid out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. In order to provide NHS pharmaceutical services, the contractor must be on their local pharmaceutical list.

Access to pharmaceutical lists is controlled by regulations, the process for this is the responsibility of the ICB. Once on the list, contractors must meet their terms of service including providing essential services in line with the contractual framework and can choose to provide advanced services if they meet the requirements of those services. Distance selling pharmacies are not permitted to provide essential services to patients face-to-face at their listed premises, although they can provide advanced and enhanced services face to face.

Essential and advanced services are commissioned nationally. ICBs can commission pharmaceutical services locally as Enhanced Services (which comply with Directions) or through flexible Local Pharmaceutical Services contracts. They may also commission other services from pharmacy under the terms of the NHS Standard Contract.

ICBs are responsible for recognising Local Pharmaceutical Committees (LPCs) within their ICB area and must consult LPCs in respect of the delegated pharmaceutical functions as required by the regulations and the Pharmacy Manual. ICBs should work closely with LPCs on integration and implementation and uptake of clinical services.

Health and Wellbeing Boards are responsible for assessing the pharmaceutical needs of their local population and publishing and updating

the Pharmaceutical Needs Assessment. ICBs need to commission pharmaceutical services to meet the needs of their population.

Community pharmacy contractors' contracted hours consisting of core hours, which all contractors have, and supplementary hours, which are additional opening hours and can be amended by the pharmacy by notifying the ICB.

Payments for pharmaceutical services are made by the NHS BSA. Essential and Advanced services are paid for from the £2.592bn CPCF budget. ICBs must identify additional local budgets to commission services via any other contractual mechanisms.

NHS BSA also support performance management, provider assurance, including administration of CPAF, and post-payment verification of contractor claims to support ICBs in financial recovery where appropriate.

The pharmacy regulator, the General Pharmaceutical Council register both premises and professionals (Pharmacists and Pharmacy Technicians) and set professional standards.

Primary Care Support England (PCSE) support Pharmacy Market Administration Services, including all market entry applications and consolidation applications.

See also [Community Pharmacy Explained, Kings Fund](#).

### **Overview of Optometry Commissioning**

A General Ophthalmic Services (GOS) contract enables independent contractors to carry out NHS-funded sight tests, redeem optical vouchers and receive remuneration for delivered patient activity. GOS is a nationally agreed regulatory and contractual framework, and is contracted on an **any qualified provider (AQP)** basis.

There are two types of GOS contracts – Mandatory services (delivered at fixed premises such as a high street optical practices) and Additional services (domiciliary or mobile services delivered in patients' homes, residential care homes or day centres). Contractors can hold one or both types, and both contracts are awarded on an AQP basis.

Contractors need to declare as part of the contract application the hours by weekday that they intend to offer GOS.

ICBs award GOS contracts and are responsible for the decision-making, management and assurance of contracts/contractors. NHSBSA provides end-to-end administration of the contractor application process. Applicants need to meet specific eligibility criteria covering workforce, business arrangements, premises and equipment. NHSBSA also administers the process for varying and terminating contracts, submitting the associated paperwork to ICBs for approval.

GOS contracts run in perpetuity, unless the contractor gives notice to terminate or the commissioner issues a termination notice based on one of the specific circumstances listed in the Policy Book for General Ophthalmic Services.

GOS is demand-led. The contract does not carry any upfront financial allocation.

Primary Care Support England (PCSE) (aka Capita) operates the GOS payment system. This includes claims for sight tests and optical vouchers, as well as grants for Continuing Professional Development and supervision of trainee optometrists.

Additional services contractors intending to provide services to patients in their own homes, residential care homes or day centres must submit a pre-visit notification.

Primary Care Support England (PCSE) manages this process. Should the contractor be unable to carry out the visit on the day, they can substitute with another pre-notified patient and venue. Contractors are required to seek approval from the ICB for the substitution.

Optometrists and Ophthalmic Medical Practitioners wishing to work in NHS primary care need to be registered with the NHS England Performer List. PCSE operates the system, with new applications reviewed and approved by Optometric Advisers.

The General Optical Council register professionals, optometrists and dispensing opticians, and set professional standards. There are also Ophthalmic Medical Practitioners delivering primary care eye care services. They are registered by the General Medical Council.

ICBs will need to commission services to meet the needs of their population. ICBs can commission locally enhanced services. This sits outside of the GOS framework and includes Minor Eye Care Services (MECS), Urgent Eyecare Services (UES), Primary Eye Care Acute Referral Scheme (PEARS), Glaucoma monitoring services and Post-cataract follow-ups.

## **Overview of Dental Commissioning**

There are two types of NHS dental contracts: **General Dental Services (GDS)** contract and **Personal Dental Services (PDS) Agreement**.

GDS and PDS are nationally agreed regulatory and contractual frameworks.

GDS contractors must provide **mandatory services** and can provide **additional services**. They are not time limited and do not have a fixed expiry date.

PDS Agreements allow contractors to provide mandatory services or additional services. They are time limited and have a fixed expiry date (usually five years) however, contractors providing mandatory dental services with a PDS agreement can convert this activity to a GDS Contract.

ICBs contract directly with independent contractors (dental practice owners), who then employ and / or subcontract with staff to deliver NHS dental services.

Dental Public Health Consultants are responsible for assessing the oral health needs of their local populations and publishing and updating the Oral Health Needs Assessment. ICBs will need to commission dental services to meet the needs of their population.

Current contracts are based on existing arrangements. The commissioner will need to determine whether any new contracts or temporary arrangements must be competitively tendered and procured in accordance with procurement law and any procurement protocol issued by NHS England.

Contractors are expected to deliver UDAs or other quality measures. Contractors submit FP17 claims to determine their contract attainment as part of the year-end reconciliation.

Payments for NHS dental services and any other payments under the SFE are made by the NHSBSA. NHSBSA supports commissioning teams with national contract and performance management activities, including the Year-End reconciliation/Mid-Year review, and also with national/local clinical assurance reviews

The General Dental Council register all dental professionals and set professional standards.

Dentists wishing to work in NHS primary care need to be registered with the **NHS England Performer List**. PCSE operates the system, with new applications reviewed and approved by Dental Practice Advisers.

Providers of dental services must be registered with the Care Quality Commission (the independent regulator of Health and Social Care in England). ICBs will need to collaborate with CQC to review relevant documentation relating to concerns and complaints.

The GDS contract and PDS agreements confirm the hours that NHS dental services are provided.

## **2. Issues for consideration / Recommendations**

- 2.1.** Members are asked to note that NHS Somerset has now taken over the delegated commissioning function of Pharmacy, Optometry and Dentistry, considering it already has delegated responsibility for General Medical Services.

Since taking over responsibility, NHS Somerset along with all the Integrated Care Boards within the Southwest Region are supported with by subject matter expert resource from the pre delegation NHSE/I teams into a Collaborative Commissioning Hub team. This employment of this team is currently hosted by NHS Somerset ICB.

During and since the delegation of POD services there have been national pharmacy and dental closures mainly due to the national economic impact on businesses.

Somerset ICB is actively working with all stakeholders to implement a recovery plan to help support access across these services, with a particular focus on areas of health inequalities.

## **3. Background**

- 3.1.** Primary care access has long been an area of contention; our Somerset plan seeks to address patient satisfaction and improve overall access to all services including Pharmacy, Optometry and Dentistry.

## **4. Consultations undertaken**

- 4.1.** We are in a period of engagement with all relevant stakeholders to ensure a system-wide, collaborative response.

## **5. Implications**

**5.1.** N/a

## **6. Background papers**

**6.1.** Please find the attached a focussed presentation on Dental which will accompany a verbal update.

**Note** For sight of individual background papers please contact the report author