

Health and Wellbeing Board

10 January 2025

Pharmacy, Optometry and Dental Services Delegated to the ICB

Recommendation

That the Health and Wellbeing Board

- 1) Notes the report on the delegation of responsibility for Primary Pharmacy, Optometry & Primary and Secondary Dental Services from NHS England to the Coventry and Warwickshire ICB taking effect from on 1st April 2023 and the processes outlined for the management and governance of these arrangements; and
- 2) Notes the status of the services delegated as outlined in this report.

1. Executive Summary

- 1.1. Coventry and Warwickshire ICB received delegated responsibility for commissioning Primary Pharmacy, Optometry and Secondary Dental services from 1st April 2023.
- 1.2. This Report details the governance arrangements, process for commissioning and contracting services and the performance of the current service.

2. Background and Governance Arrangements

- 2.1. Pharmacy is one of the 4 pillars of primary care, along with general practice, optometry and dentistry. Delegation from NHSE to the ICB occurred on April 2023 and brings the potential for primary care services to work in a more integrated way to deliver care, and for improved communication between primary and secondary care providers.
- 2.2. During this transition it was agreed that the Pharmacy, Optometry and Dental (POD) Commissioning Team working within NHSE who managed these contracts would be split into two, one for East and West Midlands to maintain their specialist knowledge and benefits of commissioning at scale. This Office of the West Midlands (OWM) was set up on behalf of the 6 WM ICBs and the team is hosted by the Birmingham and Solihull ICB. The team who manages all Pharmacy, Optometry and Dental contracts across the WM (approx. 4,000 contacts) consists of 24 people and they work on behalf of the ICBs.
- 2.3. The POD contracts are nationally negotiated and mandated contracts and neither the ICB nor NHSE are able to change or amend the terms and conditions. The contracting processes are nationally stipulated and implemented nationally by NHSE.

- 2.4. The ICB can choose to commission additional services over and above core POD provision using a standard NHS contract, but this can only be for additional services over and above that which has to be provided in the national contracts and there any funding for this would have to come from existing ICB Primary Care budgets.
- 2.5. The governance arrangements for the delegated and devolved functions are through joint committee arrangements between the 6 West Midlands ICBs, the West Midlands Collaborative Commissioning Board meets quarterly. This meeting is supported by a monthly Joint Commissioning Group for Pharmacy, Optometry and Dental led by ICB Directors of Primary Care.
- 2.6. In Coventry and Warwickshire local governance arrangements have been set up to engage with provider groups, develop a strategic direction and manage operation decisions. There are regular individual provider group meetings including the local committees and network chairs and from March 2025 a Pharmacy, Optometry, Dental and Medical Collaborative Forum will commence to support closer working between provider groups and develop a joint strategic direction.

3. Pharmacy Services

Responsibility for managing Pharmacy contracts and Performance.

- 3.1. The OWM manages all pharmacies which are delivering services under the national contractual framework, and management of 2 remaining Enhanced Services, following implementation of the national Pharmacy First Scheme.
- 3.2. The OWM management of pharmacies includes; Fitness to Practice checks for Change of Directors, Superintendent Pharmacists, market entry (i.e. applications to provide new pharmacies (unmet Need), change of hours, change of locations and market exit, including consideration of removal from the pharmaceutical list and also CPAF (Community Pharmacy Assurance Framework) visits, which is how we are assured of the quality of services provided.
- 3.3. There is a West Midlands Pharmaceutical Services Regulations Committee (PSRC) which has nationally set terms of reference and has a pharmacy lay member as part of the decision-making process. All market entry and exit application, remedial breach and breach notices are considered by PSRC and there are very detailed legal regulations that have to be considered for any new application. Applicants can appeal decisions of the PSRC through NHS Resolution, who can overturn our decisions.

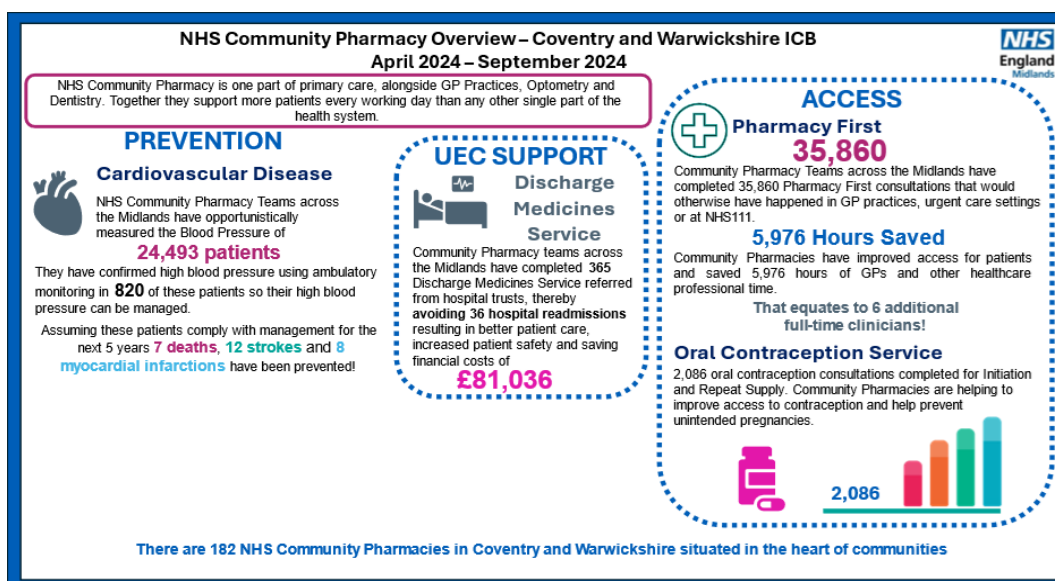
Pharmacy Needs Assessment (PNA)

- 3.4. The purpose of the PNA is to assess local needs for pharmaceutical service provision across Coventry and Warwickshire. It should identify any gaps in service or unmet needs of the local population. It should also identify any services that pharmacies could provide to address these needs, and to promote them to Coventry and Warwickshire's population to improve uptake of these services.

- 3.5. The last PNA for CW was developed in October 2022 and this exercise is repeated every 3 years (next due in October 2025- with working already begun on this). The HWB Board has a statutory responsibility to publish and keep up to date the PNA for the population in its area through supplementary statements. Supplementary statements are a way of updating what the PNA says about the availability of pharmaceutical services and once issued becomes part of the PNA. Supplementary statements cannot provide updates on pharmaceutical needs which is done every three years through a review of the PNA.
- 3.6. Recently in CW, the supplementary statement was written due to a number of pharmacy closures/consolidations in the area (detailed below).
- Closure of pharmacies
There have been: 4 closures in Warwickshire / 7 closures in Coventry and 1 internet pharmacy closure
 - Consolidation of pharmacies
There have been: 2 consolidations in Warwickshire / 2 consolidations in Coventry
- 3.7. Overall, the supplementary statement found that it is not anticipated that these closures and consolidations will result in a significant or detrimental impact on access to pharmaceutical services for our population, with an in-depth assessment needing to be carried out to further understand the implications of the recent change in provision. This will be considered in more detail as part of the next full Pharmaceutical Needs Assessment (PNA) process, which is due to be published in October 2025.

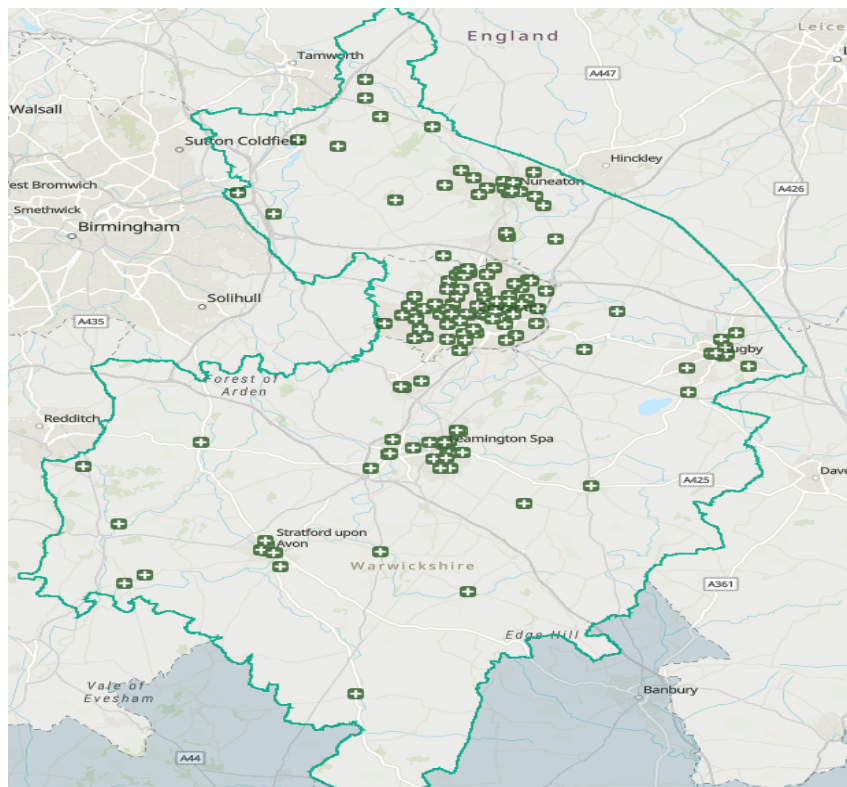
Pharmacy First

- 3.8. Pharmacy First was introduced to allow patients who have certain low acuity conditions to be seen in a Community Pharmacy and treated rather than a GP. This is funded via NHSE with pharmacies reimbursed £15 per consultation. Currently on average around 6000 consultations taking place in pharmacies per month from 183 of the 185 CW pharmacies.



3.9. Location of Pharmacies: There are currently 200 pharmacies within Coventry and Warwickshire. The map below shows the CPs in C&W, there are 12 distance selling pharmacies whose head offices are registered in C&W but these supply medicines even outside the county. Other choices of distance selling pharmacies can be accessed on:

www.nhs.uk/Service-Search/other-services/pharmacies/internetpharmacies



3.10. Pharmacy Overview

Successes	Opportunities	Challenges
<ul style="list-style-type: none"> Roll out of the Pharmacy First initiative in 2024 so that patients can access prescription-only medicine without needing to visit a GP e.g. for UTI treatment. 183/186 pharmacies in CW signed up. Upskilling of community pharmacists so that more pharmacists are able to make prescribing decisions without 	<ul style="list-style-type: none"> Coordinated approach and improved IT between General Practice and Pharmacies to increase pharmacy first activity and support patient access. Build relationships with PCNs to maximise service opportunities. Supporting self-care, health promotion; role in prevention including smoking cessation; 	<ul style="list-style-type: none"> Threat of pharmacy Viability due to national contract changes. Many making a loss leading to closures. Recruitment issues, most pharmacies have vacancies. New Pharmacists will be independent prescribers needing significant supervision

<p>patients having seen their GP first.</p> <ul style="list-style-type: none"> Expand GP Connect to enable GP practices to share and view health records and appointments 	<ul style="list-style-type: none"> Develop training and support offer for pharmacists. Local Pharmacy Committee, Network chair and ICB will jointly design a local 	
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4. Dental Services

- 4.1. Following the Health and Social Care Act 2022, Integrated Care Boards (ICBs) were legally established on 1st July 2022 as the statutory NHS organisation responsible for developing a plan to meet the health needs of the population, managing the NHS budget and arranging for the provision of health services in geographical areas. Since the Act, Local Authorities also have had a statutory role in assessing local oral health needs and commissioning evidence based oral health improvement programmes appropriate to those needs, which is a critical element of prevention and health protection.
- 4.2. The OWM Team work in liaison with colleagues in CW ICB primary care team and are informed by the Managed Clinical Networks and Dental Public Health consultants, clinical advisors and Network chairs. The team also consult and work collaboratively with the Consultants in Dental Public Health, Local Dental Committees (LDCs), Local Dental Network (LDN) and Managed Clinical Networks (MCNs) to enhance care delivery and to be active members of the local Oral Health Promotion and Oral Health Operational groups.
- 4.3. In February 2024 the government published Faster, Simpler and Fairer: our plan to recover and reform NHS dentistry. This contains a number of initiatives to improve oral health and access to dental care. This includes plans designed to incentivise dental teams to provide NHS dental care and take on new patients and plans to increase the dental workforce to make it easier for practices to recruit new staff.

Overview of Dental Services

- 4.4. NHS dentistry provides treatment that is clinically necessary to keep mouths, teeth and gums healthy and free of pain. Dental services are provided by a range of providers and in a number of settings to meet the dental needs of our population, these include:
- Primary Care Dental Services
 - Community Dental Services
 - Secondary Care Dental Services
- 4.5. Primary Care Dental Services provides care to patient within a primary care setting. There is no national registration system in dentistry like there is in general practice. People do not need to be registered with a dentist to receive NHS care and could go to any dental practice that holds an NHS contract for treatment and is accepting NHS

patients, without any geographical or boundary restrictions. Once a patient is accepted for an assessment of their treatment needs the practice cannot refuse to complete the course of treatment. Once the treatment is completed, the dental practice does not have ongoing responsibility for their dental care, though some NHS treatments, such as fillings, crowns and inlays, are covered by a 12-month guarantee. Dental practices can choose to restrict the number of NHS patients that they treat, as commissioners we have no direct influence on this.

- 4.6. Community Dental Services provide dental care for patients (adults and children) with more specialist needs. This might include people who need services such as general anaesthetics or sedation, orthodontics, or adults and children with particular needs such as physical or learning disabilities, medical conditions, people who are housebound and people experiencing homelessness. Community dental services are provided in a range of settings including mobile clinics, people's own homes or care homes, hospitals and specialist health centres.
- 4.7. Most Secondary Care Dentistry is provided by NHS hospitals, including the 10 NHS specialist dental hospitals in England. It includes services such as complex oral surgery, oral and maxillofacial pathology, dental and maxillofacial radiology. Secondary and tertiary care dental providers have an important role in providing dentistry training and may also provide emergency primary care dentistry.

Overview of the National Dental contract

- 4.8. The current Primary Care Dental Contract came into being in 2006. The contract is negotiated and agreed at a national level each year. The ICB have no powers to vary the terms and conditions of the contract in any way, with the exception of annually set and agreed activity plans.
- 4.9. Dental Providers are paid via Unit of Dental Activity (UDA) rate and activity levels for each provider contract in each contract were originally based on the delivery of activity from 1st October 2004 to 30th September 2005 inclusive. Activity levels are reviewed each year against actual activity delivered and adjusted accordingly to commission services for local populations using flexible commissioning frameworks.
- 4.10. Activity and payment fall in to "Bands":
- Band 1- £26.80 check-up / x-ray if needed / scale & polish if clinically justified worth 1 UDA
 - Band 1 £26.80 urgent focus on this 'immediate problem' worth 1.2 UDA
 - Band 2 £73.50 including fillings and extractions worth 3 UDA (with more complex cases now worth 5 or 7 UDA)
 - Band 3 £319.10 involving lab work – crowns, dentures, bridges worth 12 UDA.
 - Activity is provided by the Provider or dentists supported by other dental care professionals (DCP) such as therapists and hygienists.
 - Urgent treatment: £26.80 X-ray, examination, repairing, removal, filling
- 4.11. Contract holders are paid an annual value in 12 monthly instalments to deliver activity measured in units of dental activity UDA or units of orthodontic activity UOA.

The payment has deductions made for any charges paid by the patient – patient charge revenue PCR. The value per UDA varies based on historic pre-2006 baselines or terms of procurement and subject to annual increase recommended by Doctors and Dentist Review Body (DDRB).

4.12. It is recognised nationally that the national PC Dental Contract needs reforming and since March 2022, the national team has commenced work on transforming the dental contract, with the first step announced in the ‘first stage of dental contract reform’ letter, published by NHS England on 19th July 2022. This included:

- Introduction of enhanced Units of Dental Activity (UDA) to support patients who have higher clinical needs whilst recognizing the range of different treatment options;
- Recognising that recruitment and effective delivery of care in some parts of the country is restricted by very low UDA values which impacts on patient access. To address this position, a minimum indicative UDA value of £23.00 was introduced from 1st October 2022;
- Renewed guidance and monitoring of patient recall periods;
- Improved use of clinical skill mix (such as therapists and hygienists) in NHS dental care to support access to services;
- Improved information for patients by requiring providers to update the Directory of Services more regularly.

4.13. There are a number of differing dental services available from providers for the population of Coventry and Warwickshire, depending on condition and need. These are listed below;

General Dental Services

- 105 General Dental services contracts (down from 115 in 2019)
- 1,310,424 units of dental activity commissioned

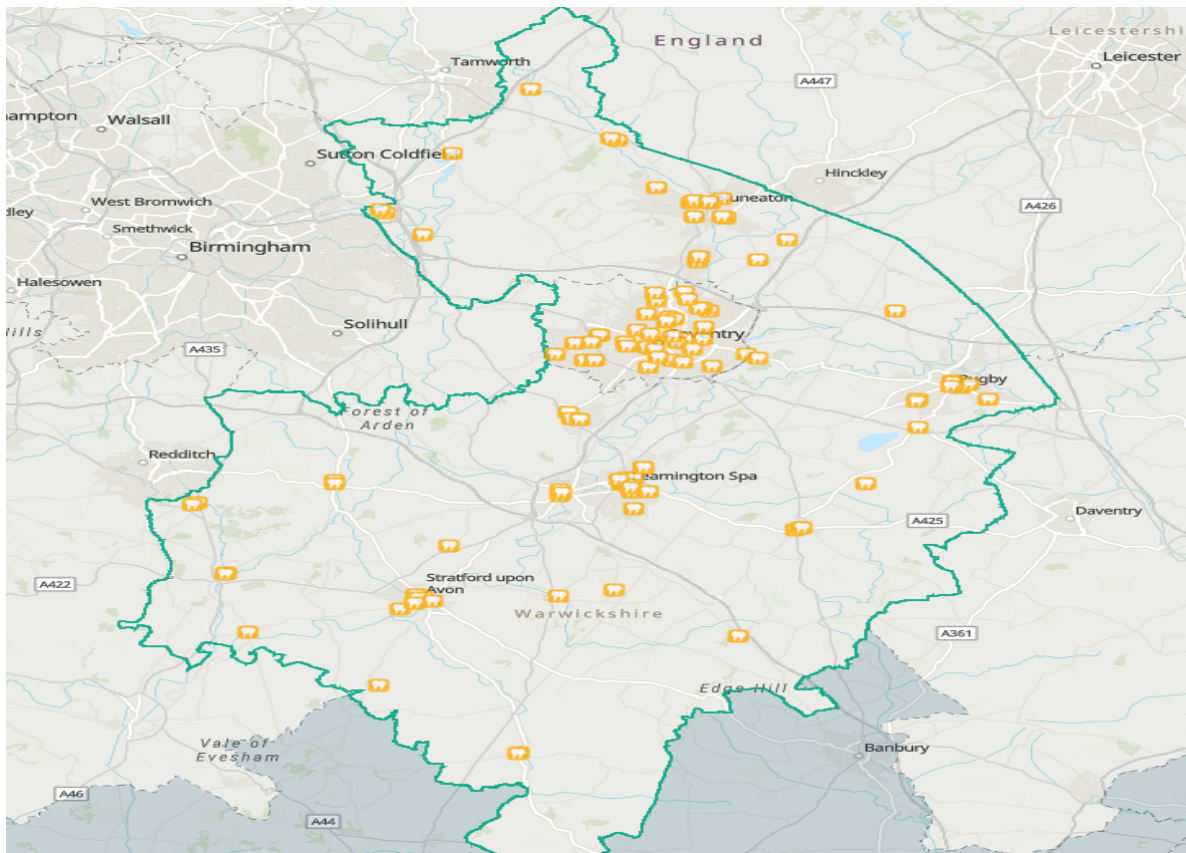
Orthodontic Services

- 6 Personal Dental Services contracts providing Orthodontic treatment
- 61,093 Units of Orthodontic activity commissioned – total of 2909 cases
- 10 General Dental services contracts providing orthodontic treatment
- 10,671 Units of orthodontic activity commissioned – total of 508 cases

Other Services

- 1 Domiciliary contact
- 2 Out of Hours services covering bank holidays and weekends
- 4 practices providing Paediatric support to Community Dental Services
- 5 practices providing support to vulnerable patient groups
- 3 practices providing weekday urgent access sessions linking with NHS 111 for patients who require urgent dental treatment
- Community Dental Services – George Elliott Hospital & Coventry & Warwickshire Partnership Trust
- 11 practices providing Minor Oral Surgery services

4.14. The map below shows the NHS General Dental service providers located in Coventry and Warwickshire:

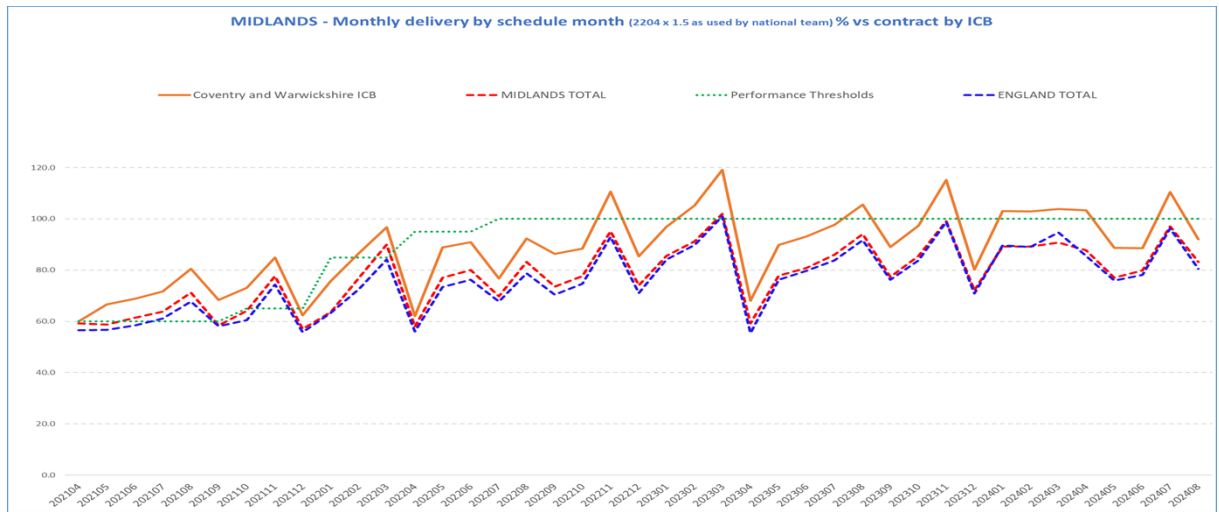


Coventry and Warwickshire Provider Dental Contract performance.

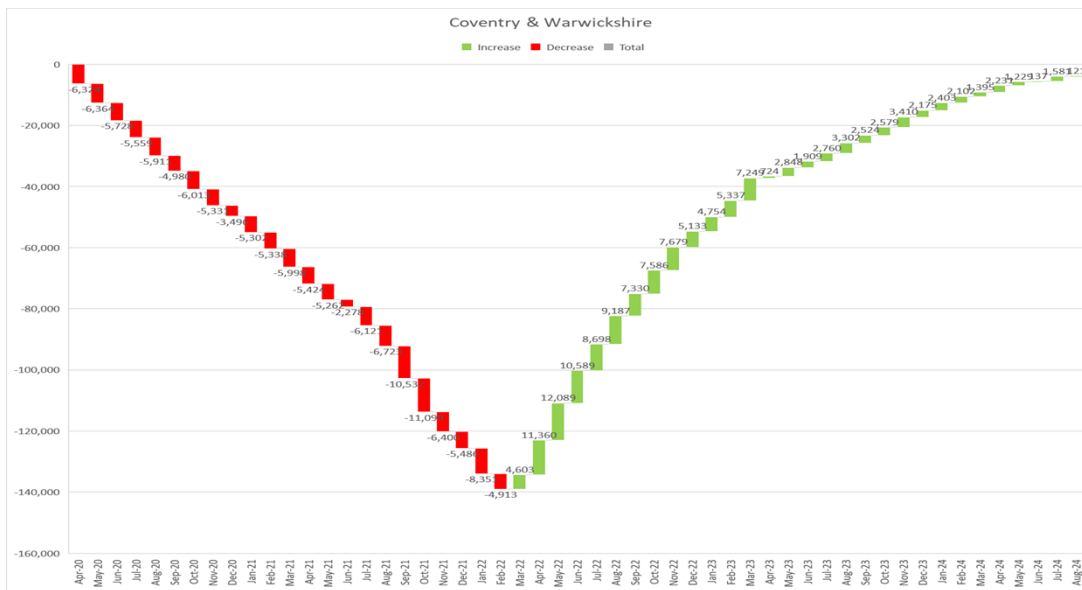
4.15. Dental providers in Coventry and Warwickshire continue to perform well when benchmarked with other ICBs nationally. This has helped in the recovery of dental services across the system. This has mainly been due to the number of independent providers dominating the dental market as opposed to corporates. In addition, C&W have a greater number of other dental service providers delivering a broader range of services in a primary care setting which in turn takes pressure of secondary care services e.g. intermediate oral minor surgery and community dental services in a community setting.

4.16. A key marker of performance used locally and nationally is the number of new patients registered with an NHS dentist and UDAs compared to pre covid. Covid-19 had a significant impact on all Dental services, but in the case of Coventry and Warwickshire, it is one of only two systems in England who have returned to pre-2019 levels for both new patient registrations and activity. This performance is shown in the following graphs:

Graph 1: Delivery of UDA activity – trends and comparison to Regional and National



Graph 2: Access: Overall trend for ICB 24-month new patient count changes



Dental Services Equity Audit Needs assessment

4.17. The ICB recognises that there are health inequalities across the CW Geography. A report by the regional dental public health team has highlighted a number of these gaps, which will form the basis of a future local Dental strategy. The aim of this was to support planning of service developments relative to the health needs across Coventry and Warwickshire. The method was an assessment of primary care dental access rates for children and adults by ward alongside available oral health and deprivation data. Key take away data from this review can be seen in the following tables:

% Prevalence of decay experienced in 5-year-olds Warwickshire

Year	Warwickshire	WMs	England
2008	20.6	28.9	30.9
2012	20.0	26.0	27.9
2015	26.3	23.4	24.7
2017	21.6	25.7	23.3
2019	15.1	22.7	23.4
2022	17.7	23.8	23.7

This does not show the full picture as for example, there are pockets of high prevalence e.g. Leamington Brunswick (Warwick) with a prevalence of 47.6%

Adults wards with comparatively poorest dental access across Warwickshire

Ward	LA
Atherstone Central	North Warwickshire
Dordon	North Warwickshire
Wem Brook	Nuneaton and Bedworth
Abbey	Nuneaton and Bedworth
Benn	Rugby
New Bilton	Rugby
Alcester Town	Stratford-upon Avon
Alcester & Rural	Stratford-upon Avon
Guildhall	Stratford-upon Avon
Bidford West & Salford	Stratford-upon Avon
Brailes & Compton	Stratford-upon Avon
Red Horse	Stratford-upon Avon
Kinwarton	Stratford-upon Avon
Studley with Sambourne	Stratford-upon Avon
Tanworth-in-Arden	Stratford-upon Avon
Studley with Mappleborough Green	Stratford-upon Avon
Leamington Brunswick	Warwick
Leamington Clarendon	Warwick
Kenilworth Abbey & Arden	Warwick

It is again important to recognise that there are nuances to any review; For example;

- Nuneaton and Bedworth – good provision but low access
- Leamington – high disease levels and only one ward with access issues
- Rugby – good provision but low access.
- Atherstone – good provision but low access

4.18. Although this data illustrates a significant improvement since the pandemic, there are clearly gaps in provision. As an example, there are 10 fewer dental surgeries delivering NHS care than in 2019 and in the more rural and affluent areas of Warwickshire access to NHS Dentistry is limited. To provide context the national Audit Office undertook a detailed review of Dentistry, and the findings can be seen in the following link.

[Investigation into the NHS dental recovery plan](#)

Actions to support Access to Dental Services

4.19. It is important to recognise that the NHS dental budget only covers 55% of the population and that those dental practices, even with NHS contracts, are not obliged to continue delivering NHS services. In CW the UDA rate is £33 against a national

average of £23, but there remains a dwindling number of Dentists that wish to deliver NHS care.

4.20. Recognising these issues and the difficulty of some people in accessing dental services, the £1.4m underspend from under performance of contracts in the dental budget is being targeted at those dental practices in areas of highest deprivation and lowest levels of NHS dentistry to support people to access dental services. This will be supported further in 2025/26 with £1m savings made from the new IMOS contract and working with Dental Public Health, to support further education programmes.

4.21. There are no current procurements taking place for new Dental surgeries outside of the IMOS process. This is because of the budgetary constraints and the fact that there remain practices who will take on extra work if funding is available. Plans to procure a new dental practice in Rugby have halted as the existing dental practices in Rugby are delivering significantly higher levels of dental activity now which narrows the commissioning gap to just 8,231 UDAs and this is well below the level that we would procure. Additional UDAs will be commissioned in Rugby, which has been identified within the C&W Dental Services Equity Audit as the 2nd highest priority area, as funding becomes available via future contract terminations, rebases including unilateral rebases and savings from the IMOS procurement.

4.22. Dental Overview

Successes	Opportunities	Challenges
<ul style="list-style-type: none"> • CW 2nd best performing ICB for Dental access and recovery in England • Continuing to undertake oral health assessments and increase dental hygiene in children and young people - targeting prevention interventions. • New patient premium has increased number of patients with an NHS dentist 	<ul style="list-style-type: none"> • Further expansion of the Flexible Commissioning scheme which provides care for patients from underserved communities. • Need quicker and more UDA flexibility to support activity across the system. How meet needs in rural and more affluent areas. • Workforce – better in C&W than some areas – Coventry University are looking to expand training into dental teams including nursing- this is an opportunity the system needs to maximise alongside links to the training hub. • Addressing the impact of social inequality for not only dental decay, but also tooth loss, oral cancer, oral health and on people’s quality of life particularly in early years under 5 	<ul style="list-style-type: none"> • Access to NHS Dentistry is not uniform, gaps especially in South Warwickshire • Contract tiers and financial reward makes it over complicated and impacts on viability of delivering NHS dentistry. • Dental incomes have dropped and therefore private practice is far more attractive – for a practice to work it has to have private work. •

	<ul style="list-style-type: none"> • Jointly develop the Oral Health Needs assessment with Public Health and Dental colleagues to support a future strategy 	
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5. General Ophthalmic Services (GOS)

- 5.1. Since 2008, to provide General Ophthalmic Services (GOS) provider must hold an NHS contract with NHS England through the delegation arrangements detailed in section 2 of this report. The contract type will depend on whether the patient travels to the contractor or the contractor travels to the patient.
- 5.2. Entitlement to GOS is based on meeting the eligibility criteria as detailed in the Primary Ophthalmic Services (POS) Regulations, which is supported by satisfactory evidence that the person is eligible regardless of where they live, unless the contractor, in cases other than where the patient is a person as specified in the regulations, already has satisfactory evidence available to it. The contractor must also be satisfied the testing of sight is clinically necessary and appropriate.
- 5.3. There are two types of contracts available to a contractor:
- **Mandatory services contracts (also known as high street services)** are required where GOS will be delivered from fixed premises, e.g. in a high street. Contractors can have multiple premises within a commissioner's area but these only require one mandatory services contract, with each separate premises entered into the standard GOS contract.
 - **Additional services contracts (also known as domiciliary or mobile services)** are required where GOS will be delivered to eligible patients at their place of residence. This is where the contractor travels to the patient. An additional services contract should ideally cover the whole of the geographical area of the NHS regional team. However, due to the size of the boundaries, additional service contractors are not obliged to cover the whole area and commissioners should agree a reduced provision area, where this is requested. Contractors can hold both types of contracts at the same time.
 - **Dispensing only practices** – As GOS contracts cover the NHS sight test only, dispensing only practices are not required to hold a contract with commissioners in order to dispense spectacles or contact lenses. However, they are required to register with the General Optical Council (GOC) and may also be visited under the Post Payment Verification (PPV) purposes.
- 5.4. There are currently 67 Optometry providers within Coventry and Warwickshire. Currently the contracts are significantly overperforming due to an increase in people eligible for an NHS funded sight test taking up the offer.

5.5. Optometry Overview

Successes	Opportunities	Challenges
<ul style="list-style-type: none">• Implementation of an electronic referral platform which will allow community optometrists to send routine referrals directly to the patients' chosen hospital or single point of access.	<ul style="list-style-type: none">• Utilise skill and capacity in Optometry workforce, who have both skills and capacity to receive and treat patients with eye complaints.• Working with our primary and secondary care providers to explore ways in which primary Optometry services can be expanded to alleviate system pressures and contribute to better access and experience for patients.	<ul style="list-style-type: none">• Competition introduced and deregulation of dispensing, changed the entire landscape. Made it very hard to be profitable.• It is the cross subsidy of selling glasses and lenses that is subsidising the cost and funding for the eye exam.• Relationship and feedback from acute providers sporadic at best following a referral for abnormalities.