Community Dental Health (2015) **32,** 1–2

doi:10.1922/CDH_Hearnshaw02

Editorial

Local Dental Networks: Trendy or Transformational?

Simon Hearnshaw BDS MFGDP

General Dental Practitioner and Chair of North Yorkshire and the Humber Local Dental Network

In England, the NHS is undergoing a period of change stimulated by the need to improve standards of care for increasing numbers of patients and an ageing population against a back drop of limited resources. The CEO of NHS England, Simon Steven's five years forward view offers a conceptual plan for the future including a plan for resourcing the NHS but also introducing a framework for modernization and change (NHS, 2014). The NHS plan backs prevention and in particular "hard hitting" public health measures. It also talks about developing out of hospital care, removing barriers to integrated care and developing local solutions. The plan talks about local flexibility, backing diverse solutions and local leadership in place of the "distraction" of further national reorganization. Finally, the plan demands that the NHS does its part to sustain and improve.

In 2013 the NHS Commissioning Board (NHS CB) inherited over 10,000 primary care dental contracts with a budget of £2.8 billion and the responsibility for commissioning secondary dental services with a budget of £600m. In its publication Securing Excellence in Dental Commissioning it states that "*The NHS CB's vision is for a NHS that promotes health and wellbeing; which provides care that is centred on patients, is evidenced, informed and innovative, to achieve high quality, best outcomes for patients and value for money. The Board will focus on reducing unwarranted variation in the delivery of care and to reduce health and care inequalities by maintaining access and improving quality, particularly for children and disadvantaged groups*" (NHS CB, 2013).

The document goes on go on to describe a central pillar of clinical leadership nationally, engaging locally with dental practitioners via Local Dental Networks (LDNs) The LDN is hosted and supported by NHS England area teams and are part of a family of clinical networks across the commissioning and provider services that are working with NHS England as a catalyst for positive change in the NHS.

Within each LDN commissioners, Public Health England (PHE), clinicians and a representative of the public will work collaboratively and innovatively to improve services locally, but with excellent communication channels to national leadership so that tested local commissioning can be considered in other areas if appropriate. With a new Primary Care (public funded high street service) contract and a Specialist Care delivery framework based around a care pathway approach, the document describes how the NHS CB has the opportunity to have an operating model evaluated by grass roots experience reflecting local need and best practice.

The stated aims of each LDN are to improve outcomes and reduce inequalities through local initiatives, supporting national strategy and policy and providing clinical leadership (NHS England, 2013).

Together these documents are a bold statement of intent and, to an extent, indicate a change in management style from a hierarchical, linear, risk-averse management structure to the more energetic, change-driven philosophy of a clinical network working across primary and secondary care. The idea behind this change being that clinicians working within NHS dentistry understand the existing barriers to quality of care and coordination of care across primary and secondary care and working collectively as a team with commissioners and PHE it is possible to improve the system. For it to truly work in the real world it is very important that innovation and change are not resisted by institutional inertia within the NHS. There are concerns that engineering a change to a networked style of management will require a sustained effort by all concerned for a unifying managerial paradigm to be established (Ferlie and Pettigrew, 1996) and for clinical network driven change to be effectively translated in to commissioning change.

There is some evidence that empowering clinical networks brings about positive change. Kaiser care in the US (Light and Dixon, 2004) has been held up as an example for NHS modernisation. The main thrust of Kaiser care is the integration of care with a primary care focus while developing clinical teamwork across care sectors leading to a reduction in duplication, inefficiency and unnecessary referrals. The Kaiser system emphasises prevention, home care and the use of auxiliaries, all of which are included in the NHS plan and are beginning to be explored by LDNs

On a more practical level the development of LDNs is underpinned by the philosophy that clinicians can work alongside commissioners in managing and developing services. This has some obvious advantages as it is often difficult for commissioners to understand the blurred boundaries that exist around what is being commissioned (Checkland *et al*., 2012). This is likely to become more important as criteria around commissioning guides are published.

Correspondence to: Simon Hearnshaw. Email: alexhearnshaw2@hotmail.com

So where is the LDN concept working and why?

What is emerging is that where there are teams of engaged clinicians, energetic and supportive staff of PHE and committed Chairs then LDNs are working effectively. In these areas LDNs are exploring new ways of working with managed clinical networks and new ways of commissioning which link care across primary and secondary sectors.

Two works in progress look at improving periodontal treatment and centralising prevention:

- Healthy Gums do Matter - A pilot of periodontal care within primary care using a care pathway approach and introducing greater patient education and responsibilities
- In Practice Prevention - A pilot of prevention care pathways for at risk children aged 3-16. Widened commissioning of the programme with an academic evaluation by Bangor University is proposed for 2016.

Other projects look at integrating care across primary and secondary care improving outcomes for patients and supporting a Local Authority.

- Commissioning Minor Oral Surgery pathways in primary care involving agreed referral criteria together with an educational component
- Commissioning of complex endodontic care in primary care following education and validation
- Supporting a Local Authority in developing an Oral Health Plan with a balanced approach to prevention including adopting a pilot of In Practice Prevention, expanding existing School Based Prevention Services and supporting the consideration of water fluoridation.

My experience fully supports the view that clinical engagement is of much more importance than clinical leadership in terms of optimising services and efficiencies (Harris *et al*., 2015).

One of the challenges of the national LDN network is to communicate the work being undertaken across LDN boundaries to avoid duplication and to promote discussion leading to further improvement. Work is underway to construct a website where information can be searched for and accessed by all LDNs.

What is important now is to test work undertaken in the localities and where outcomes have been positive organise joint LDN/commissioner training. In this way each area can make a judgement call on the possible adoption of the commissioning pathway being championed. It is likely that some of the LDN work-streams may become national guidelines. In this way clinical and commissioning obstacles are removed and changes that improve outcomes of care are adopted across the board more widely and more rapidly. This is already beginning to happen.

What next for LDNs?

This is a very challenging time for commissioning within the dental sector of the NHS. In many areas the LDN has shown it is an effective network for developing services across care sectors. The key will be how much of the innovative work becomes mainstream, so stimulating even more engagement in the possibilities of positive change. At the same time the successful LDN's (clinicians and commissioners) must work with the less successful LDNs to spread successful practice. Equally all LDNs must begin to consider network sustainability through succession planning for clinician and commissioner input.

The recent *Call to Action* and *Contract Reform* engagement exercises (consultation programmes where opinion from clinicians has been actively sought after) run by the Chief Dental Officer (CDO) and the Department of Health demonstrate a willingness to listen to and engage with the profession. It is extremely important that the new CDO supports continued engagement and in doing so continues to facilitate LDN innovation and a culture change in commissioning where the emphasis is on being prepared to support well thought out commissioning changes rather than protect the existing status quo.

Can the LDN concept work in Dentistry?

I believe it can, but only if we are all have the same aims, clinicians, commissioners and managers ,and we all have the same intent to take the difficult path and back up theory with implementation. Five Years Forward and Securing Excellence in Dental Commissioning are well thought out roadmaps for the future of NHS Dentistry. Derek Wanless, author of the 2004 report Securing the Health of the Whole Population, described the frustration that in spite of so much being written over the years setting out the major determinants of health, rigorous implementation of identified solutions had so often been sadly lacking.

I firmly believe that Local Dental Networks have the power to begin to deliver change with local clinical engagement delivering the solutions and commissioners translating these ideas into commissionable frame works. To achieve this we must adopt a "can do" culture with respect to commissioning. Where this is happening, momentum is building. In many respects we cannot afford to fail.

References

Checkland, K., Harrison, S., Snow, S., McDermott, I. and Coleman, A. (2012): Commissioning in the English National Health Service: What's the Problem? *Journal of Social Policy* **41**, 533–550.

Ferlie, E. and Pettigrew A. (1996): Managing through networks: Some issues and implications for the NHS. *British Journal of Management* **7**, S81-S99

Harris, R., Garner, J. and Perkins, E. (2015): A discourse of disconnection – challenges to clinical engagement and collaborative commissioning. *British Dental Journal* **218**, 393-397.

Light, D. and Dixon, M. (2004): Making the NHS more like Kaiser Permanente. *British Medical Journal* **328**, 763-765.

National Health Service Commissioning Board, NHS CB (2013): *Securing excellence in commissioning NHS dental services*. London: NHS.

National Health Service England, NHS England (2013): *Local professional network single operating model*. London: NHS England.

National Health Service, NHS (2014): *Five year forward view*. London: NHS England.

Wanless, D. (2004): *Securing good health for the whole population*. Norwich: Her Majesty's Stationery Office (HMSO).