

NW London Delegation of Pharmacy, Ophthalmic and Dental Services (PODs)

Delegation Process

- The focus during the delegation process has been ensuring 'safe landing' of the functions and team, then starting to embed the services into local planning and strategy
- Approved by NW London Integrated Care Board in March 2023 and delegation of the Dental, Pharmacy and Ophthalmic (POD) contracting and commissioning and took place 1st April 2023.
- NWL have begun to embed the new functions into local governance structures.
- We have also had the first liaison meetings with LDC, LPC and LOC colleagues.
- LDC, LPC and LOC representatives are members of our Primary Care Board.

London Wide Pharmacy, Dental, Ophthalmic Hub

In summary, the arrangements from 1 April 2023 are:

- It was agreed the London POD hub team would not be split across the 5 London ICBs.
- The team will be hosted by NEL ICB and continue to deliver the contracting and commissioning functions for all ICBs.
- Day to day business for contract management, performance and payments will remain managed by the hub team. Budgets relating to contracts now delegated to ICBs are held and reported locally by each ICB.
- The London POD hub team will support each ICB in their local planning and delivery of local priorities and initiatives and future transformation/development opportunities.
- A London ICBs POD (Delegated Services) Commissioning Oversight Group has been formed to provide oversight of the delegated services provided by the POD team.

Delegated Contracts and Services

From 1st April 2023, pharmacy, ophthalmic and dental commissioning responsibilities were delegated to ICBs from NHSE. This majority of the contracts relate to primary care services but also include acute and community dental services contracts. In addition, delegated duties include the existing occupational health arrangements for dental practices, pharmaceutical waste collection, FOIs and parliamentary enquiries.

Plan based on 2022/23	NWL No. of Contracts	Hillingdon Contracts
Acute & Community Dental Contracts	6	6 (NWL wide)
Primary Care Dental Contracts (inc Ortho)	334 (3,050,000 UDAs)	37 (349,769 UDAs)
Primary Care Ophthalmic Contracts	326	28
Pharmacy Providers	500	62
Total Contract Commitments	1166	133

Services are still in recovery following the pandemic. Activity and levels of provision were particularly affected in primary dental, orthodontic, community and acute dental services which were suspended for 3 months and only re-started with limited treatments able to be provided due to infection control requirements.

Opportunities and Planning

- ICBs working with partners now have the flexibility to join up or re-design key pathways of care, leading to better outcomes and experiences for patients.
- The NWL Primary Care team met with DPHs in July to talk over delegation and how across boroughs we can focus on priorities e.g. improving children's oral, under served communities, etc. A NWL task and finish group is being set up to look at what's worked in other areas and how to improve pathways rather than just focus on dental practices.
- There is the potential to commission more flexibly working with partners to meet local needs both at ICB and at place e.g. specific child oral health improvement activities, supported by the POD hub team.
- However, we have to balance the ambitions for transformation with the limitations in current nationally determined contracting frameworks, while also recognising our need to embed the new responsibilities and grow management and clinical leadership locally.
- It is also recognised that no additional resources/capacity for management and co-ordination of development and transformation in the POD areas have moved into ICBs.
- There are also opportunities within national contracting frameworks, (although mainly in pharmacy at this time), that we should look to maximise the benefits of in our local pathways and planning e.g.. Pharmacy Hypertension Case Finding Advanced Service and Pharmacy Contraception Management Advanced service.
- The intended expansion of community pharmacy services set out in the national Access Recovery Plan (Pharmacy First)* should be included in our access and capacity improvement plans and the ICB should seek to support their implementation recognising that this will require financial and management resources.

* This has to be agreed and included in the national contract framework

