Care-pathway development process

Development Group (led by David Evans):
1. Receives 'brief' from Reference Group
2. Develops initial draft care-pathway (focusing on clinical element only)
3. Sends to Test and Refinement Group
4. Receives feedback from Test and Refinement Group
5. Final Modification of pathway (with Reference Group oversight)

Reference Group (led by Paul Brocklehurst):
- Oversees process
- Composed of key stakeholders (representing the different relevant agencies in Wales)
- Provides initial 'brief'
- Provides oversight of process and contribution to final model
- Reports to WG and other key stakeholders (e.g. monthly WG meeting with HBs) via PRB

Test and Refinement Groups (overseen by HEIW):
1. Receives initial draft designs of the two care-pathways from the Development Group
2. Independent from Development Group
3. Tests and refines initial draft care-pathway (providing different perspectives and representation – see below)
4. Sends back to Development Group

Financial model and KPI Group (led by Colette Bridgman):
1. Contributes once care pathways designed (from a clinical perspective)
2. Receives care pathways from Development Group
3. Develops financial models and KPIs for care pathways
4. Consults with stakeholders

Important elements of the process:
1. Describes the level of care that would be reasonably expected for an NHS patient to receive in a year, according to their level of risk and need (for periodontal disease and dental caries)
2. Ensures a practical and workable national model is produced for periodontal disease and dental caries
3. Fits with the ethos of the Recovery Plan, A Healthier Wales, Prudent Healthcare and value-based health-care
4. Two cycles: 1) understand what is needed from a clinical perspective and 2) design appropriate financial models and KPIs to facilitate this level of care
5. Production of two outputs [1] two care-pathways and 2) KPIs and financial models for the pathways
6. Uses a co-production/health improvement paradigm to ensure stakeholder engagement
   a. Whole dental team: dentists, dental care professionals, dental receptionists, dental practice managers
   b. Geographical spread: North, South and Mid-Wales
   c. Style of adoption: across all the Model of Diffusion typology (e.g. 'early-adopters' and 'laggards')
7. Stakeholder group for first cycle: HEIW quality improvement groups (Test and Refinement Groups); Dental team representatives (Test and Refinement Groups); Clinical Leaders group; and academic colleagues across Wales
8. Stakeholder group for second cycle: BDA and WDPC, HBs; LDCs; and BSA
9. Feedback mechanism via Reference Group for progress updates to national agencies: WG, PHW, HEIW
10. Key messages:
   a. Describes the level of care that would be reasonably expected for an NHS patient to receive in a year, according to their level of risk and need (for periodontal disease and dental caries)
   b. Activity draws on experiences from NHS Contract Reform (note: Recovery Plan is not contract reform)
   c. ACORN forms the basis of the care-pathways to be delivered by the dental team
   d. Follows a needs-driven value-based approach
   e. Elements of the pathways should be evidence-based (where possible)
   f. Care should be delivered by the most appropriate member of the dental team