

**For information**

**Dental Access for Adults and Children in Dorset**

**19 July 2022**

**1. Background**

NHS England is responsible for the commissioning of dental services across England, having taken over from primary care trusts when the NHS was reorganised in 2013. NHS England’s offices in the South West region manage these contracts locally.

Dental services are provided in Dorset in three settings:

1. Primary care – incorporating orthodontics
2. Secondary care
3. Community services – incorporating special care

**2. Population Density**

The estimated Dorset current population is 773,800 (ONS 2019 mid-year population). The population is concentrated in Bournemouth, Christchurch, and Poole (395,300) and the rest of Dorset (378,500) with larger areas such as Weymouth, Ferndown and Dorchester.

**3. Primary care (high street dentistry)**

The dental practices are themselves independent businesses, operating under contracts with NHS England. Many also offer private dentistry. All contract-holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract.

Domiciliary treatment is provided by a small number of contractors who provide treatment for people who are unable to leave their home to attend a dental appointment either for physical and/or mental health reasons, including people in care homes.

Dental contracts are commissioned in units of dental activity (UDAs). To give context the table below sets out treatment bands and their UDA equivalent:

<b>Band</b>	<b>Treatment covered</b>	<b>Number of UDAs</b>
1	This covers an examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.	1



2	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3.	3
3	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.	12
4	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

#### 4. Covid Impact 2020/21

Since the pandemic began, the NHS have pulled out all the stops to ensure the safety of its patients. Although the recent Government announcements in response to Omicron show that we are not out of the pandemic yet, substantial progress has been made in recovering a range of services, including NHS dentistry.

At the end of March 2020 under direct instruction of the Chief Dental Officer for England, face to face dentistry ceased and dental practices provided remote triage of dental emergencies, advice and guidance, and prescriptions for antibiotics as necessary. Meanwhile, urgent dental care hubs were established at pace to accommodate dental emergencies. These hubs remained focused on providing care for those patients who did not identify with a regular dentist despite the commencement of face-to-face treatment.

Despite the commencement of face-to-face appointments compliance with infection protection control protocols has reduced the number of patients that can be treated, and clinical priority needs to be given to those that are currently mid treatment, children, and vulnerable groups and to those who need urgent care.

Between 8th June and 31st December 2020 practices were expected to achieve 20% of their usual patient volume, based on last year's delivery. This activity was a combination of both face-to-face care and remote triage as per national guidance. This rose to 45% between 1st January and 31st March 2021; to 60% from 1st April to 30th September 2021; to 65% from 1st October and 31st December 2021; and to 85% from 1st January to 31st March 2022. Activity levels from April 2022 have been set at 95% for April to June and thereafter it is expected to return to usual contractual arrangements.

The Chief Dental Officer has confirmed contracts will continue to be paid for 100% of normal volumes, and it will continue to be a requirement that all NHS funded capacity is used to deliver the maximum possible volume of safe care for patients with ongoing contractual protection for practices unable to deliver their full contractual activity between January and March 2022.



Since NHS England set out the contractual requirements for quarter 3, the revised Standard Operating Procedure in response to the Infection Prevention and Control (IPC) Guidance was published in November 2021. These revised arrangements represent a significant change in IPC requirements which supported the further recovery of services and easing the current difficulties some patients are facing when seeking to access care.

Where a practice does not achieve the thresholds expected in the contract year, practices are obligated to refund NHSE/I the value of the activity underperformed. This is termed clawback. The process of clawback commences around October/ November following the previous year's activity and is paid back within the same financial year. The amount of clawback changes year on year depending on the underperformance from the previous year.

From April 2022 it has been recognised that there will be additional steps that some dental contractors may need to take to return to full contractual delivery and therefore a further period of support for the first quarter of 22/23 has been applied with a performance threshold of 95%. For Q2 and onwards it is expected that a return to usual contractual arrangements will be in place. For orthodontic services, which have been able to return to normal levels of activity more rapidly, normal contract volumes will be in place for 2022/23.

## **5. Access rates to high street dentistry**

Over recent years there has been a steady fall in the number of patients in Dorset who have been able to access an NHS dentist.

The total number of adults seeing an NHS dentist in Dorset has decreased from 45% of the population in December 2020 to 35.4% of the population in December 2021. This is a drop of 9.6% over the past year.

The access rate for the adult population of Dorset (35.4%) is slightly lower than the access rate for England as a whole (35.5%).

The number of children who have seen a dentist in Dorset in the last 12 months has increased from 30.2% (29.6% access rate for England as a whole) in December 2020 to 42.4% in December 2021. This is an increase of 12.2% in the last 12 months.

The proportion of children in Dorset accessing a dentist (42.4%) is slightly lower than rate for England as a whole (42.5%).

For further details on these statistics, please see:

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/dentistry>



## 6. Commissioned dental activity



There are 102 practices in Dorset who provide general NHS dental services.

NHS England has commissioned dental activity from these providers in Dorset as follows:

- 2021/22 NHS England commissioned 1,190,787 UDA – value £34,199,224

## 7. Orthodontics

Orthodontics is a dentistry specialty that addresses the diagnosis, prevention, and correction of mal-positioned teeth and jaws, and misaligned bite patterns. A procurement exercise to secure new contracts was completed in 2019. These new contracts provide improved services for people. For example, under the new contracts' practices will now have to provide 30% of appointments outside of school hours which may include after-school, at weekends and during school holidays.

As detailed above in section 2 Covid Impact, orthodontic services have been able to return to normal levels of activity more rapidly than high street dentistry and normal contract volumes are in place for 2022/23

## 8. Urgent dental care

The Dorset Helpline is managed by the 111 Wessex Dental Advisory Service, which is part of South Central Ambulance Service, who provide access to urgent care slots for patients in need of relief from acute dental pain; acute infection; and bleeding or trauma. Access to



urgent dental care would normally be expected to be available within 24 hours of contact with the service. Appointments are provided for people without a dentist.

There are 25 General Dental Practice (GDP) providers who offer urgent care slots throughout the week, Monday to Friday during their normal contracted hours. These practices currently provide 342 face to face appointments per week. Out of hours care is provided by Access Dental who are commissioned to provide access slots from Boscombe and Dorchester

If a patient calls NHS 111 they will be directed to the 111 Wessex Dental Advisory Service and triaged for their Dental symptoms. All Dental dispositions for Dorset are passed through to the Wessex Dental Advisory Service 24 hours a day.

During the hours of 07:00- 22:00 calls are returned by dedicated Dental staff. Between the hours of 22:00-07:00 Dentally trained NHS 111 call handlers will monitor calls, during which time patients may still receive a call.

Only those cases with a significant dental emergency, such as rapid facial swelling, uncontrolled bleeding or facial trauma, would be expected to be treated at accident and emergency departments.

The South West dental commissioning team have commissioned additional in and out of hours since March 2020, these services have now been extended to September 2022.

In January 2022 national funding was made available to eligible practices that had capacity to see and treat more patients between January and March 2022. During this period, Dorset provided 185 sessions which meant an additional 1100 face to face urgent care appointments were accessed.

## **9. Workforce**

A key factor affecting access to NHS dentistry is workforce. The lack of dentists in the area undermines the ability of high street practices to meet their contracts.

The reasons for the unwillingness of dentists to come to the South West are not necessarily different to those affecting other sectors of the health and social care system. Dorset is viewed as a lifestyle choice by both the medical and dental profession and, due to several factors including, limited training opportunities, the younger generation often tend to favour the larger cities.

Further reasons for the unwillingness of dentist to come to the South West is the low UDA value. This is becoming an increasing concern across the region with dental practices becoming financially unviable, due to the large increase in running costs, but no proportionate increase in contract value. These factors make it extremely difficult for practices to attract dentists to the area and are also a large contributing factor for dentists opting to go private as appose to continuing with NHS dental contracts.



Further training opportunities tend to be aligned with the big teaching hospitals. While we do have a very successful dental school in Bristol, the need to train and retain dentists in the area outstrips its capacity.

Foundation dentists, who are undergoing further training for a year after graduation, tend to relocate at the end of their foundation year; very few of the annual cohort remain in practice in the South West. Many move out of the area to follow training pathways or to take hospital-based jobs.

It is difficult to determine why established dentists leave. Factors include the challenges of working in pressurised NHS practices and the opportunities in private care. Anecdotally, it also seems that some EU dentists are leaving and fewer are arriving.

## **10. Improving access to primary care for people in Dorset**

To address the issues above, NHS England is seeking to increase access to NHS dental services by:

- Running a South West recruitment day supported by the British Dental Journal and dental providers to attract dental care professionals.
- Innovation in commissioning to make contracts more attractive to dental professionals with additional skills.
- Working with dental providers to explore what more can be done to maximise contracts.
- Reinvesting funding that has not been spent on meeting contracted activity levels in dental activity elsewhere (dependent on the availability of workforce to deliver activity).
- Ensuring we commission dental services to meet those areas of demand within available resources by resourcing a Local Dental Network and a number of Managed Clinical Networks for dentistry through which we work with dentists, public health and the dental school to develop referral pathways and increase dental capacity.
- In collaboration with Health Education England and the Universities of Plymouth and Bristol, we offer funding to local dentists undertaking post-graduate courses in Restorative; Periodontal; Endodontics and Oral Surgery to increase the number of local specialists and improve access.
- Rebasing contract activity to allow for reinvestment. Any schemes will consider national initiatives and regional difficulties, e.g. Dental Checks by 1, or increasing urgent care sessions for patients who do not have a routine dentist.
- Encouraging councils to consider how they can market their locality to healthcare professionals.
- Supporting dental practitioners to network, share best practice and support each other with a range of initiatives.

The SW Dental Team are currently commissioning additional mandatory dental services across the region. Priority areas have been identified for access primarily based on replacing activity which have ceased within this financial year. Contract performance criteria for these



new contracts will include the measurement and assessment of the number of additional new patients accepted for treatment and delivery against the Starting Well Core initiative.

## **11. Secondary care provision**

In Dorset, NHS England contracts with both University Hospitals Dorset NHS Foundation Trust, and Dorset County Hospital NHS Foundation Trust to provide a range of secondary care including Oral and Maxillofacial surgery, Orthodontics and Restorative Dentistry.

Secondary care has been impacted greatly by the pandemic as services initially ceased to allow additional capacity to treat Covid patients in hospitals. All services have now been resumed but in some cases, the frequency of clinics has been reduced due to capacity at the hospital sites. This has led to an increase in waiting list sizes for some treatments.

## **12. Community Services**

Somerset NHS Foundation Trust is commissioned by NHS England to provide a range of community dental services to patients within Dorset. They operate from a range of sites throughout Dorset.

Special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability; or, more often, a combination of these factors. Special care dental services provide routine and urgent dental care.

Some of the people using the services include:

- People suffering from anxiety and/or extreme phobia of dental treatment
- People with learning difficulties and/or autism
- People with physical disabilities
- People suffering from dementia
- Patients needing bariatric equipment
- People undergoing chemotherapy
- Some homeless people

People are referred to the service from a number of routes including:

- High street dentists
- GPs
- School nurses
- Social workers
- Care workers
- Voluntary organisations

Special care dental services provide urgent care, check-ups, and treatment. Some are also linked to other services such as oral surgery. Some, but not all, provide general anaesthetic for patients who cannot be treated by local anaesthetic.



Special care dental providers are currently experiencing difficulties in recruiting to specialist posts. Measures are in place, supported by the Special Care Managed Clinical Network, to provide cover from out-of-county specialists.

We know that our special care dental services provide an invaluable service to some of our most vulnerable people. Our ambition is to ensure quality, safe services that are accessible to those that need it when they need it.

The other community services are:

Children's General Anaesthetic

Adult General Anaesthetic

Orthodontics (complementing high street orthodontics)

NHS England commissioned the following organisations from August to October 2019 to find out the views of patients, potential patients, parents, carers, and advocates about special care dental services:

- Healthwatch Wiltshire
- Healthwatch Swindon
- Healthwatch Somerset
- Evolving Communities
- Devon Communities Together
- Healthwatch B&NES
- Devon Link UP

When analysing the results of the survey, focus groups and clinic visits, eight key themes emerged. These are: difficulties with accessing the service, variations in waiting times, issues with parking and on-site accessibility, flexibility of appointment times, quality of service, lack of awareness of the service, insufficient communication, and clinic location (a copy of the full 58 page report is available upon request).

The community dental providers were rapidly reassigned as Urgent Dental Care Hubs when the pandemic started in March 2020. They were able to quickly adapt to ensure that patients with urgent dental needs were still able to be seen and treated, at a time when all other dental providers were only able to provide telephone advice and antibiotics. Although they have now resumed their normal service provision, they are still covering some urgent care provision for non-registered patients as demand for this service is still high.

### **13. Dental Reform Strategy for the South West**

The South West Dental Reform Programme was established in 2020 to improve access to oral health services, develop workforce initiatives to improve recruitment and retention of the dental workforce, and improve the oral health of the population. The programme is run by NHS England and Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHS England Dental Commissioning Team and Transformation Team with key stakeholders with responsibility for oral health in the region (Public Health England, Health Education England, Local Dental Committees, the Local Dental Network, and Integrated Care System (ICS)



representatives) as well as public and patient voice partners. The purpose of the programme is to inform a roadmap/plan for the future of NHS dental services and oral health improvement in the South West.

As an early milestone, an Oral Health Needs Assessment (OHNA) was commissioned and published earlier in 2021 and the Dental Reform Programme team held a first SPRINT workshop on 10th June. Over 150 delegates attended with representatives from the dental profession; Healthwatch; Health Education England; Overview and Scrutiny and regional and national NHS colleagues. Dental case studies submitted by Healthwatch partners based on feedback they had received were considered, and discussions held about what works well, what opportunities could be explored, what barriers there are currently and how we overcome them. A report summarising the event outputs and recommendations is available at:

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/08/dental-sprint-1-output-report.pdf>

A further prioritisation session based on the workshop findings was held in July. In addition, three programme working groups have been established in September on access, oral health improvement and workforce. The results from the workshop and prioritisation session together with the Oral Health Needs Assessment will be used by the working groups who began meeting in September. Some of the prioritised actions for the access working group include:

### **13.1 Access**

- Working with 111 and dental helplines across the South West to streamline the services and make it easier to access for patients
- Reviewing demand against current urgent care capacity
- Starting work on a stabilisation pathway
- Conducting welfare checks on children on waiting lists to help prioritise treatment to the most vulnerable
- Recruitment of an Urgent Care MCN Chair to lead on improvement to the urgent care pathway

### **13.2 Workforce**

- Conducting a South West wide workforce survey to understand the ambitions of the dental team in the South West, and what will keep them working in the area
- Starting a project on mapping under-utilised dental chairs in dental school and community settings
- Linking in with other areas (i.e. Lincolnshire) and Jason Wong the Deputy CDO about rural recruitment
- Working with HEE on improving the PLVE scheme to encourage more overseas dentists to settle in the SW
- Working with the dental schools and presenting at career development days to inform students about NHS dentistry and the opportunities for engaging in MCNs/LDCs etc



- Developing ideas on training hubs to support and develop dental staff as well as providing additional care to patients

### **13.3 Oral Health**

- Compiling an oral health repository of patient facing information, easily accessible to clinicians
- Understanding and mapping local authority priorities and intervention to highlight gaps
- Looking at the potential for a SW-wide supervised toothbrushing scheme
- Networking with colleagues across the SW to ensure the profile of dental is raised in different forums

## **14. Summary**

Dorset colleagues are asked to acknowledge the difficulties for dentistry as detailed in this report, in particular; access; returning to full contractual activity following the pandemic and workforce issues. Also, to acknowledge the rapid progress of the Dental Reform Strategy bringing together key stakeholders with responsibility for oral health in the region as well as public and patient voice partners. This programme is key for the future of NHS dental services and oral health improvement in the South West.

Dorset colleagues are also asked to note that improving access to primary care for people in Dorset would benefit from consideration on how the council can market Dorset to healthcare professionals.