

People and Health Scrutiny Committee

31 October 2023

Update on Dental Services and Commissioning

For Review and Consultation

Local Councillor(s): All

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Brief Summary:

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 265,915 (42.0% of the population) in June 2021 to 231,948 (36.6% of the population) in June 2022. This is a drop of 33,967 patients (5.4%) over this period.

As at July 2023 there are 109 High Street Dental Contracts - these are in practices in Dorset who provide general dental services. In 2022/23, NHS England (NHSE) commissioned 1,224,386 Units of Dental Activity (UDAs) from providers. This figure has reduced from the previous year as a result of a number of recurrent and non-recurrent reductions which were made to contracts at the request of providers due largely to the number of vacancies for dentists in practices across the county.

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 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 NHSE and Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public

Health leads to bring together the NHSE 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.

Access to NHS dentistry in Dorset remains challenging. Dorset ICB is working with local and regional Clinical and professional Dental leads to try and improve the situation for residents; engaging local dental clinicians, their representatives and partners, as well as Healthwatch, as part of the wider South West Dental Reform programme, to offer practical support to enable dental practices to take on more NHS dentistry in the area.

Recommendation:

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 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 working in partnership can market Dorset to healthcare professionals.

Reason for Recommendation:

There are a number of factors and considerations regarding this recommendation:

1. Background

- 1.1 NHSE is formally responsible for the commissioning of dental services across England. However, since April 2023 the commissioning of dental services has been delegated to local Integrated Commissioning Boards (ICB), including Dorset ICB. The former NHSE staff via a South West wide Collaborative Commissioning Hub manage these contracts locally working on behalf of and alongside the ICB.
- 1.2 Dental services are provided in Dorset in three settings:
 - Primary care – incorporating orthodontics – often referred to as High Street Dentistry;

- Secondary care – dental specialties in an acute setting;
- Community services – incorporating special care – often referred to as salaried services.

2. Primary Care (High Street Dentistry)

- 2.1 The dental practices are themselves independent businesses, operating under contracts with NHSE. Many also offer private dentistry. All contract-holders employ their own staff, purchase their own equipment and consumables and provide their own premises. Some premises costs are reimbursed as part of their contract, however, this is a minimal contribution to business rates and determined by percentage of NHS activity.
- 2.2 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.
- 2.3 Dental contracts are commissioned in Units of Dental Activity (UDA). To give context the table below sets out treatment bands and their UDA equivalent:

Band	Treatment covered	Number of UDAs
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.	3/5/7
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

3. Covid Impact 2020/21 onwards

- 3.1 At the end of March 2020 under direct instruction of the Chief Dental Officer for England, face-to-face dentistry ceased and dental practices

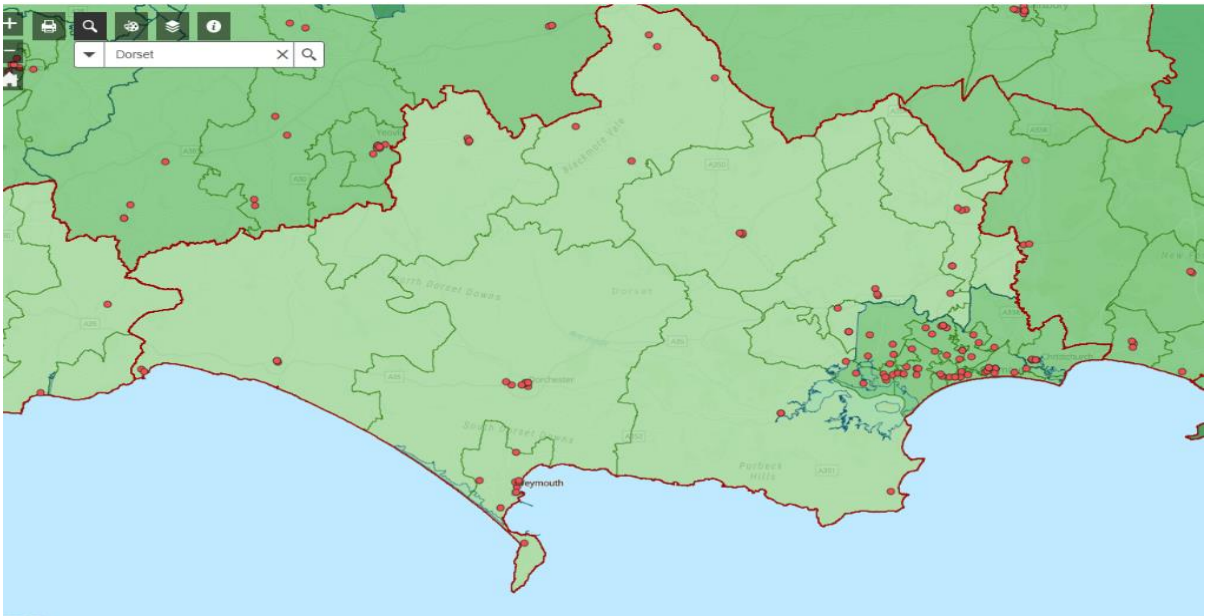
- provided remote triage of dental emergencies, advice and guidance, and prescriptions for antibiotics as necessary. Meanwhile, urgent dental care hubs were established at pace to accommodate dental emergencies.
- 3.2 Following the commencement of face-to-face appointments compliance with infection protection control protocols reduced the number of patients that could be seen, requiring patients to be treated in priority of clinical need and commissioned activity levels being reduced to reflect this.
 - 3.3 The commissioning of dental services returned to full activity levels in July 2022, but the impact of the Covid pandemic and the reduction of staffing resources since that time has greatly reduced practices ability to maintain activity levels.
4. **Access rates to High Street Dentistry**
 - 4.1 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 265,915 (42.0% of the population) in June 2021 to 231,948 (36.6% of the population) in June 2022. This is a drop of 33,967 patients (5.4%) over this period.
 - 4.2 The access rate for the adult population of Dorset (36.6%) is slightly lower than the access rate for England as a whole (36.9%). This is measured by looking at the proportion of people who have received NHS dental care in the preceding 24 months.
 - 4.3 The number of children who have seen a dentist in Dorset in the last 12 months has increased from 48,187 (33.5%) in June 2021 to 65,947 (45.8%) in June 2022. This is an increase of 17,460 patients (12.3%) in the last 12 months.
 - 4.4 The proportion of children in Dorset accessing a dentist (45.8%) is marginally lower than the access rate for children across the whole of England (46.2%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 12 months.
 - 4.5 For further details on these statistics, please see (2021/2022 data):
<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/dentistry>

The below report was published on 24 August 2023:

[NHS Dental Statistics for England, 2022-23, Annual Report - NHS Digital](#)

5. Commissioned Dental Activity

5.1 As at July 2023 there are 109 High Street Dental Contracts these are in practices in Dorset who provide general dental services – the red dots shown below show the distribution.



5.2 Over the past two years, NHSE has commissioned dental activity from these providers as follows:

- 21/22 total UDAs commissioned 1,242,684 – value £38,089,675
- 22/23 total UDAs commissioned 1,224,386 – value £39,358,321.

5.3 In 2022/23, NHSE commissioned 1,224,386 UDAs from providers. This figure has reduced from the previous year as a result of a number of recurrent and non-recurrent reductions which were made to contracts at the request of providers due largely to the number of vacancies for dentists in practices across the county.

5.4 In addition to this commissioned activity, there are six Foundation Dentists (FDs) working in practices across the county. Each FD delivers

approximately 1,875 UDAs per annum, which equates to approximately 3,750 patients.

6. Orthodontics

- 6.1 Orthodontics is a dentistry specialty that addresses the diagnosis, prevention, and correction of mal-positioned teeth and jaws, and misaligned bite patterns. Orthodontic contracts are measured in Units of Orthodontic Activity (UOA). 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.
- 6.2 As detailed above in Section 3, Covid Impact, orthodontic services have been able to return to normal levels of activity more rapidly than high street dentistry and normal contract volumes were in place for 2022/23 onwards.
- 6.3 NHSE commissioned a number of orthodontic practices in 22/23 to provide additional activity to assist in reducing waiting times. Within Dorset three practices undertook this activity resulting in approximately 180 additional patients being treated. A similar exercise has commenced in 23/24.

7. Urgent Dental Care

- 7.1 The Dorset Helpline is managed by the 111 Wessex Dental Advisory Service, which is part of South Central Ambulance Service (SCAS), 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 making contact with the service. Appointments are provided for people without a dentist.
- 7.2 There are two Dorset 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 35 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.
- 7.3 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.

- 7.4 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.
- 7.5 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.
- 7.6 The South West Dental Commissioning team have commissioned additional in and out of hours since March 2020, these services have now been extended to March 2024.
8. **Workforce**
- 8.1 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.
- 8.2 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.
- 8.3 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.
- 8.4 During a review by the Health and Social Care Select committee into NHS dentistry in July 2023, a national review of NHS dentistry provision was announced covering funding, workforce and access. We will work with our relevant local, regional and national partners as this work gets underway¹
- 8.5 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.

¹ See: [NHS dentistry - Health and Social Care Committee \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2023/nhs-dentistry/)

- 8.6 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.
- 8.7 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.

9. **Improving access to Primary Care for people in Dorset**

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

- Innovation in commissioning to make contracts more attractive to dental professionals with additional skill aimed at supporting health inequalities;
- 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 working together with the Local Dental Network and a number of Managed Clinical Networks for dentists, experts in dental public health and those involved in training pathways;
- 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.

9.2 In 2022/23 the SW Dental Team undertook a procurement exercise to commission additional mandatory dental services across the region. Priority areas were identified for access primarily based on replacing activity which have ceased within previous financial years. Contract performance criteria for these new contracts also include the measurement and assessment of the number of additional new patients accepted for treatment and delivery against the Starting Well Core initiative. Within Dorset the procurement resulted in 3,000 UDAs being commissioned in the BH1 post code locality.

9.3 A second phase of the procurement plan is currently being considered.

10. **Secondary Care Provision**

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

10.2 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 and elective recovery plans are in place to increase activity to pre-pandemic levels.

11. **Community Services**

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

11.2 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.

11.3 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.

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

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

11.5 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.

11.6 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.

11.7 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.

11.8 The other community services are:

- Children's General Anaesthetic;
- Adult General Anaesthetic;
- Orthodontics (complementing high street orthodontics).

11.9 NHSE 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.

11.10 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).

11.11 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.

12. **Dental Reform Strategy for the South West**

12.1 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 NHSE and Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHSE 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 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.

12.2 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 10 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>

12.3 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 OHNA will be used by the working groups who began meeting in September. Some of the prioritised actions for the access working group include:

- 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 Managed Clinical Network (MCN) Chair to lead on improvement to the urgent care pathway;

- 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 Chief Dental Officer (CDO) about rural recruitment;
 - * Working with Health Education England (HEE) on improving the Performers List Validation 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 Managed Clinical Networks/Local Dental Committee etc;
 - * Developing ideas on training hubs to support and develop dental staff as well as providing additional care of patients.

- 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.

13. **Summary**

13.1 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.

13.2 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 working in partnership can market Dorset to healthcare professionals.

14. **Financial Implications**

16.1 Funding is available to make additional investment in Dental reform. The lack of NHS Dentists is having an impact on dental pain presentations to other parts of the health service and having a long-term impact on oral health of the population.

15. **Natural Environment, Climate & Ecology Implications**

17.1 N/A.

16. **Well-being and Health Implications**

18.1 The lack of NHS Dental provision is having an impact on oral health of the population. Due to inequalities in access linked to areas of deprivation and the ability to seek private care this has long term health and wellbeing implications.

17. **Risk Assessment**

17.1 **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: High

18. **Equalities Impact Assessment (EIA)**

18.1 Any change project associated with dentistry will have an individual EIA.

19. **Appendices**

There are no appendices.

20. **Background Papers**

22.1 No background papers attached.