



Dorset Dental Commissioning

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Our integrated care system



About us

NHS Dorset Integrated Care Board was established on 01 July 2022. We have a legal responsibility to plan and make sure you have the health and care services you need. You can see what we mean by health and care services below.



Pharmacies

- Experts in medicine who help with minor health concerns
- Provide medicines either prescribed by a doctor or those you can buy yourself



Dentists

- Your main point of contact for mouth, teeth and gum health
- Some services are provided on the NHS and some on a private basis



Opticians

- Your main point of contact for your eyes
- Provides eye tests, fits glasses and contact lenses



NHS 111

- General health information and advice
- Help with an urgent need that is not life threatening
- Major or minor injuries
- Appointment bookings for urgent care
- Out of hours GP practice services



GP practices

- Your local GP practice is the main point of contact for general healthcare needs.
- Practices employ a range of people including nurses, physiotherapists as well as doctors
- They help with ongoing health issues, illness that doesn't improve with self-treatment and any worries you have about your health

4 Purposes of an Integrated Care System



Improve outcomes in population health and healthcare



Tackle inequalities in outcomes, experience and access

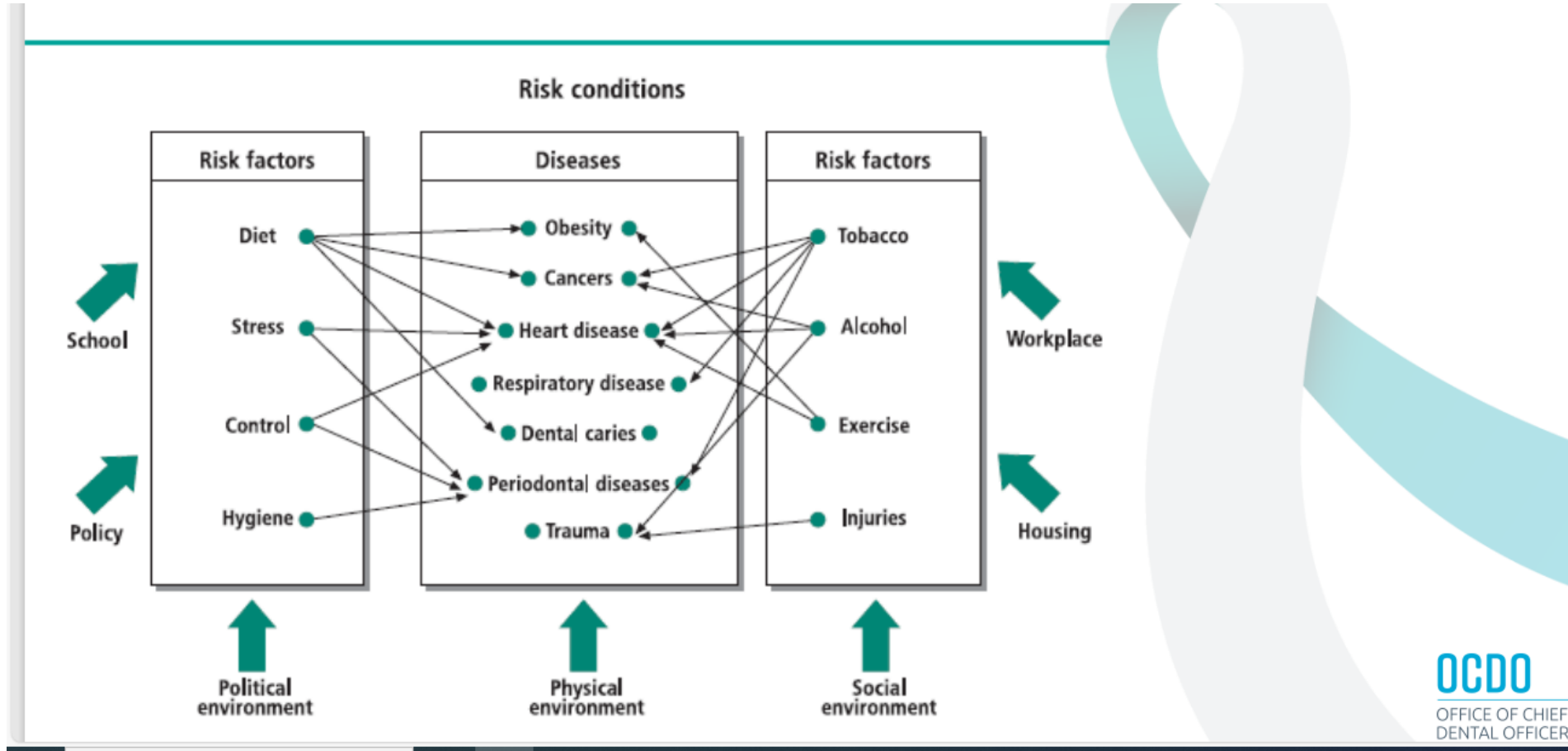


Enhance productivity and value for money



Help the NHS support broader social and economic development

Chief Dental Officer 16 May 2023 – Oral health inequality



Children and young people

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE



CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5



Key clinical areas of health inequalities

1



ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people

3



EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

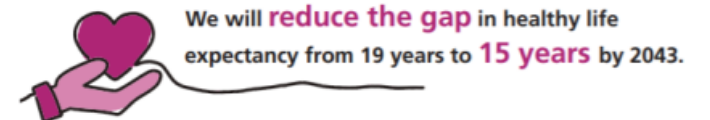
Dental access and Oral health

- High priority for Dorset
- High risk – ‘high street services sustainability’ ; population health and wellbeing; securing services to meet local need; impact on those in greatest need
- Opportunity for SW ICB and Dorset ICS collaboration
- 3 Key areas of Focus which form part of a Dental reform strategy:
 - Oral health
 - Dental workforce
 - Dental access



Making Dorset the healthiest place to live – 5 pillars

Our plan has five areas of focus — our five outcomes are:



Dental services are provided in three settings:

Primary care – including orthodontics

Secondary care

Community services – incorporating special care

Primary care (high street dentistry)

Independent businesses, operating under contracts

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

Commissioned using Units of Dental Activity (UDAs)

Courses of Treatment

Band	Treatment covered	Number of UDAs
1	Covers: 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	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 or 7 (Criterion based)
3	Covers: everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.	12
4	Covers: emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

Setting the Scene on Performance

- There are 121 contracts in Dorset delivering primary care access units of dental activity (UDA)
- 21/22 total UDA commissioned 1,242,684 – value £38,089,675
- 22/23 total UDAs commissioned 1,224,386 – value £39,358,321

- As at end of September Dorset high street contracts estimate to complete 66% of UDA target by year end March 2024
- As at end of September Dorset orthodontic contracts estimate to complete 101% of UOA target by year end March 2024

Year	UDAs Contracted	UDAs Delivered	% Delivered
2017/2018	1,244,427	1,140,754	91.7%
2018/2019	1,215,943	1,138,277	93.6%
2019/2020	1,307,535	1,084,476	82.9%
2020/2021	1,252,932	324,114	25.9%
2021/2022	1,244,708	738,024	59.3%
2022/2023	1,259,151	836,851	66.5%

Setting the Scene - Access

Access Rates (%)	30 June 2021		31 Dec 2021		30 June 2022	
	Adult	Child	Adult	Child	Adult	Child
Devon	41.7	34.9	35.9	43.9	36.5	43.9
BNSSG	44.4	36.1	38.1	46.2	38.6	49.2
Cornwall & IoS	39.7	31.2	33.5	40.9	34.4	42.9
Gloucestershire	33.2	34.8	28.6	43.9	29.2	45.8
Dorset	42.0	33.5	35.4	42.4	36.6	45.8
BSW	37.5	36.1	32.8	43.9	33.6	46.6
Somerset	43.5	33.1	37.2	42.9	38.1	45.2

Adults
 South West average – 35.5%
 England average – 36.9%

Children
 South West average – 45.8%
 England average – 46.2%

Dorset
 Adults – Just above SW and just below England

Children – Same as SW and just below England

*Adults - % who have seen a dentist in the previous 24 months
 ^Children - % who have seen a dentist in the previous 12 months

Access in percentage of population

Percentage of population measured in adults seen in the last 24 months and children in the last 12 months (data June 2023)

Adult population	Child population	Adult %	Child %
599,780	137,561	41%	53%

Risks and Challenges

- Workforce challenges in primary, secondary and community
- Post covid recovery
- Increase in dental need due to patients not having access to primary care
- Sustainability of dental practice business model

To note:

- A quarter of contracts brought back **100%** of their low risk patients within one year
- Half of contracts brought back at least **92%** of their low risk patients within one year
- Three quarters of contracts brought back at least **77%** of their low risk patients within one year

Underperformance

- Contract funded 100% albeit allocation is less due to Patient Charge Revenue (PCR) (practices receive 100%)
- Previous years underperformance is the following years clawback
- End of year activity known in July – predicted clawback known before but not exact
- Use as non recurrent funding (recurrently)
- Commission / Commit longer term is risk based
- Changes in commissioning (more children) will impact on finances (fall in PCR)
- UDA value is historical

Dental Reform context

- The South West Dental Reform Programme was set up in late 2020 to bring together NHSE commissioners with key stakeholders with responsibility for oral health in the region
- Aim is to inform our strategy for the future of NHS dental services that will contribute to the overall improvement of oral health for people living in the South West
- Oral Health Needs Assessment completed in February 2021, which highlighted three key areas to prioritise: **Access, Workforce and Oral Health**
- A Development and Sustainability 12 month plan to recover NHS Dental services to pre-pandemic levels established Autumn 2022

Although the Programme is all age, we currently have a focus on under 18s and have a number of strands connected to this:

- Starting Well Core – in specification now for new MDS contracts, where practices commit to working with families and communities to promote oral health, focussing on 0-2 years
- First Dental Steps – pilot in progress and approval to expand across the SW with Health Visitors providing toothbrushing packs and referring vulnerable children to community dental services
- Supervised Toothbrushing – pilot in progress and approval to expand across the SW for 4 and 5 year olds – recent contract award due to mobilise early September 2023
- Child Focused Dental Practices – 7 across the SW, as part of a national pilot, to take referrals for children from other practices
- Welfare Checks (GA) – working with secondary care to do welfare checks on under 18s waiting for a general anaesthetic to ensure they get the best care possible

Stabilisation

One of the really exciting pieces of work currently underway is the stabilisation programme:

- Throughout the pandemic there was a focus on urgent dental care and demand for this has increased (and continues to increase)
- There are a number of people who have dental issues which mean they have to repeatedly access urgent care, or who don't meet the access criteria, but are still in dental pain – and the stabilisation pathway is our solution to this
- Stabilisation would provide dental care which would stabilise their oral health and mean reduced pain and reduced likelihood of going in and out of the urgent care system, or of accessing other support (i.e. via ED or the GP)
- This more permanent solution is better for patient outcomes and improving access to NHS Dental care

Dorset Plan 2023-2025

Oral health

Epidemiology studies

Oral Health promotion -supervised toothbrushing

Child Friendly Dental Practice

Dental Workforce

Appointment of Dorset Dental Practice Advisor

Salaried Dental Practitioners

Dental Fellows – Population health

Dental Access

Paediatric access -children with complex dental needs

High street Dental access

Urgent care

Stabilisation pathway