

## Gloucestershire Dental Access Update

### Gloucestershire Health Overview and Scrutiny Committee

6 December 2022

#### 1. Background

As described in our previous briefing to scrutiny colleagues in July, 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. Whilst the funding for dental provision is decided nationally, NHS England's regional team in the South West manages these contracts locally.

Dental services are provided in Gloucestershire in three settings:

- Primary care – incorporating orthodontics
- Secondary care
- Community services – incorporating special care

#### 2. 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.

Dental contracts are commissioned in units of dental activity (UDAs). As outlined in our report in July, 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
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
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### 3. Access rates to high street dentistry

The table below shows that since NHSE SW established the dental reform programme there has been a slight increase in the number of patients in Gloucestershire who have been able to access an NHS dentist for routine care.

Access rate	December 2020	December 2021	June 2022
Adults	36.5%	28.6%	29.2%
Children	30.8%	43.9%	45.8%

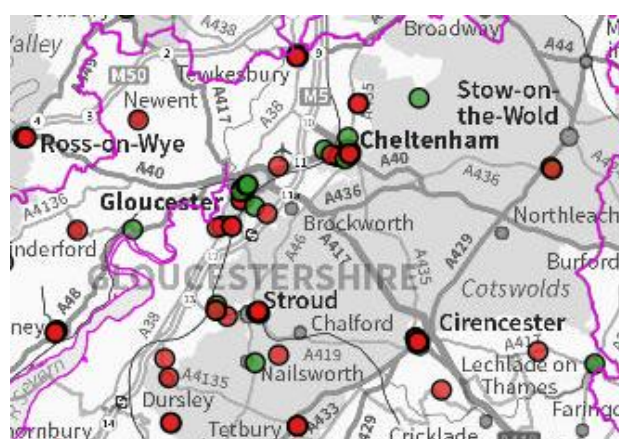
For example, the total number of adults seeing an NHS dentist in Gloucestershire has slightly increased from 28.6% in December 2021 to 29.2% in June 2022. However, the access rate for the adult population of Gloucestershire 29.2% is less than the access rate for England 36.9%.

Similarly, the number of children who have seen a dentist in Gloucestershire in the last 12 months has increased from 43.9% in December 2021 to 45.8% in June 2022. However, the proportion of children in Gloucestershire accessing a dentist (45.8%) is still slightly lower than the access rate for children across the whole of England (46.2%).

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>

### 4. Commissioned dental activity



There are 69 practices in Gloucestershire who provide general NHS dental services.

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

- 2022/2023, total UDAs commissioned thus far is 807,096 – value £21,400,000.00.
- Following recent procurement process, we have now commissioned an additional 3,000 units of dental activity in GL1, this being within the Gloucestershire Core 20 area.

## **5. Orthodontics**

Post-Covid, 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. There is an additional initiative being rolled out for non-recurrent Orthodontic activity from 1 November 2022 to the 31 March 2023. This additional non-recurrent activity and funding is to be used to reduce waiting times for those patients on the practice waiting list who are eligible and ready to receive orthodontic treatment. To date three Orthodontic practices in Gloucestershire have signed up to the initiative, which equates to an additional 585 patients gaining access in 22/23.

## **6. Urgent dental care**

Gloucestershire Health and Care NHS Foundation Trust provide and manage in-hours appointments for patients with an urgent dental need who do not have access to an NHS dentist for patients in Gloucestershire. This service is for patients in need of relief from acute dental pain; infection; bleeding or trauma.

Out of Hours patients should contact NHS 111. Only those people 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.

Gloucestershire Health and Care NHS Trust also manages out of hours appointments for the whole of Gloucestershire. They provide appointments at the weekends and bank holidays in clinics across the county.

We are currently in the process of commissioning a stabilisation pilot programme, a further step to urgent care in getting patients a more permanent solution to their dental problem. The pilot will run over an 18-month period or until March 2024. The programme is aimed at patients who do not have a regular dentist, patients can expect to receive treatment that will stabilise their oral health. Expressions of interest have been received and we are working with interested providers to mobilise additional activity where we are able. To date there has been one practice in Gloucestershire that has signed up to the programme.

## **7. Workforce**

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

As NHS England does not employ dentists directly, the size of shortfall is difficult to know exactly. However, based on the scale of UDA underperformance and the expected capacity

of a dentist, we would conclude that Gloucestershire is short of around 31 whole-time equivalent dentists.

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. Gloucestershire 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, which is nationally determined. 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 opposed 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.

Reasons for established dentists leaving, 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.

The SW dental transformation programme includes a range of initiatives to address the workforce gap and associated access issues.

## **8. Improving access to primary care for people in Gloucestershire**

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 Association and dental providers to try and attract all practitioners to move into the region.
- Working with dental providers to ensure existing contracts are delivering to their maximum potential.
- Reviewing under and over performance of dental contracts on a regular basis and, as part of reconciling activity to contract payment, explore with those contractors with the most variance what they are doing to address under performance.
- While we are able to issue new contracts for NHS primary care dental activity in areas of greatest need, we are having conversations where we can adjust activity and reallocate the activity where necessary,

- Developing plans to commission dental services in areas where there is inequality in access, within available resources. We are working closely with dentists, public health, and the dental school to develop referral pathways and identify initiatives to increase dental capacity across the region through the South West's Local Dental Network and six Managed Clinical Networks for dentistry.
- In collaboration with Health Education England and the Universities of Plymouth and Bristol, are offering funding to dentists working in the South West who are undertaking post-graduate courses in Restorative; Periodontal; Endodontic and Oral Surgery to increase the number of local specialists within our region.
- Working towards further innovation with existing providers to address regionalised concerns. This includes adjusting contract activity, allowing for reinvestment. Any schemes will take into account national initiatives and regional priorities, e.g., Dental Checks by 1 campaign (to ensure all children see a dentist as their teeth come through, or by their first birthday, at the latest) or increasing urgent care sessions for patients who do not have a regular dentist.

The SW Dental Team are currently commissioning additional mandatory dental services across the region. Priority areas have been identified focused on replacing activity which has 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, which aims to increase access for 0–2-year-olds, promoting early attendance at a dental practice and offering preventative care. The first phase of procurement has now been completed with additional dental access being secured in the GL1 postcode area, for approximately 1000 patients.

## **9. Secondary care provision**

As described in our previous briefing in July, NHS England contract with Gloucester Hospitals NHS Trust to provide secondary care including oral surgery and orthodontic treatments for the population of Gloucestershire. Oral surgery is also provided by Tetbury Hospital, the ICB being the lead commissioner.

Secondary care has been impacted greatly by the pandemic as all dental services initially ceased to redeploy the workforce to treat covid patients in hospitals. All services have now been resumed but in some cases, the frequency of clinics have been reduced due to the capacity at the hospital sites. This has led to an increase in waiting list times for some specialties. Work continues with providers to support a reduction in waiting times.

## **10. Community services**

Gloucestershire Health and Care NHS Trust is commissioned by NHS England to provide a range of community services, such as special care dentistry, Children's General Anaesthetic, Adult General Anaesthetic and Orthodontics (complementing high street orthodontics).

They operate from the following sites across Gloucestershire.

Southgate Moorings, Gloucester  
Redwood House, Stroud

St Pauls Medical Centre Cheltenham  
Lydney Health Centre  
Cirencester Hospital  
Springbank Resource Centre, Cheltenham

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.

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

### **Actions Planned for 22/23 Onwards**

Now that we have a more thorough understanding of the issues, where need is greatest and what current students and the dental community suggest would make them more likely to work for the NHS in the South West, each working group has developed a workplan for the coming years. The following action plans are subject to change as we continue to consider new ideas and suggestions and learn from the pilot projects, we have commissioned to determine what works best.

### **Programme Commitments**

In expanding on its objectives, the reform programme has developed a range of commitments related to the workplan.

#### **11.1 Access**

The following summarises the commitments and actions the dental reform programme will complete over the next year to improve access to NHS dental services in the South West: Since the last paper was submitted the follow progress has been made,

- The Urgent Care Managed Clinical Network are working to finalise current and aspirational pathways for future commissioning of urgent care.
- Dental helpline, 111 pathways are being reviewed, developing standardised access routes.
- Stabilisation pilot programme is currently being commissioned and the pilot will run until March 24.
- Routine pathway with Community Providers is completed, with an increase of appointments per system by 5%.
- Starting Well Core, increase access for 0-2 years, launched October 2022. This now forms part of the criteria for the newly procured dental contracts.
- Welfare checks for under 18s waiting for dental general anaesthetic is ongoing
- Improved access for Armed Forces families review (via MDS procurement and stabilisation) is due to start quarter 4.
- Domiciliary care review has been completed, and suggestions for change have been agreed, which will increase the number of older people accessing dental.

#### **11.2 Workforce**

- Dental Stakeholder Conference to be held in January 2023.
- Website signposting to dental vacancies and training opportunities is ongoing.

- Dental workforce data review to support the development of the workforce action plan, is ongoing.
- PLVE - The Performers List Validation by Experience programme enables the NHS to employ overseas dentists. There are now discussions underway with both the Professional Standards Team and Health Education England to look at ways in which criteria, process and regulations can be improved to increase access for overseas dentists.
- Mapping utilisation of dental chairs is taking place to better understand where there may be capacity, is ongoing.
- South West Dental Education Review programme stakeholder group, started in October and is being led by Health Education England.
- Tier 2 accreditation panel has been established work is ongoing.

### **11.3 Oral Health**

- First Dental Steps, final arrangements are being made for commissioning in Gloucestershire.
- Supervised Toothbrushing, procurement is working to release an Expression of Interest by 25<sup>th</sup> November for each local area, with returns evaluation being done mid-January 2023.
- Task and finish group to review oral health among older population, has started with a piece of work in care homes.
- Task and finish group to review green impact on dentistry and rollout of national toolkit, is awaiting feedback from national colleagues.

## **12. Delegation of Primary Care Commissioning**

We have been reporting all Pharmacy, Optometry and Dental related stakeholder communications and engagement activity to Integrated Commissioning Boards (ICBs) monthly since the end of July. Engaging at various levels to agree our future ways of working, which has led to the codesign of the structure and function of the NHSE SW regional commissioning hub. The hub is where ICBs will be able to access existing subject matter expertise and commissioning support for delegated services from April 2023 and beyond. Scrutineers can be assured that we are working together to ensure a safe, seamless transition. ICB colleagues are also participating in each of the reform programme working groups as well as working with commissioners on a local level.

## **13. Summary**

Gloucestershire scrutiny colleagues are asked to:

- Consider the underlying causes of the access difficulties that people are experiencing in Gloucestershire and across the country.
- Consider the ongoing work of NHS England South West dental reform programme board to address these and improve the oral health of our population.
- Work in partnership with NHSE South West dental reform team to consider ways to market Gloucestershire to attract the dental and other clinical workforce that it needs, and to encourage more young people in Gloucestershire schools and colleges to consider a career in healthcare.