
Health and Adult Social Care Scrutiny Committee 8th September 2022

Report of the Senior Commissioning Manager (Pharmacy, Optometry and Dental) NHS England

Update Report Regarding Primary Care Dental Services

Purpose

1. To update the Scrutiny Committee since the meeting in April 2022 on the issues relating to dental services in the borough.

Recommendations

2. It is recommended that the Scrutiny Committee: -
 - Notes the contents of the report
 - Request a further update in September 2023

Background

3. Representatives from NHS England (NHSE) Dental Commissioning Team attended a meeting in April to discuss the issues relating to dental access and the NHSE response to the difficulties, post pandemic. Commissioners have been invited back to advise on the latest position and new developments. It is acknowledged that much information is at Integrated Care Systems (ICS) level and that very specific local information may not be obtainable.
4. NHS dental services are an incredibly important service within the NHS and the area team is determined to do all it can to ensure easier access to high-quality dental care for our patients

5. We acknowledge that NHS dental services have faced, and continue to face, major challenges. Infection prevention control guidelines aimed at combating COVID-19 reduced dental capacity across both public and private sectors, largely due to the introduction of post aerosol generating procedure (AGP) “downtime” between patients.
6. At this current time and since our last report, national colleagues are working to transform NHS Dental contracts with the aim to ensure patients who are most at need are able to access dentistry. The changes will require changes to Regulations. The NHS has recently announced the first step in this programme; within the next 12 months NHSE will implement the following changes:
 - Introduce enhanced Units of Dental Activity (UDA)¹ to support patients who have higher clinical needs whilst recognising the range of different treatment options currently remunerated under Band 2. For example, dentists have long argued the unfairness of a being remunerated at the same level for complex multiple fillings, extractions and other treatments in the same course of treatment as for a single simple single filling or a single extraction.
 - Recognising that recruitment and effective delivery of care in some parts of the country is restricted by very low UDA values which impacts on patient access. To address this, a minimum indicative UDA value will be introduced from 1st October 2022.
 - Renewed guidance and monitoring of patient recall periods to free up unnecessary recall appointments.
 - Improve the use of clinical skill mix in NHS dental care to support access to services.
 - Improve information for patients by requiring more regular updating of the Directory of Services within the NHS website
7. We acknowledge that this is an initial step, but NHSE is working hard to transform the national contract and to support the transition of dental services onto the Integrated Care Board footprints.

¹ UDAs are a measure of the amount of work done during dental treatment. More complex dental treatments count for more UDAs than simpler ones. For example, an examination is 1 UDA, fillings are 3 UDAs, and dentures are 12 UDAs. Currently Band 1 = 1 UDA / Band 2 = 3 UDAs / Band 3 = 12 UDAs. Treatment included in each NHS dental banding is available on the [NHS.uk website](https://www.nhs.uk).

8. It is important to realise that registration with an NHS dentist has not existed since 2006. Many practices have maintained a list of NHS patients they offer to recall, but patients are unable to register with an NHS dentist in the same way as for a GP. Dentists are commissioned to provide a level of dental activity rather than to care for a specific group of patients.
9. Dentists still need to prioritise patients with dental problems rather than providing check-ups. It should be remembered that not all patients will require six monthly reviews – it is recommended that adult patients with good oral health are seen less frequently sometimes each year or every two years, and for children recalls are at a recommended intervals of between three and 12 months.
10. A small number of contractors have either rebased or terminated their general dental contracts; in The Black Country there has been only 1 provider; based in Halesowen. A very small number of units of activity (456 UDA) were released and these have been dispersed to practices within 1.3 miles of the original site.
11. It is our principle that small amounts of activity will be dispersed into areas of need. Should a large amount of activity be released NHSE would need to look at a potential procurement based on needs assessments/local needs and work with the ICS to determine this.
12. NHSE acknowledges the waiting lists for orthodontic treatment and is currently looking at how to best address this.
13. No decision is sought. NHSE officers have no conflict of interests.

Finance

14. Commissioners secured additional investment again in the 2022/23 period. This means that we have:
 - Commissioned additional in hours urgent access sessions across the west £50k
 - Commissioned additional weekend access sessions for urgent as well as routine services with 1 practice in Dudley taking part and providing 50 additional sessions with a further 4 practices in



Sandwell providing an additional 227 sessions: making a total investment of £113,500

- Funded child access sessions: for practices to work with Community Dental Services (CDS) to reduce the burden on general anaesthetic services and provide Hall crowns to children. There is currently an expression of interest process to recruit up to 4 practices to serve the Black Country. There is already one practice operational in Tipton and Dudley has been flagged as a priority area.
- Secured a small amount of funding for deprived and multiply disadvantaged groups and are working with local third sector and inequality leads to scope what can be done with £50k allocated for The Black Country on a fair shares basis.
- Invested in oral health promotion; whilst responsibility lies with local authorities, NHSE has funded a network which will work across a wider area to ensure equity of service and build on best practice – a further £175,000 has been invested to create a team to provide an oral health improvement service across the Black Country – specifically to extend services to Dudley and Walsall.
- Implemented an electronic 2 week wait process and removed the paper referral system
- Working to implement a new electronic referral system to Paediatric Dental Services
- Infection Prevention Colleagues have launched a new IPC toolkit and audit protocol in dental practices
- Launched a research piece around practice managers roles perceptions etc
- Supported secondary care providers to eliminate 104-week waiters by end July 2022 Dudley is currently not reporting any 104 week waits for dental services.
- Funded a Golden Hello scheme in rural areas where recruitment has been significantly difficult though not in Dudley or the Black Country
- Developed proposals regarding a paediatric pathway with clinical colleagues
- Developed a draft Children in Care “passport” which is about to be piloted with a view to roll out across the West Midlands.

Law

15. No implications to the Council arising from the content of this report



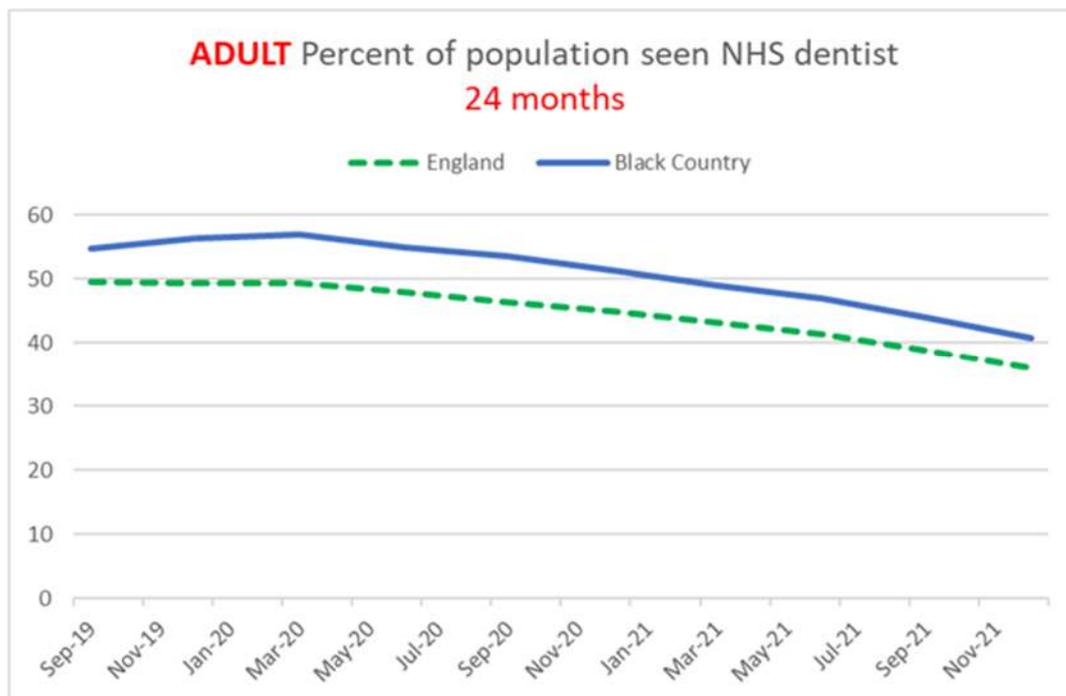
Risk Management

16. The biggest risk to improving the situation is the availability of dentists willing to provide NHS services.
17. The second risk is relating to ad hoc funding with no guarantee that all additional schemes will be funded in the 2023/24 baseline.

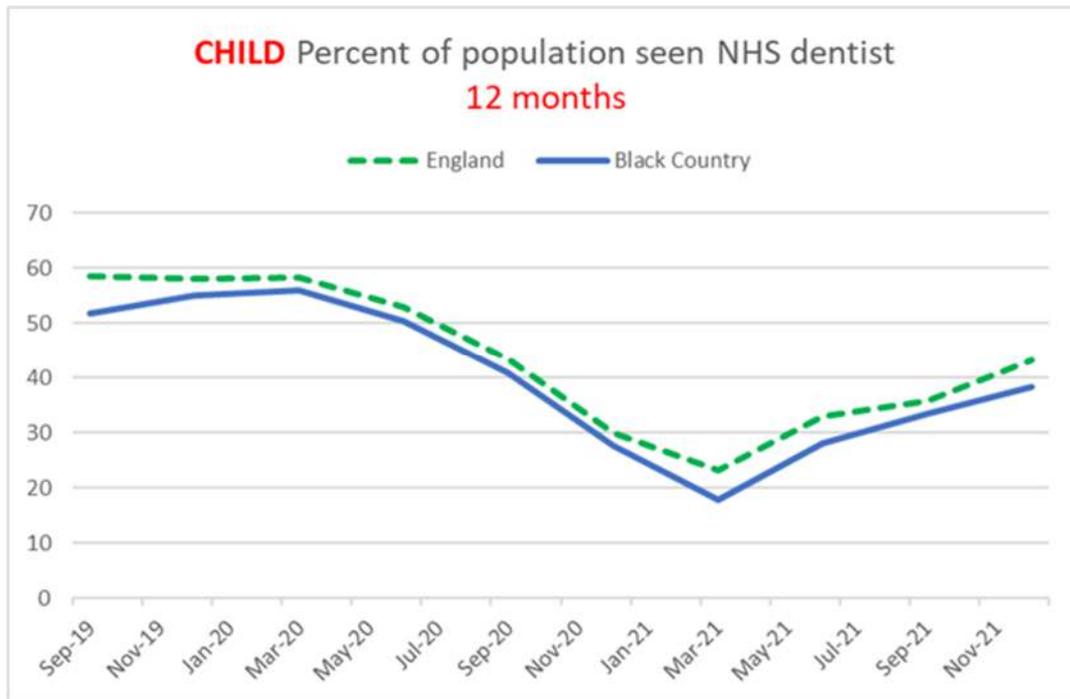
Equality Impact

Access data

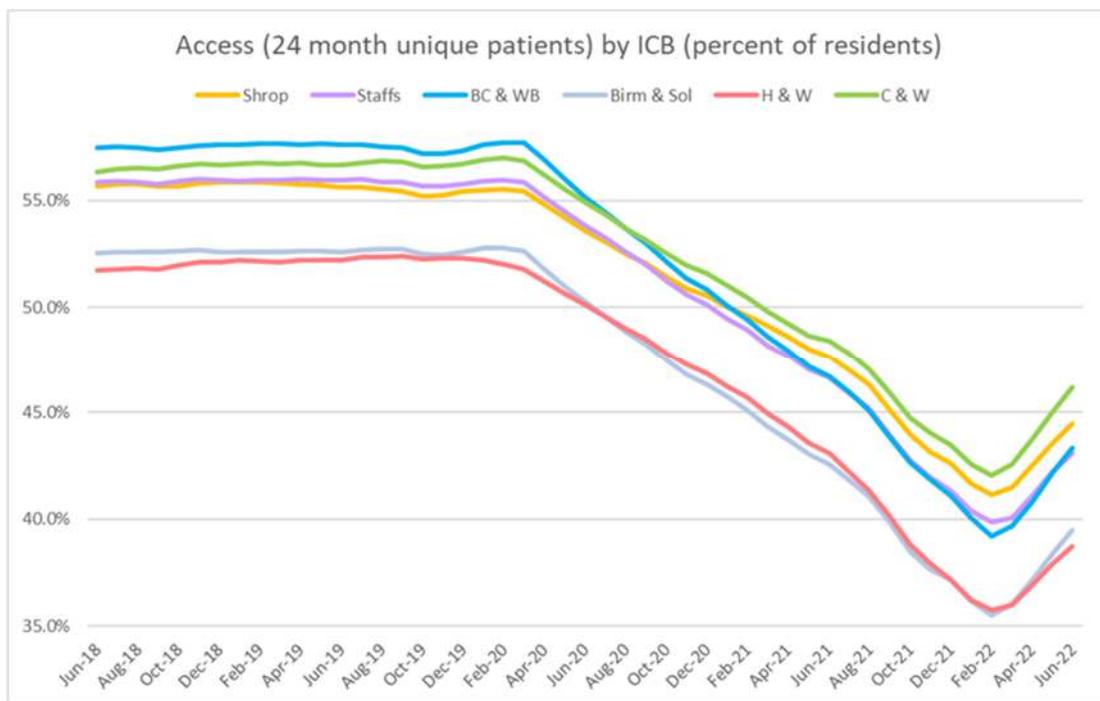
18. The national dashboard that has 'open' access is unfortunately only updated twice annually now – so the latest position is to December 2021 that is a more optimistic trend for children than for adults (because they're on a 12 month count).
19. Adult access the Black Country always seems to be just **above** the England average and the pattern remained similar in the pandemic. As this is 24 months measure this chart cuts off before we start to see improvements (April 2022 onwards)



20. For Child access on the other hand the Black Country seems to have always been just **below** England average, but again the patterns are similar. As this is a 12 month measure, we see the improvement post pandemic from 2021/22 Quarter 1.



21. The 24 month data that is most up to date comes directly from BSA however (a) it does not separate adult and child and (b) we don't have a national benchmark to compare.
22. Given the numbers in each cohort this is largely adult-driven. Therefore, we have shown the 6 West Midlands ICBs; important to remember almost 1.8 million patients were not seen due to the pandemic and we can clearly see an uptick in numbers of people now being seen.



Human Resources/Organisational Development

23. There is a nationally recognised problem with recruiting dentists to NHS work. This is because some have left the NHS or reduced their NHS commitment in exchange for increased private work or for more free time with some leaving the profession entirely. Contractors also advise that in some areas nurses and reception staff are becoming harder to recruit. This is a national issue and is tied in part to the funding levels for contracts and price per unit of activity.
24. Clearly a lack of staff will reduce access. Therapists and hygienists are required to work under the prescription of a dentist and in some areas the lack of dentist affects providers abilities to use the skills of hygienists and therapists, many of whom are in demand for work in the private sector.

Commercial/Procurement

25. No implications to the Council arising from the content of this report

Council Priorities and Projects

26. No implications to the Council arising from the content of this report

T. Harvey

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