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Oversight and Governance

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HEALTH AND WELLBEING BOARD – SUPPLEMENT PACK

Thursday 7 October 2021

10.30 am

Warspite Room, Council House

Members:

Councillor Nicholson, Chair

Councillor Dr Mahony, Vice Chair

Councillors Dr Buchan and Downie.

Statutory Co-opted Members: Strategic Director for People, Director of Children's Services, NHS Devon Clinical Commissioning Group, Director for Public Health and Healthwatch.

Non-statutory Members: Livewell SW, University Hospitals Plymouth NHS Trust and the Voluntary and Community Sector.

Please refer to agenda item 11 attached.

Tracey Lee

Chief Executive

Health and Wellbeing Board

**11. Dental Access for Adults and Children in Plymouth,
September 2021**

(Pages 1 - 10)

Dental Access for Adults and Children in Plymouth

October 2021

1. Background

Dental services are provided in Plymouth in three settings:

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

2. Primary care (high street dentistry)

NHS dental practices are independent businesses and many also offer private dentistry. NHS England and NHS Improvement does not employ dentists directly. Domiciliary treatment is provided by a small number of contractors who provide treatment for people who are unable to leave their home, including people in care homes.

Covid Impact 2020/21 onwards

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 remain focused on providing care for those patients who do 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 such that clinical priority needs to be given to those that are currently mid treatment, children and vulnerable groups and 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 is 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 and 60% from 1st April to 30th September 2021.

The Chief Dental Officer has confirmed contracts will continue to be in place 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 October and December 2021. During this period, it is anticipated practices deliver at least 65% of contracted UDAs and 85% of contracted Units of Orthodontic Activity (UOAs).



Access Rates to High Street Dentistry

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

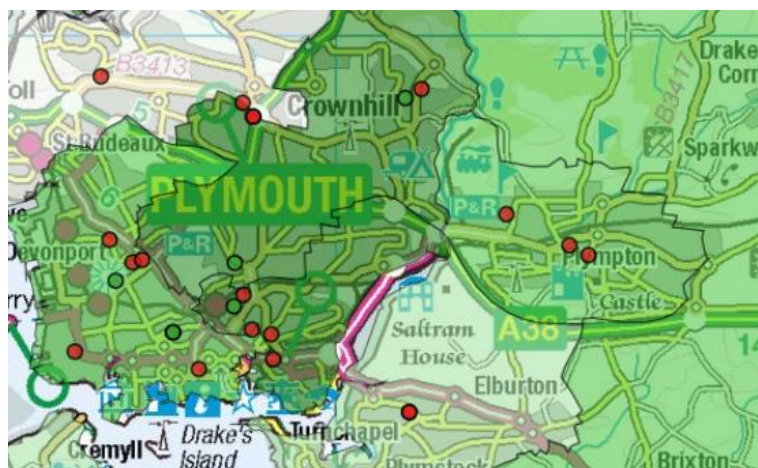
The total number of adults seeing an NHS dentist in Plymouth has decreased from 94,310 (45.1% of the population) in June 2020 to 80,707 (38.6% of the population) in June 2021. This is a reduction of 13,603 patients seen (14.42%) over the past 12 months.

The access rate for the adult population of Plymouth (38.65%) is now below the access rate for England as a whole (42.0%). This is measured by looking at the proportion of adult patients who have seen an NHS dentist in the past 24 months (please see:

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

The number of children who have seen a dentist in Plymouth in the last 12 months has also decreased from 29,429 (55.6%) in June 2020 to 17,344 (32.8%) in June 2021. This is a reduction of 12,085 patients (41.06%) in the last 12 months and is just below (32.8%) the rate for England (33.7%). This is measured by looking at the proportion of children who have seen an NHS dentist in the past 12 months.

Commissioned Dental Activity



There are 23 providers in Plymouth who provide general dental services from 20 practices across the city, as indicated in the above map.

Over the past 4 years, NHS England has commissioned dental activity from these providers as follows:

- 20/21 total UDAs commissioned 361,317 – value £10,001,682
- 19/20 total UDAs commissioned 359,503 – value £9,581,894
- 18/19 total UDAs commissioned 342,674 – value £8,766,512
- 17/18 total UDAs commissioned 394,775 - value £9,974,805



In 2019/20, NHS England contracted 359,503 units of dental activity (UDAs) from these providers. This figure included a number of recurrent and non-recurrent reductions which were made to contracts, totalling 33,850 UDAs, at the request of the providers because there are currently an estimated 13 full-time vacancies for dentists in NHS practices across the city. In 2019/2020 this meant that 80,991 UDAs were unable to be delivered.

In addition to this commissioned activity, there are 6 Foundation Dentists (FDs) working in Plymouth. Each FD delivers approximately 1,785 UDAs per annum (approximately 600 patients). The Peninsula Dental School also provides one off courses of treatment to patients who do not have an NHS dentist. These patients are allocated by the Dental Helpline team and treated by dental students under supervision.

Devon and Cornwall Dental Helpline

A unique dedicated helpline was developed for Devon and Cornwall to:

- assist patients in finding an NHS dentist for routine care
- arrange urgent NHS dental treatment for people who do not have a dentist
- help commissioners identify and respond to variations in demand

Practices are encouraged to point prospective new patients towards the helpline, so they can be added to a central waiting list rather than being taken on directly. As a result, people are sometimes incorrectly under the impression that no practices are taking on new NHS patients. Instead, patients are allocated in batches as capacity becomes available, so those who have waited longest are prioritised. People who are prepared to travel further are likely to be found a place sooner than those who are not.

The table below shows data for Plymouth for the last 12 months, covering:

1. the number of patients who have been added to the list each month
2. the number of patients allocated to a practice each month
3. the total number of patients who have been waiting for a dentist

N.B.:

- Many people will be under the care of a private dentist or another NHS dentist, even while registering with the helpline to find a place
- Some people will have found an NHS dentist but not informed the helpline
- Some people will have left the area but not informed the helpline

As part of the South West Dental Reform Programme, a review of people looking for a routine dentist is being conducted to ensure the list is up to date, and identify priority patients and children to assess and treat.

Month	Patients added	Patients allocated	Total number of patients on the list
June 2020	162	1	15,138
September 2020	261	7	15,802
November 2020	218	128	15,985



January 2021	143	8	16,188
March 2021	302	3	16,748
May 2021	392	68	17,185
July 2021	366	10	17,812
Total	1,834	225	

The Access Dental Helpline also manages out of hours appointments for urgent care. They allocate appointments at the weekends and on Bank Holidays from the Dental Access Centre in Plymouth.

Orthodontics

A procurement exercise to secure new contracts was completed in 2019 enabling an increase in the number of local dental practices beginning to provide the service by extending their opening hours. Due to the pandemic, between 8th June and 31st December 2020, practices were expected to achieve 20% of their usual patient volume, based on their previous year's delivery. This increased to 70% 1st January and 31st March 2021 of their normal annual target (pro-rata). From 1st April to 30th September 2021, practices were expected to deliver 85% of their normal annual target (pro-rata). We await confirmation of expected activity levels from 1st October 2021 onwards.

Urgent Dental Care

Plymouth Community Dental Service (Livewell South West) provides and manages in-hours appointments for people experiencing acute dental pain; acute infection; and bleeding or trauma. An appointment should be available within 24 hours of someone making contact with the service and are provided at the Dental Access Centre and a number of general dental practices across Plymouth. The practices hold dedicated appointments on agreed days and times which are then booked for patients by the Community Dental Service.

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.

Additional Urgent Care Appointments

Since 1st September 2021 more than 1,000 extra urgent dental care appointments are being offered across the South West each week. Determined by the number of practices that expressed an interest in providing extra appointments, an additional 76 urgent care appointments are now in place in Plymouth every week. Work continues to extend capacity.

Workforce

As indicated above, the key issue affecting access to NHS dentistry is workforce. A shortage of (we estimate 13) dentists in Plymouth affects the ability of high street practices to meet their contracts. The reasons for this are not necessarily different to those affecting other sectors of the health and social care system. Plymouth is viewed as a lifestyle choice by both the medical and dental profession and younger clinical professionals tend to favour larger cities with greater transport links and more training opportunities. While we do have a



very successful dental school in the peninsula with education facilities in the city and Exeter, the need to train and retain dentists in the area outstrips capacity.

Foundation dentists, who are undergoing further training for a year after graduation, tend to relocate at the end of their foundation year, moving elsewhere to follow training pathways or to take hospital-based jobs.

It is difficult to determine why established dentists leave. Anecdotally, factors include the challenges of working in NHS practices that are experiencing high demand from patients and the opportunities in private care.

Improving Access to Primary Care for People in Plymouth

NHS England and NHS Improvement 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 an associate or dentist 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). Pre-pandemic, we were in discussions with dental providers in Plymouth to agree short term non recurrent increases to their current contracts to create additional interim capacity in areas of need. We will be able to make these increases permanent once a formal procurement process has been completed in compliance with our statutory duties.
- Ensuring as places become available, they are allocated to those patients who are on the helpline's list.
- 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.
- We have a small number of practices piloting a new prototype contract model as part of national work looking at contract reform, as it is considered that the current contract disincentivises dentists from undertaking NHS dental work. The outcome of this work will feed into a national contract review process.



- 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; Endodontal and Oral Surgery to increase the number of local specialists and improve access.
- Rebasing contract activity to allow for reinvestment. Any schemes will take into account 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.

3. Secondary Care Provision

In Plymouth, NHS England and NHS Improvement contracts with University Hospitals Plymouth NHS Trust to provide secondary care including oral surgery and orthodontic treatments. 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.

Clinical Commissioning Groups (CCGs) have produced elective recovery plans and the funding available (elective recovery fund) is being used to procure additional capacity. The Getting it Right First Time (GIRFT) programme is also underway in the South West, looking at oral and maxillofacial surgery pathways to improve flow of patients, ensure more equitable access to treatment alongside and better outcomes.

4. Community Services

Plymouth Community Dental Service (Livewell South West) is commissioned to provide a range of community services, also known as special care dental. 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 and/or social impairment or disability; and/or, more often, a combination of these factors. Special care dental services provide urgent care, check-ups and treatment. In Plymouth, the service also provides oral surgery and 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 secure additional specialists while longer term solutions are developed.

Other community services are:

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

Community dental providers, including Livewell, were rapidly reassigned as Urgent Dental Care Centres when the pandemic started in March 2020 to ensure that patients with urgent dental needs were 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.

Local authorities are the lead commissioner of oral health promotion programmes to improve the health of the local population as part of their statutory responsibilities. Oral health promotion in Plymouth is delivered via the community dental provider and consists of oral health education and fluoride varnish application. In addition to the oral health promotion that Plymouth council commissions, NHSE and NHSI (SW) have commissioned a supervised toothbrushing scheme pilot project, covering nurseries and schools in the most deprived areas of the city. This scheme has been extended for another year from 1 September 2021 until August 2022.

5. Urgent Dental Care Centres

Urgent dental care centres were established in April 2020 to provide urgent treatment to patients who met the criteria for urgent care. Initially there were three regional centres in Exeter, Torquay and Plymouth. A further nine sites were mobilised across Devon during May and June. Out of the 12 sites, four are still accepting urgent care referrals and one of these is in Plymouth. The level of referrals has reduced as practices are now able to see their own patients for urgent care.

6. 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 NHS Improvement and Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHS England and NHS Improvement 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 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 [here](#).

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 that particularly relate to Plymouth include:

- Review of Devon and Cornwall dental helpline
- Review of all seven Dental Helpline specifications across the region, including the Devon helpline
- Develop a pilot in Devon and Cornwall to assess and treat all children waiting and evaluate the findings
- Develop a standard service specification for high street dental practices incorporating flexible commissioning (identifying some of their existing funding to address specific patients, e.g. providing care for high needs patients, improving access to urgent dental care).



Glossary of terms:

Primary Care Dental Services	general dental services provided for patients typically in a High Street location
Secondary Care Dental Services	dental services requiring specialist or consultant led care typically in a hospital setting
Community Dental Services	dental services provided in both secondary and primary care setting for patients who are unable to access general dental services due to physical or other disabilities – this includes treatment of patients under general anaesthetic where necessary
Managed Clinical Network	a clinically led group working within a speciality to improve patient care pathways
Fluoride varnish	topically applied fluoride to teeth that are at high risk of decay including recently erupted adult teeth in children
Fissure sealant	sealant applied to cover the surface to the tooth to prevent decay



Appendix A

Dental contracts are commissioned in units of dental activity (UDAs). The table in Appendix A 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

Author:
South West Dental Commissioning Team October 2021

