

Public Document Pack

Contact: Leo Taylor
Direct Dial: 01934 634621
E-mail: leo.taylor@n-somerset.gov.uk
Date: Wednesday, 6 March 2024

Dear Sir or Madam

The Health Overview and Scrutiny Panel – Thursday, 14 March 2024, 2.00 pm – New Council Chamber - Town Hall

A meeting of the Health Overview and Scrutiny Panel will take place as indicated above.

The agenda is set out overleaf.

Yours faithfully

Assistant Director Legal & Governance and Monitoring Officer

To: Members of the Health Overview and Scrutiny Panel

Councillors:

Helen Thornton (Chairperson), Ian Parker (Vice Chairperson), Marc Aplin, Jemma Coles, Stuart Davies, Wendy Griggs, Hugh Malyan, Timothy Snaden, Joe Tristram and Georgie Bigg.

This document and associated papers can be made available in a different format on request.

Agenda

1. **Public Discussion (Standing Order SSO9)**

To receive and hear any person who wishes to address the Panel on matters which affect the District and fall within the remit of the Panel. The Chairperson will select the order of the matters to be heard. Members of the Panel may ask questions of the member of the public and a dialogue between the parties can be undertaken.

Requests to speak must be submitted in writing to the Head of Legal and Democratic Services, or the officer mentioned at the top of this agenda letter, by noon on the day before.

2. **Apologies for absence and notification of substitutes**

3. **Declaration of Disclosable Pecuniary Interest (Standing Order 37)**

A Member must declare any disclosable pecuniary interest where it relates to any matter being considered at the meeting. A declaration of a disclosable pecuniary interest should indicate the interest and the agenda item to which it relates. A Member is not permitted to participate in this agenda item by law and should immediately leave the meeting before the start of any debate.

If the Member leaves the Chamber in respect of a declaration, he or she should ensure that the Chairperson is aware of this before he or she leaves to enable their exit from the meeting to be recorded in the minutes in accordance with Standing Order 37.

4. **Minutes** (Pages 5 - 10)

5. **Matters referred by Council, the Executive, other Committees and Panels (if any)**

6. **An update on the development of a Dental strategy in BNSSG** (Pages 11 - 28)

7. **Public Health Oral Health Promotion Overview** (Pages 29 - 48)

8. **Graham Road Surgery and Horizon Health Centre Care Quality Commission Inspections** (Pages 49 - 52)

9. **Healthwatch Report - Dental update and North Somerset Quarter 3 public feedback** (Pages 53 - 96)

10. **HOSP Work Plan March 24** (Pages 97 - 100)

Exempt Items

Should the Health Overview and Scrutiny Panel wish to consider a matter as an

Exempt Item, the following resolution should be passed -

“(1) That the press, public, and officers not required by the Members, the Chief Executive or the Director, to remain during the exempt session, be excluded from the meeting during consideration of the following item of business on the ground that its consideration will involve the disclosure of exempt information as defined in Section 100I of the Local Government Act 1972.”

Also, if appropriate, the following resolution should be passed –

“(2) That members of the Council who are not members of the Health Overview and Scrutiny Panel be invited to remain.”

Mobile phones and other mobile devices

All persons attending the meeting are requested to ensure that these devices are switched to silent mode. The chairman may approve an exception to this request in special circumstances.

Filming and recording of meetings

The proceedings of this meeting may be recorded for broadcasting purposes.

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting, focusing only on those actively participating in the meeting and having regard to the wishes of any members of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Assistant Director Legal & Governance and Monitoring Officer’s representative before the start of the meeting so that all those present may be made aware that it is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting.

Emergency Evacuation Procedure

On hearing the alarm – (a continuous two tone siren)

Leave the room by the nearest exit door. Ensure that windows are closed.

Last person out to close the door.

Do not stop to collect personal belongings.

Do not use the lifts.

Follow the green and white exit signs and make your way to the assembly point.

Do not re-enter the building until authorised to do so by the Fire Authority.

Go to Assembly Point C – Outside the offices formerly occupied by Stephen & Co

Minutes

of the Meeting of

The Health Overview and Scrutiny Panel

Thursday, 12 October 2023

New Council Chamber - Town Hall

Meeting Commenced: 2.00 pm

Meeting Concluded: 4.40 pm

Councillors:

Helen Thornton (Chair)

Ian Parker (Vice-Chair)

Wendy Griggs

Timothy Snaden

Joe Tristram

Marc Aplin

Jemma Coles

Co-opted Member: Georgie Bigg

Apologies: Councillor Stuart Davies

Health Colleagues in attendance: Becky Balloch, Head of Communications & Engagement, Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB), Wavell Vere, Senior Commissioning Manager, South West Collaborative Commissioning Hub (NHS England), David Jarrett, Director of Integrated and Primary Care (BNSSG ICB), Jenny Bowker, Deputy Director of Primary Care, (BNSSG ICB), Brandie Deignan, Chief Executive Officer, Pier Health Group Limited, John Heather, Director, Pier Health Group Limited, Susie McMullen, Head of Primary Care Contracts (BNSSG ICB), Greg Penlington, Head of Urgent and Emergency Care (BNSSG ICB)

NSC Officers in attendance: Gerald Hunt (Adult Services); Matt Lenny (Public Health); Leo Taylor and Harriet Isherwood (Corporate Services).

HEA Public Discussion (Standing Order SS09)

32

Andrew Rogers, local resident, addressed the Panel about difficulties faced by patients at the Graham Road Surgery over a number years and his proposal that Pier Health Group contract for the management of the practice be terminated when it came up for renewal.

In response to concerns he raised about delays in the construction of a new surgery at the Weston Club site, a representative of the Integrated Care Board (ICB) confirmed that planning permission had been approved, allowing building works to commence this Winter.

In conclusion, the Chair emphasised the need to remain focused on both Graham Road Surgery and the Healthy Living Centre due to their locations, serving the

some of the most socio-economically challenged communities in North Somerset. She noted that issues around performance at these practices were being considered later on the agenda.

Alan Rice, Weston Housing Action, then addressed the Panel urging recognition of the link between housing and health, particularly the damaging effects of damp, mould and no-fault evictions on residents' mental wellbeing. He gave several examples illustrating what he felt was a failure of the system to adequately respond to these challenges faced by local residents.

The Council's Executive Member for Homes and Health gave assurance that the relationship between housing and health was understood and that consideration was being given to improving the Council's response in partnership with health providers and the third sector. She reported that Mr Rice had also addressed the Council's Health and Wellbeing Board and that a formal respond to his concerns was being provided.

Concluded: that the Panel add the issue to its work plan and to consider the establishment of a joint working group with the Adult Services and Housing Policy and Scrutiny Panel to review current arrangements and opportunities for improving the response from Council and partner agencies.

The Chair thanked both Mr Rogers and Mr Rice for their respective addresses to the Panel.

HEA 33 Declaration of Disclosable Pecuniary Interest (Standing Order 37)

None.

HEA 34 Minutes

Resolved: that the minutes of the Panel meeting held on 12 July 2023 be approved as a correct record.

There was a query from Members about an unresolved action in Minute HEA 29 in respect of the Integrated Care Strategy data packs and the representative of the ICB explained that reporting arrangements were still being worked out and an update would be provided to the Scrutiny Officer in due course

HEA 35 Dental Access for Adults and Children in North Somerset

The Deputy Director of Primary Care, BNSSG ICB and Senior Commissioning Manager, NHS South West Collaborative Commissioning Hub presented the report outlining: the delegation of dental services commissioning from NHS England to the BNSSG ICB; actions being taken by the ICB to develop a local dental plan; and the ongoing programme of work across the South West to address the key challenges in dental services and to improve services for the future.

Members sought and received clarification on the following:

- Domiciliary (dental) care for people in care - It was confirmed that this was intended to cover both care homes and nursing homes, and that discussions

around making access easier for care home residents were ongoing.

- The percentage of private as opposed to NHS dental practices in North Somerset - it was reported that the landscape had changed since the onset of COVID-19, with significant numbers of dentists leaving the NHS due to challenges in delivering required care under the existing contract terms.
- Accuracy of the NHS website with Members noting the apparent availability of high street NHS dentists where there were none in reality - it was confirmed that reminders had been sent requiring the website be updated.
- Examples of Community Interest Companies in the context of recruitment and retention of dental professionals - there were challenges around capacity in the voluntary and charitable sector and the current focus was on exploring different salary models and how best to deploy current resource. The Director of Public Health commented on the need to address the root problems before exploring alternative models and resource utilisation.
- Scope for the Council's involvement in promoting oral health in schools and ensuring that children had access to toothbrushes and toothpaste – there were various initiatives, including contracts for supervised brushing and preventative lessons in schools, primarily targeting areas with the greatest need.
- The supervised (teeth) brushing pilot - this had started in Devon and was progressively expanding.
- Dentist's eligibility for NHS pensions - dentists were eligible to contribute to NHS pensions, but most were self-employed and negotiated their own remuneration.

Concluded: that the Chair give consideration to the establishment of a Panel working group, potentially including the other HOSPs within BNSSG to engage with, and monitor progress against, the implementation of the Strategy and Action Plan

HEA 36 Bristol, North Somerset and South Gloucestershire Winter Plan

The Head of Urgent and Emergency Care, BNSSG ICB, presented the report which set out an overview of the local NHS winter plan, providing an update on the national context together with the local response, a forecast of anticipated pressures, a summary of additional investment in winter schemes, mental health plans, an explanation of our system control centre, the vaccination programme and the communications approach.

Members received the following responses to their comments and queries:

- the intersection of the winter plan with the impact of climate change, (specifically related to issues like dampness, mould, and cold) and any provision in the plan's responding to unpredictable and disastrous events such as floods - whilst acknowledging the potential impacts of these issues, it was explained that the scope of the winter plan was confined to the response to the forthcoming winter challenge rather than tackling these types of "upstream" issues requiring longer term interventions. These were more within the remits of the Council and other partner agencies; and
- the noticeable contraction in the pharmacy sector, with several pharmacies

shutting down - there was ongoing mapping of pharmacy opening hours and, as with dentistry, community pharmacy services had also been delegated to the ICB. While some pharmacies had closed, collaborative efforts with partner organisations were being explored to better target services where needed.

Members also sought and received clarification on the following:

- The concept of a virtual ward; and
- the practice of embedding senior staff in the ambulance service and potential impacts.

Concluded:

(1) that the Panel note and take assurance from the work being delivered to ensure an appropriate system response to winter planning; and

(2) that the Panel provide its support to any winter health and care messaging where practicable.

****change to agenda order agreed by Chair****

[Agenda item 10 taken earlier on the agenda with items 7, 8 and 9 following].

HEA 37 Graham Road Surgery and Horizon Health Centre Care Quality Commission Inspections

The Chief Executive Officer and Director of Pier Health Group Limited, and Head of Primary Care Contracts at BNSSG ICB briefed the HOSP on the most recent inspections of Graham Road Surgery (GRS) and Horizon Health Centre which had been conducted by the Care Quality Commission (CQC). They also informed the Panel of the actions being taken in response to the findings and recommendations of these inspections.

In discussion, the Vice-Chair expressed concern about the outcome of the inspections at the Horizon practice. He said there had been a significant decline in CQC ratings since Pier Health took over the practice and questioned the sustainability of the improvement which he attributed to the involvement of the CQC and inquired about the reasons for changing the contract to a Personal Medical Services (PMS) contract.

In response, the Director of Pier Health Group explained that the decision to hand back the contract was due to prior funding challenges at the practice. He emphasized that the previous outstanding surgery rating was evidence that, with the right personnel and sufficient capacity, the practice was capable of delivering quality care.

He also challenged the notion that recent improvements were due to the CQC's involvement, stating that changes had already been underway and that they had been working with commissioners over a considerable period prior to the inspections to address the challenges subsequently identified by the CCC.

He referred by way of example to the issue of coding and data backlogs which they had identified early and had initially sought to resolve through outsourcing, however, ongoing work with the support of the ICB was now successfully

addressing the issue. In response to Members' queries, it was confirmed that the backlogs covered, covered a period of 18 months and included approximately 30,000 documents. A harm review had been conducted and it was acknowledged that lessons had been learnt from that process.

In concluding discussions, the Chair reiterated her view that, given the population served, there was a critical need for significant and sustained improvement at both practices. She noted that the CQC inspection process had not yet completed, with both officially still in "special measures".

Concluded:

(1) that the report be received and that Panel feedback be provided in the form of the minutes

(2) that it be requested that the practice provide a further progress report to the Panel following the conclusion of the CQC inspection process.

HEA 38 Healthwatch Annual Report 2022-23

The Chair of Healthwatch presented the report, noting that this was the first year that Healthwatch was in a position to produce one report for the whole BNSSG footprint. She also mentioned that the "local voices" report could be downloaded on monthly basis.

Concluded: that the report be received and that any feedback from Members be provided to Healthwatch by email.

HEA 39 Better Care Fund Plan 2023-25

The Principal Head of Commissioning, Partnerships and Housing Solutions presented the report outlining the Better Care Fund Plan for 2023/25 and support financial and planning assumptions for 2023/24. In addressing the Panel, he focused predominantly on elements of the Fund that related to provisions for the upcoming winter period, focussing on the fund's role in supporting the community aspects of the Winter Plan, noting the allocation of £2.7 million to support the discharge plan, as well as collaborative work with Curo (Housing Association) on a homeless plan.

In response to concerns raised about care staff remuneration, he highlighted the increase in the minimum wage and ongoing work around care staff pay and retention initiatives.

He also responded to a query about the composition of the Equalities Oversight Group, explaining that it was led by BNSSG Chief Medical Officers and referred to an upcoming stakeholder survey. The Director of Public Health commented that as these oversight groups mature, they would report back to provide further insights and recommendations.

Concluded: that the report be received and that Members feedback be provided in the form of the minutes.

HEA 40 Health Protection update

The Director of Public Health presented the report, which noted the seasonal challenges for health and care services due to the additional demand for services during winter months, often driven by an increased prevalence of communicable disease. Effective prevention was based on vaccination and infection prevention and control strategies implemented across our health and care system and plans were in place to implement these approaches and effectively monitor trends and impacts during the winter period.

The Director also provided an update the response to COVID-19, including the new COVID variant. The Chair inquired about the transmissibility of the new COVID variant, and confirmed that there was no reported significant increase in clinical risk.

Concluded: that the report be received.

HEA 41 The Panel's Work Plan

Concluded: that the work plan be received and updated to reflect outcomes agreed during the meeting

Chairperson

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 14 March 2024

Subject of Report: An update on the development of a Dental strategy in Bristol, North Somerset and South Gloucestershire

Officer Presenting: Jenny Bowker, Deputy Director of Primary Care at Bristol, North Somerset and South Gloucestershire Integrated Care Board

Recommendations

North Somerset Health Overview and Scrutiny Panel are asked to:

- Consider the ongoing work of BNSSG ICB and the NHS South West Collaborative Commissioning Hub which seeks to address access issues and improve the oral health of the population
- Consider how the panel can contribute further to finalising the strategy
- Consider how best to monitor progress which demonstrates an impact locally.

1. Background

The North Somerset Health Overview and Scrutiny Panel received a report on access to NHS Dental Services in October 2023. This report provides a further update on provision and the development of a Dental Strategy for Bristol, North Somerset and South Gloucestershire (BNSSG).

The Panel is requested to note that the responsibility for commissioning dental care has been delegated to Integrated Care Boards as of 1 April 2023. Since this change BNSSG ICB have been working with the support of the NHS South West Collaborative Commissioning Hub on implementing national policy and initiatives across the south west regional footprint together with developing a local strategy for the next three years.

The delegation of primary care commissioning functions to Integrated Care Boards (ICBs) from 1 April 2023 has led to ICBs exploring opportunities to commission dental services to prevent poor oral health, protect and expand access and deliver high quality care. From a national dental care and treatment perspective, the restoration of mandatory services following the pandemic remains a key delivery priority.

Dentists have continually raised concerns nationally regarding the current contract introduced in 2006 and contract reform is not expected prior to the next general election. Whilst a focus on mandatory services is critical to restoring access to dental care for the majority of people, NHS England have highlighted some of the flexibilities which exist within the current national dental contractual framework to enable ICBs to tailor services to meet specific population needs, and to take steps to support practices with changes to UDA* values, where this presents clear value for money. The aim of this guidance is to provide ICBs with an outline of the legal requirements of the national dental contractual framework and to highlight the key considerations associated with procuring Additional and Further Services, previously termed 'flexible commissioning'. The guidance is intended to support commissioners with the following opportunities:

- Additional investment into new or existing contracts to address areas of need including:
 - Increased contracting of mandatory services,
 - commissioning additional capacity for advanced mandatory services, sedation and domiciliary services and orthodontics,
 - commissioning additional capacity for dental public health services and/or further services.
- Reallocation of existing contractual funding away from mandatory Services into new priorities (commissioned as additional or further services):
- Local negotiation of indicative rates for units of dental activity (UDAs*) or units of orthodontic activity (UOAs**).

Further information on this guidance can be found in Appendix 1.

*UDA – Units of Dental Activity 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.

**UOA – Units of Orthodontic Activity is an indication of the weight of an orthodontic course of treatment. A course of orthodontic activity equates to between 4 and 23 UOA, according to the age of the patient.

BNSSG ICB acknowledge how important it is to improve access to NHS dental services for the local population and to identify plans which seek to reduce health inequalities. BNSSG ICB has worked with stakeholders across local authorities, primary, community and secondary dental services, the Bristol Dental School and NHS England as well as undertaking a staff survey to facilitate the co-development of a local three-year dental strategy which seeks to drive improvements in oral health and accessing dental care within the area. The aim of the strategy is to provide a roadmap for the ICB and its partners of the plan of action needed over the next three years to achieve these improvements.

The strategy is available in draft form and further consultation on the strategy is planned. Further public consultation is also planned with the support of Healthwatch.

Service Provision



Dental services are provided in North Somerset in three settings:

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

Primary care (high street) 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. People are not registered with a dentist in the same way they are registered with a GP, so often do not realise they are free to attend any dental practice they choose if they have capacity to see and treat you. Dental contracts are commissioned in units of dental activity (UDAs).

There are 25 contracts for NHS dental services in North Somerset who provide NHS dental services (five of the practices provide stabilisation or urgent care services, one orthodontics)

- Total units of dental activity (UDA) commissioned for North Somerset 23/24 is 366,392 value £10,095,204.93
- Total units of orthodontic activity (UOA) commissioned for North Somerset 23/24 is 10,414 value £848,536.12

Unfortunately, none of the providers providing routine NHS services are currently accepting new NHS patients, but BNSSG are working on additional schemes to increase access and ensure the continuation of urgent care and stabilisation services (please see progress to date).

Access

Over recent years there has been a steady fall in the number of patients in North Somerset who have been able to access an NHS dentist. The percentage of adults seeing an NHS dentist in the last two years in North Somerset has decreased from 42.8% to 41% in the latest 12 months (data available from June 2022 to June 2023). However, the access rate for the adult population of North Somerset (41%) is higher than the access rate for England as a whole (40.1%). The number of children who have seen a dentist in North Somerset in the last two years (data available from June 2022 to June 2023) has decreased slightly at 53% from 53.6% but is still an increase from 45.2% in 2021 (it is 53.6% on average for England). For further details on these statistics, please see: <https://commonslibrary.parliament.uk/dentists-dental-practices/>

Recent local data shows North Somerset has particularly low rates of Children in Care / Children Looked After who had their teeth checked by a dentist in the previous 12 months with this being 52.6% out of a target of 100%. The national benchmarking data from 2022/23 for

the previous 2 financial years showed that North Somerset are in the bottom quartile of all ICBs for this standard.

The evidence available suggests that children in care / children looked after are at higher risk of dental decay and pain. In 2021, Public Health England reported on inequalities in oral health in England and although evidence was limited, found children in care / children looked after to have poorer oral health and access to care. Research has shown that the children from backgrounds of neglect and abuse have missed many of the primary dental care and preventive services that should be available to all children, as well as acquiring additional difficulties because of their experiences which include poor diets and nutritional deficits.

In BNSSG the Primary Care Dental Service provided by University Hospitals Bristol NHS Foundation Trust accept referrals for children in care / children looked after based on routine and emergency care. Referrals are also accepted from Health Visitors via the First Dental Steps programme. However, a dental home is not necessarily offered to the child or young person once treatment is completed, and referrals can be accepted by non-dental professionals. Children in care / children looked after (up to the age of 16 years) can generally wait to be seen for a new patient assessment for up to six months.

Alongside the development of a strategy for the next three years further work has been running in parallel focused on the implementing national policy and initiatives across the south west regional footprint which seek to urgently address access issues. BNSSG ICB recognises that it is important that children in care / children looked after are considered for enhanced prevention and reviewed regularly to enable appropriate provision of dental care. Further details on plans regarding this and other initiatives in the immediate term are included within the progress update.

2. Policy

The information included in this paper should be considered in conjunction with the paper previously presented in October 2023 which focused on the underlying causes of the access difficulties that people are experiencing in North Somerset and across the country.

Primary care dental services are national contracts negotiated between NHS England nationally and the British Dental Association. A Health and Social Care Committee report into NHS dentistry was published in July 2023. The report acknowledged the crisis facing access to NHS dentistry and recommended fundamental reform of the NHS dental contract along with measures to improve workforce recruitment and retention. Contract reform is not anticipated prior to the general election but on 7 February 2024 the Secretary of State launched “Faster, simpler and fairer: our plan to recover and reform NHS dentistry”.

The new plan, supported by £200m* of government funding sets out a commitment as follows:



- NHS work will also be made more attractive to dental teams with the minimum value of activity increasing to £28 (from £25).
- NHS dentists will be given a 'new patient' payment of between £15-£50 (depending on treatment need) to treat new patients who have not seen an NHS dentist in two years or more.
- To attract new NHS dentists and improve access to care in areas with the highest demand, around 240 dentists will be offered one-off payments of up to £20,000 for working in under-served areas for up to three years.
- The plan sets out how the NHS and government will drive a major new focus on prevention and good oral health in young children and deliver an expanded dental workforce.
- The plan describes the intention for the government roll out a new 'Smile For Life' programme which will see parents and parents-to-be offered advice for baby gums and milk teeth, with the aim that by the time children go to school, every child will see tooth brushing as a normal part of their day.
- The public will also be able to see which practices in their local area are accepting new patients on the NHS website and the NHS App. To promote the increased availability of appointments, the government will also roll out a marketing campaign encouraging anyone who has not been seen by a dentist for the past two years to access treatment.
- New ways of delivering care in rural and coastal areas will also be rolled out, including launching 'dental vans' to help reach the most isolated communities.
- A water fluoridation programme will be rolled out by government, which could reduce the number of tooth extractions due to decay in the most deprived areas of the country. Subject to consultation, the programme would enable an additional 1.6 million people to benefit from water fluoridation, first expanding across the North East.
- The health service will build a pipeline of new dentists and other dental care professionals, including increasing dental training places by up to 40% by 2031/32, as part of the NHS Long Term Workforce Plan.
- The plan also includes new measures to attract dentists to work in the NHS, including supporting more graduate dentists to work in NHS care. The government will consult on whether dentists should be required to work in the NHS for a period upon completion of their training.

*please note that further details are awaited on the source of funding.

BNSSG ICB are working with the support of the NHS South West Collaborative Commissioning Hub on implementing the areas described within the national plan starting with the increase of Units of Dental Activity (UDA's) to £28. Practices have been contacted regarding the new patient payment scheme to identify any practices who do not wish to participate. It has been confirmed that the ICB did not qualify for a dental van and further updates are awaited from the national NHS England team on the other areas outlined.

3. Progress to Date

Good oral health is an integral component of general health. The World Health Organisation (WHO) defines oral health as “a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, gum disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing”.

Although BNSSG are often above the national and regional averages for access there is significant variability and continued challenges with maintaining NHS service provision. The need to support recruitment and retention of dentists is essential to maintaining services and enabling Dentists to meet their contractual obligations.

BNSSG ICB acknowledge how important it is to improve access to NHS Dental services for the local population and to identify plans which seek to reduce health inequalities.

The ICB is seeking to utilise the delegated budget for dental services to improve dental access and use flexible commissioning opportunities to maximise spend of the budget. The contract is nationally negotiated and there are legal implications and procurement policies that need to be adhered whilst developing local solutions.

Immediate Focus

Recognising the challenges across several contracts and needing to maintain NHS provision, the ICB wrote to all dental practices to offer providers the opportunity to discuss any support they may need. In addition to this, a BNSSG-wide staff survey was undertaken which identified that 67% of respondents did not anticipate working for the NHS in two years and only 10% felt that their service was funded appropriately. The feedback received provided further evidence on why it is vital to identify a strategy which describes how the ICB will maintain NHS provision and increase access wherever possible.

In response to the letter the ICB Dental Leads received requests from two practices in North Somerset and have met with them to discuss their concerns. Each practice has asked for support with their UDA rates and cited the impact on retention of staff who are able to be paid higher rates elsewhere or to work entirely privately.

BNSSG ICB are now working at pace with the NHS South West Collaborative Commissioning Hub on implementing the new national plan which includes increasing all units of activity to a minimum of £28.

Work across the region has also included:

- Additional urgent dental care appointments for those without a regular dentist that they can access by calling NHS111. There are over 356 additional appointments every week across the South West.



- Introduction of stabilisation scheme across the South West via NHS 111 for patients who do not have a regular dentist to get seen. Ten providers were commissioned to provide this across BNSSG, one of the providers is based in North Somerset and commissioned for two sessions per week (New Chestnuts, Long Ashton).
- Supervised Toothbrushing schemes will be fully operational by April in schools for 3–5-year-olds (nursery, and reception children) in every Integrated Care Board area in the South West in targeted areas. Schemes are running in Bath and North East Somerset, Swindon and Wiltshire, Devon, Dorset, Gloucestershire, Somerset and starting after Easter in BNSSG and Cornwall and Isles of Scilly.
- First Dental Steps schemes are in place across the South West with Health Visitors in every Integrated Care Board area giving oral health packs to parents of babies and siblings in target areas.
- There are networks of dental clinicians to help develop local plans with a key aim to improve access to NHS dentistry in the region.
- Plans to implement additional support to Care Homes.

Oral health promotion work has already commenced in North Somerset as part of the Oral Health Action Plan which aims to equip children with toothbrushing support, resources and knowledge on good oral health and implementing the Toothbrush Pack Scheme, First Dental Steps and the Big Brush Club. Please see the update on this provided by the Public Health team for further details. BNSSG ICB and the North Somerset Public Health Team continue to work collaboratively as part of the further development of the strategy and implementation plan.

Children in care / children looked after

Integrated Care Boards have a responsibility for providing adequate services to meet the health needs of children in care / children looked after. As stated previously North Somerset are in the bottom quartile for achievement against this standard nationally.

Recognising the importance of increasing access for children in care / children looked after a business case has been approved for additional services across the ICB. The specification for the service includes provision for unaccompanied asylum-seeking children (UASC). An expression of interest is due to be advertised for this as soon as possible with a request for providers in North Somerset in particular to apply.

The aim of this development is to utilise the flexibilities permitted as part of the national contract to increase access for children in care / children looked after over the next twelve months and to utilise the learning from this initiative to create a plan in the longer term which ensures this is delivered sustainably.

Patients can expect to receive courses of treatment which will maintain their oral health. However, courses of treatment may begin with an urgent care appointment if the child or young person is in pain.

The development is the start of further initiatives which seek to use the flexible commissioning guidance to increase access and retain the NHS workforce.

Collaborating to form a Bristol, North Somerset and South Gloucestershire Dental Strategy

BNSSG ICB acknowledge how important it is to improve access to NHS Dental services for the local population and to identify plans which seek to reduce health inequalities. The development of a local strategy has included two workshops which involved stakeholders across all areas of dental provision, NHS England and local authority leads. A staff survey was also completed, and the feedback has been integral to the development of this draft strategy.

The outline of the workshops and survey was aligned to the feedback received from Healthwatch which was also cited in the House of Commons Health and Social Care Committee report on NHS Dentistry published on 11 July 2023 and the NHS England South West Oral Health Needs Assessment published in January 2021.

The draft strategy is focused on the priorities for the next two years, but it is expected the work required will span three years given the scale of change required. The required consideration of the national regulations relating to this strategy should not be underestimated.

It is important to note that although some areas have been prioritised as commencing within 12 months compared to commencing within two years this is not to suggest that any of the areas identified are of less importance. The prioritisation involved a range of considerations including the direct impact on patient outcomes and reducing health inequalities to determine these timelines.

Further consultation with the public as part of the developing strategy is required but it should be noted that incorporating any feedback will need to be within the national contractual regulations which are outside of the ICBs control.

The workshops and survey provided useful insights into the areas stakeholders felt we need to focus our strategy and the timelines for doing so. The framework for the workshops and survey were consistent with the findings of the South West Oral Health Needs Assessment and focused on:

- Improving access and addressing variation
- Workforce
- Population level oral health interventions
- Integration and collaboration.

The second workshop prioritised each area under the headings of:

1. Reducing health inequalities by increasing access to NHS dental provision
2. Developing the workforce, retaining staff and attracting more applicants
3. Reducing the burden of dental disease through oral health promotion and integration with other services.

BNSSG Dental Staff Survey Headlines

The staff survey undertaken in November led to 50 responses, 45 of the respondents answered where they worked with 60% coming from primary care dentistry.

44 of the respondents felt that the top five priorities were:

- Development of a revised stabilisation offer for primary care
- Standardisation of referral pathways and access points
- Review of urgent care access routes
- Career progression pathways, opportunities to upskill
- Increased use of Tier 2 to reduce secondary care waiting lists.

Only 10% of the 50 respondents believed their service was funded appropriately and 63% said they did not enjoy working for the NHS. 28% said they routinely feel depressed about their work and 26% insecure.

67% of 45 respondents said they do not anticipate working for the NHS in two year's time, 44% (34 respondents) said that this was due to funding, 35% said this was due to pay.

55% have an interest in working with vulnerable people but 41% feel there are not the opportunities to do so with 75% saying this was due to funding. When asked which groups they would like to work with (but are not currently) respondents said those with dental phobia, migrants and asylum seekers and children in care, closely followed by those in care homes, people with learning disabilities, medically compromised individuals and people experiencing homelessness.




55% stated they were not aware of the primary care networks in their area, 60% stated they did not understand the role of primary care networks but 84% said they would welcome the opportunities to work with GPs and other NHS services.

Draft BNSSG Dental Strategy

The diagram below shows the Draft BNSSG Dental strategy on one page and summarises the areas agreed as part of the development so far and the associated timescales:



BNSSG Dental strategy on a page

Aim	 <p>Reducing health inequalities by increasing access to NHS dental provision</p>	 <p>Developing the workforce, retaining staff and attracting more applicants</p>	 <p>Reducing the burden of dental disease through oral health promotion and integration with other services</p>
High Level Objectives	<p>Within 12 months:</p> <ul style="list-style-type: none"> Review of all NHS provision in order to identify approach to sustaining NHS Dental provision and increasing population-based access Consider local opportunities to reduce waiting lists through increased use of Tier 2 services and sedation rather than waiting for a general anaesthetic in secondary care <p>Within 2 years:</p> <ul style="list-style-type: none"> Reducing the administrative burden for providers through standardization of referral pathways, access points and shared care records Increasing public awareness of Dental services including access routes and the importance of good oral health 	<p>Within 2 years*:</p> <ul style="list-style-type: none"> Increasing the dental workforce locally by improving staff morale and increasing population-based access across different areas of interest Creating a coordinated and locally focused dental recruitment plan which includes a workforce and skills audit, identifying opportunities to upskill staff and increasing continuing professional development Maintaining NHS Dental provision by retaining the existing workforce, identifying retention schemes to prevent trainees moving to other areas and increase career opportunities and support post foundation training 	<p>Within 12 months*:</p> <ul style="list-style-type: none"> Increasing Oral Health promotion through partnership working with other services and identifying beneficial new roles to embed Oral Health Promotion throughout the population Identifying targeted interventions to improve the oral health of the population

*where regional and national developments allow

Shaping better health

How will we deliver on these aims and objectives?



Priority Action 1: Review of all NHS provision in order to identify approach to sustaining NHS Dental provision and increasing population-based access

To deliver on the aims and objectives we need to review all existing contracts, identify the demand associated with the service and identify the required capacity to deliver this to meet patient needs.

We need to consider the associated funding including UDA rates, building on the shorter-term solutions and principles identified during 2023/24. This should include consideration of complex service delivery and growing costs such as consumables, laboratory and continuing professional development. It is vital to further understand and build plans for sustaining practice provision.

We need to consider targeted access starting with children in care through additional services as defined by the flexible commissioning guidance and consider other population



groups such as people experiencing homelessness, asylum seekers and people with learning disabilities given the long waiting times for the community service.

We need to build on previous work with care homes, the support provided by outreach services and working with schools and early years services.

Development of a revised stabilisation offer will be a priority to build on the work so far and reduce demand for urgent care.

We need to further understand the reasons patients do not attend for their appointments and increase attendance to reduce wasted appointments.

We need to identify further opportunities for digital innovation being mindful of the digital poverty that exists.



Priority Action 2: Consider local opportunities to reduce waiting lists through increased use of Tier 2 services and sedation rather than waiting for a general anaesthetic in secondary care

We need to build on the work undertaken regionally and further understand the main reasons BNSSG patients are waiting for treatment in secondary care.

We need to identify local solutions to address this. This may include further utilising the Tier 2 services available and introducing a local sedation pathway as an alternative to general anaesthesia.



Priority Action 3: Reducing the administrative burden for providers through standardisation of referral pathways, access points and shared care records

The staff survey identified that this needed to be an immediate priority due to consistent frustration with administrative burden caused by the current process.

This needs to include a review of existing referral pathways and access points to identify a more streamlined approach.

We need to explore opportunities to share records to improve patient care through increased availability of information and reduce duplicate administration.



Priority Action 4: Increasing public awareness of Dental services including access routes and the importance of good oral health

There is a need to develop a patient communication and awareness plan including a roadmap on how to access services and the importance of good oral health.

We need to increase understanding of primary care dentistry, what UDAs are and how they were set for contracts through public and professional awareness campaigns.

There is a need to further consider different levels of understanding and language needs, exploring community champions for translation.



Priority Action 5: Increasing the dental workforce locally by improving staff morale and increasing population-based access across different areas of interest



Priority Action 6: Creating a coordinated and locally focused dental recruitment plan which includes a workforce and skills audit, identifying opportunities to upskill staff and increasing continuing professional development

We need to improve staff morale by increasing population-based access across different areas of interest. This needs to include opportunities to work with different population groups, increase integration with other primary care services and specialties such as diabetes.

To deliver on this we need to agree a dental recruitment and retention plan identifying a coordinated approach at local level which includes a workforce and skills audit, identifying opportunities to upskill staff and increase the opportunity to complete continuing professional development building on the findings of the Health Education England Advancing Dental Care report published in 2021.

We need to increase awareness and availability of career opportunities including apprenticeships for school age children, overcome barriers to international recruitment and explore opportunities for dental students going out to schools, care homes and other areas.



Priority Action 7: Maintaining NHS Dental provision by retaining the existing workforce

In addition to creation of a recruitment and retention plan we need to identify a patient communications and engagement plan which seeks to increase appreciation and understanding of NHS dentistry.

We need to identify retention schemes to prevent trainees from London moving back including guaranteed employment and managing expectations.

We need to explore opportunities for salaried staff, increases in pay and access to the NHS Pension through national lobbying and appeals for contract reform.

There needs to be consideration of training for clinical staff on business management.

We need to look at opportunities to increase career support post foundation training focused on population needs.

Further consideration is required on flexible working opportunities to increase work/life balance for staff.



Priority Action 8: Increasing Oral Health promotion through partnership working with other services and identifying beneficial new roles to embed Oral Health Promotion throughout the population

The development of the draft strategy has included partners from each local authority. To devise a robust plan a working group specifically focused on oral health promotion is recommended.

We need to review the existing oral health promotion schemes and their impact. We need to consider schemes in other areas and how they could benefit the local population.

There needs to be increased working with Primary Care Networks/GP practices, pharmacies, and opticians to embed oral health promotion particularly if co-located.

We need to utilise existing voluntary sector links with hard-to-reach communities such as those experiencing homelessness and asylum seekers and consider existing community engagement plans and opportunities to include oral health.

We need to increase work with all early years services to increase oral health promotion exploring opportunities to work with midwives, health visitors and part of the Staying Well programme.

There needs to be integration with other health promotion services such as healthy weight and joined up messaging regarding diet and healthy eating. There should be closer working with diabetes services.

We need to consider the need for oral health specialists or whether this can be provided within the scope of existing roles i.e. dental nurses or school nurses.

We need to consider training of staff/carers involved with children in care.

There needs to be further consideration of the provision and contracts for care and nursing homes and domiciliary care identifying opportunities for the various dental roles to be part of the Enhanced Health in Care Homes Framework.

We need to increase oral health education in schools and the development of training models.

We need to identify additional ways for staff to feel part of the NHS. Work with other NHS organisations to identify opportunities to upskill and work with peers. Broaden opportunities for people to focus on specialties of interest (i.e. diabetes).

We should explore opportunities for general practice oral health champions, students as oral health educators and dental nurses working within GP services and multidisciplinary teams.

There needs to be a public and professional awareness campaign to increase awareness between services of what the services provide.

Further consideration is needed regarding the opportunities to improve oral health in prisons and post release.



Priority Action 9: Identifying targeted interventions to improve the oral health of the population

There needs to be a review of the evidence for targeted fluoride varnish programmes, provision of toothbrushes and toothpaste, water fluoridation and other interventions which seek to reduce health inequalities.

Given the high rates of oral cancer in Bristol there needs to be a campaign to increase HPV vaccine uptake and identify close working with alcohol and substance misuse services.

For oral health promotion work has already commenced in North Somerset as part of the Oral Health Action Plan which aims to equip children with toothbrushing support, resources and knowledge on good oral health and implementing the Toothbrush Pack Scheme, First Dental Steps and the Big Brush Club. Please see the update on this provided by the Public Health team for further details. BNSSG ICB and the North Somerset Public Health Team will continue to work collaboratively as part of the further development of the strategy and implementation plan.

Further Considerations

The workshops and survey have enabled the production of this strategy and provided useful insights into the areas stakeholders felt we need to focus our strategy on and the timelines for doing so.

Further consultation with patients as part of the developing strategy is required but it should be noted that incorporating any feedback will need to be within the national contractual regulations which are outside of the ICBs control. Further community engagement is also required following the publication of this draft strategy. This needs to take place during March and April to ensure that a plan is deliverable from May 2024.

Further work is also needed to align the draft strategy to evidence given that evidence-based practice in the NHS is the integration of best research evidence with clinical expertise and patient values.

As described within this paper, BNSSG ICB have already commenced work on applying the flexible commissioning opportunities where possible to the contract and implemented new services for urgent care and stabilisation. New initiatives focused on reducing health inequalities such as the first initiative to increase provision for children in care / children looked after are being considered. The ICB continues to work closely with colleagues from the Local Dental Committee (LDC) on further areas of investment which would encourage staff to continue with their NHS contract as well as North Somerset Public Health Team on the Oral Health Action Plan.

Equality Implications EIAs will be undertaken as appropriate and prior to any significant service changes.

Author: Claire Ripley, Interim Programme Consultant and Jenny Bowker, Deputy Director of Primary, BNSSG ICB

Appendices:

Appendix one – Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners

Appendix 1:

Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners

Date published: 9 October, 2023

The following abbreviations and acronyms are used in this document:

- GDS – General Dental Service Contract
- PDS – Personal Dental Service Agreement
- PDS Plus – Personal Dental Service Plus Agreement
- SFE – Statement of Financial Entitlement
- UDAs – Units of Dental Activity
- UOAs – Units of Orthodontic Activity
- COT – Courses of Treatment
- NACV – Negotiated Annual Contract Value
- NAAV – Negotiated Annual Agreement Value
- AACV – Actual Annual Contract Value

The aim of this guidance is to provide ICBs with an outline of the legal requirements of the national dental contractual framework and to highlight the key considerations associated with procuring additional and further services, previously termed ‘flexible commissioning’. Since this concept was introduced in 2020/21, we have refined our national position regarding the legal framework and the boundaries of flexibility open to ICBs. As such, this guidance supersedes any previous guidance provided to commissioners.

This guidance is intended to support commissioners with the following opportunities:

- Additional investment into new or existing contracts to address areas of need including;
 - Increased contracting of mandatory services,
 - commissioning additional capacity for advanced mandatory services, sedation and domiciliary services and orthodontics,
 - commissioning additional capacity for dental public health services and/or further services.
- Reallocation of existing contractual funding away from mandatory Services into new priorities (commissioned as additional or further services);
- Local negotiation of indicative rates for units of dental activity (UDAs) or units of orthodontic activity (UOAs).

The contents of this guidance should be considered alongside the [Policy Book for Primary Dental Services](#) and the national dental contractual framework. Commissioners should continue to give due regard to national procurement guidance and organisational standing orders and standing financial instructions should also be observed when implementing any aspects of this guidance.

Services that can be commissioned under the GDS contract and PDS agreement

Three types of services are described in both the GDS and PDS Regulations: mandatory, additional and further services. Both mandatory and additional services are defined within the regulations. There is greater scope for commissioners to define the target population, required activity and associated remuneration of further services, including dental public health services, to meet the specific needs of their local populations which go beyond mandatory services.

Mandatory services

Mandatory services may be thought of as the core services which high street and community dental services should be able to provide. These are usually accessed by potential patients requesting care from an individual high street practice. The full list of mandatory services are defined in Regulation 14 of the GDS and PDS regulations and include:

- examination,
- diagnosis,
- advice and planning of treatment,
- preventative care and treatment,
- periodontal treatment,
- conservative treatment,
- surgical treatment,
- supply, and repair of dental appliances,
- the taking of radiographs,
- the supply of listed drugs and listed appliances,
- and the issue of prescriptions.

These activities are then grouped into banded courses of treatment which must be monitored and remunerated as units of dental activity (UDAs) in order to be compliant with the GDS/PDS Regulations and the GDS/PDS SFE.

Additional services

Additional services are defined in Schedule 1 of the GDS/PDS regulations. Additional services include advanced mandatory services, domiciliary services, sedation services and orthodontic services. Requirements for each of these services are provided in the regulations, although orthodontic services are usually commissioned separately. The primary scope for flexibility here is in determining the optimal level of commissioning and subsequent delivery of these services to meet local population needs. Additional services, like mandatory services, must be monitored and remunerated as set out in regulations, either through UDAs or orthodontic activity or as courses of treatment.

Dental public health services and further services

Dental Public Health Services and Further Services are the areas where commissioners have the greatest flexibility to define the target population, associated activities, and associated remuneration as these are not defined with the GDS/ PDS Regulations. The service specification needs to go beyond reasonable expectations for the provision of mandatory services and should not replicate regulatory definitions of either Mandatory or Additional Services. There are a number of ways this could be achieved, for example, through a focus on provision of care to a defined target population, specific access requirements e.g. holding of appointment slots for direct booking of patients seeking urgent care or through a requirement to provide care and treatment not otherwise defined in the GDS/ PDS Regulations such as the provision of additional reports for looked after children.

Commissioners are able to determine their own remuneration approaches for Further Services which could be entirely non-UDA based or take a hybrid approach where there is an overlap with Mandatory Services. For example, a Further Service could describe an outreach activity which would then lead to a Mandatory Service being provided. In these circumstances, there could be a discrete payment for the outreach activity with any associated care delivered because of that outreach being remunerated using UDAs and measured as Courses of Treatment.

Further details regarding the specific regulations can be found here together with examples of how this guidance can be applied:



<https://www.england.nhs.uk/long-read/opportunities-for-flexible-commissioning-in-primary-care-dentistry-a-framework-for-commissioners/>

North Somerset Council

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 14 March 2024

Subject of Report: Public Health Oral Health Promotion update

Town or Parish: All

Officer/Member Presenting:

- **Matt Lenny, Director of Public Health and Regulatory Services**
- **Liz Green, Healthy Weight and Workplace Health Manager**
- **Catherine Wheatley, Oral Health Specialist**

Public Health and Regulatory Services Team

Key Decision: No

Reason: Oral health

Recommendations

The Health Overview and Scrutiny Panel note the content of the report.

1. Summary of Report

Crucial for addressing tooth decay is preventing disease before it occurs, as only the earliest stages are reversible, and it can quickly progress once started. Many of the Public Health Oral Health Promotion interventions within the overall programme focus on motivating children to brush their teeth and encouraging parents/carers to support with healthy toothbrushing behaviours as well as reducing sugar intake.

Through the oral health promotion work within North Somerset communities, several opportunities for further support have been identified with further resources and capacity. These include more work around oral cancer prevention, to broaden the oral health promotion training to benefit secondary school and college children and young people, supported housing workers and front-line workers supporting adults within high-risk groups, further support for individuals with Special Educational Needs and Disability (SEND) and looked after children as well as system-level approaches e.g. altering the food and drink environment e.g. schools, advertising, fast-food outlets.

2. Policy

Support via the Bristol, North Somerset and South Gloucestershire (BNSSG) Dental Strategy aim of 'Reducing the burden of dental disease through oral health promotion and integration with other services' via delivery of oral health promotion programme detailed below and adapt based on population need, evaluation of service impact and available capacity.

We are in a strong position to support initiatives announced recently by the Government ([Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK](#))

(www.gov.uk)), utilising our existing strong relationships with early years and school settings.

3. Details

The Public Health team supports embedding oral health promotion into other services e.g. early years, schools, smoking cessation, infant feeding, children's centres, health visiting, school nursing and resettlement and work with these teams to support their practice in relation to oral health promotion.

The Public Health Oral Health Programme currently has the following interventions and related programmes we support:

a. First Dental Steps

This NHS initiative for the South West centres around oral health promotion messages delivered by Health Visitors and has a particular focus on the 1-year checks where the family is given a toothbrushing pack (toothbrush, toothpaste and free-flow cup) for their infant.

[Study protocol for First Dental Steps Intervention: feasibility study of a health visitor led infant oral health improvement programme | Pilot and Feasibility Studies | Full Text \(biomedcentral.com\)](#)

[First Dental Steps Intervention: a feasibility study of a Health Visitor led infant oral health improvement programme - NIHR School for Public Health Research NIHR SPHR](#)

b. Early Years Supervised toothbrushing scheme ("Big Brush Club")

This scheme has also been commissioned by NHS Southwest and invites preschools and reception classes (children aged 3-5) in Indices of Multiple Deprivation (IMD) 1-6 to participate. Settings are given training and resources for inhouse toothbrushing as well as toothbrushing packs to send home with children on a three-monthly basis to support brushing at home.

In North Somerset this scheme has just started with January 2024 seeing the first two enthusiastic schools join the scheme. In total, we have identified 41 early years settings in IMD 1-6 areas who may be eligible for the scheme, although currently the scheme inclusion criteria is for school-based settings only (19 settings) and not stand-alone nursery settings which is a potential barrier to be able to reach as many children in the identified age and IMD population.

We are providing support to the provider 'At Home Dental' by encouraging uptake from settings and offering lessons to enhance the children's oral health literacy. Given the additional risk of experiencing tooth decay and gum disease for children with Special Educational Needs and Disabilities (SEND), the provider has agreed to extend this offer to all 4 special schools in North Somerset.

c. Healthy Early Years Programme

A Public Health led setting-based intervention for early years settings in North Somerset. The programme is based on settings developing their own action plans around key health

and wellbeing topics. Settings start in the first year with oral health and food and nutrition and are provided training and support to achieve their Healthy Early Years award.

Delivery of the programme to date has seen 20 early years settings enrolled onto the scheme benefiting the children and their families via training and ongoing oral health promotion support.

d. The Toothbrush Pack Distribution scheme

The Toothbrush Pack Distribution programme is our own initiative funded from a Health and Wellbeing Board grant. We are working closely with North Somerset primary schools in IMDs 1 and 2 (a total of 4 schools) to deliver quarterly oral health promotion workshops to years 1-6 (ages 5-11) after which we distribute packs to take home. These include a toothbrush, toothpaste, information leaflet and links to our Better Health North Somerset website where plenty of information is available to support parents' efforts at home. The programme has trained teachers in the schools as oral health champions and we encourage them to use school social media to get the oral health messages home.

We are using the acronym PASTE which we have crafted to help children remember key elements of toothbrushing. PASTE stands for **Pea Sized Blob** (of toothpaste), **Around All Surfaces** (to clean all teeth not just those you see when you smile), **Spit Don't Rinse** (when you've finished brushing, to keep the fluoride on teeth for longer), **Two Minutes, Everyday Twice**.

e. Oral Health Promotion training

The Public Health team provide training to professionals working with children and young people in various settings. Training includes details about key oral health messages, ideas for promoting these in the setting, sharing best practice and peer support.

During 2023, 8 training sessions were delivered to 57 professionals and a further 130 professionals have been trained through their organisation's team meetings or training days or as part of a visit to their setting.

f. Population groups at greater risk of poor oral health

We have supported individuals in our refugee and asylum seekers communities as well as those experiencing homelessness and drug and alcohol dependency with outreach dental service of provision of dental care by dentist and dental nurses via mobile dental surgery on Dentaid lorries. 5 Dentaid visits were delivered in 2023 and 68 asylum seekers and 32 individuals experiencing homelessness were treated, including filling and tooth extraction as well as toothbrush pack and health information provision.

g. Healthy Workplaces Programme

Oral health is included in the criteria for the Healthy Workplaces award framework which is a programme to support staff health and wellbeing within workplaces. The scheme currently has 10 workplaces in North Somerset enrolled, with a total of 11,433 employees across all settings.

Future opportunities

1. Oral Cancer

Incidence of fatal Oral Cancer is rising in the UK. The British Dental Association has attributed this to the lack of NHS dental access. In the last year we have delivered training to our Smoke Free team to increase awareness of mouth cancers and the risk that smoking poses, as well as signposting to guidance around self-checks. We have also begun conversations with the school nurse immunisations team around the HPV vaccine which can reduce risk of soft tissue cancers in the head and neck. With further capacity and

funding it may be possible to contribute raising oral health literacy in high-risk groups through commissioning practitioner level training and workshops.

2. Broader oral health promotion training offer

Currently the training we publicise is for those working with children and families and to some extent young people. With further capacity it may be possible to engage and offer training to those working with secondary school and college aged young people (via both formal and informal settings), supported housing workers (for all age groups and vulnerabilities), and front-line workers supporting adults of the various high-risk groups.

3. Special Education needs and Disabilities (SEND) and looked after children oral health support

SEND children and adults are more at risk of oral diseases than other population groups. In North Somerset 44% of looked after children haven't had their teeth checked. With further team capacity it may be possible to support/commission training and awareness raising as well as education about preventative measures for families and carers. Other options with further capacity could be to also support institutions working with SEND / looked after children and young people to implement the Mini Mouth Care Matters programme of training and resources.

4. Children and Young People's food and drink environment

Whilst toothbrushing technique and guidance about sugar reduction will go a long way to helping children and young people take control of their oral health, the wider determinants of oral health e.g. sugar consumption have a significant impact. With further team capacity there would be the opportunity to work closely with colleagues on the impact food and drinks have on children and young people's oral health. The significant engagement and strong relationships built working with early years and school settings to implement oral health interventions could be utilised to further develop key public health messages around food and drinks within these settings. Contribution towards a co-ordinated approach addressing the issues around school food and free school meals uptake is likely to also influence oral health hygiene through healthier school food. Wider determinants like restriction of food and drink advertising, restrictions on establishment of fast-food outlets near schools and housing, particularly in areas of higher deprivation would also impact on oral health. Conversations have started to explore implementation of an ICS-wide systems approach to obesity, as well as a specific North Somerset model to address aspects like the built and wider food environment.

4. Consultation

Not applicable. For information item only.

5. Financial Implications

Not applicable. For information item only.

Costs

Not applicable. For information item only.

Funding

Not applicable. For information item only.

6. Legal Powers and Implications

No legal powers required as assurance role around oral health activities.

7. Climate Change and Environmental Implications

None identified through this report.

8. Risk Management

The actions described in this report relate to managing risk for our local population and service delivery.

9. Equality Implications

The oral health programme includes workstreams to meet the needs of different population groups taking account of barriers to access.

10. Corporate Implications

Promoting the oral health of the local population supports the health and wellbeing aims of the Council's Corporate Plan.

11. Options Considered

Authors:

- Matt Lenny, Director of Public Health and Regulatory Services
- Liz Green, Healthy Weight and Workplace Health Manager, Public Health and Regulatory Services
- Catherine Wheatley, Oral Health Specialist, Public Health and Regulatory Services

Appendices:

None

Background Papers:

None

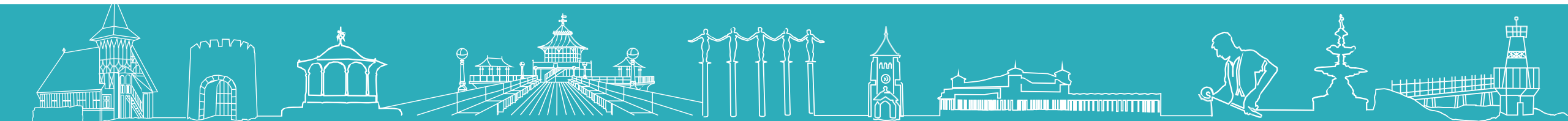
This page is intentionally left blank



Public Health Oral Health Promotion Overview

Health Overview & Scrutiny Panel
14 March 2024

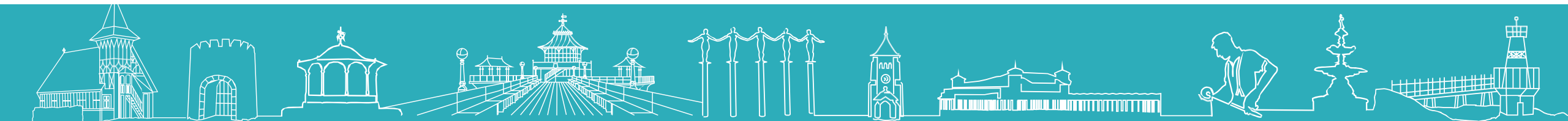
catherine.wheatley@n-somerset.gov.uk
liz.green@n-somerset.gov.uk



Toothbrush Revolution

Equipping children with toothbrushing support, resources and knowledge

Page 36



How to take care of your teeth



Brush your teeth
with fluoride, two
minutes, twice a day



Reduce frequency of sugar
to limit the number of acid
attacks on your teeth



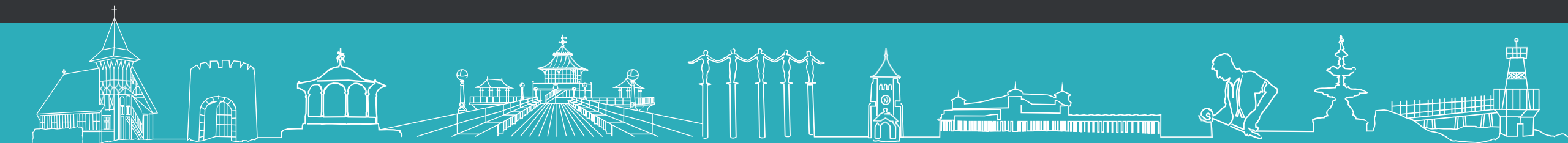
If you can
see a dentist regularly

reduce alcohol, tobacco use and carbonated drinks



**Better
Health** North
Somerset

Take care of your teeth



How to brush teeth using PASTE



P is for...

Pea size blob of toothpaste

A is for...

Around all surfaces



S is for...

Spit don't rinse



T is for...

Two minutes

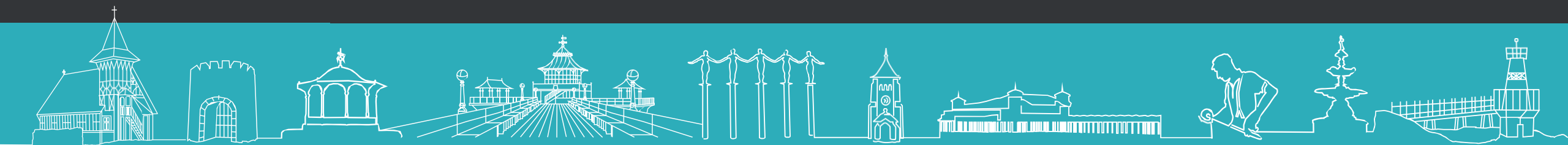
E is for...

Every day, twice!



**Better
Health** North
Somerset

Take care of your teeth





Promoting Oral Health Workshop



Cause of
tooth decay

Toothbrushing:
importance and
technique

Dental
erosion

Useful links

Bottles and
Dummies

Policy implications

Safe snacks

Children with
additional needs

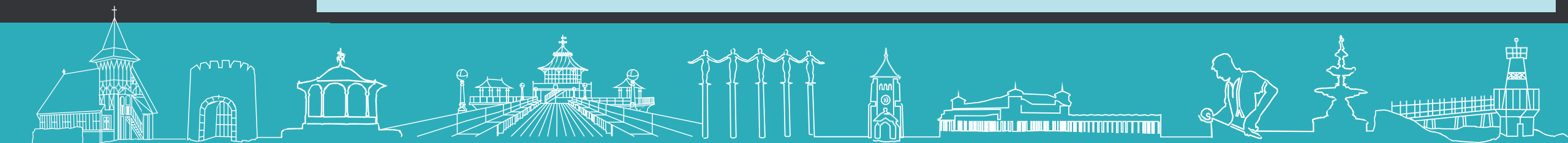
Sharing ideas
for practice

Dentists: when and
how to see one

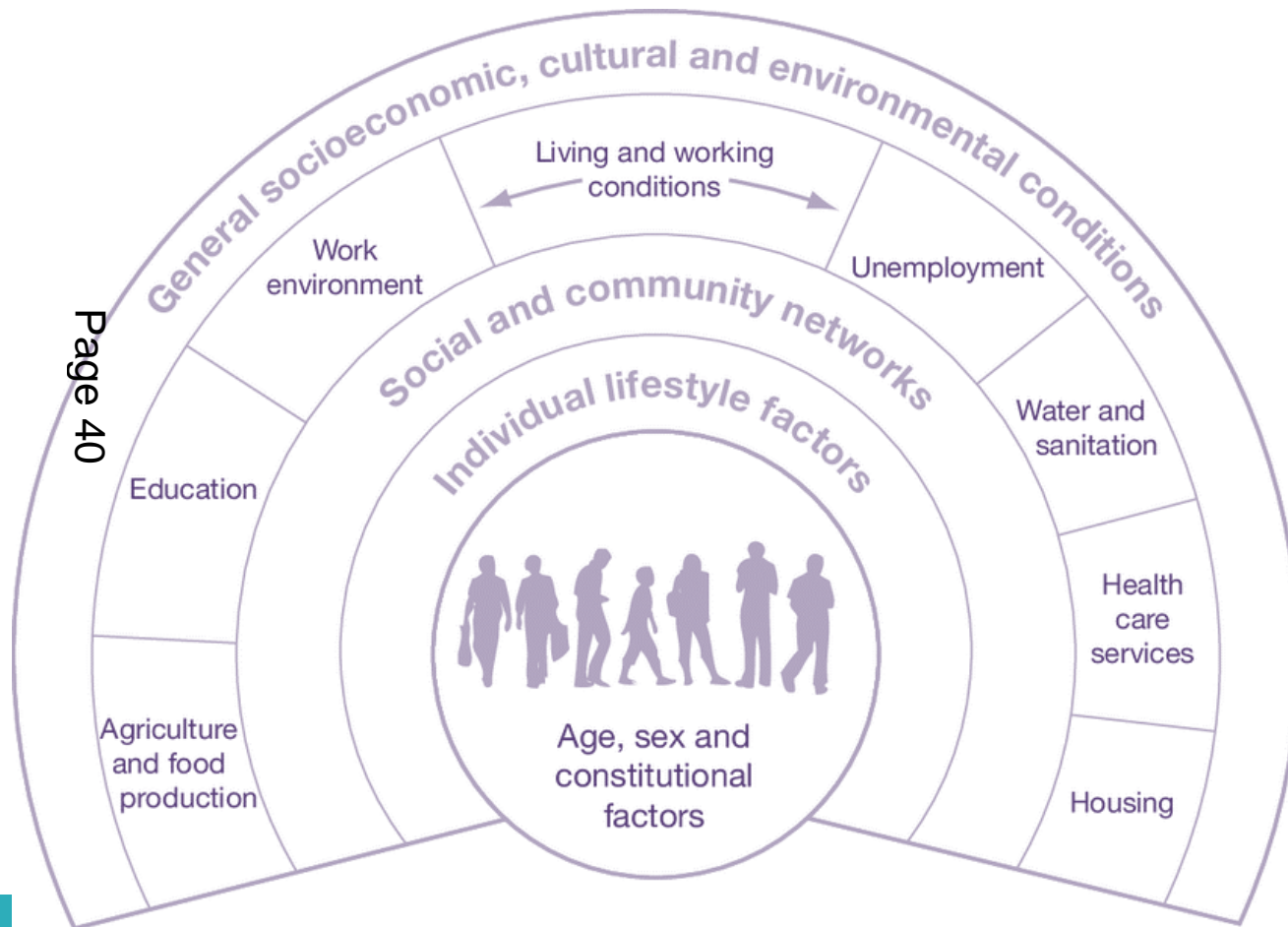
Parents: promotion ideas
and barriers to change

Children
& Young
People
Workforce

Page 39



Social Determinants of Health



COM-B Model of behaviour change

Capability:

Physical – are they able to?

Psychological – do they know how?

Opportunity:

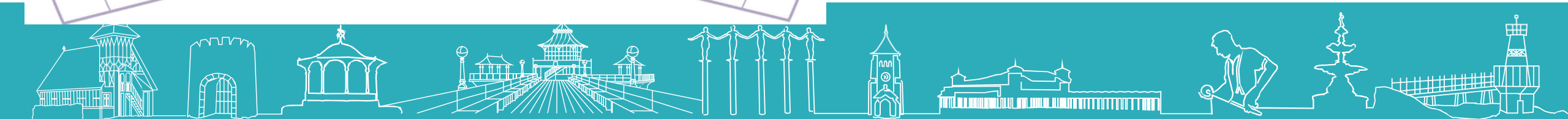
Physical – do they have the tools?

Social – do their family/peers value it?

Motivation:

Automatic – is it part of their routine?

Reflective – do they intend to do it?

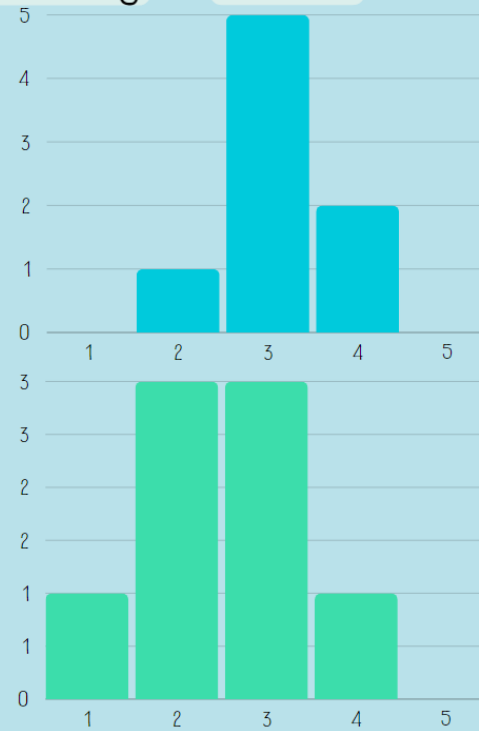


Promoting Oral Health Workshop

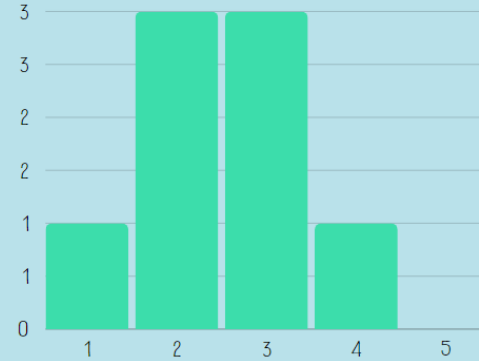


Confidence promoting oral health to children

before



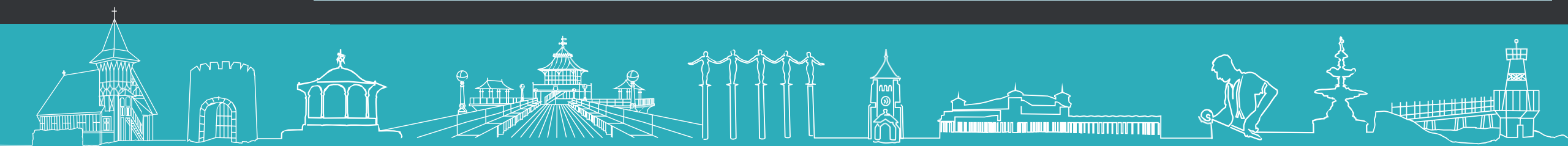
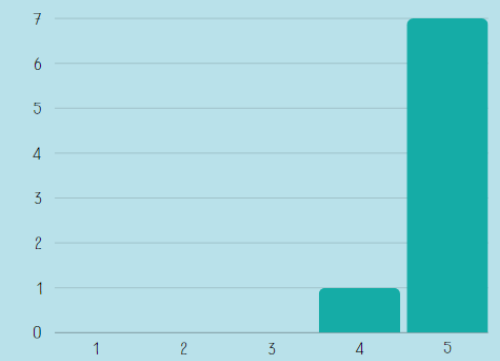
to parents



after



Overall, how useful did you find the workshop?





Elements of
First Dental Steps



Train Health Visitors

Routinely ask about oral health

Promote oral health messages to parents

Hand out toothbrushes, toothpaste and open top cups

Refer high risk, eligible children to community dental service

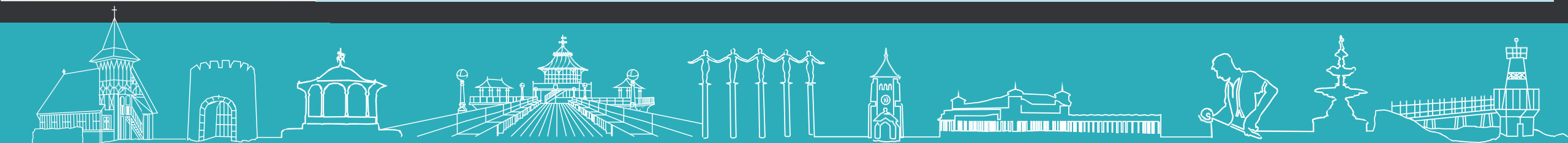
Ages 9-12
months
Page 42

Working as part of

Public Health South West

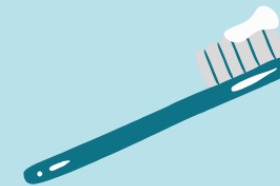
Office for Health
Improvement
& Disparities

NHS
England





Elements of Supervised Toothbrushing



Reaching 3-5 year olds across 19 schools in IMDs 1-6

Train and Support Staff

Provide Resources

Provide toothbrush packs for home

Promote oral health messages to parents



Ages 3-5
years

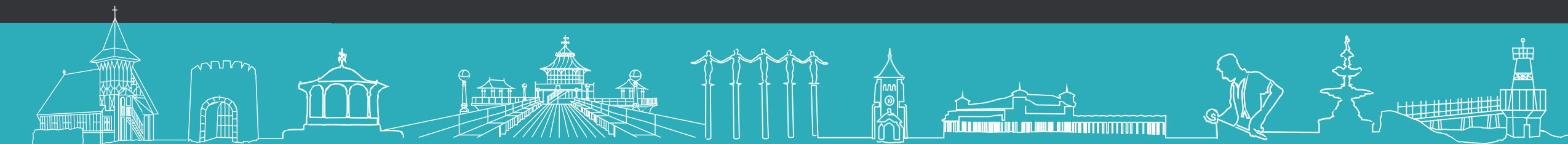
Page 43

Working as part of

Public Health South West

Office for Health
Improvement
& Disparities

NHS
England





Elements of the Toothbrush Pack Scheme



reaching around 1200 children

Train staff

Lessons and assemblies

Get messages into homes

Hand out toothbrush packs

Survey parents, children and staff

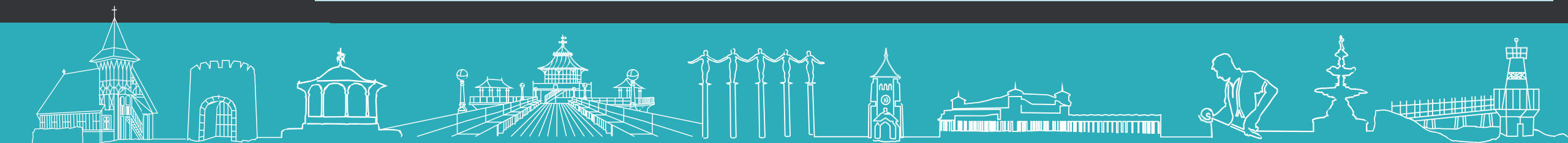
43% of caregivers said children brushed
their teeth less than twice a day

58% of under 7s said they never have
an adult help them to brush their teeth
(70% of all ages)

57% caregivers said toothbrushing
has improved somehow since the
scheme began

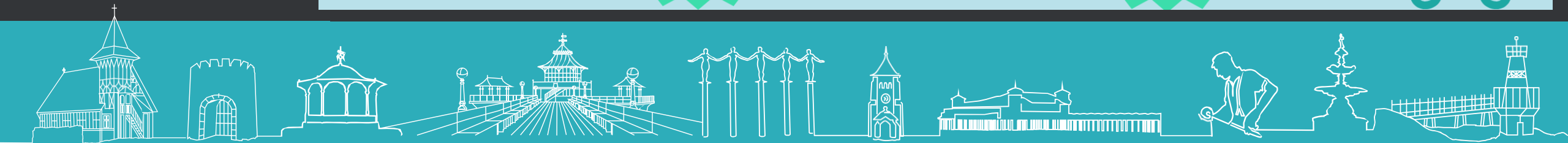
Ages 5-11
years

Page 44



The Oral Health Action Plan

All Ages
Page 45





Faster, Simpler, Fairer

National Oral Health Promotion Measures

what it means to us

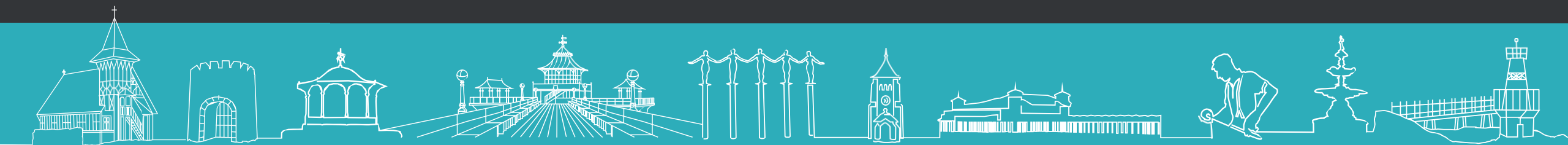
“everyone who
needs NHS
dentistry to be
able to access it”

“embed good oral
health habits
across all parts
of society”

Family Hubs to promote good oral
health in **pregnant mums** and the
very **youngest children**

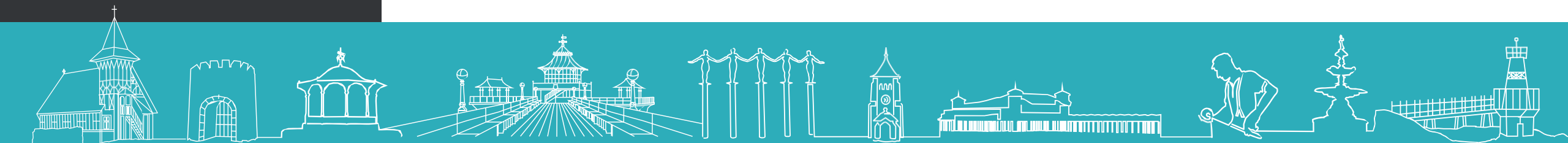
Early years settings to implement
supervised toothbrushing

Schools in under-served areas to
receive mobile **dental teams** to provide
advice and fluoride varnish treatments



Links

- [Mouth Cancer Awareness Resources](#)
- [Mini / Mouth Care Matters: Resources & Training](#)
- [North Somerset CPD: Oral Health Promotion Training](#)
- [Better Health North Somerset, Take Care of Your Teeth: Public , Practitioners , HEY](#)
- [Dept for Education; Help for Early Years Professionals](#)
- [School resources: Teeth Team, Toothbrushing Videos, Activities,](#)
- [Teenager pages: Colgate ,](#)
- [Safe Smiles](#)
- [HEE Children's Oral Health pages](#)
- [Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK \(www.gov.uk\)](#)
- [Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK \(www.gov.uk\)](#)
- [Chapter 6: social determinants of health - GOV.UK \(www.gov.uk\)](#)



This page is intentionally left blank



**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

Report to the Health Overview and Scrutiny Panel

Date of Meeting: Thursday 14 March 2024

Subject of Report: Graham Road Surgery and Horizon Health Centre Care Quality Commission Inspections

Officers Presenting:

Brandie Deignan, Chief Executive Officer, Pier Health Group Limited

John Heather, Director, Pier Health Group Limited

Susie McMullen, Head of Primary Care Contracts, BNSSG ICB

Michael Richardson, Deputy Director of Nursing, BNSSG ICB

Recommendations

The HOSP is asked to note and comment upon the contents of this report.

1. Summary of Report

The purpose of this report is to;

- Update the HOSP with regards to the most recent inspections of Graham Road Surgery (GRS) and Horizon Health Centre (HHC) which have been conducted by the Care Quality Commission (CQC). This follows a briefing of the HOSP in October 2023.
- Update the HOSP with regards to the actions which are being taken by Pier Health Group Limited (PHGL) in response to the findings and recommendations of the CQC inspections.
- Invite comments on the above from HOSP members.

2. Policy

This report refers to the regulations within the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 as CQC assess compliance with these regulations during inspection activity.

3. Details

GRS was inspected by CQC on 18/05/2023, this was an announced follow up comprehensive inspection.

HHC was inspected by CQC on 25/05/2023, this was an announced follow up comprehensive inspection.

Following the inspection on 18 May 2023 the GRS was issued with two warning notices. One for failing to comply with Regulation 17, good governance, of The Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014. And a second for failing to comply with Regulation 12, Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The CQC warning notices stated that the practice was required to become compliant with the regulations by 31 August 2023.

Following the inspection on 25 May 2023 HHC was issued with one warning notice for failing to comply with Regulation 17, good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The CQC warning notice stated that the practice was required to become compliant with the regulation by 31 August 2023.

The overall outcome of the inspections in May 2023 further to publication of the full inspection report on 1 September 2023 is that the two practices have been rated as inadequate overall with inadequate ratings in the domains of safe and well led. As a result of the inadequate ratings the two practices have been put into special measures. This means that the practices have been under close monitoring and will be reinspected by the CQC within six months.

Further to the issuing of the warning notices by CQC, BNSSG ICB placed GRS and HHC into enhanced surveillance, involving regular Quality Improvement Group (QIG) meetings under the national quality board framework. The QIG meetings involve the ICB, the practices and system partners including CQC, North Somerset Council, NHS England and Health Watch. The meetings were focussed on seeking assurance that the practices were implementing the required actions in order to become compliant with the regulations by 31 August 2023 and most importantly ensuring that policies and processes are sustainable beyond 31 August 2023 and that meaningful change at a leadership level has been made and is maintained.

The regular QIG meetings have resulted in the practices providing reassurance and evidence that they are responding to the actions required within the warning notices.

The CQC re-inspected GRS and HHC on 20 September 2023. The inspections were to review implementation of corrective actions in response to the warning notices, they were not inspections to review all the findings of the inspections in May and the associated ratings given. CQC have stated that the reinspection of the ratings will take place within six months of the publication of the inspection reports on 1 September 2023.

The inspections on 20 September 2023 were positive. The reports have now been published by the CQC. The reports state that;

- The practice had taken action to implement improvements to address breaches in regulations previously identified in warning notices.
- There was improved oversight to ensure processes were operating effectively. However, some systems were still being embedded within the practice.

Following the CQC confirmation that the warning notices have been addressed the ICB has taken the provider out of enhanced surveillance. Regular contract and quality meetings with the provider continue as usual. In addition, the ICB undertook a site visit to GRS and HHC on 11 January 2024. The purpose of the ICB visit was to review the actions taken in response to the warning notices and to provide support ahead of the expected CQC visits.

Overall, the findings of the visit were positive. All members of the ICB visit team have been involved in working with GRS and HHC for five years or more. All members of the visit team noted a positive change in culture and approach at the practice. There was clear evidence

of addressing issues at the root and taking a systematic approach to development, implementation, embedding and continuous improvement of policies, procedures, and protocols.

The practice leadership team also described a stabilising picture for staffing at the practice which the visit team hope continues.

There was evidence that required policies and protocols were in place and that actions had been, and continue to be, taken to embed and continuously improve these. Policies and protocols which are in place are consistent across both sites.

There was evidence of areas such as safeguarding, coding and significant events having dedicated leads who were taking appropriate leadership actions to enable embedding and accordance with the relevant policies and protocols in place. All policies are stored on TeamNet and all staff have access. TeamNet also provides an alert when policies require review, and named policy owners act on receipt of the alerts.

The practices' training matrix is on TeamNet. The practice uses TeamNet e-learning and e-learning for health. There is a dedicated lead at the practice who oversees the training matrix including compliance. The lead contacts individual staff members and line managers to support compliance.

A number of recommendations were made which it would be helpful for the practices to implement ahead of the upcoming CQC inspections. These will be included in the report to support the practices to action and the practice team was welcoming of this supportive approach.

4. Consultation

PHGL issued a statement following the inspection report publication on 1 September 2023. Frequently asked questions and answers were also made available on the practice website and via the practice.

The ICB also has information available to patients who contact the customer services team.

As described above, PHGL engaged with CQC, HealthWatch and the ICB via the QIG meetings to discuss the shortcomings found by the CQC in May 2023 and provide action plans to meet the regulatory requirements.

The ICB and PHGL continue to engage regularly via the contract meetings in place.

5. Financial Implications

None.

6. Legal Powers and Implications

The CQC has legal powers to suspend or remove the CQC registration of a practice should they continue to be rated inadequate overall or in any of the five CQC domains.

7. Climate Change and Environmental Implications

None.

North Somerset Council

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 14 March 2024

Subject of Report: Healthwatch report: Dental update and North Somerset Quarter 3 public feedback and insights snapshot

Town or Parish: All

Officer/Member Presenting: Georgie Bigg, Chairman Healthwatch

Key Decision: No

Reason: It does not meet the criteria for a key decision.

Recommendations

That the Panel review and feedback on the Healthwatch findings in respect of:

- Dental services; and
- “Local Voices” quarter 3 (Oct-Dec 2023) North Somerset public feedback and insights snapshot.

1. Summary of Report

This report refers to and appends the following Healthwatch reports and supporting information:

- Dental update from Healthwatch NS March 2024 (attached as paper/presentation 9.1)
- Lack of NHS dental appointments widens health inequalities (attached as paper 9.2)
- Key findings from Healthwatch England’s national dental polling in 2022 (attached as paper 9.3)
- Quarter 3 (October to December 2023) public feedback and insights snapshot (presentation attached as paper 9.4)
- Local Voices – quarter 3: October – December 2023 report (attached as paper 9.5)

2. Policy

Draft Guidance from the Local Government Association to accompany new Local Authority Public Health, Health and Wellbeing Boards and Health Scrutiny regulations (which came into force on 1st April 2013) emphasises the importance of closer working between local authority scrutiny committees and HealthWatch.

Healthwatch is the independent national champion for people who use health and social care services. There is a local Healthwatch in each area of England looking to find out what people like about services and what could be improved. Nationally and locally Healthwatch has the power to ensure that those in charge of health and social care “hear people’s voices” as well as seeking the public’s views and encouraging health and social care services to involve people in decisions that affect them.

3. Details

Members are invited to review and comment on the appended Healthwatch reports and supporting information.

4. Consultation

N/A

5. Financial Implications

The Department of Health and Social Care (DHSC) fund funds the work of Healthwatch. DHSC gives money to local councils so they can commission an effective local Healthwatch service. This ensures local Healthwatch have the resources they need to run a high-quality service for their community.

To enable tracking what is happening to its investment, the Government requires local Healthwatch to report every year how much funding they expect to receive and publish this information.

6. Legal Powers and Implications

N/A

7. Climate Change and Environmental Implications

N/A

8. Risk Management

N/A

9. Equality Implications

N/A

10. Corporate Implications

N/A

11. Options Considered

N/A

Author:

Leo Taylor, Policy and Scrutiny Manager

Tel: 01934 634621

Appendices:

- Dental update from Healthwatch NS March 2024 (paper 9.1)
- Lack of NHS dental appointments widens health inequalities (paper 9.2)
- Key findings from Healthwatch England's national dental polling in 2022 (paper 9.3)
- Quarter 3 (October to December 2023) public feedback and insights snapshot (paper 9.4)
- Local Voices Quarter 3: October – December 2023 (paper 9.5)

NHS Dental feedback from BNSSG in 2023

- Healthwatch received 236 pieces of feedback about access to NHS dentists and requests for help to find services.
- 199 pieces were negative

We have shared insights locally and nationally;

Dental Network, the ICBs Primary Care Development team and Intelligence Hub

Healthwatch England collated report;

<https://www.healthwatch.co.uk/news/2022-05-09/lack-nhs-dental-appointments-widens-health-inequalities>

Parliamentary Health & Care Select Committee April 2023 took Healthwatch BNSSG evidence

<https://parliamentlive.tv/event/index/700c0c90-bf94-46fd-9e5a-946aae652d3a>

The NHS dental crisis was exacerbating inequalities already experienced by certain parts of the population

The system needs reform so people can truly register and stay with a dentist in the same way as they did with GPs

The starting point for change had to be new national oral health needs assessment to decide the level of funding needed for dentistry

Healthwatch Bristol, North Somerset and South Gloucestershire

Drill down on Q3 October 2023 to December 2023

Number of feedback related to dentistry:

- 49 in total – 38 negative

% of total feedback relating to dentistry:

- 5%

% of dentistry feedback requiring signposting:

- 33%

Trends (comparison to previous quarter):

- Decrease from 71 pieces of feedback in Q2

4 case studies

- daughter was pregnant but her dentist refused to provide free NHS dental care and she has been unable to find a dentist who will honour the NHS exemption form.
- they had a broken tooth and waited 2 months for an appointment. This appointment was cancelled and they then waited over a month for the rescheduled appointment. After the repair, they returned for a check-up 3 months later. At that time they were told they needed a filling replaced and waited 6 weeks for an appointment to fix it. This appointment was rescheduled & so far waited 10 weeks for the repair.
- both his wife and his son (who has autism) are registered here. Over the last two years the dental surgery has cancelled a series of appointments and neither has been able to have a check-up. Each time they have received a phone call the week of the appointment and they have been told that due to a lack of NHS availability the appointment will be rescheduled. An appointment cancelled in the last few weeks has now been rebooked for nine month's time. They were told they could book a private appointment this week if they wanted rather than wait nine months They cannot afford to do so.
- their teenage child needed two teeth removed and a brace fitted. They were told an orthodontic referral would be made, but it was not and needed to be requested again after some time. The parents were then told the waiting list was closed and once re-opened the wait would be at least two years. The parents were also informed that their child could be seen by an orthodontist privately within one month. They decided on the latter option and the cost was £3,800.

Lack of NHS dental appointments widens health inequalities

News - 9 May 2022

A new survey of public attitudes to NHS dentistry shows that half of the adults in England find dental charges unfair amid escalating living costs.

We have warned decision-makers that NHS dentistry is in desperate need of reform.

With living costs on the rise, our new findings show that health inequalities are widening as people in every part of the country struggle to pay for dental care.

When people find it hard to access NHS dental care, they feel pressured to go private, which is not an option for many. And even NHS charges can be hard for some to afford.

A representative poll of 2,026 adults based in England found nearly half (49%) of respondents, who had an opinion about NHS charges, felt NHS dental charges were unfair.

What are people saying?

The poll, which looked at people's experiences of NHS dentistry, including costs associated with dental care, found the following:

- 54% of people who had an NHS dentist appointment, had a problem. Of these, more than three in five (63%) respondents found it difficult to book an appointment. More than three in ten (31%) couldn't access all the treatments they needed.
- 46% of people who had an NHS dentist appointment, had issues with the costs associated with their NHS dental care. Of these:
 - More than a third (34%) of respondents said they had to pay privately to get all the required treatment;
 - nearly a quarter (24%) reported they felt pressured to pay privately when they booked their dental appointment. Similar numbers (24%) said their NHS dentist didn't explain the costs before starting treatment;
 - nearly one in five (17%) reported that their NHS dentist charged more for the treatments than the advertised NHS charges.
- 21% of people who did not have any NHS dentist appointment, suffered as a result. Of this, one in three (34%) respondents said a lack of access to dental care led to more serious problems, making them feel anxious. Others said that a lack of

timely dental care made it hard to eat or speak properly (19%) and made them avoid going out (16%).

Widening health inequalities

The shortage of NHS appointments has hit people on low incomes hardest, meaning they are less likely to have dental treatment than those on higher incomes.

The poll suggests that people of White British ethnicity and from social economic group (SEG) A, including high-ranking managerial, administrative and professional roles, are six times more likely to be able to pay for private dental care if they can't find an NHS dentist to treat them than people from SEG E, which includes pensioners, low-paid workers and unemployed people on state benefits (48% and 8%, respectively).

The new data also reveals a significant North-South divide regarding how affordable people find dental care. While one in five people (20%) living in the South of England said they could afford private dental care if they can't find an NHS dentist, just seven per cent of those living in the North of England said they could afford private treatment.

Overall, 38% of the respondents feel they are less likely to visit a dentist, despite clinical guidelines recommending regular dental check-ups to keep people's mouths healthy.

Fewer NHS dentists

The findings come as more than 2,000 dentists quit the NHS last year, according to recent data obtained by the [Association of Dental Groups](#), suggesting a growing trend toward private provision.

We have repeatedly raised concerns over the last two years as the twin crisis of access and affordability has continued to grow. Between October 2021 and March 2022, the Healthwatch network heard from 4,808 people about their experiences of dental care, many of whom were struggling to access timely care.

Therefore, we are making renewed calls on NHS England and the Department of Health and Social Care to put a reformed dental contract in place before formal responsibility for dental services passes to the 42 new Integrated Care Systems in April 2023.

Louise Ansari, national director at Healthwatch England said:

“Access to NHS dentistry has been one of the most significant issues people have raised with us in the last two years. There is now a deepening crisis in dental care, leaving people struggling to get treatment or regular check-ups on the NHS.

“The shortage of NHS appointments is creating a two-tier dental system, which widens inequalities and damages the health of the most disadvantaged communities. With millions of households bearing the brunt of the escalating living costs, private treatment is simply not an option, and even NHS charges can be a challenge. This needs urgent attention if the Government is to achieve its levelling up plan and tackle health disparities.

“We are once again calling on the Department of Health and Social Care and NHS England for greater ambition and urgency from NHS dental reform plans to create a fair and inclusive dental service. We strongly recommend that a new dental contract is in place before Integrated Care Systems take on formal responsibility for dentistry from next April.”

No NHS appointments for new patients in Somerset

Healthwatch Somerset Manager, Gill Keniston-Goble, said:

“Dentistry continues to be one of the main issues raised with us by the public. In the past year, 22% of our feedback has been about people not being able to find an NHS dentist. People are telling us they have called many dentists but cannot find one taking new patients. We are also hearing from the public that NHS England is advising there are no dentists taking new NHS patients in Somerset.

"One memorable piece of feedback we received was about dental care in care homes. Residents who were registered with NHS dentists pre-Covid, have now been removed from their original dental practices lists because they were unable to visit as they were bed bound or immobile.

"We therefore welcome the news from NHS England and NHS Improvement South- West that changes have been made to the Somerset Dental Helpline, and from Friday 29 April people living in Somerset, who are not registered with a dental practice, should call NHS 111 if they need urgent treatment or advice.”

Lydia's story

Lydia, from Somerset, has been suffering from gingivitis, and her gums frequently bleed when she brushes her teeth. On top of this, she needs a couple of new fillings and wisdom tooth removal. Not being able to find an NHS dentist in her area, she gave in and reached out to a private provider. Lydia said:

“Sitting in the dentist's office, listening to the list of treatments, the cost of £1,100 brought me to tears. These costs were on top of the £50 I had to spend to have the appointment.”

Lydia is constantly worried about her dental problems.

“Whenever I eat and feel a twinge my heart drops. I panic that something terrible is happening.”

She thinks that the NHS needs to view dental care as just as important as other aspects of healthcare. She thinks the two shouldn't be separate, and dental care should be available at no cost – just like other areas of the NHS.

“MPs have money to get care if they need, most people don't. There's no version of private dentistry that's affordable. The word affordable is a slap in the face.”

About the poll

Yonder Data Solutions polled 2,026 adults (aged 18+) based in England in February 2022.

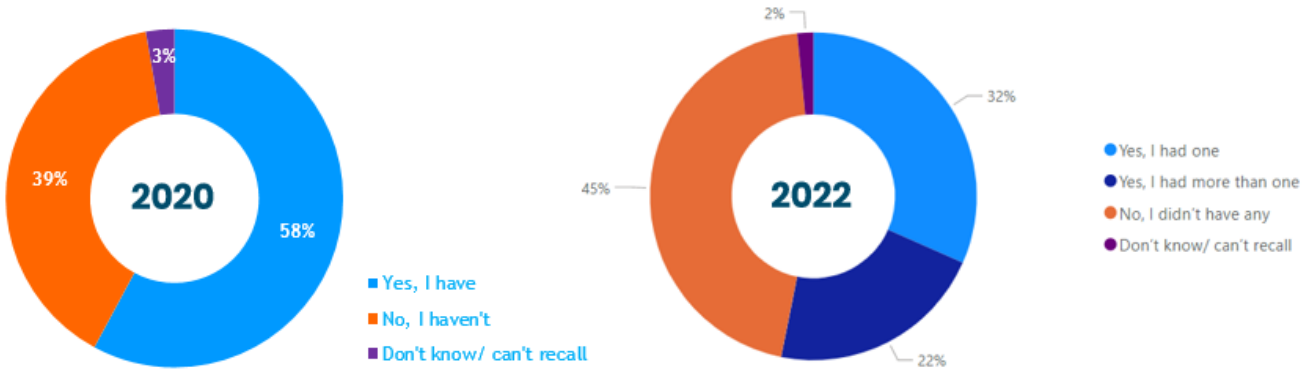
This article was updated on 25 May 2022. We initially reported the figures as % of responses chosen in multiple answer questions (i.e. based on the proportion of survey responses related to a particular issue). However, after feedback we have decided to re-present the data in a more public friendly way and described it as a % of respondents (i.e. what proportion of people said something about the issue).

Key findings from national polling [*attached at paper 9.3*]

Key findings from Healthwatch England’s national dental polling in 2022

The poll of 2,026 adults (aged 18+) based in England was carried out by Yonder Data Solutions, February 2022.

1. Access to NHS dentist appointments is closer to pre-pandemic levels overall and some even managed to get more than one dentist appointment.



Charts showing the proportion of people who had or didn't have an NHS dentist appointment in the last two years in 2020 (figure on the left; N=1,878) and 2022 (figure on the right; N=2,026). Nearly 3 in 5 people (58%) in 2020 had had an NHS dentist appointment in the previous two years. In 2022, the figure is at 54%, and more than 1 in 5 (22%) reported to see a dentist more than once.

2. Even though access rates have improved, people still found it difficult to book appointments and get all the treatment they needed. This was despite going to the dentist more than once.

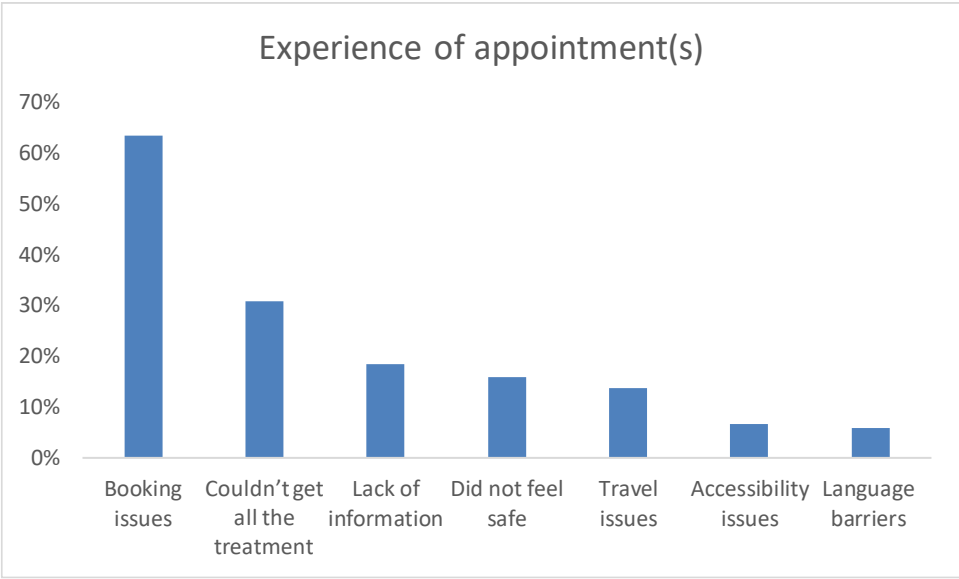
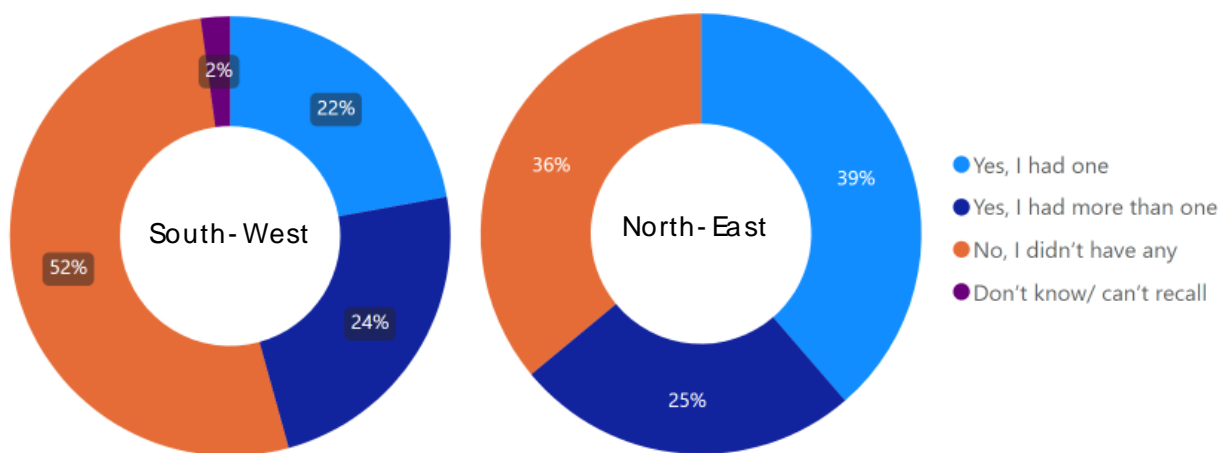


Chart showing the experiences of people who had one/more than one NHS dentist appointment in the last two years and had a problem during their appointment (N=579). More than 3 in 5 people (63%) said they found it difficult to book the appointment(s), and more than 3 in 10 (31%) said that they couldn't get all the treatment they needed from their appointment(s).

3. People accessing NHS dentistry is the lowest in the South-West, with more people going private in the region. However, it is not an option for many living in the North where a few say they prefer private care, highlighting a regional disparity.



Charts showing that fewer people living in the South-West (N=140) of the country had an NHS dentist appointment compared with those living in the North-East (N=75). More than 1 in 2 people (52%) from the South-West said they didn't have any NHS dentist appointment in the last two years. The figure was 4 in 11 (36%) for those living in the North-East.



The sections of two charts highlight the greater preference for private care in the south of the country, compared with the north. The figure on the left shows that 1 in 5 people (20%), who did not have an appointment, living in either the South-East or the South-West (N=208) prefer private dentistry. However, it was 1 in 14 (7%) for those who either live in the North-East or the North-West of the country (N=147), as shown in the figure on the right.

4. Some felt pressured to pay privately and ended up paying private fees. Others said they were charged more for the treatments than the advertised NHS charges or charged extra for PPE.

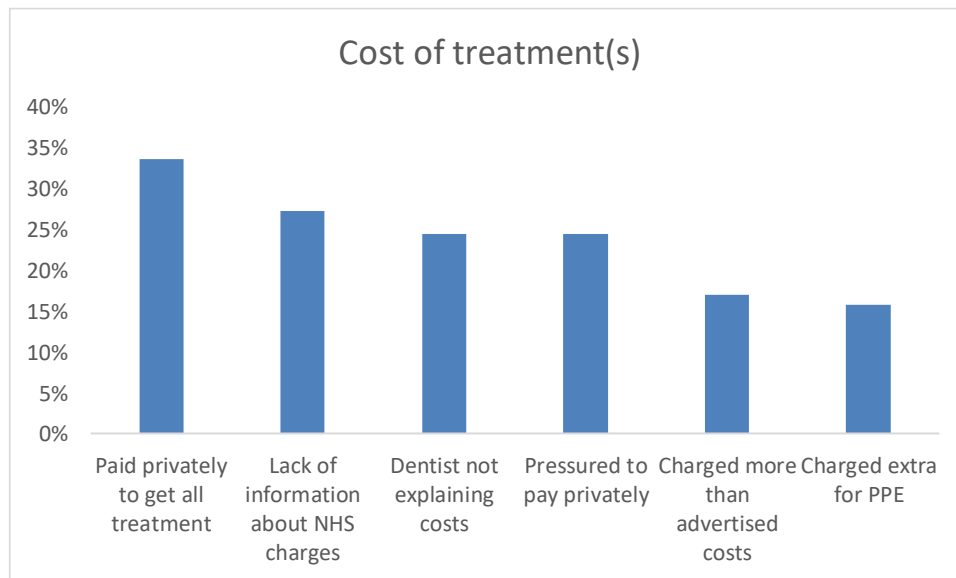


Chart showing what people thought about the costs of their NHS dental treatment in the last two years (N= 499). Nearly 1 in 4 people (24%) said that their dentist did not explain the costs before starting their treatment. Similar numbers (24%) reported that they felt pressured to pay private fees to access treatment. More than 3 in 9 (34%) of those who had an NHS dentist appointment said that they had to pay privately in order to get all the treatment they needed.

5. When people couldn't access NHS dental care, they had to put up with the problems they had. For some, it became more serious, while for others, it impacted on their health and wellbeing.

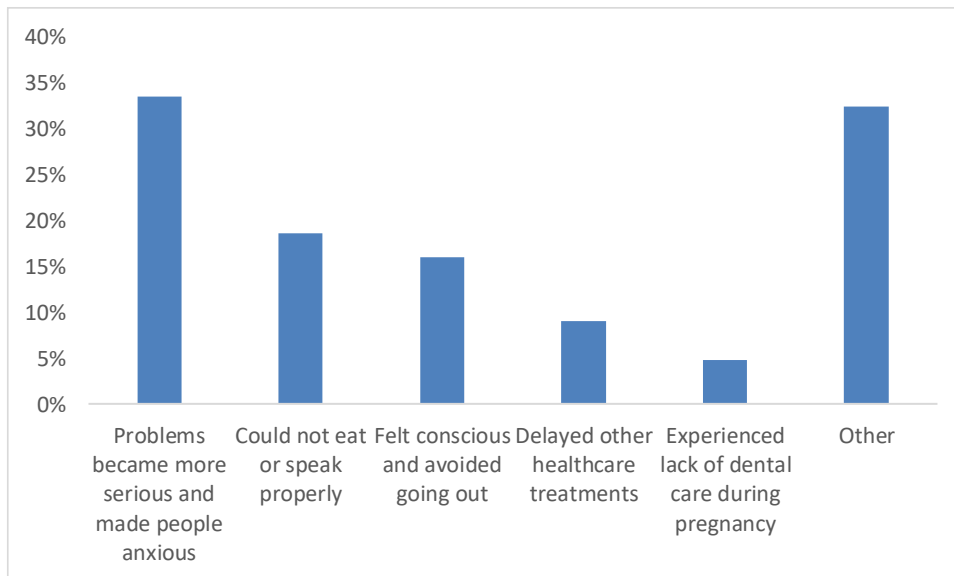
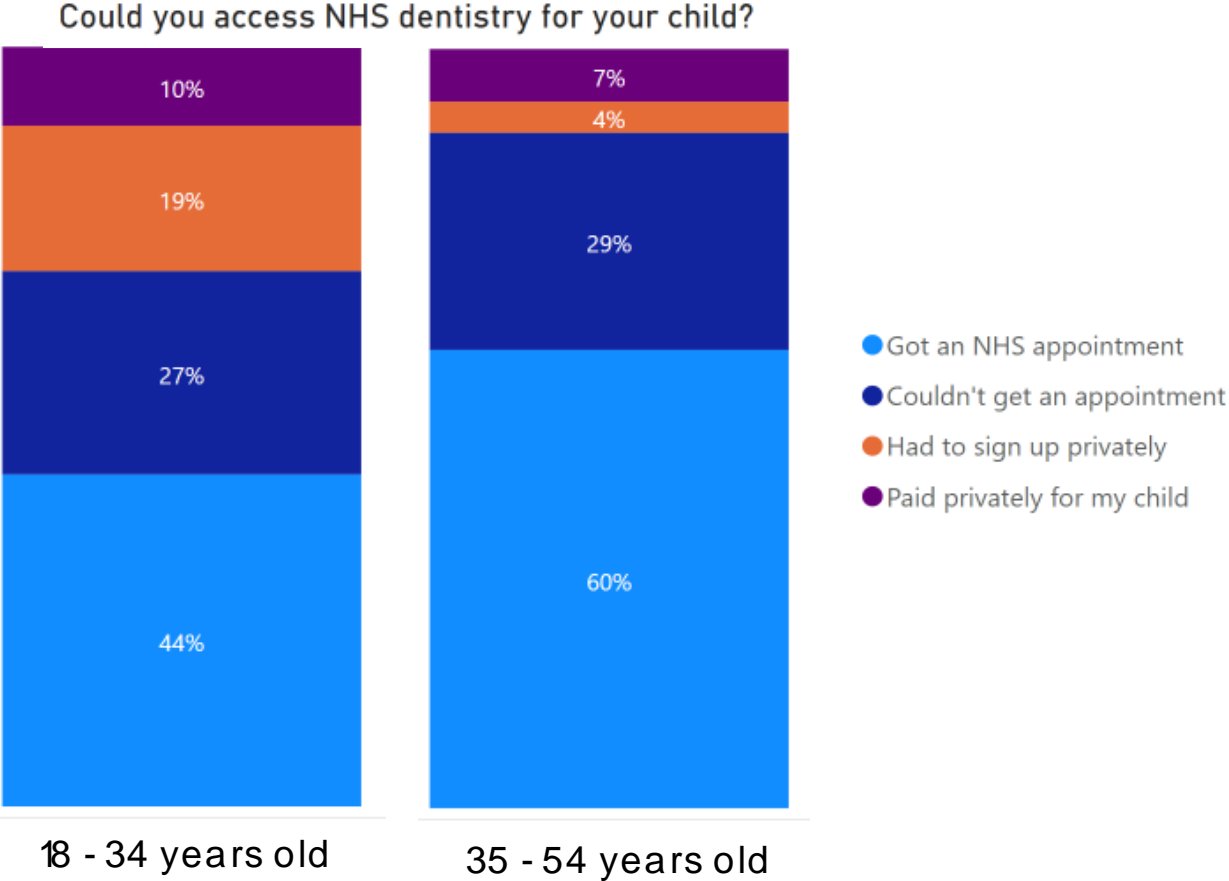


Chart showing the impact of lack of access to NHS dentistry (N= 188). More than 3 in 9 (34%) said that their problems became more serious which made them anxious. And it impacted people's health and wellbeing as more than 2 in 5 people (44%), who couldn't access NHS dental care, said they either couldn't eat or speak properly, or avoided going out because they were conscious about their teeth, or their other healthcare treatments got delayed because they couldn't get their teeth checked on time.

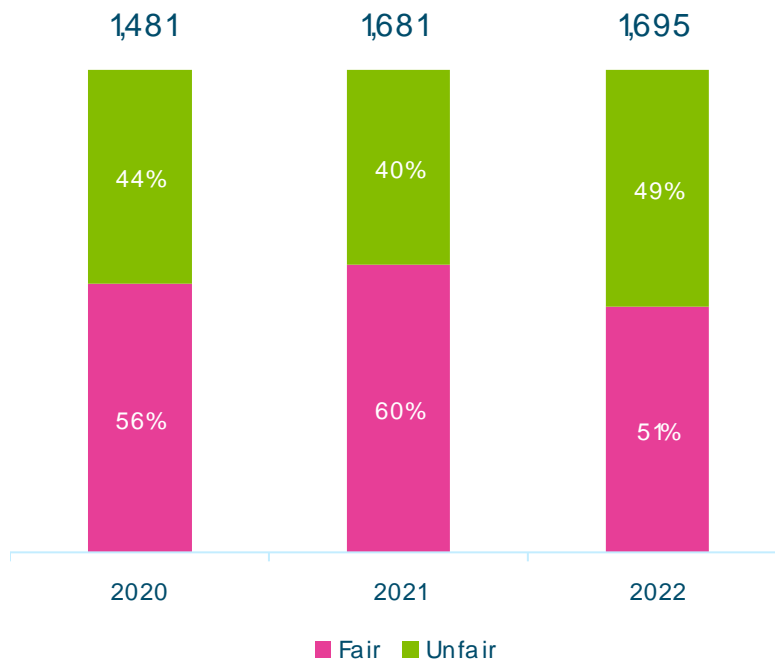
6. Some parents, especially those from younger age groups and those from minority ethnicities, had to sign-up privately in order to access NHS dental care for their children.



Charts showing that nearly 1 in 5 (19%) younger parents (18 - 34 years old; N= 183) said that they could get NHS dental care for their child only after they signed-up as a private patient with the dentist. The rate was nearly a fifth at 1 in 25 (4%) for parents aged between 35-54 years (N=318). It is also interesting to note that older parents were more successful in getting an NHS dentist appointment for their child as compared with the younger parents (60% vs 44%).

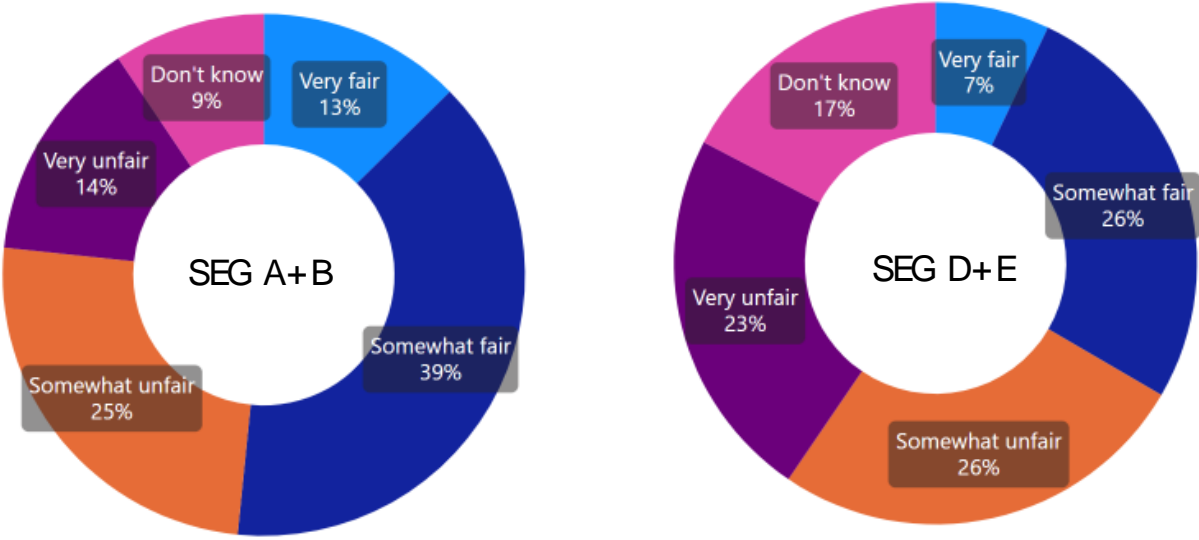
7. More people in 2022 think that NHS dental charges are unfair compared to the last two years.

Opinion about NHS dental charges



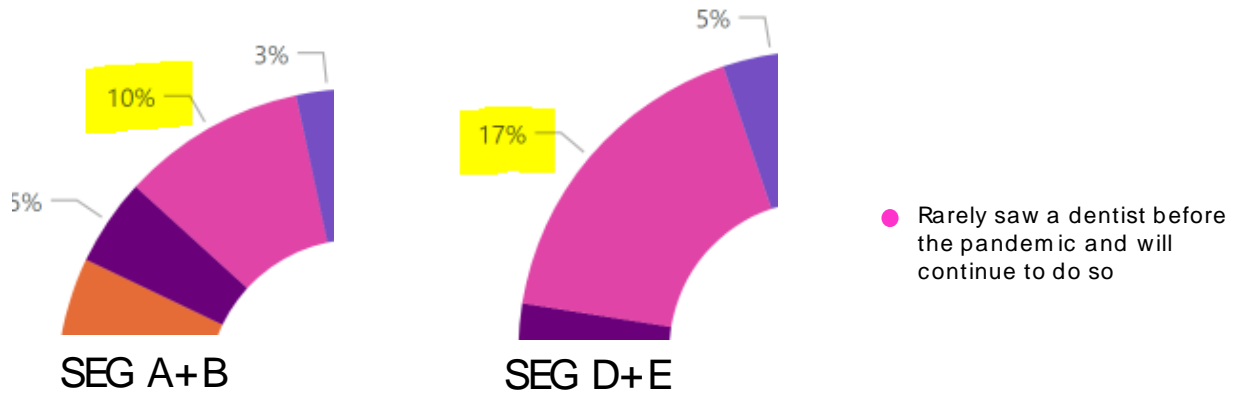
Charts showing that almost 1 in 2 people (49%) in 2022, who had an opinion about NHS dental charges, felt that NHS dental charges are unfair. It is higher than the figures we saw in 2020 and 2021. The figures above each column represents the number of people who answered the question “Generally speaking, how fair or unfair do you think NHS dental charges are?” as either fair or unfair.

8. People from lower SEG grades are more likely to think that NHS dental charges are unfair and less likely to see a dentist compared with people from higher grades.



Charts comparing how people from different SEG grades think about NHS dental charges. The chart on the left shows that more than half of people (52%) from SEG grades A and B feel that NHS dental charges are fair (N=690). On the contrary, the chart on the right shows that only 1 in 3 people (33%) from SEG D and E think the same (N=410). Moreover, while only 1 in 7 people (14%) from SEG AB

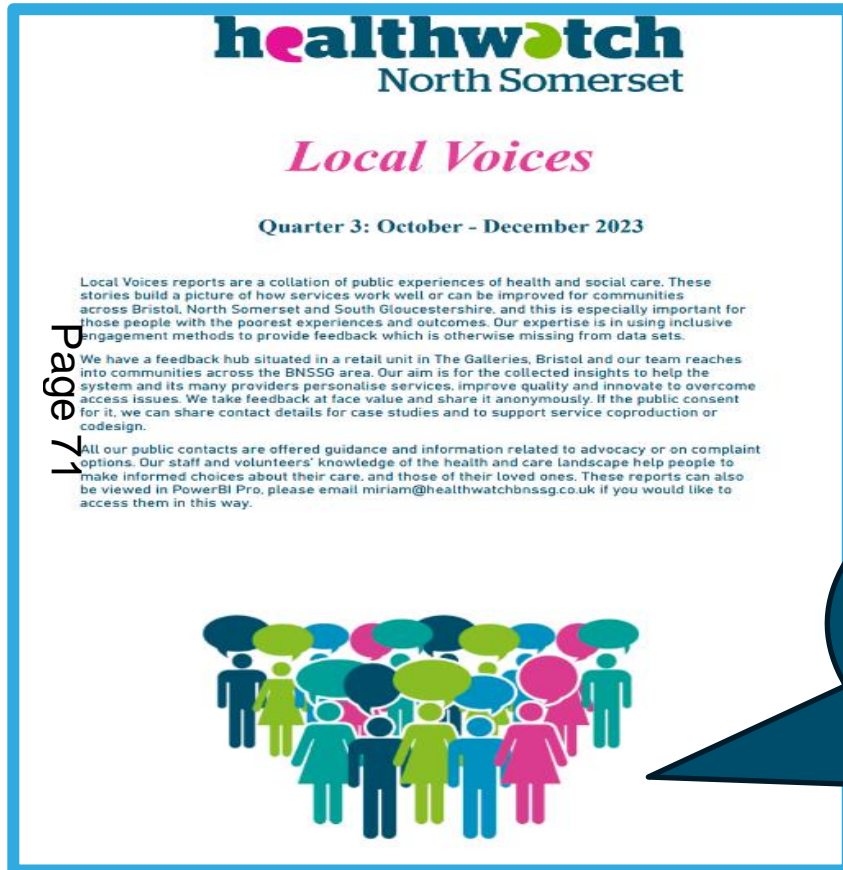
think that the charges are very unfair, the figure goes up to nearly a quarter (23%) for those from SEG DE.



Charts comparing the habits of people from different SEG grades when it comes to seeing a dentist regularly. The highlighted figure on the left shows that 1 in 10 people (10%) from SEG AB (N=749) said that they rarely saw a dentist before the pandemic and will continue to do so. In comparison, the figures are 1 in 6 (17%) for those who are from SEG DE (N=423).

This page is intentionally left blank

Quarter 3 Oct-Dec 2023 public feedback & insights snapshot



77 contacts provided feedback in Q3
36.5 % of the pieces of feedback are positive about services
2.6% identify as a carer
27 have a long-term condition
9 live in poverty
4 are homeless
2 have limited social networks/ family

Primary Care negative comments:

24 said they had limited/ no access to NHS dentist or GP
6 had a poor care experience from a service
4 said interface between services was bad
4 were concerned about quality, diagnosis or their treatments management
1 had problems with medication at discharge

For access to Healthwatch BNSSGs PowerBI App for monthly live data from your Local Authority area?

For Local Voices PDFs each quarter; public feedback narratives sorted by service, theme, sub-theme, service-user demographics etc?

Page 72

Contact:

Data and Insights Officer, Healthwatch BNSSG, Miriam Booth

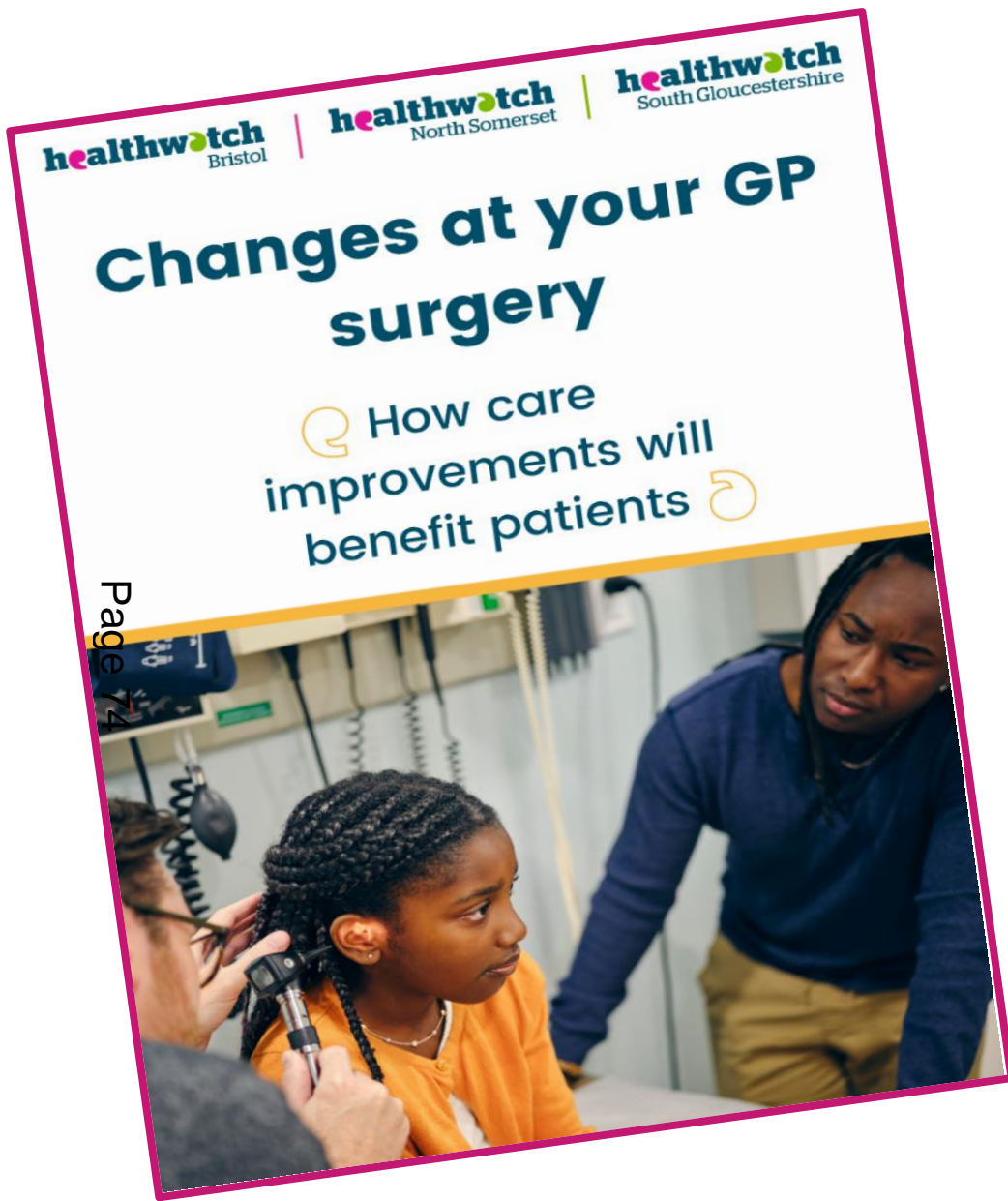
Miriam@healthwatchbnssg.co.uk

Healthwatch Engagement Strategy 2024~2028

Main changes to our outreach in communities (the kind that forms basis of Local Voices)

1. Equalities engagement (hard to reach or inclusion groups) will be measured in new ways and given allocated time each week
2. Robust stakeholder mapping, establish stakeholder forums for effective engagement work in those communities
3. Targeted communications to reach out into communities
4. Real time data sharing via our PowerBI dashboard. Expansion of feedback categories/themes to capture wider determinants of health

Page 73



Sharing the booklet

- BNSSG-wide newsletters (ICBs)
- Local newsletters
- On North Somerset website for downloading
- Healthwatch BNSSG newsletters
- Social media and tagging participants
- Print version in high quality A5 booklets
- Healthwatch BNSSG staff to share digital copies, physical copies, and links to websites
- Mailout to all GP practices and other services e.g. pharmacies
- Presenting at meetings (staff/Board) with messages
- Engagement Hub window display to encourage people to pick up a printed copy in Bristol office base
- Email to contact lists in Feb including city and local councillors

'Changes at your surgery' our workplan project about access to GPs

- Explains what changes patients may see
- Explains the GP Access Recovery programme by NHS England

Contains 28 pages:

- Listing changes which the public & Healthwatch can monitor and scrutinise.
- Staff roles in GP practices; new additional roles and what they do.
- Information about Pharmacy's new services ~ the Pharmacy First Programme.
- Healthwatch BNSSG public survey Autumn 2023 – 325 responses; what was good about their GP surgery and what could be improved. Baseline for comparison in a year or so?
- Positive initiatives already happening in the local area using real life case studies.
- Digital promises explained ~ March edition 2024 once telephony changes are rolled out.

This page is intentionally left blank

Local Voices

Quarter 3: October - December 2023

Local Voices reports are a collation of public experiences of health and social care. These stories build a picture of how services work well or can be improved for communities across Bristol, North Somerset and South Gloucestershire, and this is especially important for those people with the poorest experiences and outcomes. Our expertise is in using inclusive engagement methods to provide feedback which is otherwise missing from data sets.

We have a feedback hub situated in a retail unit in The Galleries, Bristol and our team reaches into communities across the BNSSG area. Our aim is for the collected insights to help the system and its many providers personalise services, improve quality and innovate to overcome access issues. We take feedback at face value and share it anonymously. If the public consent for it, we can share contact details for case studies and to support service coproduction or codesign.

All our public contacts are offered guidance and information related to advocacy or on complaint options. Our staff and volunteers' knowledge of the health and care landscape help people to make informed choices about their care, and those of their loved ones. These reports can also be viewed in PowerBI Pro, please email miriam@healthwatchbnssg.co.uk if you would like to access them in this way.



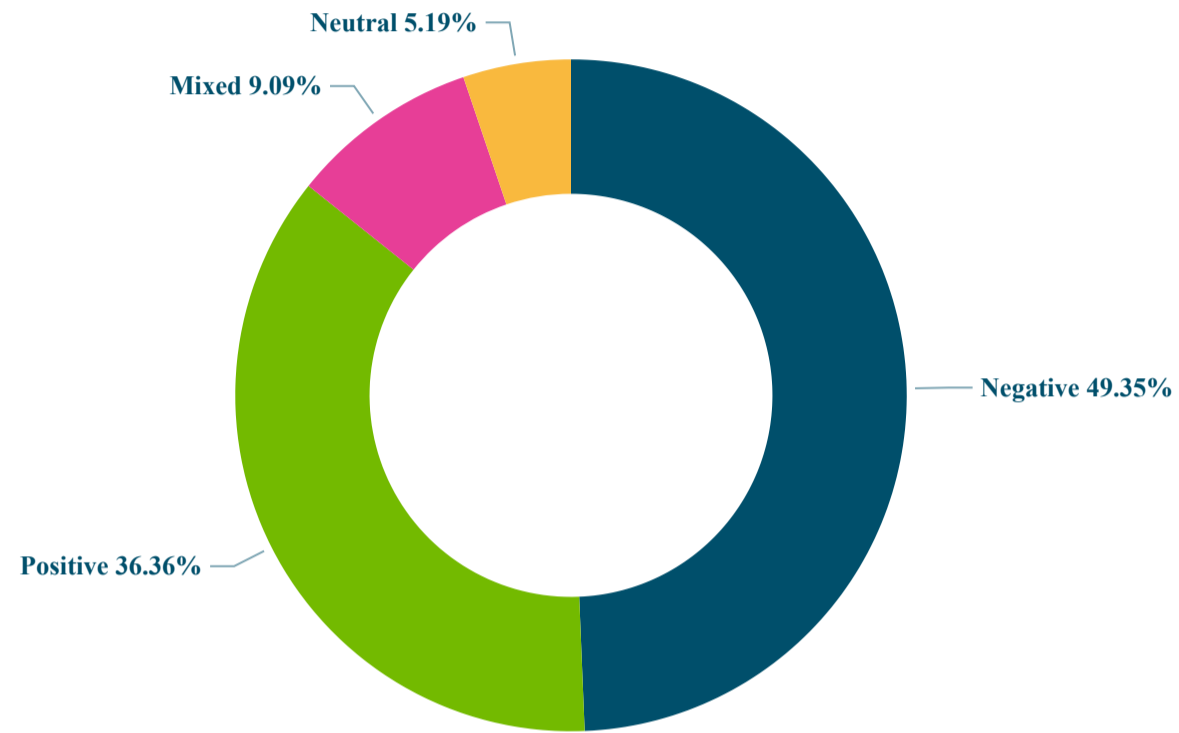


Total number of feedback contacts

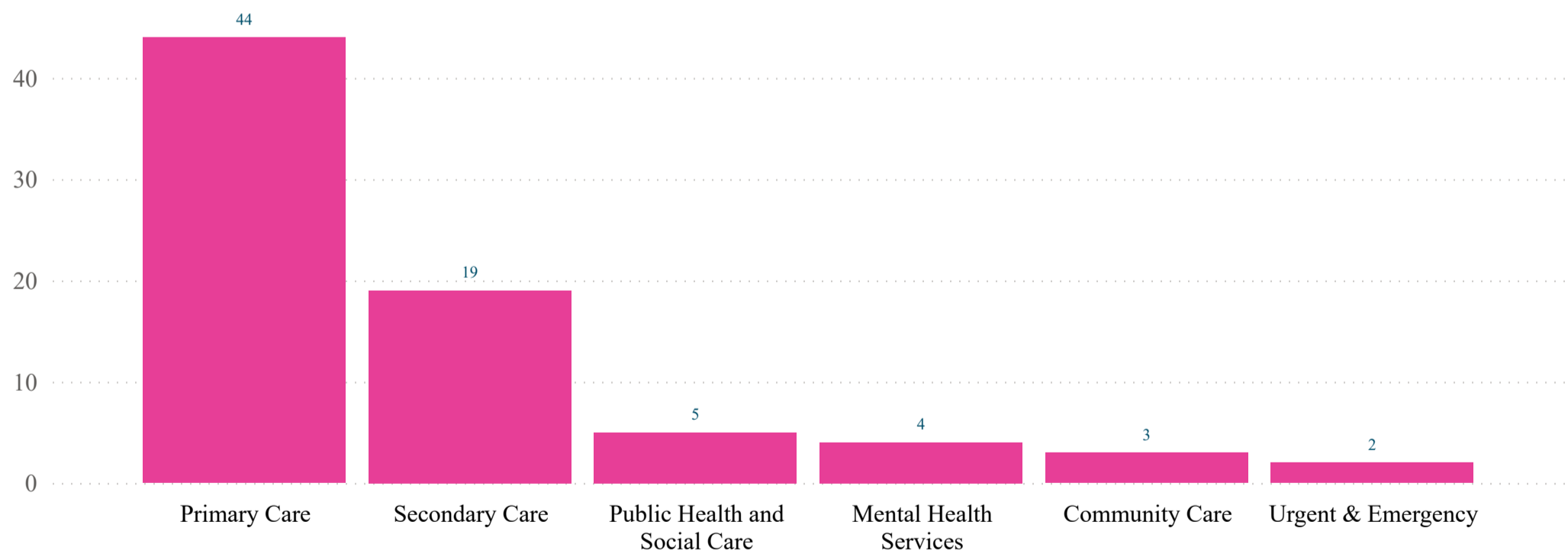
77



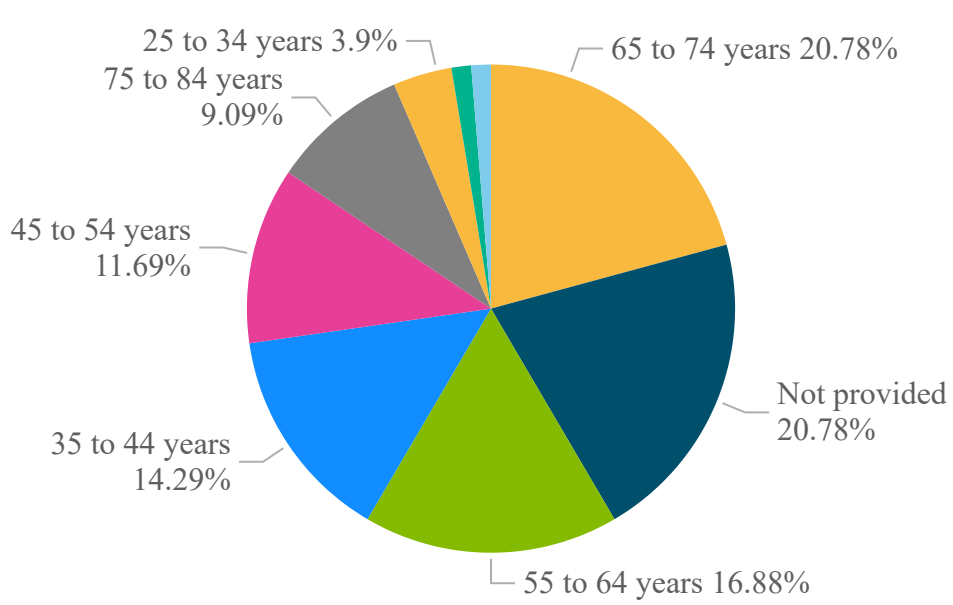
Overall Sentiment of Feedback contacts



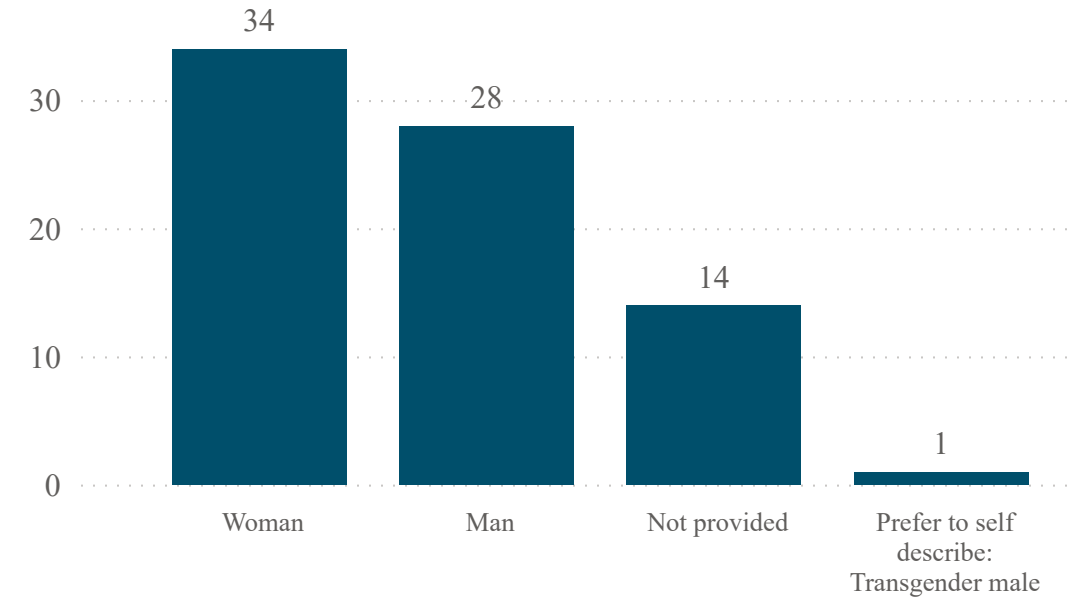
Feedback contact by sector



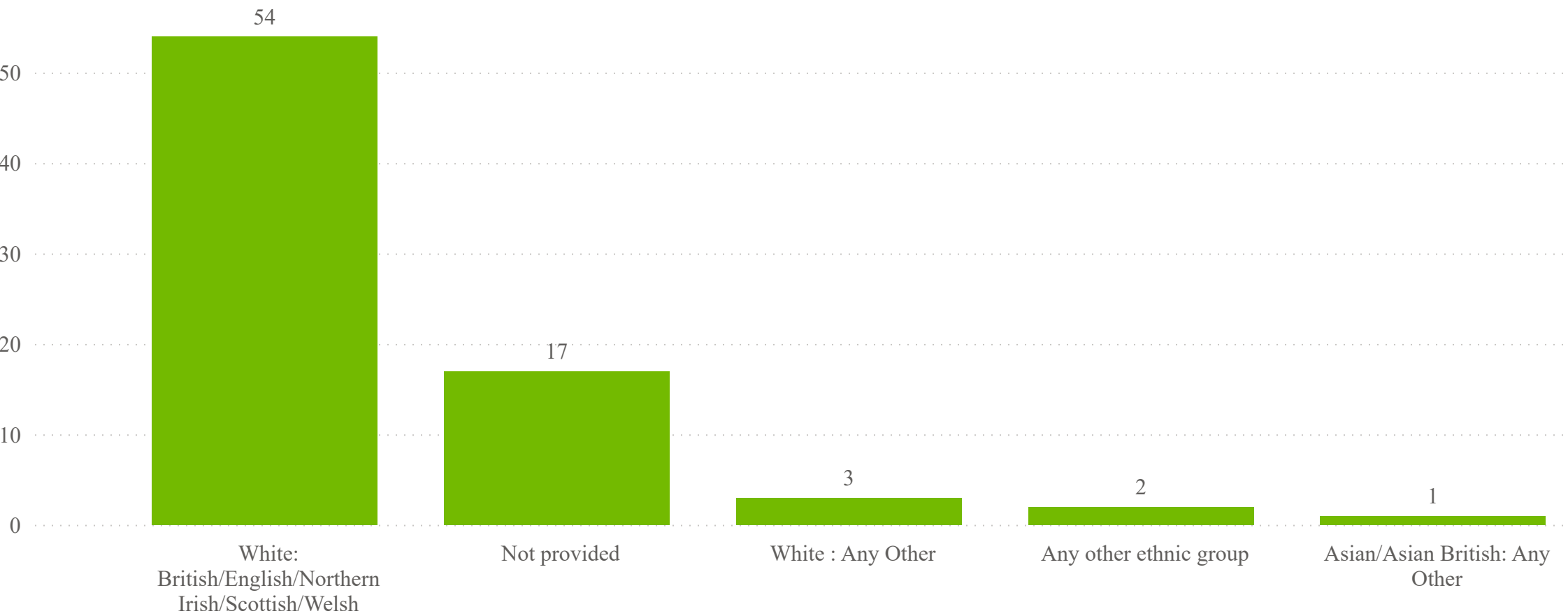
Age Band



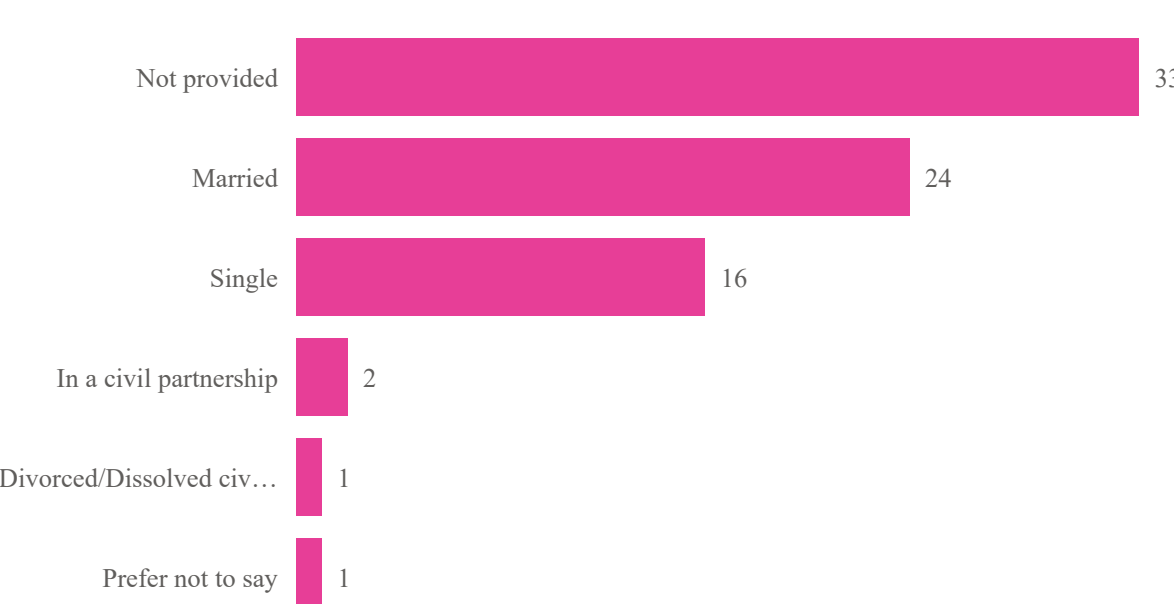
Gender



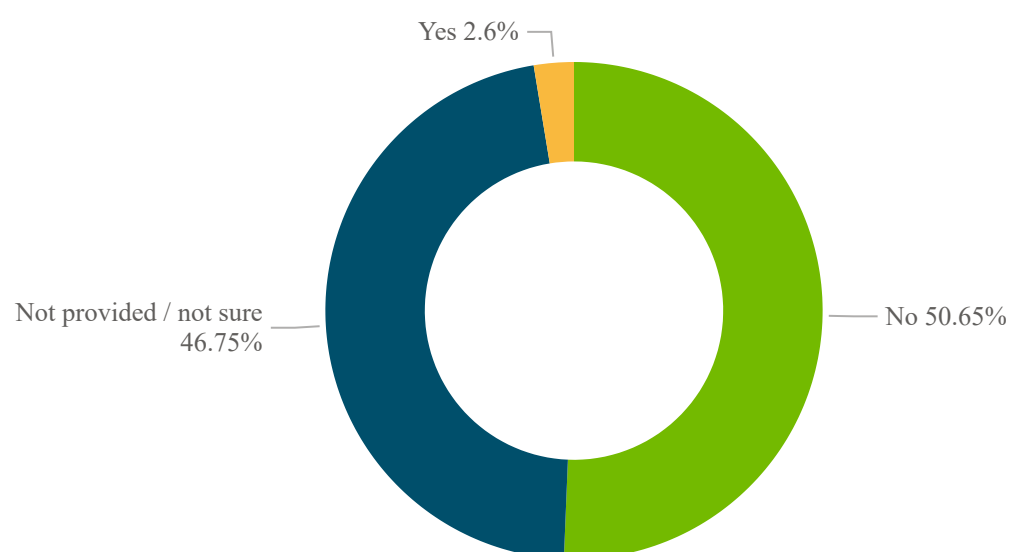
Ethnicity



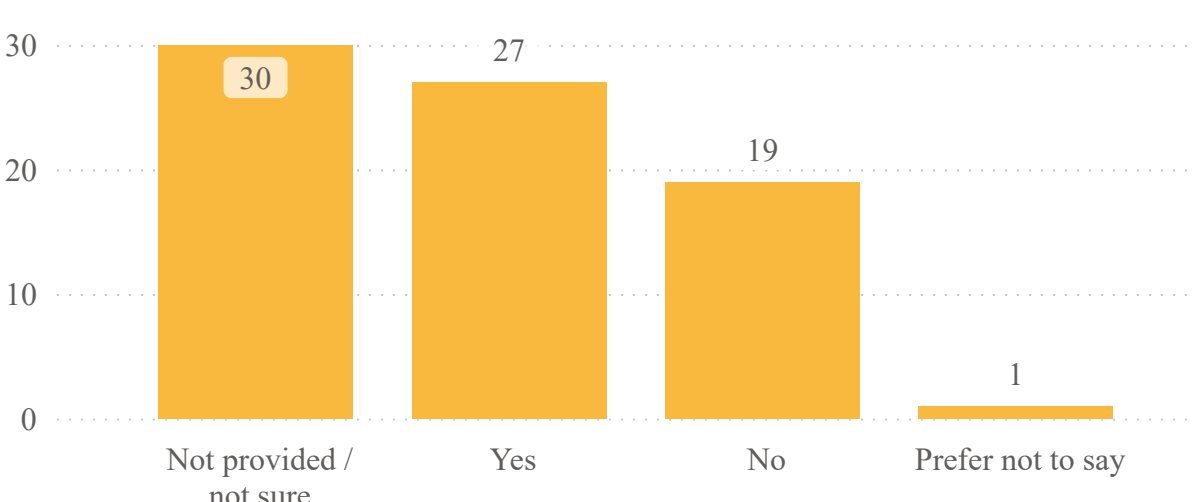
Civil Status



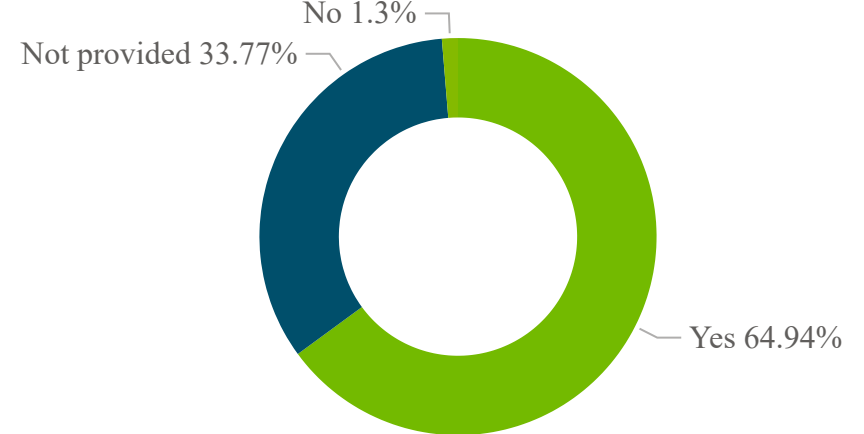
Identifies as being a carer



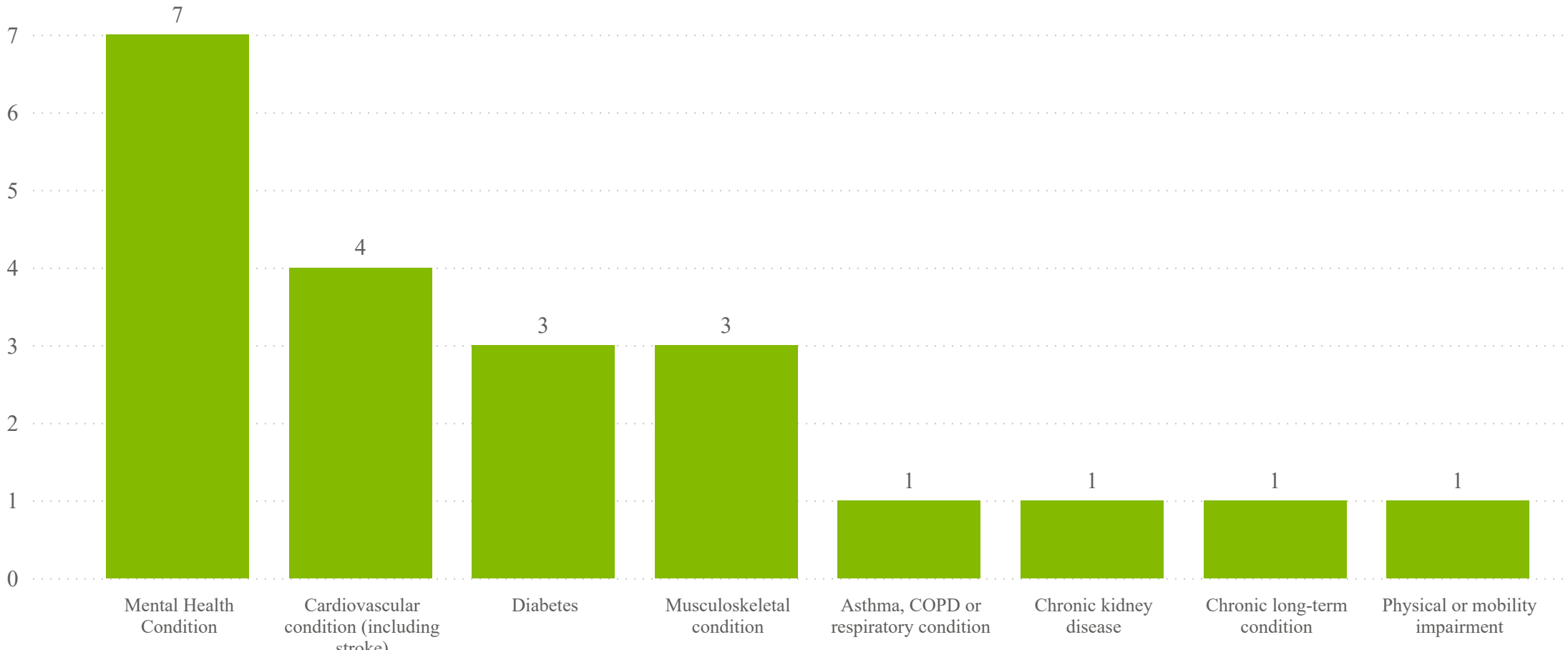
Identifies as having a long term health condition / being disabled / having a disability



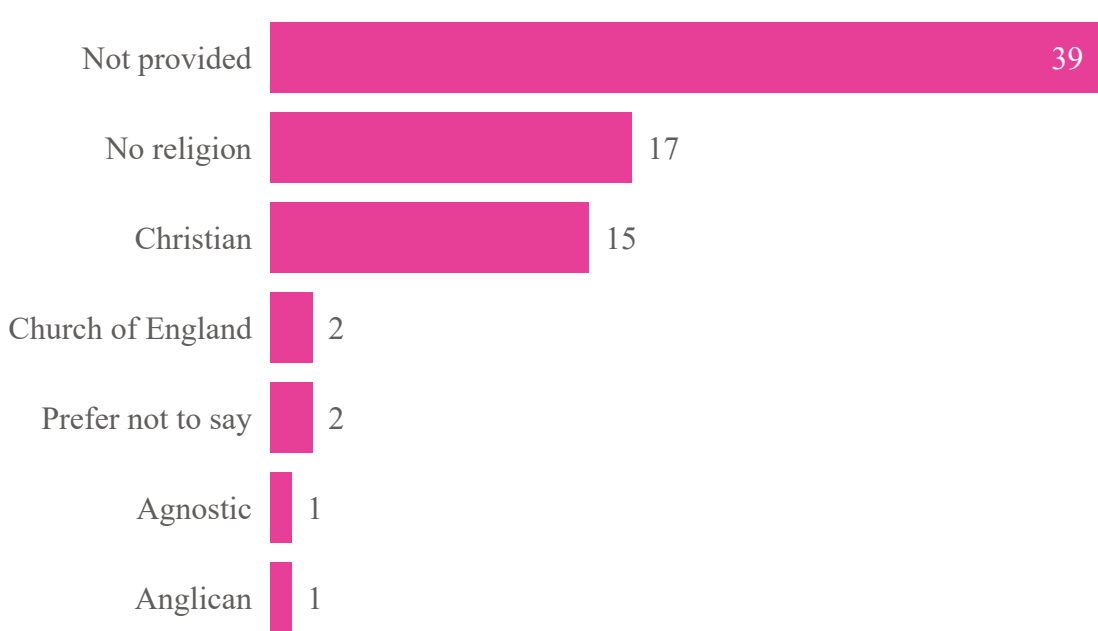
Identifies with the gender assigned at birth



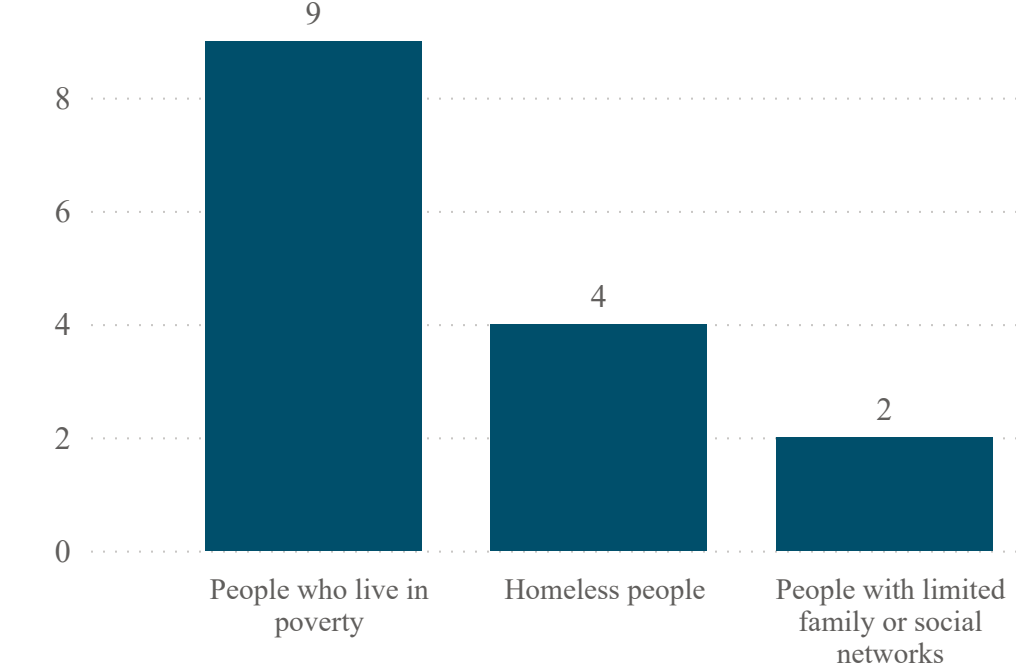
Long-term health condition / disability



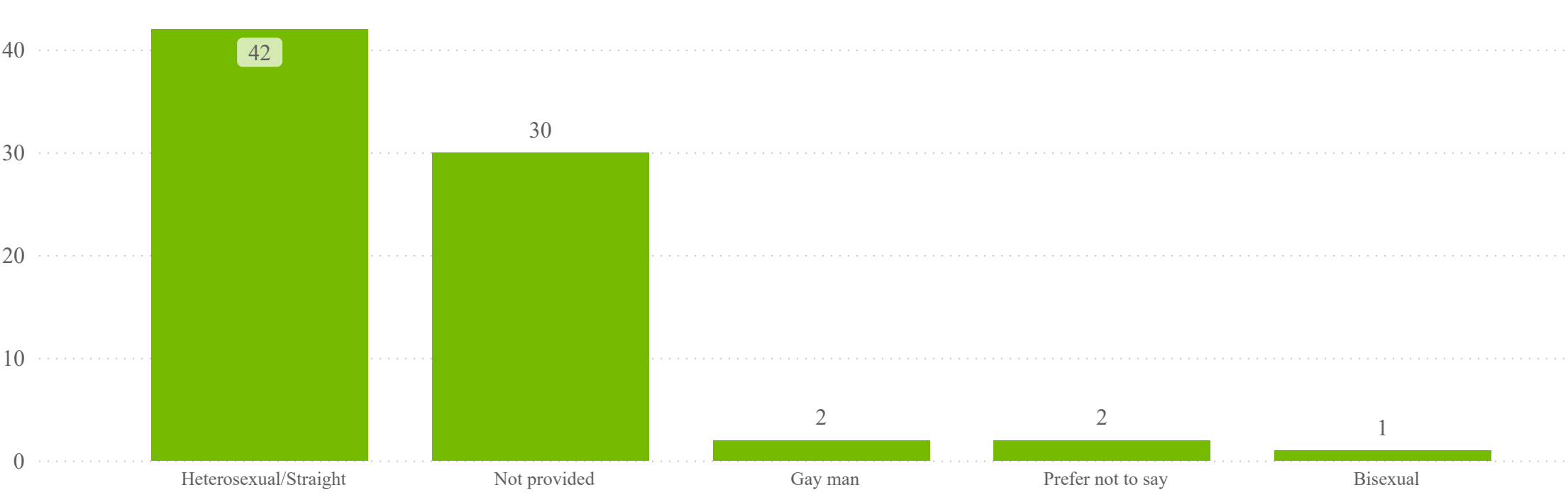
Religion/Belief



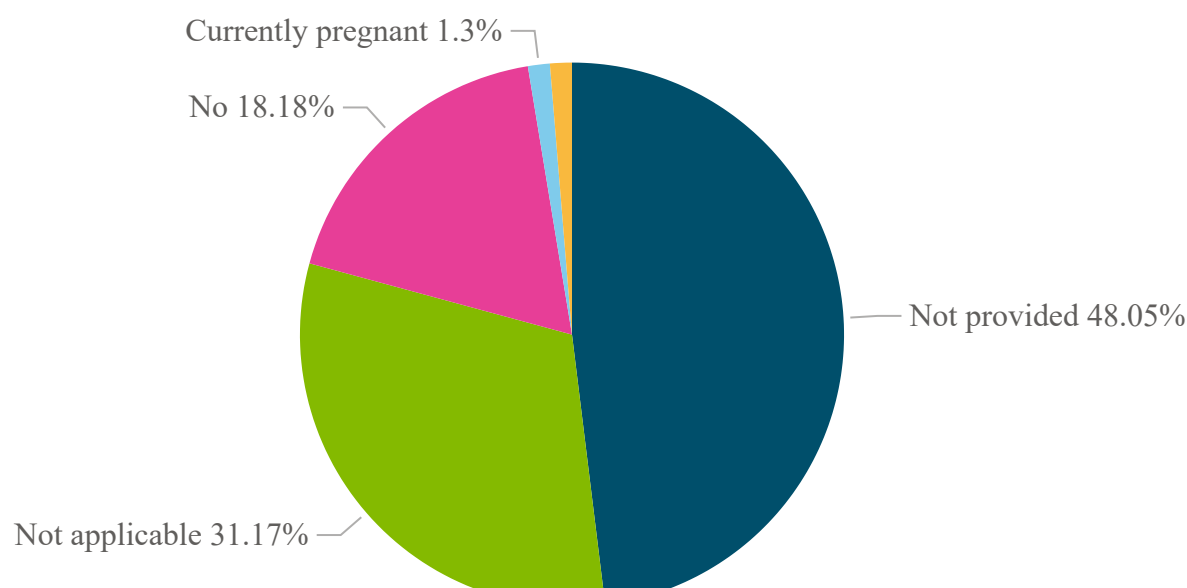
Health Inclusion Group Category



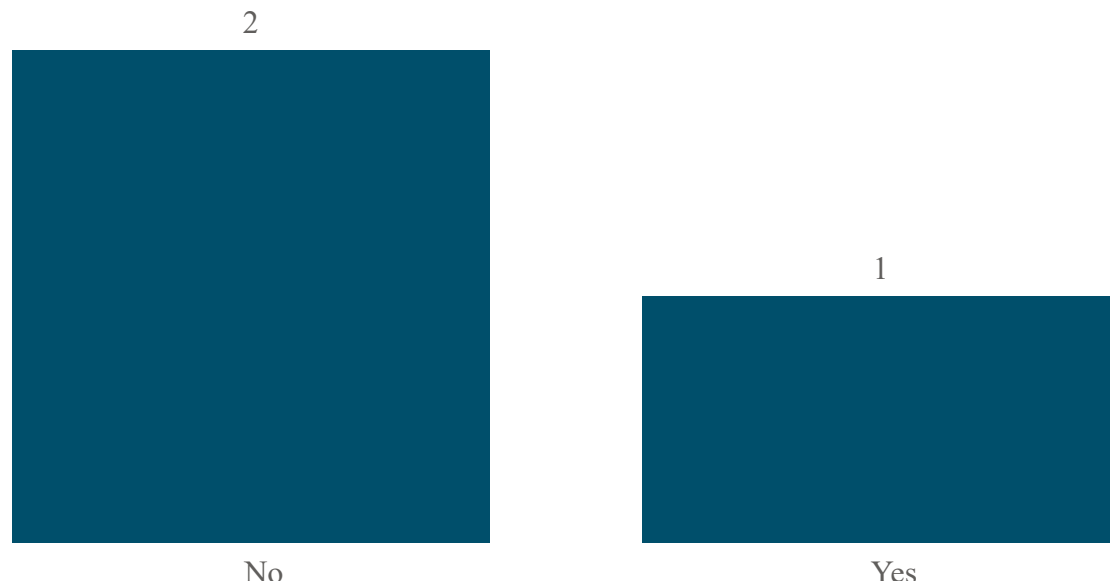
Sexual Orientation



Pregnancy/Maternity



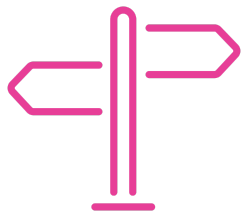
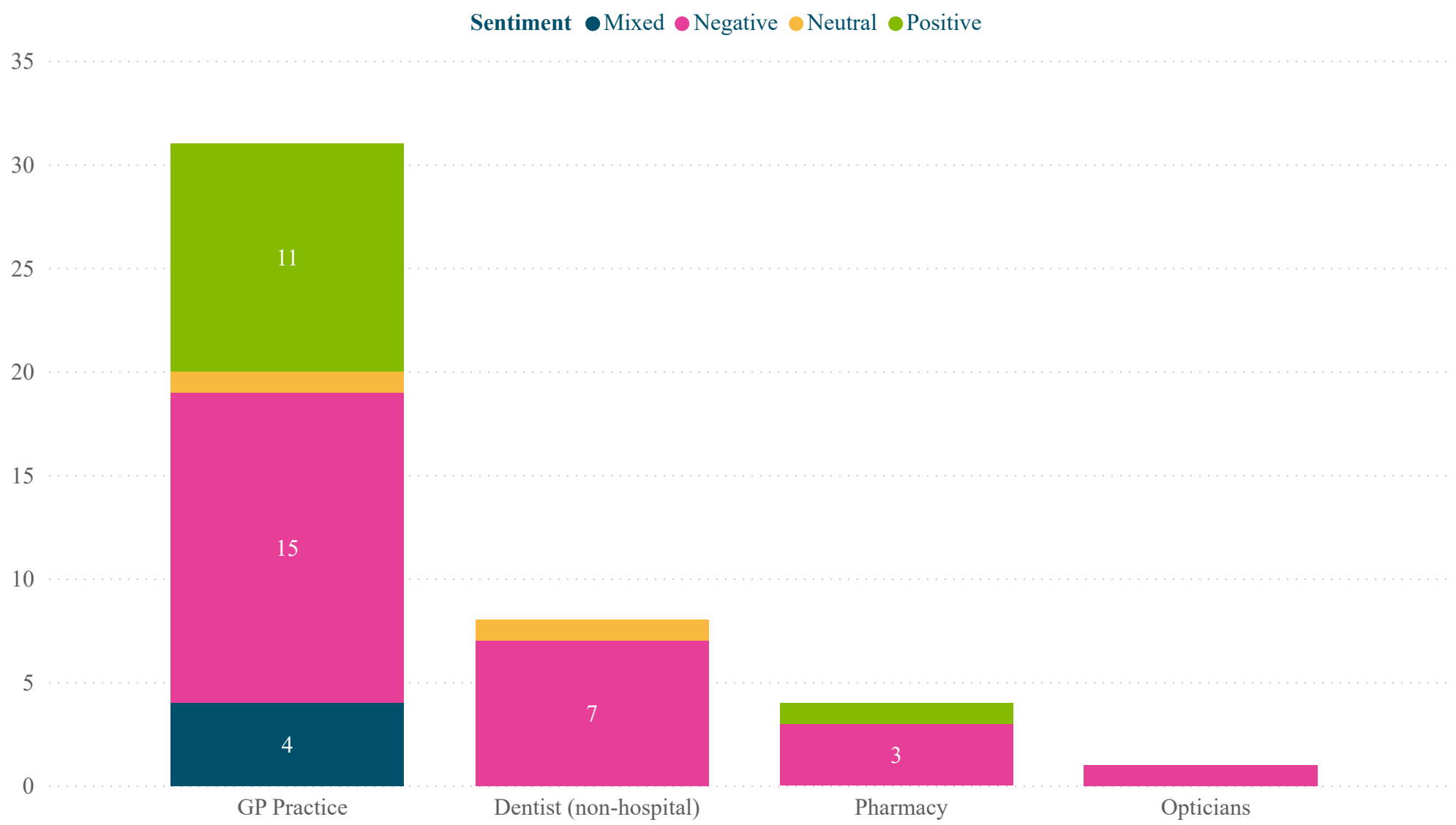
Able to access health or social care services online if they want to?



Primary Care Feedback

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

Feedback contacts by Service Type with sentiment



Signposting for Primary Care Feedback

3

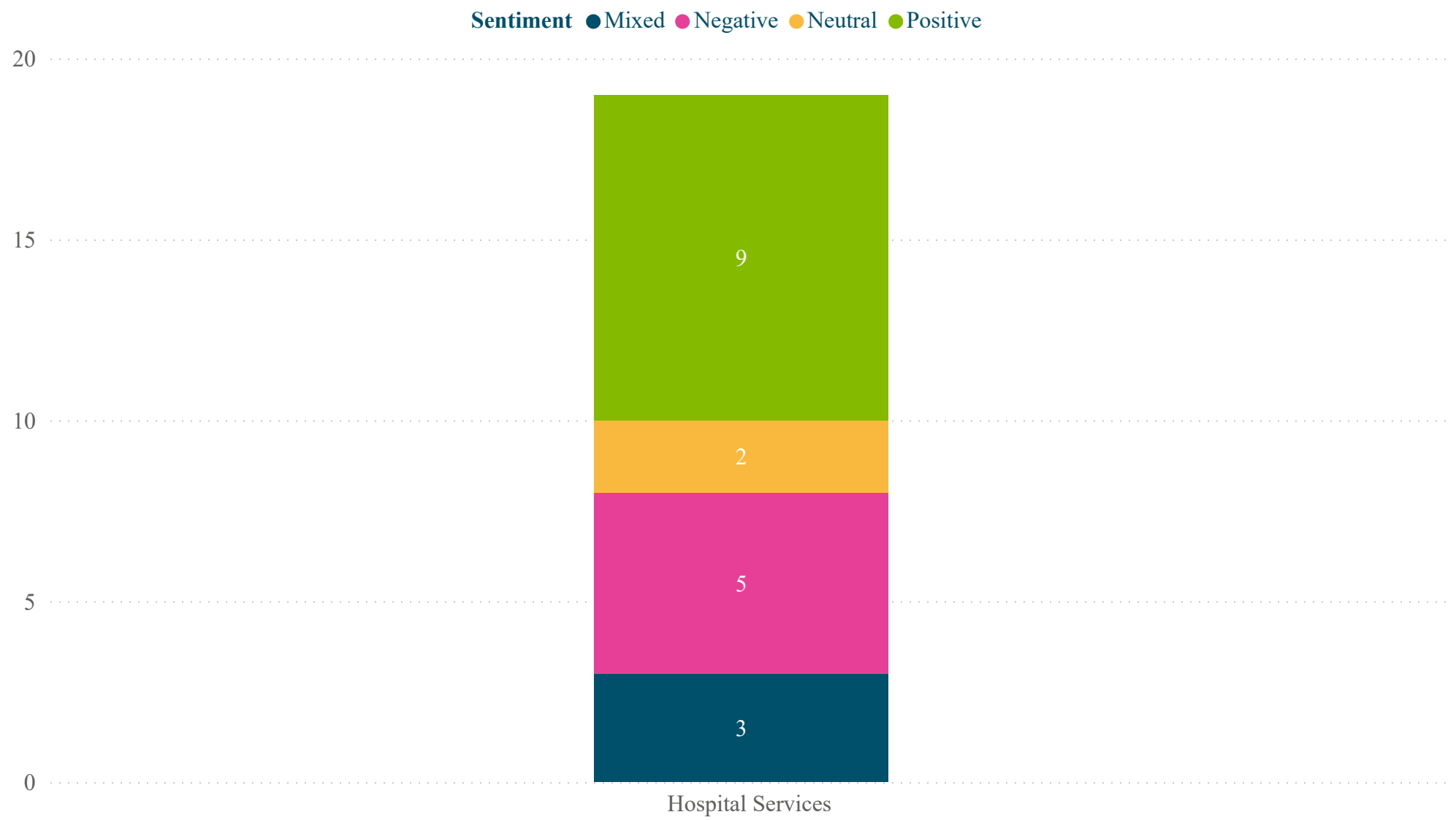
Themes and Sub-Themes with Sentiment for Primary Care Feedback

Main Theme	Mixed	Negative	Neutral	Positive	Unclear	Total
Access to Services	1	24	1	8		34
Access to NHS Dentist		1				1
Appointment Availability		6				6
Appointment Cancellation		2		4		6
Booking Appointments		2				2
Communication between professionals	1	3	1	2		7
Convenience/Distance to Travel		1				1
Cost of treatment		2				2
Provision of services		2		1		3
Remote appointments and digital services		2				2
Telephone system				1		1
Written information, guidance and publicity		1				1
Continuity of Care, integration of health and social care, health promotion and wellbeing		4	1			5
Follow on treatment and continuity of care			1			1
Integration of services and communication between professionals		1				1
Medicines Management		1				1
Prescription/Repeat Prescriptions		2				2
Discharge		1				1
Medication		1				1
Experience of Care		6		10		16
Appointment Availability				1		1
Communication between professionals		1				1
Communication between staff and patients		2		4		6
Prescription/Repeat Prescriptions		1				1
Staff - Caring, kindness, respect and dignity		1		5		6
Staff - Quality & Effectiveness		1				1
Treatment and Care	1	4		3	1	9
Diagnosis or Assessment availability		1				1
Management of Service		1				1
Quality of	1	1		3	1	6
Speed of		1				1
Total	2	39	2	21	1	65

Secondary Care Feedback

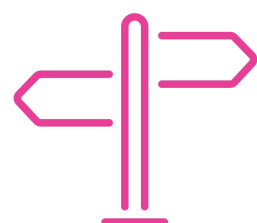
Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed

Feedback contacts by Service Type with sentiment



Secondary Care Feedback Sentiment by Service Level

Service Level	Mixed	Negative	Neutral	Positive	Total
All Services	1			2	3
Consultant	1				1
Dermatology		1		1	2
Hospice Services		1			1
Hospital Inpatient		1		3	4
Hospital Outpatient	1			1	2
Mental Health Services (other services)		1			1
Not Specified		1	2	1	4
Oncology				1	1
Total	3	5	2	9	19



Signposting for Secondary Care Feedback

Themes and Sub-Themes with Sentiment for Secondary Care Feedback

Main Theme	Mixed	Negative	Neutral	Positive	Total
Access to Services		3	1	3	7
Access to NHS Dentist			1		1
Appointment Availability		1		1	2
Convenience/Distance to Travel				1	1
Provision of services		2		1	3
Corporate		1			1
Food & Hydration		1			1
Discharge		1			1
Safety of		1			1
Experience of Care		2		8	10
Communication between staff and patients				3	3
Consent, choice, user involvement and being listened to		2			2
Staff - Caring, kindness, respect and dignity				5	5
Treatment and Care	2	4		4	10
Coordination of Services	1				1
Diagnosis or Assessment quality of		1			1
Effectiveness of	1				1
Explanation of		1			1
Quality of		2		4	6
Total	2	11	1	15	29

Urgent & Emergency Feedback

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.



Feedback contacts by Service Type with sentiment

Sentiment ● Positive



Urgent Treatment Centres

Page 82

Themes and Sub-Themes with Sentiment for Urgent & Emergency Feedback

Main Theme	Positive	Total
<input type="checkbox"/> Treatment and Care	2	2
Quality of	2	2
Total	2	2

Public Health and Social Care Feedback

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

Feedback contacts by Service Type with sentiment



Public Health and Social Care Feedback Sentiment by Service Level

Service Level	Negative	Positive	Total
Adult Social Care	1		1
All Services	1		1
Not Specified		1	1
Other		2	2
Total	2	3	5

Themes and Sub-Themes with Sentiment for Public Health and Social Care Feedback

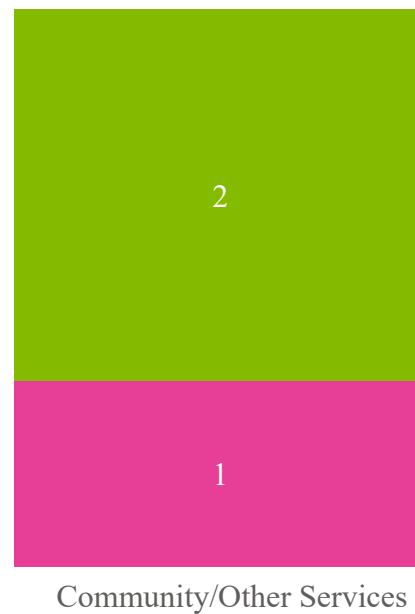
Main Theme	Negative	Positive	Total
Access to Services	2	1	3
Provision of services	2	1	3
Continuity of Care, integration of health and social care, health promotion and wellbeing		1	1
Lifestyle and Wellbeing - help with		1	1
Experience of Care		1	1
Staff - Caring, kindness, respect and dignity		1	1
Treatment and Care		1	1
Quality of		1	1
Total	2	4	6

Community Care Feedback

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

Feedback contacts by Service Type with sentiment

Sentiment ● Negative ● Positive



Community Care Feedback Sentiment by Service Level

Service Level	Negative	Positive	Total
District nurse and community nursing	1		1
Not Specified		1	1
Other		1	1
Total	1	2	3

Themes and Sub-Themes with Sentiment for Community and Care Feedback

Main Theme	Negative	Positive	Total
▲ Access to Services	1		1
Service Delivery/Opening Times	1		1
▲ Experience of Care	1	1	2
Staff - Quality & Effectiveness	1	1	2
▲ Treatment and Care	1	1	2
Quality of	1	1	2
Total	3	2	5

Mental Health Services Feedback

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

Feedback contacts by Service Type with sentiment



Mental Health Services Feedback Sentiment by Service Level

Service Level	Negative	Total
Mental Health Services (other services)	4	4
Total	4	4

Themes and Sub-Themes with Sentiment for Mental Health Services Feedback

Main Theme	Negative	Total
Access to Services	1	1
Appointment Availability	1	1
Experience of Care	4	4
Communication between staff and patients	1	1
Confidentiality/Privacy	1	1
Consent, choice, user involvement and being listened to	1	1
Staff - Quality & Effectiveness	1	1
Total	5	5

General All NHS Feedback

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

Feedback contacts by Service Type with sentiment - no feedback this quarter

All Themes and Sub-themes with Feedback Sentiment



Main Theme	Mixed	Negative	Neutral	Positive	Unclear	Total
Access to Services	1	31	2	12		46
		1				1
Access to NHS Dentist		6	1			7
Appointment Availability		4		5		9
Appointment Cancellation		2				2
Booking Appointments	1	3	1	2		7
Communication between professionals		1				1
Convenience/Distance to Travel		2		1		3
Cost of treatment		2				2
Provision of services		6		3		9
Remote appointments and digital services		2				2
Service Delivery/Opening Times		1				1
Telephone system				1		1
Written information, guidance and publicity		1				1
Continuity of Care, integration of health and social care, health promotion and wellbeing		4	1	1		6
Follow on treatment and continuity of care			1			1
Integration of services and communication between professionals		1				1
Lifestyle and Wellbeing - help with				1		1
Medicines Management		1				1
Prescription/Repeat Prescriptions		2				2
Corporate		1				1
Food & Hydration		1				1
Discharge		2				2
Medication		1				1
Safety of		1				1
Experience of Care		13		20		33
Appointment Availability				1		1
Communication between professionals		1				1
Communication between staff and patients		3		7		10
Confidentiality/Privacy		1				1
Consent, choice, user involvement and being listened to		3				3
Prescription/Repeat Prescriptions		1				1
Staff - Caring, kindness, respect and dignity		1		11		12
Staff - Quality & Effectiveness		3		1		4
Treatment and Care	3	9		11	1	24
Coordination of Services	1					1
Diagnosis or Assessment availability		1				1
Diagnosis or Assessment quality of		1				1
Effectiveness of	1					1
Explanation of		1				1
Management of Service		1				1
Quality of	1	4		11	1	17
Speed of		1				1
Total	4	60	3	44	1	112

Primary Care Feedback Comments by Provider A-M

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

ID	Theme	Sentiment	Feedback	Service Provider
1160	Experience of Care, Staff - Caring, kindness, respect and dignity; Experience of Care, Staff - Quality & Effectiveness; Access to Services, Written information, guidance and publicity	Negative	This individual gave feedback that the GP did not prepare a fit note for them. They felt that no care was given to them. There are no visuals on the walls of the practice to give patients information .	168 Medical Group
1154	Experience of Care, Communication between staff and patients	Positive	This individual gave feedback that the GP service overall is good, for example, good online system, easily to make appointments, good treatment and care by GPs.	168 Medical Group
1292	Access to Services, Appointment Availability; Access to Services, Provision of services	Positive	This individual gave feedback that they are very happy with the service they receive. The practice always responds to requests and appointments are given when appropriate so they can always access the help and support they need.	168 Medical Group
1180	Treatment and Care, Quality of	Negative	This individual gave feedback that they found the reception staff to be intrusive. They needed to explain their requirements to the receptionist who liaised with the GP to get the prescribed cream. This person thought this was unsatisfactory and they did not feel heard.	168 Medical Group
1126	Access to Services, Booking Appointments	Neutral	This individual gave feedback that they had COPD symptoms and needed a home visit but had no phone to access the GP service.	168 Medical Group
1296	Access to Services, Access to NHS Dentist	Negative	This individual gave feedback that after their previous dentist left they have been unable to access dental care as they have been unable to find an NHS dentist to take them on and they cannot afford private dental care.	ALL NHS DENTAL
1195	Access to Services, Access to NHS Dentist	Negative	This individual gave feedback that it is difficult to find a dentist. They have self referred to the dental school.	ALL NHS DENTAL
1035	Access to Services, Cost of treatment; Access to Services, Access to NHS Dentist	Negative	This individual gave feedback that they are really struggling with having to pay for their daughters dental appointments. They feel that this should not be the case, as they should have access to an NHS dentist. The cost is horrific and they are trying to keep up with her dental appointments, but are realising that they cannot afford to keep paying for it, even though they are both working.	ALL NHS DENTAL
1293	Access to Services, Access to NHS Dentist	Negative	This individual gave feedback that they don't have a dentist and haven't seen a dentist in a long time. They worry about how they will obtain dental care if they have problems in the future.	ALL NHS DENTAL
1267	Access to Services, Cost of treatment	Negative	This individual gave feedback that their spouse and they both have varifocals which are very expensive. They both needed a new pair last year that were nearly £300 a pair. The individual is concerned because they can't afford this cost.	ALL OPTICIANS SERVICES
1231	Experience of Care, Communication between professionals; Discharge, Medication	Negative	This individual gave feedback that she took her son to A&E, was prescribed medication for him by a GP and they sent it electronically to the pharmacy. She then queued for 30 mins and was told that they don't currently have any stock of that medication. They said they would send it to her local Boots. Her local Boots has not received the prescription, and no one (including herself) has been able to get in touch with BRI Boots despite contacting them persistently.	Boots, Bristol Royal Infirmary, Bristol
1031	Experience of Care, Staff - Caring, kindness, respect and dignity	Positive	This individual gave feedback that his GP has been very supportive regarding his mental health, but he feels maybe it is too much for a ten minute appointment slot and he would like information regarding specialist mental health support. He is involved with a court case following an assault and has spent considerable time recovering from a blow to the head and a brain bleed. The legal system will not believe he has mental health problems that support his plea and he says the GP has been a great help, and he has received good support from the surgery.	Bridge View Medical
1031	Treatment and Care, Quality of	Mixed	This individual gave feedback that his GP has been very supportive regarding his mental health, but he feels maybe it is too much for a ten minute appointment slot and he would like information regarding specialist mental health support. He is involved with a court case following an assault and has spent considerable time recovering from a blow to the head and a brain bleed. The legal system will not believe he has mental health problems that support his plea and he says the GP has been a great help, and he has received good support from the surgery.	Bridge View Medical
1193	Access to Services, Communication between professionals	Negative	This individual gave feedback that she has been trying to get 2 inhalers for her son who is going travelling. The reception staff are not accepting the circumstances and are not passing on the message. Also she is unable to get a well woman on the day appointment.	Cedars Surgery
1102	Access to Services, Appointment Availability; Access to Services, Appointment Cancellation	Negative	This individual gave feedback that they had a broken tooth and waited 2 months for an appointment. This appointment was cancelled and they then waited over a month for the rescheduled appointment. After the repair, they returned for a check up 3 months later. At that time they were told they needed a gold filling replaced and waited 6 weeks for an appointment to fix it. This appointment was rescheduled so that the individual has so far waited 10 weeks for the repair.	Clevedon Dental Clinic
1158	Experience of Care, Communication between staff and patients; Continuity of Care, integration of health and social care, health promotion and wellbeing, Follow on treatment and continuity of care	Mixed	This individual gave feedback that staff at the surgery are helpful. The person thought more asthma nurses would be better.	Graham Road Surgery
1157	Access to Services, Booking Appointments; Continuity of Care, integration of health and social care, health promotion and wellbeing, Prescription/Repeat Prescriptions	Mixed	This individual gave feedback that the online App for medical appointments is good but the request for getting the repeated prescriptions online is difficult to do. T	Graham Road Surgery
1159	Experience of Care, Communication between staff and patients	Negative	This individual gave feedback that the staff talk down to him, which makes him feel bad about himself.	Graham Road Surgery
1030	Experience of Care, Communication between staff and patients	Positive	This individual gave feedback that their experience has been positive. Help given when needed. This person says they message in the morning and always gets a response. Kind and thoughtful staff at all levels. Easy to access the practice.	Graham Road Surgery
1032	Experience of Care, Staff - Caring, kindness, respect and dignity; Access to Services, Telephone system	Positive	This individual gave feedback that they can always get through to the practice who respond promptly to enquiries. Staff at all levels are kind and helpful. There is easy access to the practice.	Graham Road Surgery
1148	Access to Services, Booking Appointments	Negative	This individual gave feedback that when they tried to make an appointment with the GP in person as their phone was broken but this was refused. The reception staff insisted the had to use an app to book an appointment. He felt low and unheard.	Graham Road Surgery
1194	Experience of Care, Appointment Availability	Positive	This individual gave feedback that it is easy to get an appointment. GPs are good. They are happy with the service and on-line system is good.	Harbourside Family Practice
1103	Access to Services, Appointment Cancellation	Negative	This individual gave feedback that all of their dental appointments since Covid have been cancelled, and that they have not seen a dentist since 2019. Their appointment was last cancelled in July and at this time the dental clinic has not scheduled them for another appointment.	Houston - Weston super Mare
1138	Access to Services, Access to NHS Dentist	Negative	This individual gave feedback that following treatment at the dental hospital mid 2022, she went back to her dentist in Spring 2023 but was told she was no longer on their books as an NHS patient. After breaking a tooth she tried to get the dentist to refer her to the dental hospital as had been suggested by NHS111 but they refused. She had to pay for private treatment that cost her £500.	Houston - Weston super Mare
1219	Access to Services, Access to NHS Dentist	Negative	This individual gave feedback that they have been unable to get an appointment at their dentist for emergency treatment. The next appointment isn't until January 2024, and they are in tremendous pain. They cannot find another NHS dentist that takes new patients.	Houston - Weston super Mare
1077	Access to Services,	Negative	This individual gave feedback that this pharmacy is closed on Saturday and is not open after 6pm which creates difficulties with access to pharmacy services. The nearest alternative pharmacy is a mile away which is difficult for the individual to access.	Lloydspharmacy, 37 Whitecross Road, Weston-Super-Mare
1199	Access to Services, Remote appointments and digital services; Continuity of Care, integration of health and social care, health promotion and wellbeing , Prescription/Repeat Prescriptions	Negative	This individual gave feedback that the online request system never works. The pharmacy never have their medication in stock.	Lloydspharmacy, Portishead,
1172	Access to Services, Appointment Availability	Negative	This individual gave feedback she cannot always get an appointment and that it really depends on what the problem as to whether you get an appointment or not. She stated that GPs at the practice do always phone back but she feels like they have no time to see you.	Locking Castle Medical Centre
1190	Experience of Care, Communication between staff and patients; Continuity of Care, integration of health and social care, health promotion and wellbeing , Medicines Management	Negative	This individual gave feedback that they have not had a medication review for 12 years. They say that if you phone the surgery, the reception staff rush you. They are rude and obstructive with appointment details and want to know about your medical issues.	Locking Castle Medical Centre
1128	Treatment and Care, Diagnosis or Assessment availability	Negative	This individual gave feedback that their young daughter experienced viral induced wheezing, but the GP would not see them. The person believed that her child's situation meant that they should have been seen immediately. They were eventually sent to the Children's Hospital.	Mendip Vale Medical Practice
1129	Treatment and Care, Speed of	Negative	This individual gave feedback that they experienced poor care and treatment. They were refused antibiotics by the GP. They eventually had to go to Southmead Hospital with pneumonia.	Mendip Vale Medical Practice
1173	Access to Services, Convenience/Distance to Travel; Access to Services, Provision of services; Continuity of Care, integration of health and social care, health promotion and wellbeing, Integration of services and communication between professionals	Negative	This individual gave feedback that they had been to see GP about their mental health and was disappointed to have to go to a group session in a practice that was not local. The GP referred them to CAMHS but as this person would have been 18 in a month this would not work so they were referred back to the GP. The medication they were prescribed had some side affects. Feels that there is a gap in service provision for young adults who cannot access CAMHS post 18. This person is now considering private counselling.	Mendip Vale Medical Practice
1185	Treatment and Care, Quality of ; Experience of Care, Staff - Caring, kindness, respect and dignity	Positive	This individual gave feedback that this practice offered brilliant services. The diabetic nurse was reassuring in dealing with this person's needle phobia, enabled this person to have blood tests done.	Milton Surgery

Primary Care Feedback Comments by Provider N-Z

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

ID	Theme	Sentiment	Feedback	Service Provider
1196	Access to Services, Booking Appointments	Positive	This individual gave feedback that the online system is really good. They are really impressed that they always get an appointment - this massively improved with the online system.	Portishead Medical Group
1111	Access to Services, Provision of services	Negative	This individual gave feedback that they have not had diabetes blood test reviews for a while or seen the asthma nurse.	Portishead Medical Group
1200	Access to Services, Booking Appointments; Treatment and Care, Quality of	Mixed	This individual gave feedback that they were not always able to access the online system to make an appointment when they needed it but when they obtained a GP appointment the GPs are all really good.	Portishead Medical Group
1202	Access to Services, Convenience/Distance to Travel; Access to Services, Booking Appointments	Negative	This individual gave feedback that they are not able to obtain an appointment to have their flu jab so have to make arrangements to attend the surgery at Langford which is difficult for patients who do not drive. This individual also filled in an online form to request an appointment and it took 7 to 9 days to obtain a response.	St Georges Surgery
1162	Experience of Care, Prescription/Repeat Prescriptions; Access to Services, Remote appointments and digital services	Negative	This individual gave feedback that there is no online or phone repeat prescription service. The person finds it a struggle to go to the GP in person.	The Cedars Surgery
1184	Experience of Care, Communication between staff and patients; Experience of Care, Staff - Caring, kindness, respect and dignity	Positive	This individual gave feedback that the nurse at this practice providing information and advice on HRT and menopause and was very good, helpful and caring. Appropriate time given in the consultation, good resources.	Tudor Lodge Surgery
1191	Access to Services, Appointment Availability	Positive	This individual gave feedback that they can always get an appointment online or by the reception staff. all GP staff friendly and caring.	Tudor Lodge Surgery
1178	Access to Services, Appointment Availability; Experience of Care, Staff - Caring, kindness, respect and dignity	Positive	This individual gave feedback that this is a good practice. No problems getting an appointment over the phone and GPs always call back. Practice nurses are really good and always make future appointments when follow up needed.	Tudor Lodge Surgery
1201	Access to Services, Booking Appointments; Treatment and Care, Quality of	Mixed	This individual gave feedback that they do not get appointments by telephone but will get an appointment if they attend in person. The GPs are good.	Tyntesfield Medical Group

Secondary Care Feedback Comments by Provider

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

ID	Theme	Sentiment	Feedback	Service Provider
1155	Treatment and Care, Coordination of Services	Mixed	This individual gave feedback that the person found staff always pleasant but they were too busy. The person observed lack of coordination among staff, delays etc.	Bristol Heart Institution
1227	Treatment and Care, Quality of	Positive	This individual gave feedback that she needed to have a 2nd operation on her aortic valve, and this went really well. Treatment and care was all very good.	Bristol Royal Infirmary,BRI Bristol
1161	Experience of Care, Staff - Caring, kindness, respect and dignity	Positive	This individual gave feedback that staff are caring, kind and professional. The person had an impressive experience.	Bristol Royal Infirmary,BRI Bristol
1164	Experience of Care, Consent, choice, user involvement and being listened to; Access to Services, Provision of services	Negative	This individual gave feedback that the hospital always refers to AWP rather than having in-house hospital doctors who specialise i.e. psychiatrist.	Bristol Royal Infirmary,BRI Bristol
1120	Treatment and Care, Diagnosis or Assessment quality of; Treatment and Care, Explanation of	Negative	This individual gave feedback that he was referred to dermatology because he had a small lesion on the tip of his nose. He was not given the choice to see a qualified clinician. Instead he had a teledermatology and AI assessment, the results of which were inconclusive. He then had a telephone appointment, following which images of some dry skin on his left cheek were collected. Again the tests on these were inconclusive. He then thought he was going to have a second small biopsy for further investigation. Instead of superficial skin samples being taken, he underwent an invasive procedures for skin cancer which has left him with significant facial scarring. He was very distressed because he wasn't expecting this treatment and he still doesn't know if he has skin cancer or that the operation was necessary.	South Bristol NHS Community Hospital, Hengrove Promenade,Bristol
1268	Treatment and Care, Quality of	Positive	This individual gave feedback that his wife had just undergone her 14th operation for an ongoing problem. They are very satisfied with the care she had received for her condition and have no complaints.	Southmead Hospital, Bristol,
1166	Experience of Care, Staff - Caring, kindness, respect and dignity; Access to Services, Provision of services	Positive	This individual gave feedback that she had surgery on her hand for a melanoma. When she needed to be seen by the consultant again she was phoned by secretary and got an appointment for a weeks time. She was very pleased with this.	Southmead Hospital, Bristol,
1165	Experience of Care, Consent, choice, user involvement and being listened to; Access to Services, Provision of services	Negative	This individual gave feedback that the hospital always refers to AWP rather than having in-house hospital doctors who specialise i.e. psychiatrist.	Southmead Hospital, Bristol,
1198	Experience of Care, Staff - Caring, kindness, respect and dignity; Treatment and Care, Quality of; Corporate, Food & Hydration	Mixed	This individual gave feedback that their treatment was fantastic, although the environment is noisy and the food is poor. The nursing staff are great and follow up appointments are good.	Southmead Hospital, Bristol,
1204	Treatment and Care, Quality of	Positive	This individual gave feedback that they underwent surgery for a hernia following a wait of 2.5 months and the outcome was good.	Southmead Hospital, Bristol,
1192	Experience of Care, Communication between staff and patients; Access to Services, Appointment Availability	Positive	This individual gave feedback that husband has melanoma and has frequent appointments at the hospital. The staff are fantastic and there is a good appointment system. The hospital is wheelchair friendly.	Weston General Hospital, Weston-super-mare
1253	Treatment and Care, Effectiveness of; Treatment and Care, Quality of	Mixed	This individual gave feedback that the person they cared for received very poor care prior to, during and on discharge for treatment for bowel cancer. The individual was dealt with efficiently at A&E and the seriousness of their condition identified quickly. There was a lack of communication between departments. The computerised systems didn't work properly so the carer had to hand over the individual's own copies of information on their cancerous condition as their records could not be found; this happened on admission for surgery. The individual was being prescribed medication to help manage their pain as well as other medication for 8 weeks prior to admission. On admission to the hospital the lack of communication with the GP meant the hospital only prescribed paracetamol for pain for 48 hours until a relative discovered this after observing the change in the individual's condition due to pain. The individual was left tethered by compression leg tubes over the end of their bed after surgery, which was only discovered 2 days later by the physiotherapist. On discharge following Stoma surgery the individual was given a prescription written in a form not legal for pharmacists to dispense; this happened twice involving journeying 25 mile trips back to the hospital. The 3rd prescription still didn't have the full information required but the pharmacist dispensed the medication given the serious condition of the patient.	Weston General Hospital, Weston-super-mare
1294	Treatment and Care, Quality of ; Discharge, Safety of	Negative	This individual gave feedback that their adult grandson is a wheelchair user with scoliosis. He underwent successful routine hernia surgery and spent the night in ICU before being transferred to a ward for 3 days. During his admission he struggled to sleep due to his scoliosis and his breathing problems worsened so that he was given oxygen. On discharge at 1 pm he and his family were told he would not need oxygen at home. He arrive home via ambulance at 6pm. 90 minutes later the grandson's partner called 999 due to concerns with his breathing. He was taken to the BRI via ambulance and diagnosed with an infection. Despite excellent care, the grandson passed away in hospital. He was diagnosed with hospital acquired pneumonia which the family believe was contracted at Weston General Hospital and which the hospital should have picked up and treated before he was discharged. They believe their grandson's death could have been prevented.	Weston General Hospital, Weston-super-mare
1182	Access to Services, Convenience/Distance to Travel; Experience of Care, Staff - Caring, kindness, respect and dignity	Positive	This individual gave feedback that there is good parking at this hospital, staff are helpful and friendly.	Weston General Hospital, Weston-super-mare
1127	Access to Services, Access to NHS Dentist	Neutral	This individual gave feedback that they are new to Weston and cannot find a dentist.	Weston General Hospital, Weston-super-mare
1187	Access to Services, Appointment Availability	Negative	This individual gave feedback that they didn't know that they couldn't book an appointment at a sexual health clinic without going through a phone assessment first. Their son had already taken a day's leave for a walk in appointment.	Weston General Hospital, Weston-super-mare
1124	Experience of Care, Communication between staff and patients	Positive	This individual gave feedback that they had a hip operation. The person appreciated the good attitude in staff, for example, the caring and kindness of staff, keeping patients well informed, preparing cups of tea and coffee.	Weston General Hospital, Weston-super-mare
1183	Experience of Care, Staff - Caring, kindness, respect and dignity	Positive	This individual gave feedback that this hospital is excellent. Staff are hardworking and respectful, and there is no evident discrimination.	Weston General Hospital, Weston-super-mare
1186	Experience of Care, Communication between staff and patients	Positive	This individual gave feedback that this is a really good hospital. It's a small site but gives a good service and open to change. Really helpful staff and good facilities.	Weston General Hospital, Weston-super-mare

Urgent & Emergency Feedback Comments by Provider

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

ID	Theme	Sentiment	Feedback	Service Provider
1130	Treatment and Care, Quality of	Positive	This individual gave feedback that they received good treatment and care on the foot injury. The staff are kind, friendly, professional , patient and well informed.	Clevedon Minor Injury Unit (North Somerset Community Hospital)
1125	Treatment and Care, Quality of	Positive	This individual gave feedback they received good care with friendly staff who maintained professionalism despite of lots of patients they had to take care of.	Clevedon Minor Injury Unit (North Somerset Community Hospital)

Public Health and Social Care Feedback Comments by Provider

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

ID	Theme	Sentiment	Feedback	Service Provider
1177	Access to Services, Provision of services	Negative	This individual gave feedback that they are currently homeless. Has contacted social services who say they cannot help until individual has lived here for 2 years. This person is worried and concerned.	North Somerset Council
1291	Access to Services, Provision of services	Negative	This individual gave feedback that they were unhappy to have been refused a Community or At Home Care Act reassessment. They have struggled to access the help and support they needed.	North Somerset Council
1149	Treatment and Care, Quality of	Positive	This individual gave feedback that after a poor experience trying to access GP services he started attending Somewhere to Go. It has proved a very positive experience helping him when he was feeling desperate. There is a real community feel.	Somewhere to Go
1215	Experience of Care, Staff - Caring, kindness, respect and dignity; Access to Services, Provision of services	Positive	This individual gave feedback that going here is very good for their routine. The meal is cheap and is good food. The staff and volunteers are very helpful. There is a good atmosphere and there is a nurse available every day.	Somewhere to Go
1179	Continuity of Care, integration of health and social care, health promotion and wellbeing, Lifestyle and Wellbeing - help with	Positive	This individual gave feedback that this is a really good place for social contact, warmth, food, shower, information. A great community, staff are helpful and kind.	Somewhere to Go

Community Care Feedback Comments by Provider

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

ID	Theme	Sentiment	Feedback	Service Provider
1156	Treatment and Care, Quality of	Positive	This individual gave feedback that facilities and food in community health are generally good. Staff are helpful and kind.	Not specified
1216	Experience of Care, Staff - Quality & Effectiveness	Positive	This individual gave feedback that the nurses are very helpful and sometimes arrange a GP appointment for this person when they can't get one as they don't have a phone.	Sirona Community Nurses
1254	Experience of Care, Staff - Quality & Effectiveness; Access to Services, Service Delivery/Opening Times; Treatment and Care, Quality of	Negative	This individual gave feedback that they were the carer for someone suffering from bowel cancer who underwent stoma surgery in early 2023. They remained under the care of district nurses and community care until their death a few months later. During this time there were numerous incidents of the wrong medication being given. On one occasion calcium reducing phosphates were mistakenly administered twice within a short time, having serious consequences. The palliative senior nurse realised the seriousness of the error and insisted the individual, their wife and the carer were informed. The district nurses said 'stomas not our remit' even when the individual was suffering with prolapses; they also said they did not have the time to provide care for prolapses. The 5 stoma nurses involved in the individual's care only worked Monday to Friday, not Bank Holidays meaning there were times when no nursing support was available. The individual died of sepsis which had not been picked up by the community nurses.	Sirona Community Nurses

Mental Health Services Feedback Comments by Provider

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.

ID	Theme	Sentiment	Feedback	Service Provider
1263	Experience of Care, Staff - Quality & Effectiveness	Negative	This individual gave feedback that they felt distressed and suicidal following a call to the Intensive Support Team which ended after 20 minutes due to time limitation.	Avon and Wiltshire Mental Health Partnership (AWP)
1163	Experience of Care, Consent, choice, user involvement and being listened to	Negative	This individual gave feedback that they had no choice of doctor.	Avon and Wiltshire Mental Health Partnership (AWP)
1049	Experience of Care, Confidentiality/Privacy	Negative	This individual was seeking information as to the impact made by feedback given by them previously about their experience of AWP and earlier complaint that they divulged confidential information to a 3rd party without their consent that left them in a vulnerable situation and affected their mental health, the impact of which they reported as still ongoing. They were told how information is shared with the service providers so that they can make changes/improvements to their services. They advised they do not want anything to do with AWP not even to make a complaint.	Avon and Wiltshire Mental Health Partnership (AWP)
1356	Access to Services, Appointment Availability; Experience of Care, Communication between staff and patients	Negative	This individual gave feedback about her daughters experiences with NHS Mental Health support. In 2015 it became obvious to the family that the daughter had an eating disorder and needed professional support. CAMHS (North Somerset) were able to help and referred her to specialist therapy support , however the ED psychologist position was vacant and the daughter was seen instead by a succession of MH support workers which worsened her condition due to lack of trust and consistency. Eventually she was able to see a psychiatrist face to face but this stopped after one session as Covid hit and support was changed to online , she was prescribed anti depressants and from then on all her treatment was around depression and medication and no further support for the ED was arranged. Although the family feel they benefitted from the CAMHS family support , her daughter did not make improvements and it was suggested that she maybe on the autistic spectrum and should be assessed . Due to her age (16yrs) they referred her to Adult Autism as well in case she was unable to be seen before she was 18. When she was 20 she was at last assessed and told she did not have autism- following this she tried to take own life that night. She is unable to work or socialise and finds noise and people difficult to handle needing routines and predictable habits. She is now seeing a private ED/Autism specialist costing £50 a session and is making positive steps . Her mother says the NHS were too slow to act, didn't have the correct staff to assist and the assessment was too late and the conclusion is questionable .	Not specified

General NHS Services Feedback Comments

Multiple pieces of feedback for a single provider can indicate that our engagement officer has been working with the provider this quarter and not that their service has suddenly changed.



ID Theme Sentiment Feedback Service Provider

Provider Responses about the Previous Quarter's Report

Healthwatch Bristol North Somerset & South Glos, Unit 21 Union Gallery, middle level, The Galleries, Bristol, BS1 3XD
Registered charity 1158487 and company limited by guarantee.

Health Overview Policy and Scrutiny Panel Work Plan March 2024

(to be updated following each Panel meeting)

The Panel will consider issues of significant public concern, areas of poor performance, and areas where Members think the Council could provide better value for money. This is a “live” document and will evolve as priorities or circumstances change.

SECTION 1 – key ongoing areas of current work

Topic	Reason for scrutiny	Method of scrutiny and reporting process	Timeline	Lead
Healthy Weston Phase 2	Statutory: to consider proposed service changes; determine potential “Substantial Variation” in service; and consider options for further engagement/consultation if appropriate	Preliminary briefings followed by formal Panel Review of proposals	<ul style="list-style-type: none"> • Preliminary Briefing 25/03/22 • Report to full Panel on 20/04/22. • engagement plans outlined at 23/06/22 Panel • Informal update briefing to Panel in November 2023 	Paula Clarke, Executive Managing Director (WGH)

SECTION 2 – planned briefings, workshops, and informal Panel meetings. Outcomes may, with Chairman’s agreement, generate Panel agenda items (for inclusion in S4 below) or, with Panel agreement, escalation to S1 above:-

Topic	Reason for Scrutiny engagement	Date	Outcome
Dentistry in NS and CQC inspections of Horizon Health Centre and Graham Rd GP Surgery	To review and feedback on NHS dentistry services in North Somerset with particular focus on current plans to mitigate challenges around access to services. To review and feedback on recent CQC inspections	14/0923	Both items to be brought to full Panel on 12/10/23 and 14/03/24 for further scrutiny
he Integrated Care system	All Councillor briefing to update Members on changes to the Health and Social Care system in the district	18/09/23	Members updated
Mental Health Services at Blackberry Hill	To review Learning Disabilities and Autism service changes	03/11/23	Written briefing circulated to Members
Update on Recommissioning of the BNSSG Integrated Sexual Health Service	For updates to be provided to the Panel as per development and implementation timeline	TBA	Members fed back and received assurance
Community Diagnostic unit	To brief Members on new facility	TBA	
Joint briefing for BNSSG HOSCs	To include: new leadership arrangements for UHGW & NBT; Riverside Closure (Bristol); Dynamic Support Register and ICB Joint Forward Plan	11/03/24	
Pharmacy Closure (Bourneville)	Briefing to be arranged brief update to be provided at March Panel under work plan item	14/03/24	

SECTION 3 - agenda reports to the Panel meetings as agreed by the Chairman. This section provides for the forward planning of agendas for the coming year and a record of recent panel meeting activity. Item outcomes may include proposing further work such as additional briefings or potential projects for inclusion in Section 1

Item	Purpose	Outcome
HOSP: 12 October 2023		
Dentistry in North Somerset	Scrutiny of proposed plans to support better access to services	Chir to give consideration to establishment of a working group, potentially including other HOSPs in BNSSG to monitor progress on Strategy and action plan
Winter Plans - ICB	For Panel review and feedback.	Panel took assurance on work being delivered to ensure an appropriate system response to winter planning and to support any winter health and care messaging where practicable.
Graham Road Surgery and Horizon Health Centre CQC inspections		That the practice provide a further progress report to the Panel following the conclusion of the CQC inspection process
Health Protection Update (Director of Ph)	For Panel review and feedback	The Panel received assurance around prevention measures to address seasonal challenges (vaccination and infection prevention and control strategies across health and care system)
Better Care Fund Plan 2023-25		Focus on elements of the fund's role in supporting community aspects of the Winter plan. Addressed questions about care staff remuneration and query about the composition of the Equalities Oversight Group
Health Watch – standing item	To review the Healthwatch Annual Report 2022/23	Report received
HOSP: 14 March 2024		
Dentistry update ICB	For Panel scrutiny and feedback.	
Oral Health Update	For panel feedback and assurance	
Graham Road/Horizon update	For Panel review and feedback.	
Healthwatch Standing item	Dental Services and Local Voices quarter 3 (Oct-Dec 2023) North Somerset public feedback and insights	
HOSP: 18 July 2024 (TBC)		

SECTION 4 - Recommendations - Response from NHS Partner or NSC Executive Member

Area for investigation/ Recommendations	When were the recommendations to the NHS Partners or the NSC Executive agreed?	Expect answer by (first panel meeting after recommendations were submitted)

SECTION 5 - Progress and follow-up on implementing Panel recommendations

Panel Recommendation	Date of Response	Actions – implementation progress

This page is intentionally left blank