

For information

Dental Access for Adults and Children in North Somerset

June 2022

1. Background

NHS England and NHS Improvement is responsible for the commissioning of dental services across England, having taken over from primary care trusts when the NHS was reorganised in 2013. NHS England's offices in the South West region manage these contracts locally.

Dental services are provided in North Somerset in three settings:

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

2. Population Density

The estimated North Somerset current population is 215,574 (ONS 2019 mid-year population). The population is most concentrated in Weston-Super-Mare (77,026 people) and the three smaller towns of Clevedon (21,275 people), Nailsea (15,498 people) and Portishead (22,405 people). Over two thirds (67%) of people in North Somerset live within these four towns, with the remainder living in the villages and countryside.

3. Primary care (high street dentistry)

The dental practices are themselves independent businesses, operating under contracts with NHS England and NHS Improvement. Many also offer private dentistry. All contract-holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract.

Domiciliary treatment is provided by a small number of contractors who provide treatment for people who are unable to leave their home to attend a dental appointment either for physical and/or mental health reasons, including people in care homes.

Dental contracts are commissioned in units of dental activity (UDAs). To give context the table below sets out treatment bands and their UDA equivalent:

Band	Treatment covered	Number of UDAs
1	This covers an examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the	1

	application of fluoride varnish or fissure sealant if appropriate.	
2	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3.	3
3	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.	12
4	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

4. Covid Impact

Since the pandemic began, the NHS have pulled out all the stops to ensure the safety of its patients. Although the recent Government announcements in response to Omicron show that we are not out of the pandemic yet, substantial progress has been made in recovering a range of services, including NHS dentistry.

At the end of March 2020 under direct instruction of the Chief Dental Officer for England, face to face dentistry ceased and dental practices provided remote triage of dental emergencies, advice and guidance, and prescriptions for antibiotics as necessary. Meanwhile, urgent dental care hubs were established at pace to accommodate dental emergencies. These hubs remained focused on providing care for those patients who did not identify with a regular dentist despite the commencement of face to face treatment.

Despite the commencement of face to face appointments compliance with infection protection control protocols has reduced the number of patients that can be treated and clinical priority needs to be given to those that are currently mid treatment, children and vulnerable groups and to those who need urgent care.

Between 8th June and 31st December 2020 practices were expected to achieve 20% of their usual patient volume, based on last year's delivery. This activity was a combination of both face to face care and remote triage as per national guidance. This rose to 45% between 1st January and 31st March 2021; to 60% from 1st April to 30th September 2021; to 65% from 1st October and 31st December 2021; and to 85% from 1st January to 31st March 2022. Activity levels from April 2022 have been set at 95% for April to June and thereafter it is expected to return to usual contractual arrangements.

The Chief Dental Officer has confirmed contracts will continue to be paid for 100% of normal volumes, and it will continue to be a requirement that all NHS funded capacity is used to deliver the maximum possible volume of safe care for patients with ongoing contractual protection for practices unable to deliver their full contractual activity between January and March 2022.

Since NHS England set out the contractual requirements for quarter 3, the revised Standard Operating Procedure in response to the Infection Prevention and Control (IPC) Guidance was published in November 2021. These revised arrangements represent a significant change in IPC requirements which supported the further recovery of services and easing the current difficulties some patients are facing when seeking to access care.

Quarter four requirements (Jan-Mar 2022)

Contracts will continue to be in place for 100% of normal volumes and funding, and it will continue to be a requirement that all NHS funded capacity is used to deliver the maximum possible volume of safe care for patients.

Where a practice does not achieve the thresholds expected in the contract year, practices are obligated to refund NHSE/I the value of the activity underperformed. This is termed clawback. The process of clawback commences around October/ November following the previous year's activity and is paid back within the same financial year. The amount of clawback changes year on year depending on the underperformance from the previous year.

Between January and March 2022 clawback will not be applied to practices delivering at least 85% of contracted UDAs, reflecting the level many practices have already been delivering before the IPC changes and giving practices some contractual flexibility as they adjust to the new IPC arrangements. There will be no lower threshold in Q4, so that for delivery below 85% normal clawback will apply, although mitigating circumstances for underperformance will be taken into account through the exceptions process, which will remain in place, providing a safety net for practices. In 2020/21 and 2021/22 a variable cost adjustment was made to account for the reduced activity and thus costs not incurred for consumables. The variable cost adjustment was 16.75% in 2020/21, however it was reduced in Q3 to benefit practices, and will be retained at the lower level of 12.75%, applied to non-delivered activity.

For orthodontic contracts clawback will not be applied to practices delivering at least 90% of contracted Units of Orthodontic Activity (UOAs). The variable cost reduction will be retained as described above. The rate of clawback will then reduce linearly down to a lower threshold of 85% of UOAs, with delivery of the lower threshold earning practices 90% of contractual income for Q4. Below this lower threshold normal clawback will apply.

From April 2022 it has been recognised that there will be additional steps that some dental contractors may need to take to return to full contractual delivery and therefore a further period of support for the first quarter of 22/23 has been applied with a performance threshold of 95%. For Q2 and onwards it is expected that a return to usual contractual arrangements will be in place. For orthodontic services, which have been able to return to normal levels of activity more rapidly, normal contract volumes will be in place for 2022/23.

5. Access rates to high street dentistry

Over recent years there has been a fall in the number of patients in North Somerset who have been able to access an NHS dentist for routine care.

The total number of adults seeing an NHS dentist in North Somerset has decreased from 51.2% of the population in December 2020 to 43.5% of the population in December 2021. This is a drop of 7.7% over the past year.

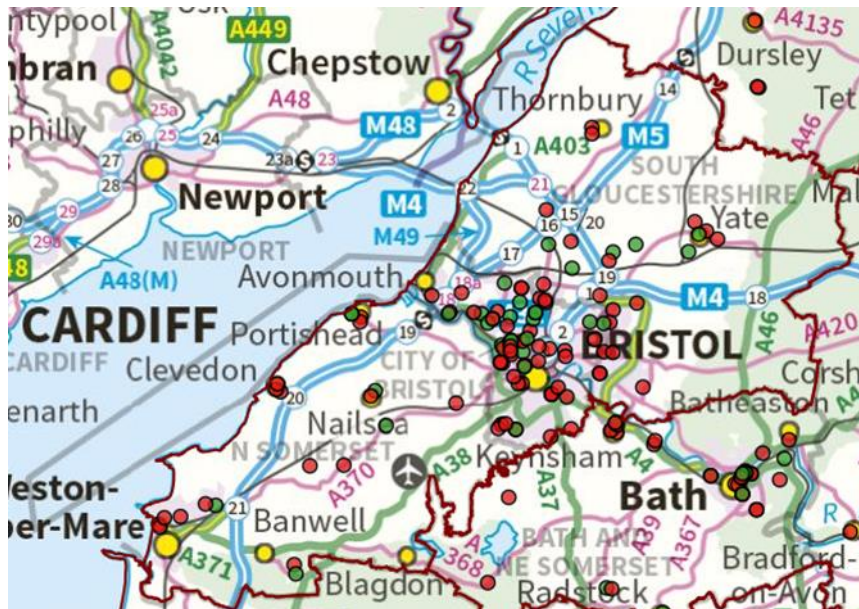
Nevertheless, the access rate for the adult population of North Somerset (43.5%) is still higher than the access rate for England as a whole (36%).

The number of children who have seen a dentist in North Somerset in the last 12 months has increased from 39.1% in December 2020 to 52.3% in December 2021. This is an increase of 13.2% in the last 12 months.

For further details on these statistics, please see:

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

6. Commissioned dental activity



There are 21 practices in North Somerset who provide general dental services, as indicated in the above map of the BNSSG area. There are a further 68 practices in Bristol and 27 in South Gloucestershire.

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

- 20/21 total UDAs commissioned 340,906 – value £8,987,448.25

7. Orthodontics

Orthodontics is a dentistry specialty that addresses the diagnosis, prevention, and correction of mal-positioned teeth and jaws, and misaligned bite patterns. A procurement exercise to secure new contracts was completed in 2019. These new contracts provide improved services for people. For example, under the new contracts' practices will now have to provide 30% of appointments outside of school hours which may include after-school, at weekends and during school holidays.

As detailed above in section 2 Covid Impact, orthodontic services have been able to return to normal levels of activity more rapidly than high street dentistry and normal contract volumes are in place for 2022/23

8. Urgent dental care

Practices have been reminded that urgent dental care should be provided as part of their core service offer to patients.

A dedicated helpline for Bristol, North Somerset and South Gloucestershire was commissioned in 2019, to support the 111 service in the area. When someone calls 111, there is an Interactive Voice Response (IVR) that allows callers to choose 'Dental' from a pre-recorded menu. The service manages both in hours and out of hours appointments for the whole of Bristol, North Somerset, and South Gloucestershire area.

The helpline provides two main functions:

- to assist patients in finding an NHS dentist for routine care; and
- arrange urgent NHS dental treatment for people who do not have a dentist

The Dental Helpline is commissioned to operate between the hours of 08.00 and 22.00, 7 days a week, 365 days per year. Outside of these times, the patient will be triaged by NHS111 using the National Pathways algorithm.

The Primary Care Dental Service hosted by University Hospital Bristol, and Weston NHS Foundation Trust (UHBW) provides out of hours appointments for patients with an urgent dental need who do not have access to an NHS dentist. The service is provided Monday/Wednesday/Friday evening, and every Weekend and Bank Holiday. These services are for patients in need of relief from acute dental pain; acute infection; bleeding or trauma. Access to urgent dental care would normally be expected to be available within 24 hours of someone contacting the service. Appointments provided by UHBW are provided at Charlotte Keel in Bristol and Weston General Hospital in North Somerset.

Only those people with a significant dental emergency, such as rapid facial swelling, uncontrolled bleeding, or facial trauma, would be expected to be treated at accident and emergency departments.

The South West dental commissioning team have recently launched an initiative to increase the number of urgent care treatment slots by asking practices to provide additional urgent care sessions. Currently there are 2 practices in North Somerset providing additional urgent care

sessions since September 2021 to help support patients with urgent dental problems who do not have access to an NHS dentist. Both practices are based in Weston-Super-Mare. The commissioning team regularly advertise this initiative via the monthly dental bulletin and when the team are talking to dentists who contact for advice on other matters.

In January 2022 national funding was made available to eligible practices that had capacity to see and treat more patients between January and March 2022. During this period, North Somerset provided 82 (3.5 hr) sessions which meant that an additional 492 face to face urgent care appointments were accessed.

9. Workforce

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

Recruitment in the South West is challenging and the unwillingness of dentists to come to the area is not necessarily different to those affecting other sectors of the health and social care system.

The lifestyle choices offered to both the medical and dental profession in terms of training opportunities and proximity mean that the younger generation often tend to favour the larger city of Bristol. Recruitment in the more rural areas can be more challenging.

Further training opportunities tend to be aligned with the big teaching hospitals. While we do have a very successful dental school in Bristol, the need to train and retain dentists in the area outstrips its capacity.

Foundation dentists, who are undergoing further training for a year after graduation, tend to relocate at the end of their foundation year; very few of the annual cohort remain in practice in the South West. Many move out of the area to follow training pathways or to take hospital-based jobs.

It is difficult to determine why established dentists leave. Factors include the challenges of working in pressurised NHS practices and the opportunities in private care. Anecdotally, it also seems that some EU dentists are leaving and fewer are arriving.

10. Improving access to primary care for people in North Somerset

To address the issues above, NHS England and NHS Improvement is seeking to increase access to NHS dental services by:

- Innovation in commissioning to make contracts more attractive to dental professionals with additional skills.
- Working with dental providers to explore what more can be done to maximise contracts.

- Reinvesting funding that has not been spent on meeting contracted activity levels in dental activity elsewhere (dependent on the availability of workforce to deliver activity).
- Ensuring we commission dental services to meet those areas of demand within available resources by resourcing a Local Dental Network and a number of Managed Clinical Networks for dentistry through which we work with dentists, public health and the dental school to develop referral pathways and increase dental capacity.
- In collaboration with Health Education England and the Universities of Plymouth and Bristol, we offer funding to local dentists undertaking post-graduate courses in Restorative; Periodontal; Endodontal and Oral Surgery to increase the number of local specialists and improve access.
- Rebasing contract activity to allow for reinvestment. Any schemes will consider national initiatives and regional difficulties, e.g. Dental Checks by 1, or increasing urgent care sessions for patients who do not have a routine dentist.
- Encouraging councils to consider how they can market their locality to healthcare professionals.
- Supporting dental practitioners to network, share best practice and support each other with a range of initiatives.

The SW Dental Team are currently commissioning additional mandatory dental services across the region. Priority areas have been identified for access primarily based on replacing activity which have ceased within this financial year. Contract performance criteria for these new contracts will include the measurement and assessment of the number of additional new patients accepted for treatment and delivery against the Starting Well Core initiative.

11. Secondary Care Provision

Oral surgery is provided in NHS hospitals under a standard NHS contract. In North Somerset, NHS England and NHS Improvement contracts with University Hospital Bristol and Weston NHS Foundation Trust, Practice Plus Group and Somerset Surgical Services to provide secondary care including oral surgery and orthodontic treatments.

Secondary care has been impacted by the pandemic as services initially ceased to allow additional capacity to treat Covid patients in hospitals. All services have now been resumed but in some cases, the frequency of clinics has been reduced due to capacity at the hospital sites. This has led to an increase in waiting times for some specialities.

12. Community Services

Community dentistry is generally referred to as a salaried service. It is officially called the Salaried Primary Dental Care Service in England and Wales (SPDCS). University Hospital Bristol and Weston NHS Foundation Trust is commissioned by NHS England and NHS Improvement to provide community dentistry and urgent care access. They operate from a range of sites across Bristol, North Somerset, and South Gloucestershire. UHBW also provides a range of community services to Bath and North East Somerset.

Special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional, or

social impairment or disability; or, more often, a combination of these factors. Special care dental services provide routine and urgent dental care.

We know that our special care dental services provide an invaluable service to some of our most vulnerable people. Our ambition is to ensure quality, safe services that are accessible to those that need it when they need it.

NHS England and NHS Improvement commissioned the following organisations from August to October 2019 to find out the views of patients, potential patients, parents, carers and advocates about special care dental services:

- Healthwatch Wiltshire
- Healthwatch Swindon
- Healthwatch Somerset
- Evolving Communities
- Devon Communities Together
- Healthwatch B&NES
- Devon Link UP

When analysing the results of the survey, focus groups and clinic visits, eight key themes emerged. These are: difficulties with accessing the service, variations in waiting times, issues with parking and on-site accessibility, flexibility of appointment times, quality of service, lack of awareness of the service, insufficient communication, and clinic location (a copy of the full 58 page report is available upon request). These views of patients, potential patients, parents, carers and advocates about special care dental services impact on future commissioning or redesign of services.

The community dental providers were rapidly reassigned as Urgent Dental Care Hubs when the pandemic started in March 2020. They were able to quickly adapt to ensure that patients with urgent dental needs were still able to be seen and treated at a time when all other dental providers were only able to provide telephone advice and antibiotics. Although they have now resumed their normal service provision, they are still covering some urgent care provision for patients who do not have a regular dentist as demand for this service is still high.

13. Dental Reform Strategy for the South West

The South West Dental Reform Programme was established in 2020 to improve access to oral health services, develop workforce initiatives to improve recruitment and retention of the dental workforce, and improve the oral health of the population. The programme is run by NHS England and NHS Improvement and Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHS England and NHS Improvement Dental Commissioning Team and Transformation Team with key stakeholders with responsibility for oral health in the region (Public Health England, Health Education England, Local Dental Committees, the Local Dental Network, and Integrated Care System (ICS) representatives) as well as public and patient voice

partners. The purpose of the programme is to inform a roadmap/plan for the future of NHS dental services and oral health improvement in the South West.

As an early milestone, an Oral Health Needs Assessment (OHNA) was commissioned and published earlier in 2021 and the Dental Reform Programme team held a first SPRINT workshop on 10th June. Over 150 delegates attended with representatives from the dental profession; Healthwatch; Health Education England; Overview and Scrutiny and regional and national NHS colleagues. Dental case studies submitted by Healthwatch partners based on feedback they had received were considered, and discussions held about what works well, what opportunities could be explored, what barriers there are currently and how we overcome them. A report summarising the event outputs and recommendations is available at:

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/08/dental-sprint-1-output-report.pdf>

A further prioritisation session based on the workshop findings was held in July. In addition, three programme working groups have been established in September on access, oral health improvement and workforce. The results from the workshop and prioritisation session together with the Oral Health Needs Assessment will be used by the working groups who began meeting in September. Some of the prioritised actions for the access working group include:

13.1 Access

- Working with 111 and different dental helplines across the South West to streamline the services and make it easier to access for patients
- Increasing the number of urgent care appointments for patients
- Starting work on a stabilisation pathway
- Conducting welfare checks on children on waiting lists to help prioritise treatment to the most vulnerable
- Recruiting an Urgent Care MCN Chair to lead on improvement to the urgent care pathway

13.2 Workforce

- Conducting a SW-wide workforce survey to understand the ambitions of the dental team in the SW, and what will keep them working in the area
- Starting a project on mapping under-utilised dental chairs in dental school and community settings
- Working closely with Plymouth Dental School on researching barriers to recruitment and retention in rural areas and practical steps to overcome this
- Linking in with other areas (i.e. Lincolnshire) and Jason Wong the Deputy CDO about rural recruitment
- Working with HEE on improving the PLVE scheme to encourage more overseas dentists to settle in the SW
- Working with the dental schools and presenting at career development days to inform students about NHS dentistry and the opportunities for engaging in MCNs/LDCs etc

- Developing ideas on training hubs to support and develop dental staff as well as providing additional care to patients

13.3 Oral Health

- Compiling an oral health repository of patient facing information, easily accessible to clinicians
- Understanding and mapping local authority priorities and intervention to highlight gaps
- Looking at the potential for a SW-wide supervised toothbrushing scheme
- Networking with colleagues across the SW to ensure the profile of dental is raised in different forums

14. Summary

North Somerset scrutiny colleagues are asked to:

- Note the difficulties for dentistry as detailed in this report, in particular; access; returning to full contractual activity following the pandemic and workforce issues.
- Note the progress of the Dental Reform Strategy bringing together key stakeholders with responsibility for oral health in the region as well as public and patient voice partners.
- Work with NHS England and NHS Improvement (SW) to consider how the council can best support the recruitment and retention of dental and other essential healthcare professionals in North Somerset through marketing and other initiatives.