



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

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 12 October 2023

Subject of Report: Dental Access for Adults and Children in North Somerset

Officer Presenting: Jenny Bowker, Deputy Director of Primary Care at Bristol, North Somerset and South Gloucestershire Integrated Care Board and Wavell Vere, Senior Commissioning Manager, NHS South West Collaborative Commissioning Hub

Recommendations

North Somerset scrutiny colleagues are asked to:

- Consider the underlying causes of the access difficulties that people are experiencing in North Somerset and across the country.
- Consider the ongoing work of BNSSG ICB and NHS England South West Dental Reform Programme Board to address these and improve the oral health of our population.
- Contribute to the development of a local BNSSG dental strategy.

1. Summary of Report

This report sets out an overview of dental services in North Somerset and across the Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) area. The report sets out the changes to delegation of dental services to the ICB, actions being taken by the ICB to develop a local dental plan and sets out the ongoing programme of work across the South West to address the key challenges in dental services and to improve services for the future.

2. Policy

The responsibility for commissioning dental care has been delegated to ICBs as of 1 April 2023. This was part of the 2022 Health and Care Bill which established ICBs and conferred the duty on them to secure the provision of general medical, dental, pharmaceutical and ophthalmic services for its populations.

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. It 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. The government response to this is awaited.

3. Details

Background

As of the 1 April 2023, BNSSG ICB with the support of the NHS South West Collaborative Commissioning Hub are responsible for the commissioning of dental services for our local population.

Dental services are provided in North Somerset in three settings:

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

Population of North Somerset

The population of North Somerset is 216,700 according to mid-2021 population figures published by the ONS, which shows an increase of 7% since 2011, and covers an area of 380 square kilometres (145 square miles).

Primary care (high street dentistry)

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.

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.

In North Somerset special care dental services are provided by University Hospitals Bristol NHS Foundation Trust. This includes domiciliary care.

Requirements for dental services for people experiencing oral health problems in domiciliary care under the service specification of Primary Care Dental Services (PCDS) include:

- A requirement to provide domiciliary oral healthcare in nursing homes and in people's own homes for people who find leaving their own homes extremely difficult.
- Provision of care for people living in nursing homes and others who cannot access General Dental Services and who require domiciliary dental care.

The service is concerned with providing and enabling the improvement of 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 a number of these factors.

People meeting certain criteria will be offered routine and urgent domiciliary care in their place of residence. Some courses of treatment may include a mix of treatment provided in the surgery and in a domiciliary setting where this is in a person's best interest. Specifically, Primary Care Dental Service will work with nursing homes to assess individuals' oral health needs, develop oral health care plans, and provide routine and urgent dental care.

The PCDS will provide services, as detailed, to all nursing homes and will work in partnership with commissioners and others to provide domiciliary dental care for others, as part of a domiciliary dental care network.

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 application of fluoride varnish or fissure sealant if appropriate.	1
2a	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. Treatment which does not include activity from Band 2b or Band 2c	3
2b	Includes extraction or fillings to 3 or more teeth or non-molar endodontic care to permanent teeth	5
2c	Molar endodontic care to permanent teeth	7
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

Access rates to high street dentistry

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 North Somerset has decreased from 48.5% to 43.8% in the latest 12 months (data available from June 2021 to June 2022). This is a drop of 4.7%. However, the access rate for the adult population of North Somerset (43.8%) is higher than the access rate for England as a whole (37.4%). This is measured by looking at the proportion of people who have seen an NHS dentist in the 12 months period.

The number of children who have seen a dentist in North Somerset in the 12 months from June 2021 to June 2022 has increased from 44.2% to 53%. This is an increase of 8.8% and higher than the access rate for England which is 46.9%.

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>

Commissioned Dental Activity

There are 20 practices in North Somerset who provide NHS dental services.

- Total units of dental activity (UDA) commissioned for North Somerset 22/23 is 377,635 value £10,428,062.73.
- Total units of orthodontic activity (UOA) commissioned for North Somerset 22/23 is 10,414 value £807,130.33.

Orthodontics

Post pandemic, orthodontic services have been able to return to normal levels of activity more rapidly than high street dentistry and normal pre-pandemic contract volumes are in place for 2022/23. There is an additional initiative for non-recurrent Orthodontic activity (This is temporary activity in addition to their normal contracted activity, which means that practices will be able to treat more patients.) from 1 November 2022 to the 31 March 2023. This additional non-recurrent activity and funding is to be used to reduce waiting times for those patients on the practice waiting list who are eligible and ready to receive orthodontic treatment.

Urgent Dental Care

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, people will be triaged by NHS111 using the National Pathways algorithm.

Stabilisation

A piece of work currently underway is our 18 month stabilisation programme.

Throughout the pandemic there was a focus on urgent dental care and demand for this has increased (and continues to increase). There are a number of people who have dental issues which mean they must repeatedly access urgent care, or who do not meet the access criteria, but are still in dental pain – and the stabilisation pathway is our solution to this. The programme provides dental care which stabilises a person's oral health and means reduced pain and reduced likelihood of going in and out of the urgent care system, or of accessing other services (i.e., via emergency departments or GPs).

There is one practice in North Somerset providing four stabilisations sessions per week.

Workforce

The key issue affecting access to NHS dentistry across the country is workforce. A shortage of dentists in North Somerset affects the ability of high street practices to deliver

their contracts. The reasons for this are not necessarily different to those affecting other sectors of the health and social care system.

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

It is difficult to determine why established dentists across the country leave. Anecdotally, factors include the challenges of working in NHS practices that are experiencing high demand from patients and the opportunities in private care. We have undertaken several surveys as have Health Education England to understand some of the issues and barriers, one of which was undertaken by one of our Clinical Dental Fellows. Main factors identified related to opportunities for career development, training opportunities, flexibility in dental contracts, allowing dental teams to utilise their full scope of skills and qualifications to treat patients under differing contract models (please see full summary below).

- Main factors for working in South West: Close to family/ friends, work-life balance.
- Main factors for retention at workplace: Feeling satisfied with role, realistic working targets.
- Main factors for General Dental Practitioners (GDPs) working in NHS dentistry: Flexible commissioning that reduces the focus on UDA activity, more protection from litigation.
- Main factors for Dental Care Professionals (DCPs) working in NHS dentistry: Flexible commissioning that reduces the focus on UDA activity, more opportunities for career progression, more protection from litigation, more salaried roles.
- Foundation Training experience in South West and previous exposure of working in rural areas could influence long term retention in rural settings.
- The majority (86.5%) feel happy living and working in the South West, feel secure in their jobs (70.4%), however feel burnt out (58.3%). 43% feel they are fairly remunerated for their work.
- 89% intend to remain working in the South West, 37.4% intend to remain working in NHS dentistry.
- The survey findings have been used to inform the Dental Reform Programme action plans for retaining and recruiting staff, improving workforce training, and supporting the wellbeing of our dental staff.

NHS England's South West Workforce Working Group, comprised of colleagues from the dental community and commissioners, continues to develop its actions plan to address these issues.

Improving access to primary care for people in North Somerset

NHS England has been engaged in the following activities to increase access to NHS dental services by:

- Running a South West recruitment day supported by the British Dental Association and dental providers to try and attract all practitioners to move into the region.
- Working with dental providers to ensure existing contracts are delivering to their maximum potential.

- Reviewing under and over performance of dental contracts on a regular basis and, as part of reconciling activity to contract payment, explore with those contractors with the most variance what they are doing to address under performance.
- While we are able to issue new contracts for NHS primary care dental activity in areas of greatest need, we are having conversations where we can adjust activity and reallocate the activity where necessary.
- Developing plans to commission dental services in areas where there is inequality in access, within available resources. We are working closely with dentists, public health, and the dental school to develop referral pathways and identify initiatives to increase dental capacity across the region through the South West's Local Dental Network and six Managed Clinical Networks for dentistry.
- In collaboration with Health Education England and the Universities of Plymouth and Bristol, are offering funding to dentists working in the South West who are undertaking post-graduate courses in Restorative; Periodontal; Endodontic and Oral Surgery to increase the number of local specialists within our region.
- Working towards further innovation with existing providers to address regionalised concerns. This includes adjusting contract activity, allowing for reinvestment. Any schemes will take into account national initiatives and regional priorities, e.g., Dental Checks by one campaign (to ensure all children see a dentist as their teeth come through, or by their first birthday, at the latest) or increasing urgent care sessions for patients who do not have a regular dentist.

The South West Dental Team has commissioned additional mandatory dental services across the region. Priority areas have been identified focused on replacing activity which has ceased within this financial year. Contract performance criteria for these new contracts included the measurement and assessment of the number of additional new patients accepted for treatment and delivery against the Starting Well Core initiative, which aims to increase access for 0–2-year-olds, promoting early attendance at a dental practice and offering preventative care.

Secondary care provision

In North Somerset, NHS England contracts with University Hospital Bristol and Weston NHS Foundation Trust and Practice Plus Group to provide secondary care including oral and maxillofacial surgery.

Secondary care has been impacted greatly by the pandemic as services initially ceased to free up 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 lists for some treatments.

Local Integrated Care Systems have produced elective recovery plans and the funding available (elective recovery fund) is being used to procure additional capacity in the Bristol, North Somerset, and South Gloucestershire area. The Getting it Right First Time (GIRFT) programme is also underway in the South West, reviewing oral and maxillofacial surgery pathways to improve flow of patients to ensure more equitable access to treatment and better outcomes.

Community Dental Service

University Hospital Bristol and Weston NHS Foundation Trust (UHBW) is also commissioned by NHS England to provide a range of community services. They operate

from a number of sites across North 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 urgent care, check-ups, and treatment.

Special care dental providers are currently experiencing difficulties in recruiting to specialist posts. We know that our special care dental services provide an invaluable service to some of our most vulnerable people. Our ambition is to ensure that the services are as good and as accessible as possible. Hence, interim measures are in place, supported by the Special Care Managed Clinical Network, to secure additional specialists while longer term solutions are developed.

Local authorities are the lead commissioner of oral health promotion programmes to improve the health of the local population as part of their statutory responsibilities. Oral health promotion in North Somerset is delivered via the community dental provider and consists of oral health education and fluoride varnish application.

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 Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHS England Dental Commissioning Team and Transformation Team with key stakeholders that have 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 programme has informed the development of a roadmap/plan for the future of NHS dental services and oral health improvement in the South-West.

Programme Commitments

The reform programme has developed a range of commitments as part of its workplan.

Access

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

- The Urgent Care Managed Clinical Network are working to finalise current and aspirational pathways for future commissioning of urgent care.
- Dental helpline, 111 pathways are being reviewed, developing standardised access routes.
- Stabilisation pilot programme is currently being commissioned and the pilot will run until March 2024.
- Routine pathway with Community Providers is completed, with an increase of appointments per system by 5%.
- Starting Well Core, increase access for 0-2 years, launched October 2022. This now forms part of the criteria for the newly procured dental contracts.
- Welfare checks for under 18s waiting for dental general anaesthetic is ongoing.

Workforce

- Dental Stakeholder Conference was held in January 2023.
- Website signposting to dental vacancies and training opportunities is ongoing.
- Dental workforce data review to support the development of the workforce action plan, is ongoing.
- PLVE - The Performers List Validation by Experience programme enables the NHS to employ overseas dentists. There are now discussions underway with both the Professional Standards Team and Health Education England to look at ways in which criteria, process and regulations can be improved to increase access for overseas dentists.
- Mapping utilisation of dental chairs is taking place to better understand where there may be capacity, is ongoing.
- South West Dental Education Review programme stakeholder group, started in October and is being led by Health Education England.
- Tier 2 accreditation panel has been established work is ongoing.

Oral Health Improvement

- Supervised Toothbrushing – pilot in progress and approval to expand across the South West for 4 and 5-year-olds – tender has been awarded and service mobilised.
- Task and finish group to review oral health among older population, has started with a piece of work in care homes.
- Task and finish group to review green impact on dentistry and rollout of national toolkit, is awaiting feedback from national colleagues.

Developing a local Bristol, North Somerset and South Gloucestershire dental strategy

BNSSG ICB, and the South West Dental Commissioning Team continue to collaborate closely with stakeholders involved in delivering NHS dental services within the BNSSG area. The Primary Care Committee in the ICB which provides assurance in relation to commissioning of all primary care services includes Public Health, Local Dental Committee and Healthwatch representation.

Early stakeholder engagement work to inform a local strategy has been started including using the ICS Citizens' Panel forum to assess public views experience of accessing dental care. Healthwatch are also providing dental feedback reports. An initial workshop has been held to identify priority areas to support development of a local dental strategy. This workshop included representation from primary care dentistry, community and secondary care dentistry, local authority public health teams, the Dental School, Health Education England, NHS 111 services and Healthwatch.

The four key areas of work focused on:

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

A summary slide of the outputs of the workshop is included as an Appendix. The next steps to develop the strategy are to seek further input from a wider range of stakeholders through a survey and engagement opportunities. A second workshop is planned at the end of November 2023 to consider these inputs and refine the priorities for the dental strategy. This will then be developed in early 2024. HOSP members are invited to contribute and comment to the development of this strategy.

In parallel, the ICB is keen to maximise flexible commissioning arrangements to improve access to primary dental care for our population and will be reviewing the stabilisation offer for next year, pending more wide-scale reform of the dental contract.

4. Consultation

Public and stakeholder engagement is taking place in the development of the strategy as outlined above.

5. Financial Implications

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.

6. Equality Implications

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

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Appendices:

Appendix one – summary of outputs from September 2023 workshop.