

MANAGEMENT TEAM

13 DECEMBER 2022

COMMUNITY AND LEADERSHIP OVERVIEW AND SCRUTINY COMMITTEE

REPORT OF PORTFOLIO HOLDER FOR PARTNERSHIPS

A.1 Dentistry Provision in Tendring

(report prepared by Lizzie Mapplebeck, Associate Director of Strategic Change, Suffolk and North East Essex Integrated Care Board)

PURPOSE OF THE REPORT

This report looks to provide the Committee information on NHS dentistry provision in the District, and the wider Suffolk and North East Essex Integrated Care Board geography.

SCOPE - THE AIMS AND OBJECTIVES OF THE REPORT

The Committee has raised the following questions and requested that the NHS provides feedback regarding the local situation regarding Dentistry.

1. The number of dentists in the area now compared with 5-10 years ago, reasons for growth/decline. Public versus private.
2. Legislative changes over the last 10 years that affected the service the NHS was obliged to provide, if any.
3. Costs for procedures both public and private, waiting times.
4. How many people are without a dentist in the district?
5. How does Tendring sit against the rest of the UK in relation to the above questions.
6. What steps are being taken to improve things?

Also :

The following are entitled to entirely free NHS dentistry treatment. So the country has said their dental needs are particularly important:

- under 18, or under 19 and in full-time education
- pregnant or have had a baby in the last 12 months

How is free dental services provided to these?

More generally, the absence of NHS dentistry will mean more wide spread tooth decay and gum disease which itself is a significant contributory factor in:

1. Respiratory infections such as pneumonia - The older you are, the more this risk increases, as well.

2. Diabetic complications - When your gums are inflamed or your teeth are in poor condition, it makes controlling your blood sugar even harder. Worse still, a rare complication of diabetes is periodontal disease, which can further cause your oral health to erode. Because people with diabetes have a harder time-fighting infection, problems with tooth decay can become dire very quickly, leading to even more issues.

3. Cardiovascular problems - Bacterial entering your bloodstream through an oral infection can make their way throughout the body, but most often end up in your heart, since all blood must flow through it. Once there, it clings to heart valves and hardens, making it harder for your heart to pump blood throughout the body. This can lead to heart disease. Endocarditis—an inflammation of the lining of the heart—can be caused by the same bacteria. Oral bacteria, which can stress your heart and make it work much harder than it needs to, leading to premature issues like stroke, heart attack and more.

4. Kidney disease - When bacteria from poor health teeth and gums get to your bloodstream and your kidneys they can attack and cause your kidneys to function ineffectively when it comes to filtering excess waste out of your body. This leads to build ups causing kidney failure and other renal conditions.

5. Rheumatoid Arthritis - Those with gum disease can be as much as four times more likely to also have Rheumatoid Arthritis. It's not a coincidence! Both gum disease and arthritis are inflammatory conditions. Gingivitis, in particular, is known for its severe inflammation, which can incite arthritis flare-ups.

So addressing the above from a system point of view is important and the Committee will want to know how the above are being mitigated against given the absence of NHS dentistry locally.

INVITEES

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BACKGROUND

The Committee have requested further information regarding dentistry in Tendring as they have some concerns about the perceived lack of NHS provision. In particular they would like some statistics regarding the number of dentists in Tendring and would like to discuss the importance of dentistry and its connection to other medical condition.

RELEVANT CORPORATE PLAN THEME/ANNUAL CABINET PRIORITY

The relevant Corporate Plan theme is in respect of health and wellbeing – for effective services and improved public health

DESIRED OUTCOME OF THE CONSIDERATION OF THIS ITEM

To understand the provision of dentistry within Tendring and the wider implications of this in terms of health and highlight any issues which Members believe are relevant

DETAILED INFORMATION

Introduction

There have been longstanding issues with NHS dental access including NHS routine dental care and urgent dental care. This problem has been amplified by the current COVID-19 pandemic. Treating oral diseases costs the NHS £3.4 billion per year.

The pain experienced with dental problems such as toothache or abscess can be considerable, intractable and distressing, and might lead sufferers to extreme measures to address pain if urgent dental care is not available. Examples include DIY dentistry and overdoses of paracetamol, which in turn increases pressure on urgent and emergency care. There are also wider societal impacts and costs that arise when people cannot access urgent care, such as increased demands and pressures placed on the wider health care system such as accident and emergency and primary care services, as well as costs to employers and reduced productivity due to time off work.

Commissioning, Legislation and Dental Fees

Commissioning and Legislation

NHS England directly commissions all NHS dental services at primary, community, secondary and tertiary settings depending on the care and treatment required. Across England Integrated Care Boards (ICBs) receive delegated authority from NHS England on 1st April 2023 to commission and manage dental services locally.

Currently, all dentists in north east Essex (and Suffolk), are paid by commissioners for the Courses of Treatment (CoT) they provide, each CoT is allocated a Unit of Dental Activity (UDA). A UDA is the technical term used in the NHS dental contract system regulations to describe weighted CoTs.

UDAs were developed as part of the 2006 NHS dental contract. Under the old NHS contract dentists were paid for every item of treatment they provided: examination, filling, crown or denture. Under the 2006 system they are paid per course of treatment, irrespective of how many items are provided within it. Thus, a course of treatment involving one filling (3 UDAs) attracts the same fee as one containing five fillings, a root treatment and an extraction (also 3 UDAs). This factor is behind much of the resentment against this system.

In March 2021, NHS England were asked by the government to lead on the next stages of NHS dental system reform. At the outset six aims were agreed when considering what a reformed dental system should bring. They were:

- Be designed with the support of the profession
- Improve oral health outcomes
- Increase incentives to undertake preventative dentistry, prioritise evidence-

based care for patients with the most needs and reduce incentives to deliver care that is of low clinical value

- Improve patient access to NHS care, with a specific focus on addressing inequalities, particularly deprivation and ethnicity
- Demonstrate that patients are not having to pay privately for dental care that was previously commissioned NHS dental care
- Be affordable within NHS resources made available by Government, including taking account of dental charge income.

In July 2022, NHS England announced the first new reforms to the dental contract, these are the first in 16 years. The announcement included the following key points:

- NHS dentists will be paid more for treating more complex cases, such as people who need three fillings or more.
- Dental therapists will also be able to accept patients for NHS treatments, providing fillings, sealants, preventative care for adults and children, which will free up dentists' time for urgent and complex cases.
- To make services more accessible for people, dentists must update the NHS website and directory of services so patients can easily find the availability of dentists in their local area.
- High-performing dental practices will have the opportunity to increase their activity by a further 10% and to see as many patients as possible.

These reforms represent the first significant change to the contract since its introduction in 2006.

Dental Fees

Adult patients pay a subsidised fee for receiving care unless they are exempt. The NHS operates a three-band fixed charge primary care treatment package and payment from adult patients depends on the treatment received. The bandings are:

- Emergency dental treatment – £23.80 This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
- Band 1 course of treatment – £23.80 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.
- Band 2 course of treatment – £65.20 This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.

- Band 3 course of treatment – £282.80 This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

Free NHS Dental Care is available to people in the following categories:

- Under 18, or under 19 and in full time education
- Pregnant or have had a baby in the last 12 months
- Being treated in an NHS Hospital and treatment is carried out by the hospital dentists (dentures or bridges need to be paid for)
- Receiving low-income benefits, or under 20 and a dependant of someone receiving low-income benefits.

Overall, the trend for NHS free dental care in Essex is going downwards when compared between 2017/18 to 2021/22.

Local Data

Population Information

According to the Office of National Statistics in 2017, the total population of the Tendring District was an estimated 145,803 people making it the fifth largest local authority area in Essex in terms of population size. This is an estimated increase of 3205 people since the 2011 census (a rise of 2.25%).

The Tendring District has the highest percentage of residents aged 65 and over in Essex (29.5%), 9% higher than the Essex average (20.5%). The proportion of Children and Young People aged 0-15 (16.5%) and 16 to 64 years olds (53.9%) are lower than the Essex average (18.9%, and 60.6%).

The Tendring District had an estimated Old Age Dependency Ratio of 544 people aged 65+ to every 1000 working age. This is equivalent to 1.8 working age people to every person aged 65 and over and is significantly above than the average for Essex (335.6) and England (286.8).

At the time of the 2011 Census there were an estimated 62,105 households in the Tendring District of which 16.9% contained dependent children. This was below the average for Essex (22.8%) and England (21.99%) and the lowest rate in the county.

Dental Access

There are 172 dentists in north east Essex. During 2020 more than 2,000 NHS dentists quit the NHS dentistry which affected service users nationwide.

In Essex, due to the pandemic restrictions in 2020, there were around 30% less NHS dental services providing dentists compared with the previous year (2019). In 2021 the number of NHS dental services providing dentists increased by around 34% compared with the year before and is heading towards pre-pandemic levels.

Essex County Council completed an Oral Health Needs Assessment in September

2022, as part of this 1,201 residents were surveyed.

60% (721) of the surveyed residents were registered with an NHS dentist, 27% (329) private, and 11% (136) were not registered at all. The main reason for not being registered was not being able to find an NHS dentist to register with.

Qualitative data from the survey and in-depth interviews also showed that several residents found themselves without an NHS dentist because they had been deregistered from dental surgeries due to not having attended the surgery in over two years. Some of this was reported because of the busyness of life but for others it was the impact of the pandemic when many patients had routine appointments cancelled and were subsequently removed from the patient register once the two years lapsed.

Across north east Essex 74,821 dental treatments were delivered in 2020-21, this is 66% below the pre-pandemic figure of 223,222. In the two years to June 2021, 101,293 adults saw their local NHS dentist in north east Essex which is 37% of the over-18 population, a drop from 50% in the two years to June 2019.

31% of the Suffolk and north east Essex population unsuccessfully tried to get an appointment in the last two years, 9% more in comparison to the rest of England. The population are reporting to have resorted to extreme measures to address pain if urgent dental care is not available, such as extracting their own teeth.

Nearly two thirds (73.1%) of adults surveyed in Essex indicated that they had existing treatment needs. This is the second highest among comparable counties. Essex has similar averages to East of England (77.1%) and England (70.5%).

According to data from 2018, approximately 1 in 6 adults (16.1%) in Essex haven't seen a dentist in the last two years. This is highest among similar counties and nearly double the England (7.9%) and East of England average (6.8%). There has been a 45% sustained drop in Units of Dental Activity (UDA) undertaken across Suffolk and north east Essex.

Population Prevalence

According to data from 2019, Rochford (3.4%) and Colchester (3.3%) have the highest percentage of 5-year-olds having one or more teeth with decay involving the pulp in Essex. The percentage in Tendring is 1.9%, which is lower than the Essex average (2.1%) and the England average (3.3%).

According to Public Health England, 9 out of 10 tooth extractions due to decay are preventable. Tendring has one of the lowest percentages (0.5%) of 5-year-olds with an extraction due to tooth decay in Essex, lower than the Essex average (1.4%) and the England average (2.2%). However, data from 2019-20, shows Tendring (135.4) has the highest Finished Consultant Episode (FCE) tooth extraction rate per 100,000 population. Tendring, Basildon, Braintree and Colchester have rates higher than the East of England average (92.9).

Nearly 4 out of 10 adults in Essex (38.9%) have active decay which is the highest among similar counties. This is much higher than the average in England (26.8%)

and East of England (24.9%).

Work Underway and Current Programmes of Work

Suffolk and North East Essex Integrated Care Board (SNEE ICB) receives delegated authority from NHS England (NHSE) as of 1st April 2023 to commission dental services.

In preparation for the delegation, SNEE ICB has been working with local providers, Public Health Suffolk and in partnership with the University of Suffolk, regional dentists, Health Education England, NHSE and our regions MPs over the past 12 months to develop solutions to the present oral health crisis in the short, medium and longer term.

Current Programmes of Work

Increased Routine and Urgent Capacity within SNEE

NHS England, after discussion with SNEE ICB have agreed to offer increased activity within SNEE. Eight eligible providers are now working with the system to provide up to 20,000 additional check-ups. This activity has been commissioned by NHSE until the 31st March 2023 and utilises funding made available by the ICB.

Urgent Care Dentistry discussions are continuing to scope further opportunities to increase urgent care services within SNEE. NHSE have also identified that further capacity may be commissioned within SNEE for the same timeframe.

Support for Care Homes and Healthcare Professionals

The dental care for care homes work looks to reduce waiting lists and promote oral hygiene in care homes and specialist care in Suffolk and North East Essex. This looks to address the lack of proactive dental care available to this vulnerable group. Community Dental Services run a course for Healthcare Professionals that interact with children in North East Essex to upskill the workforce on oral healthcare.

Looked After Children Dental Prioritisation

The looked after children dental prioritisation work looks to increase dental capacity in each town across Suffolk and North East Essex for Looked After Children to receive routine dental care. This looks to address the lack of proactive dental care available to this vulnerable group.

Currently the ICB and NHSE have a pathway agreed for Children in Care, which allows Children in Care to access specific dental services across SNEE. This is estimated to have helped at least 350 patients in Suffolk and over 1,000 across the East of England.

Urgent Dental Contract Variation

By looking at urgent dental contract variations there is an aim to increase Urgent Care capacity by requesting dentists allow 10% of UDA to be unknown urgent dental work. This looks to address lack of urgent dental capacity.

This project was rolled out by NHSE, though uptake has been low. NHSE are now focusing work on a smaller number of ICB's, the NHSE transformation programme has been paused to allow the NHSE Team to focus on increasing activity across SNEE.

Children's Dental Health Education Initiative

By increasing children's education, to support parents and children in understanding

oral healthcare locally we will promote preventative dental care. Currently the ICB is in discussions with Public Health and Community Dental Providers to enhance the level of support to Nurseries / Schools / childcare facilities to upskill the workforce on oral healthcare.

Homelessness Prioritisation within East Suffolk and North East Essex

Evidence suggests that socially marginalised groups, including those experiencing homelessness, have significant difficulties in accessing dental care services. These patients often present with high levels of treatment need and many require additional support to access care. Individuals may present with complex health and psychosocial needs and a more holistic approach needs to be incorporated into delivery of oral healthcare for this population.

Currently the ICB is proposing a project to NHSE (as the current commissioners) to have a pathway agreed for the homelessness population. This will allow better access for specific dental services across SNEE, agreement has been reached in North East Essex for homelessness support charities to support this model. The pathway is aiming to be live by January 2023.

Access Information

The system access information looks to increase information about which services are seeing patients to allow appropriate redirection of patients to services accepting both emergency and non-emergency services. This looks to address the lack of suitable information regarding dental practices that are accepting new and emergency patients.

Currently the ICB has increased the frequency of auditing dental services, and this is used to update the Directory of Services, which is searchable by 111, and healthcare professionals, further information is shared with dental nurses in the Integrated Urgent Care, Clinical Assessment Service.

Record Sharing

The record sharing work is developing a link in with NHSD to enable patient records to be seen by dental providers (view only). This looks to address the current lack of medical record sharing needed to support treatment of patients.

Currently a request has been prepared however the Provider will need to update its IT system's. SNEEs ICB Digital team has supported providers to ensure interoperability with GP services standards going forward.

Having Secondary Care Prioritisation ((Rheumatology and Oncology Secondary Care Patients) (currently piloted in Mid Essex)).

The ICB is awaiting the results of the pilot that is being undertaken within Mid Essex and has expressed a strong wish to NHS England to be a fast follower of the project. This builds better links between Acute patients and Primary Dental Services. Oncology patients regularly report issues with accessing dental care, which the pilot looks to address.

Partnership Working with the University of Suffolk

The solution looks to address both provision of dental services as well as education and skills provision to develop the dental workforce.

With money from Health Education England and support through NHS England, the plans initial starting point has three components:

- The formation of a centre for dental development
- The development of clinical simulation and treatment facilities to support the education and training of undergraduate students in dental therapy and

hygiene and apprentice dental technicians and post graduate dentists as they progress their careers

- The development of a dental community interest company offering NHS dental treatment

Work has commenced on the formation of the centre for dental development with estates secured on the Ipswich Campus (James Heir building), initial plans for the clinical simulation suite have been drafted and courses look to commence in 2023.

RECOMMENDATION

That the Committee determines whether it has any comments or recommendations it wishes to put forward the relevant Portfolio Holder or Cabinet.

PREVIOUS RELEVANT DECISIONS

BACKGROUND PAPERS AND PUBLISHED REFERENCE MATERIAL

APPENDICES

N/A

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