COMMUNITY LEADERSHIP OVERVIEW AND SCRUTINY COMMITTEE

23 APRIL 2024

REPORT OF ASSISTANT DIRECTOR PARTNERSHIPS

A.2 IMPROVING ACCESS TO NHS DENTISTRY FOR RESIDENTS IN TENDRING

PURPOSE OF THE REPORT/INQUIRY

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.

To note: Although the report helps answer the Committee's questions, not all information is held by the Integrated Care Board.

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?

To look at the provision of NHS dental provision in the District since the local Integrated Care Board took responsibility for its commissioning and consider the significant adverse health implications from poor dental health and gum disease in respect of:

· Respiratory infections
· Diabetic complications
· Cardiovascular problems
· Kidney disease
· Rheumatoid Arthritis

INVITEES

Greg Brown, Head of Dental Services, Suffolk and North East Essex Integrated Care Board will be undertaking a presentation to the Committee as well as answering questions.

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 conditions.

RELEVANT CORPORATE PLAN THEME/ANNUAL CABINET PRIORITY

The relevant Corporate Plan theme is in respect of working with partners to improve quality of life

DESIRED OUTCOME OF THE CONSIDERATION OF THIS ITEM/INQUIRY

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

On 1st April 2023 Suffolk and North East Essex Integrated Care Board (SNEE ICB) received delegated responsibility from NHS England (NHSE) to commission dental services

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

<u>Commissioning and Legislation</u>

Suffolk and North East Essex ICB directly commissions all NHS dental services at primary, community, secondary and tertiary settings depending on the care and treatment required.

Currently, almost 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.The ICB is piloting a primary care contract that does not use CoT or UDA but is based on availability of appointments.

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 – £26.80 This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.

- Band 1 course of treatment – £26.80 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 – 73.50 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 – £319.10 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.

ORAL HEALTH

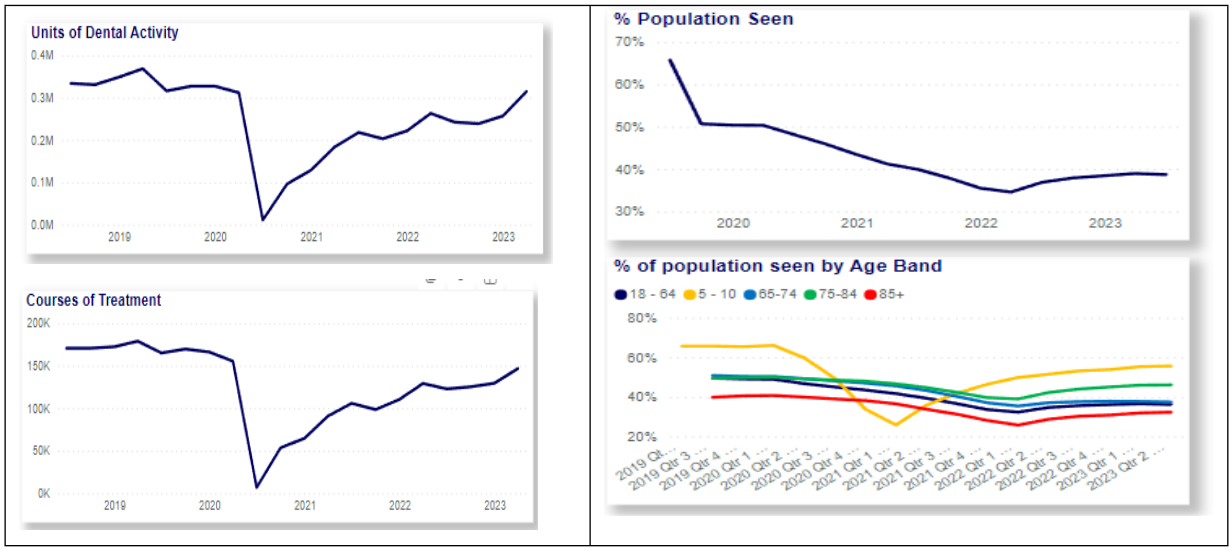
The SNEE Joint Forward Plan (JFP), describes the key oral health issues in SNEE. Poor oral health is challenging both in terms of symptoms but also has knock on effects on a person's overall health and life quality and the overflow demand for wider health services (GP, 111 and A&E). An overview of the JFP is below:

How we plan to make a difference	We will know we are making a difference because we will see:
The ICB will ensure that: • the provision of behaviour-management advice and techniques that reduce or prevent oral health problems to children, adults, and older people through public health campaigns, working with schools, universities, and health care professionals (Prevention) • ensuring access to high quality oral health services for children, adults, and older people (Access) • equality of access to oral health services (Access) • no delay to urgent acute or mental health treatment because people cannot access NHS Dentistry (Urgent and Emergency Care Access) • everybody in pain or post-trauma will have advice, support, and timely treatment from an NHS Dental service across SNEE (Urgent and Emergency Care Access) • people will be able to access a single point of contact, to identify where there nearest NHS dentist is available and get a check-up in a timely manner (Access) • all domiciliary and community specialist care services in SNEE will be available to people in a timely manner, with courses of treatment being undertaken to support long-term care (Specialist Access) • people will have oral health services that are integrated and based on best practice (Integration) • there is local training capacity for dental professionals (Training and Development)	• 10% fewer children with one or more decayed, missing or filled teeth by 2026 • 20% fewer hospital admissions for dental decay in children aged 0-5 years by 2026 • fewer child protection cases for health neglect where lack of dental access to healthcare is a factor • increased access to the Starting Well Core Initiative, and health outcomes • 200% more students attending oral health sessions in schools, and health outcomes by 2024 • increased awareness of good oral health among children and adults • improved access to NHS dentistry for children and adults, including in residential settings by September 2024 • increased access to sugar free medications across SNEE • increased access to personalised self-care for oral health, and health outcomes • improved quality, capacity and health outcomes of oral health monitoring and access to treatment for people with health conditions. • improved access to oral health care pathways ensuring people are seen in the most appropriate settings • increased local capacity to train and educate dental professionals

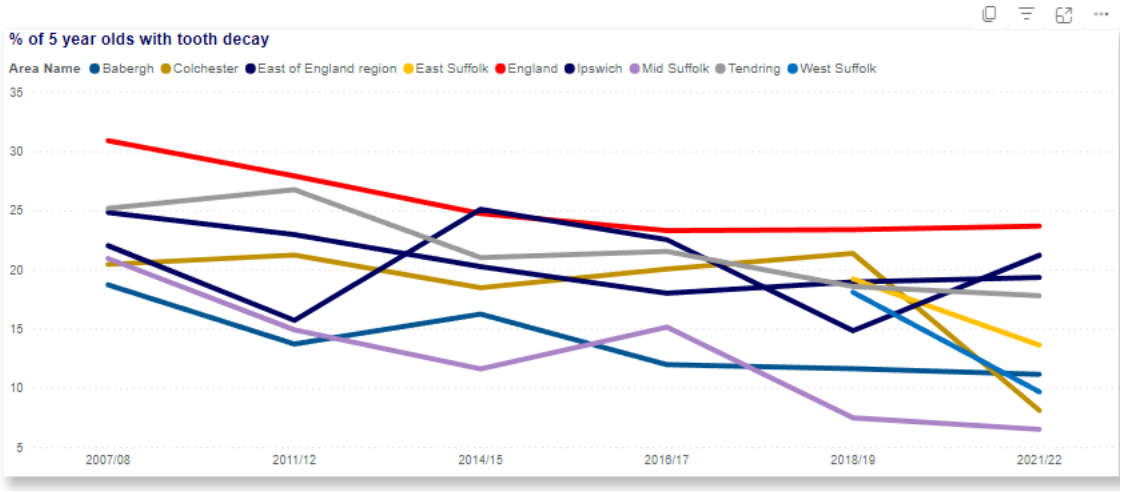
Local Data:

Summary of the oral health data in the JFP and latest statistics is below:

- ***Covid impact***: during the pandemic activity levels reduced and have returned almost to pre-covid levels.
- ***Activity*** As at June 2023 38.7% of the SNEE population had been seen in previous 12 months (adults) or 24 months (children)



- Generally data on ***children*** decay rates compare favourably to England.



- ***Adults:*** 2018 data 38.9% of adults in Essex have active decay (vs 26.8% in England and 25% in Suffolk)
- ***Inequalities:*** there are particular communities where dental needs are relatively higher e.g. residents in care homes; looked after children; and regional data show higher decay for children with Asian or Asian British ethnicity
- ***Unscheduled care -*** 111 are now receiving over 2,000 calls every month for dental concerns or requesting access to dental services.
- ***Geographic variation -*** there are specific relative deficits due to provider withdrawals or reductions of NHS provision. There are particular deficits in Leiston/Aldeburgh, Brandon, Clacton, Colchester, Bury, Wickham Market/ Woodbridge, Sudbury and Felixstowe.

DENTAL WORKFORCE

- The table below shows the total number of Associate Dental Performers and Performers has decreased by 10% over the last two years in SNEE. ***This reduction is in the younger age groups.*** (Note this data shows the number of from dentists practising Dentistry within SNEE not the amount of whole time equivalents).

	2018-19	2019-20	2020-21	2021-22	2022-23
Associate	**411**	**449**	**402**	**387**	**359**
Under 35	151	171	176	163	149
35-44	123	125	101	103	88
45-54	79	90	69	71	76
55+	58	63	56	50	46
Providing Performer	**112**	**116**	**102**	**101**	**94**
Under 35	6	6	6	7	5
35-44	34	38	32	30	24
45-54	33	34	35	35	38
55+	39	38	29	29	27
Unknown	**1**		**1**		**2**
Grand Total	**524**	**565**	**505**	**488**	**455**

- Workforce in terms of interest to work under the contract, capacity/willingness to provide requisite hours, numbers of dental professionals available and correct balance of dental professional groups/ability to work as a cohesive team. The NHS Workforce Plan from

June 2023 sets out the strategy and policy based around Train, Retain, Reform which underpins the need for transformation of all services, including dental (https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/)

Activtiy

Primary care contracted and delivered UDAs 2022/23

Population	Contracts 2022/23	Contracts 2023/24	UDAs Delivered	UDAs contracted	Variance	
North East Essex	48	48	382,313	515,910	133,597	74%
Ipswich and East Suffolk	43	41	418,741	531,783	113,042	79%
West Suffolk	26	23	227,029	358,786	131,757	63%
	117	**112**	**1,028,083**	**1,406,479**	**378,396**	**74%**

Opportunities of New Contracting flexibilities and delegation

There have been some clarifications and new elements to the national contract which have helped and offer opportunities:

- Clarity that ***wider dental professional groups*** can work under the contractual framework has helped, and some interest in the change to band 2 treatments that provide for differing UDA acquisition on certain treatments. Opening up the scope of practice for DCPs and encourage use of skill mix in the whole dental team has shown to be beneficial for the individual clinicians, team, practice owners and patients[i]. In particular this will support a system of prevention and stabilisation using a patient-centred personalised care plan pathway.
- ***National flexible commissioning guidance*** enables ICBs to move away from national terms for more than 10% of the contract
- ***Releasing regular underperformance values:*** This rule is in the process of being changed nationally, which will free up ICB's ability to remove resources and seek to procure other providers.

This means that ICBs are able to focus on local initiatives and work with stakeholders to develop innovative concepts and test them to sow the seeds of change through a flexible, iterative commissioning approach. This was notably drawn out in the Health Select Committee report.

Delegation to ICB's also enables dental commissioning and good oral health in vulnerable groups[ii] to be considered alongside wider ICS partnerships to address inequalities to good oral health in vulnerable groups.

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
None
BACKGROUND PAPERS AND PUBLISHED REFERENCE MATERIAL
None
APPENDICES
None

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[i] NHS England » Building dental teams: Supporting the use of skill mix in NHS general dental practice – short guidance

[ii] NHS Long Term Plan v1.2 August 2019