

Public Agenda Pack



JOINT MEETING OF:

**SCRUTINY COMMITTEE - CHILDRENS AND FAMILIES
SCRUTINY COMMITTEE - ADULTS AND HEALTH**

Wednesday, 25 October 2023 @ 10.00 am

JMR, The Deane House, Belvedere Road, Taunton, TA1 1HE

SUPPLEMENT TO THE AGENDA

To: The members of the

Scrutiny Committee - Childrens and Families and Adults and Health

Please find attached a copy of the updated presentation delivered at the Joint Scrutiny Committee meeting on 25 October, regarding Dental Services in Somerset (agenda item 4 refers).

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Somerset Dental Overview

October 2023



Purpose

NHS Somerset ICB, the South West Collaborative Commissioning Hub and the wider Somerset Integrated Care System aim to address the challenges faced in the provision of NHS Dental Services across Somerset in a systematic and organised manner. Our aim is to ensure that people have timely access to necessary NHS dental services, regardless of geographical location, socioeconomic status or disability.

This overview aims to outline the strategies and actions required to restore and enhance access to NHS Dental Services in Somerset by prioritising patient need, allocating resources effectively, and creating a framework for efficient dental service delivery.

Background

- NHS England is formally responsible for the commissioning of dental services across England.
- Since April 2023, the commission of dental services has been delegated to local Integrated Commissioning Boards (ICB), including Somerset ICB.
- The former NHS England staff via a Collaborative Commissioning Hub continue to manage these contracts locally working on behalf of and alongside the seven South West ICBs.

Primary Care NHS Dental Services

- The 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.
- The terms and structure of the contract are set by national negotiations between the Department of Health and Social Care/NHSE and the representative bodies for dentistry in England.
- There is widespread dissatisfaction within the dental community about the structure of and remuneration under the current contract.

Impact of COVID-19

- 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.
- Following the commencement of face-to-face appointments compliance with infection protection control protocols reduced the number of patients that could be seen, requiring patients to be treated in priority of clinical need and commissioned activity levels being reduced to reflect this.
- The commissioning of dental services returned to full activity levels in July 2022, but the impact of the Covid pandemic and the reduction of staffing resources since that time has greatly reduced practices ability to maintain activity levels.

Somerset ICS Dental Workstreams

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Prevention and Public Oral Health (1)

- Somerset Council Public Health have funding until September 2025 from NHS England to help meet their statutory responsibility for improving the health and wellbeing of the population, including oral health.
- Roderick's Dental Partners contracted to provide an all age 'Oral Health Improvement Service' including:
 - ❑ county-wide fluoride varnish scheme for Early Years settings and targeted community outreach for some at risk groups (e.g. displaced children)
 - ❑ supervised toothbrushing programme through Early Years settings
 - ❑ workforce development package being developed with Children and Adults Social Care Services

Prevention and Public Oral Health (2)

- Public Health support work to improve the oral health of the population through commissioning the National Dental Epidemiological Survey.
- The mandated Healthy Child Programme delivered by health visitors and Public health nurses incorporates oral health messages and support, alongside infant feeding and healthy eating advice. With additional input from NHS England this offer is being expanded to ensure provision of consumables for this programme (toothbrush/toothpaste/sippy cup packs), and from 2024 to establish a community dental service referral pathway for children identified as needing additional input.

Routine Dental Care

- Primary Care NHS Dental Service funding is allocated to commission sufficient access for 50% of the population.
- As of August 2023, NHS Somerset contracts 846,914 UDAs across 67 contractors within the county of Somerset, totalling £24,294,277.08. This equates to an average UDA value of £28.69.
- A further four practices in Somerset are contracted to provide orthodontic dental services.
- NHS Somerset recently completed a pilot to commission a Child Friendly Practice. The aim was to enable children who were unable to access dental services due to complex behavioural needs to be treated in a community setting and support the dental team with appropriate training to ensure the child's needs were met.

Primary Care NHS Dental Services

- Dental contracts are commissioned in units of dental activity (UDAs).

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.	3
2b	This covers filling and/or extraction of three or more teeth and/or non-molar endodontic care to permanent teeth.	5
2c	This covers 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

Urgent Dental Care

- Somerset has contracted with Smile Dental Triage to support patients with advice and appointment booking for emergency/urgent dental treatment. This is accessed in Somerset by ringing NHS 111 and following the options for dental care.
- Patients who need to see a community dentist may be booked into a dedicated urgent care appointment or a 'stabilisation' appointment, whereby the dental team will provide the patient with a full course of treatment before discharging.

Community Dental Services (1)

- Somerset NHS Foundation Trust is commissioned by NHS England to provide a range of community dental services to patients within Somerset from a range of sites.
- This 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, routine check-ups, and treatment. Some are also linked to other services such as oral surgery. Some, but not all, provide general anaesthetic for patients who cannot be treated by local anaesthetic.

Community Dental Services (2)

Some of the people using the services include:

- People suffering from anxiety and/or extreme phobia of dental treatment
- People with learning difficulties and/or autism
- People with physical disabilities
- People suffering from dementia
- Patients needing bariatric equipment
- People undergoing chemotherapy
- Some homeless people

Community Dental Services (3)

People are referred to the service from several routes including:

- High street dentists
 - GPs
 - School nurses
 - Social workers
 - Care workers
 - Voluntary organisations
-
- Special care dental providers are currently experiencing similar difficulties in recruiting to specialist posts.

Secondary Dental Care

- Somerset NHS Foundation Trust provide a range of secondary care services including Oral and Maxillofacial surgery, Orthodontics and Restorative Dentistry.
- Secondary care has been impacted greatly 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 list sizes for some treatments and elective recovery plans are in place to increase activity to pre-pandemic levels.

Innovation in commissioning to make contracts more attractive to dental professionals with additional skills

Work with dental providers to explore actions to maximise contracted activity to pre-pandemic level

Support Local Dental Network and 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.

Commission dental services to meet areas of demand based on population health requirements

Reinvesting funding that has not been spent on meeting contracted activity levels in dental activity elsewhere

Increase dental clinical expertise within the ICB.

Mapping existing providers against historic provision, deprivation and population health needs.

Rebasing contract activity to allow for reinvestment.

Reprocurement of lost activity

Build on commitments of South West Oral Health Needs Assessment (2020)

Review findings from pilot services (Child Friendly Dental Practices, Stabilisation) and potential for wider commissioning.

Increase Somerset dental urgent care capacity

Work with private and/or former NHS Dental Practices to identify routes back into providing NHS Dental Services

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Utilise Managed Clinical Networks to establish care pathways for patient cohorts at significantly increased risk of harm.

Improve use of digital solutions within dentistry to reduce administrative burden resulting from NHS Services

Increase capacity for more complex treatments opportunities to take place in community rather than inpatient settings.

Increase the size of the Dental workforce in Somerset, through active recruitment and proactive retention programmes.

Support Dental professionals with training and development to increase the range of services offered locally.

Use system delivery network to improve population dental education and promote preventative oral health interventions

Dental – summary

There is significant concern from stakeholders about access to NHS dental services as an increasing number of practices cease providing NHS services. Oral health is a significant driver of overall population health, going far beyond dental health and affecting our biggest mortality reduction opportunities including CVD. It is also an area where inequalities are increasing, and concerted action is needed now to make sure that the people of Somerset have equitable access to dental services. Given the scale of the challenge, we expect that the actions set out below will need to be delivered across the whole period of the strategy 2023-2027.

In discussion with patients, communities, dentists, stakeholders and NHS England as the current commissioner, six priority actions have been identified. They are all consistent with the three national priorities for General Dental Services: access, oral health, and inequalities.

NHS Somerset Primary Care Strategy 2023-2027



1. Set a Clear Ambition



2. Increase Dental Activity



3. Maintain Local Services



4. Creative Commissioning



5. Support Dental Workforce

Improved
access,
experience,
patient
knowledge
and
workforce.



Priority Action 1- Setting a clear ambition

Our ambition is that over the period 2023-2027 we achieve sufficient NHS dental capacity to provide access to all Somerset residents who wish to use NHS dental services. As not everyone wishes to use NHS dental services, the actual capacity to be commissioned should be sufficient to cover c70% of the population.

As this will be a step-change in access from our current c43%, we will need to come together as a healthcare system to deliver it. It will require a substantial programme of investment, development, procurement and contract management. However this level of population access has been achieved in the past, so we should have confidence in our ability to achieve this very stretching target.



Priority Action 2- Bringing dentists back into the NHS

In order to deliver our first priority, we need to change our relationship with the dental profession in Somerset, to communicate clearly the benefits of undertaking NHS work and to identify and remove the obstacles that stand in the way of more dentists undertaking NHS work and for those practices already providing NHS care to support them in expanding the service they offer. This will require flexibility, dialogue and creativity.



Priority Action 3- Maintain our local services

Given the size of Somerset and the dispersed rural population it is important to ensure we have a local delivery network. Such a local delivery network also encourages continuity of care which is important to both patients and dentists, although it is not explicitly incentivised in the current dental contract. There is some evidence that recruitment of dentists is more challenging in rural areas so a creative approach will be needed, recognising that each practice is in a different situation.



Priority Action 4- Creative commissioning

Although further reform of the national GDS contract is expected in due course, in the short term we will need to take a creative approach which while consistent with the national contract framework also allows us to take action to meet specific local needs. These would include sessional approaches to dental stabilisation, children-friendly practices and communities experiencing particular inequalities. This should also include careful consideration of children-only NHS contracts, which until now commissioners have avoided for good reasons. However all options should be considered to improve the oral health of the population.

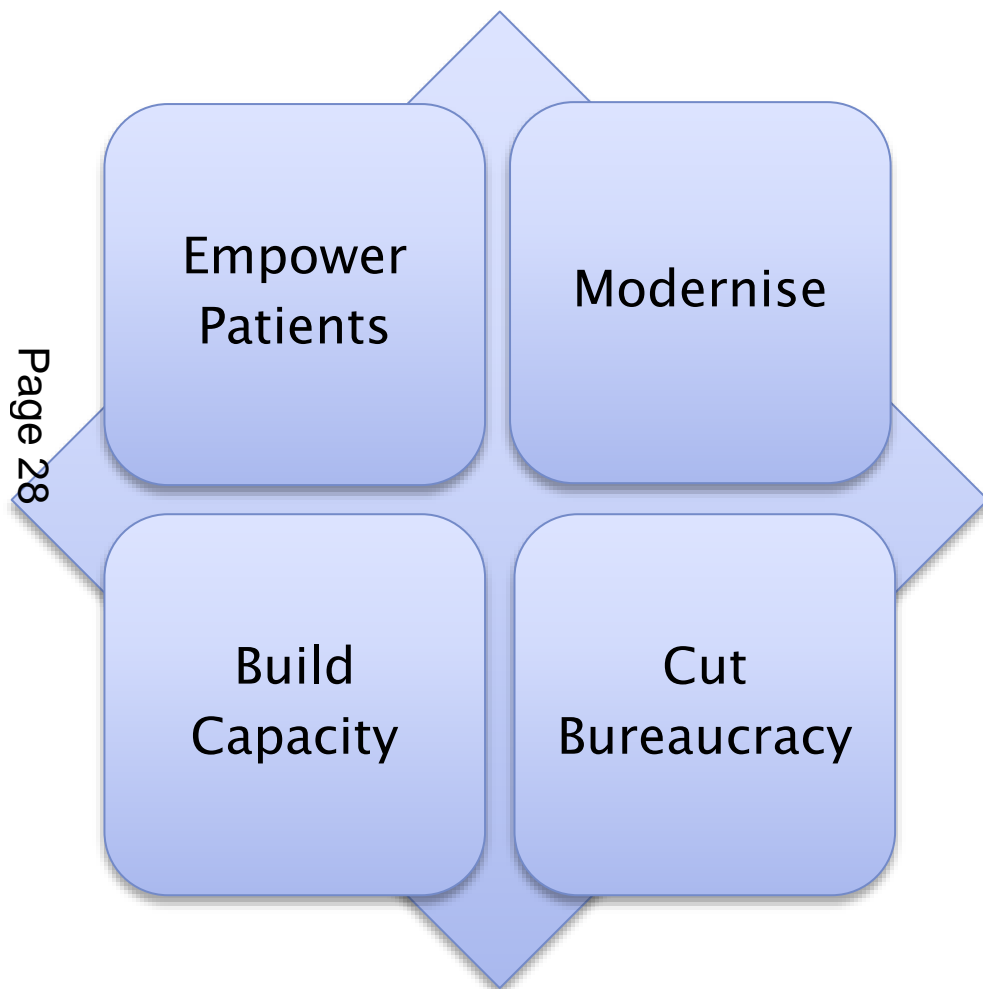


Priority Action 5- Workforce

We will need to increase the NHS dental workforce considerably, and in order to do so will need to form creative partnership including with higher and further education providers who can help us to ‘grow our own’ local dental workforce, including oral health practitioner apprenticeships. We will also offer a wider range of opportunities to dentists to undertake more specialist roles including orthodontics. We will also review the ‘pull factors’ for Foundation Dentists for NHS work in Somerset.

What will change?

- Patients will be able to access urgent dental care when they need it
- Access to routine dental care will improve
- Information, help and support for people, including children, on looking after their teeth will be provided through an integrated population health approach
- Dentists will feel valued by the NHS in Somerset and will be enabled to increase the amount of NHS work they do.



Whilst the Primary Care Access Recovery Plan does not aim to address access to dental services, the thematic approach to the development of primary care services does offer guidance to the stepwise approach to increasing access to dental services.

The four key areas of focus (left) can be translated into the access recovery for primary dental services and provide a framework for workstream prioritisation.