

## For information

### Dental Access for Adults and Children in Somerset

January 2022

#### 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 Somerset in three settings:

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

#### 1. 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. NHS England and NHS Improvement does not employ dentists directly.

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 application of fluoride varnish or fissure sealant if appropriate.	1
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

### **Covid-19 Impact 2020/21 onwards**

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 remain focused on providing care for those patients who do 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 are expected to increase to 100% from 1st April 2022 onwards

The Chief Dental Officer has confirmed contracts will continue to be in place 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. During this period, practices will be expected to deliver at least 85% of contracted UDAs and 90% of contracted Units of Orthodontic Activity (UOAs).

### **Access rates to high street dentistry**

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

The total number of adults seeing an NHS dentist in Somerset has decreased from 214,715 (47.6% of the population) in December 2020 to 196,949 (43.7%) in June 2021. This is a drop of 17,766 patients (8.27%) over the past 6 months.

Even so, the access rate for the adult population of Somerset (43.7%) is higher than the access rate for England as a whole (41.1%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 24 months.

The number of children who have seen a dentist in Somerset in the last 12 months has also increased from 31,810 (28.6%) in December 2020 to 37,160 (33.4%). This is an increase of 5,350 patients (16.82%) in the last 6 months.

The proportion of children in Somerset accessing a dentist (33.4%) is greater than the access rate for children across the whole of England (32.8%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 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>

### Commissioned dental activity



There are 66 practices in Somerset who provide NHS general dental services, as indicated in the above map.

Over the past two years, NHS England has commissioned dental activity from these providers as follows:

- 20/21 total UDAs commissioned 946,666 – value £24,940,784
- 19/20 total UDAs commissioned 916,494 – value £23,714,461

In 2019/20, NHS England contracted 916,494 units of dental activity (UDAs) from these providers. This figure included a number of recurrent and non-recurrent reductions which were made to contracts at the request of providers due largely to the number of dentist vacancies in practices across the county. In 2019/20 this meant that 143,300 UDAs were unable to be delivered.

In addition to this commissioned activity, there are 12 Foundation Dentists (FDs) working in practices across the county. Each FD delivers approximately 1,875 UDAs per annum, which equates to approximately 5,000 patients.

### **Orthodontics**

A procurement exercise to secure new contracts was completed in 2019 enabling an increase in the number of local dental practices beginning to provide the service by extending their opening hours. Due to the pandemic, between 8th June and 31st December 2020, practices were expected to achieve 20% of their usual patient volume, based on their previous year's delivery. This increased to 70% 1st January and 31st March 2021 of their normal annual target (pro-rata). From 1st April to 30th September 2021, practices were expected to deliver 80% of their normal annual target (pro-rata); increasing to 85% between 1st October to 31st December 2021. From 1st January to 31st March 2022 activity levels have been increased to 90%.

### **Urgent dental care**

The Somerset Dental Helpline provides access to urgent care appointment slots for patients in need of relief from acute dental pain; acute infection; and bleeding or trauma. Access to urgent dental care would normally be expected to be available within 24 hours of making contact with the service. Appointments are provided for people without a dentist.

The Somerset Dental Helpline can be contacted directly by calling 0300 123 7691 or by emailing [dentist4u@sompar.nhs.uk](mailto:dentist4u@sompar.nhs.uk). The hours of operation are 08.00 – 20.00, 7 days a week, 365 days per year. Clinics are provided out of hours on weekends and bank holidays from two sites; Bridgwater and Taunton.

If a patient calls NHS111, they will be directed to the helpline during its hours of operation. Outside of this time, the patient will be triaged by NHS Pathways and signposted for care appropriate to their symptoms.

Only those cases 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.

In addition to the above, the South West dental commissioning team have recently launched a procurement to increase the number of urgent care treatment slots by asking practices to

provide additional urgent care sessions. Unfortunately, however, practices within Somerset did not feel that they had sufficient capacity to participate with this initiative. The initiative has been re-launched in January 2022 and Somerset practices will be specifically targeted with the aim of encouraging practices with additional capacity to provide urgent care treatment for additional NHS funding.

## **Workforce**

As indicated above, the key issue affecting access to NHS dentistry is workforce. A shortage of dentists in Somerset (estimated at 23 wte) 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. Somerset is viewed as a lifestyle choice by both the medical and dental profession and younger clinical professionals tend to favour larger cities with greater transport links and more training opportunities.

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 leave. Anecdotally, factors include the challenges of working in NHS practices that are experiencing high demand from patients and the opportunities in private care.

## **Improving access to primary care for people in Somerset**

NHS England and NHS Improvement is seeking to increase access to NHS dental services by:

- Running a South West recruitment day supported by the British Dental Journal and dental providers to attract dental care professionals.
- Innovation in commissioning to make contracts more attractive to an associate or dentist 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). Pre-pandemic, we were in discussions with dental providers in Somerset to agree short term non recurrent increases to their current contracts to create additional interim capacity in areas of need. We will be able to make these increases permanent once a formal procurement process has been completed in compliance with our statutory duties.

- Ensuring as places become available, they are allocated to those patients who are on the helpline's list.
- 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.
- We have a small number of practices piloting a new prototype contract model as part of national work looking at contract reform, as it is considered that the current contract disincentivises dentists from undertaking NHS dental work. The outcome of this work will feed into a national contract review process.
- 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 take into account 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.

## **2. Secondary care provision**

In Somerset, NHS England and NHS Improvement contracts with Somerset NHS Foundation Trust to provide secondary care including oral and maxillofacial surgery. Secondary care has been impacted greatly by the pandemic as services initially ceased to allow additional capacity to treat Covid-19 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.

Clinical Commissioning Groups (CCGs) have produced elective recovery plans and the funding available (elective recovery fund) is being used to procure additional capacity. The Getting it Right First Time (GIRFT) programme is also underway in the South West, looking at oral and maxillofacial surgery pathways to improve flow of patients, ensure more equitable access to treatment and better outcomes.

## **3. Community services**

Somerset NHS Foundation Trust is also commissioned by NHS England and NHS Improvement to provide a range of community services. They operate from a range of sites throughout 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. In

Somerset, the service also provides oral surgery and general anaesthetic for patients who cannot be treated by local anaesthetic.

Special care dental providers are currently experiencing difficulties in recruiting to specialist posts. Measures are in place, supported by the Special Care Managed Clinical Network, to secure additional specialists while longer term solutions are developed.

Other community services are:

- Children's General Anaesthetic
- Adult General Anaesthetic
- Orthodontics (complementing high street orthodontics)

Community dental providers, including Somerset NHS Foundation Trust, were rapidly reassigned as Urgent Dental Care Centres when the pandemic started in March 2020 to ensure that patients with urgent dental needs were 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 non-registered patients as demand for this service is still high.

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 Somerset is delivered via the community dental provider and consists of oral health education and fluoride varnish application.

#### **4. Urgent Dental Care Centres**

Urgent dental care centres were established in April 2020 to provide urgent treatment to patients who met the criteria for urgent care. There were six centres across Somerset. Out of the six sites, one is still accepting urgent care referrals. The level of referrals has reduced as practices are now able to see their own patients for urgent care. There remains high demand from patients who do not have a regular NHS dentist.

#### **5. 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 10<sup>th</sup> 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 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 [here](#).

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 that particularly relate to Somerset include:

- Review of all seven Dental Helpline specifications across the region, including the Somerset helpline
- Develop a standard service specification for high street dental practices incorporating flexible commissioning (identifying some of their existing funding to address specific patients, e.g. providing care for high needs patients, improving access to urgent dental care).

The Dental Reform Programme roadmap is due to be published in the Spring 2022.