

Primary Dental Services in Bath and North East Somerset

Victoria Stanley, Programme Lead Community Pharmacy, Optometry
and Dentistry



Dental recovery plan

- Plan published to reform and recover NHS dentistry and set out the steps to make accessing dental care easier and faster. Exact details of how this will affect dentistry in BSW are in development
- £200m of new funding has been made available to improve access to NHS dental care for those that need it most, especially people living in underserved parts of the country
- Up to 2.5 million additional appointments nationally including up to 1.5 million additional treatments in NHS dentistry.
- Dentists will be given a new payment to treat patients who have not seen an NHS dentist in two years or more.
- We will support parents and families to improve the oral healthcare of children, reducing the number of children having to go into hospital to remove their decaying teeth – a procedure which is largely avoidable.
- More dentists will be incentivised to work in areas that historically have struggled to recruit and retain staff.



Plan to recover and reform NHS Dentistry



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

- New patient payment for each patient, varies depending on treatment
- New public health campaign to raise awareness
- New dental van service for the most rural and communities
- Raise the minimum UDA value to £28
- 'Golden hello' payments to support practices in areas where recruitment is particularly challenging
- Firmer ringfence on NHS dentistry budgets for 2024 to 2025
- Start for life services - to improve prevention for our youngest children
- Dental teams will visit state primary schools in under-served areas
- Simpler to start new water fluoridation schemes



Plan to recover and reform NHS Dentistry Workforce



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

- Publish new workforce data
- Build a pipeline of new dentists by expanding dental undergraduate training places
- Launch a consultation on introducing a ‘tie-in’ for graduate dentists
- Increase the number of dental therapists and other dental care professionals
- Confirmation that dental therapists and dental hygienists can open and close NHS courses of treatment
- Remove barriers to enable practices to fully utilise the skill mix of their teams
- Make it easier for NHS practices to recruit overseas dentists
- Provide a new route for overseas-qualified dentists whose qualifications are not currently automatically recognised by GDC



Primary Dental Contracts

- 3 types of contract
 - Includes various mandatory & additional services
 - Activity – units of dental activity (UDA's) OR units of orthodontic activity (UOA's)

- What are mandatory services?
 - All proper and necessary dental care and treatment
 - Including examination and diagnosis
 - Preventive care and treatment
 - Periodontal conservative or surgical treatment
 - Provision of appliances (dentures, bridges, crowns)
 - Urgent treatment and referral where appropriate
 - Referral onwards as necessary

Category	Number of Contracts
Total	116
UDA Only	101
UOA Only	10
UDA and UOA	5
Total number of contracted UOA's	64,785
Total number of contracted UDA's	1,157,262

Other	Number of Contracts
Special Care Dental Services (CDS)	1
Secondary Care Dental Services	3

Regional Initiatives

Programme	Number of Contracts	Sessions/Patients (Per week)	Change since last month
Stabilisation pilot	4	13 Sessions	-1 contract, -3 sessions
Urgent Care pilot	4	86 Patients	Nil



South West Oral Health Needs Assessment



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

A South West OHNA in 2021 highlighted the importance in exploring the needs of at risk groups and highlighted 4 key priorities:

- 1. Issues in the access to NHS dentistry but with particular variability between more affluent and deprived areas
- 2. A need to support dental care services for older people, due to a projected increase in the older adult age groups
- 3. A need to support the recruitment and retention of dentists providing NHS Services
- 4. Evidence that there is difficulty being experienced by dentists in meeting their contractual targets and therefore a risk for future service provision because of the commercial viability of certain contracts.

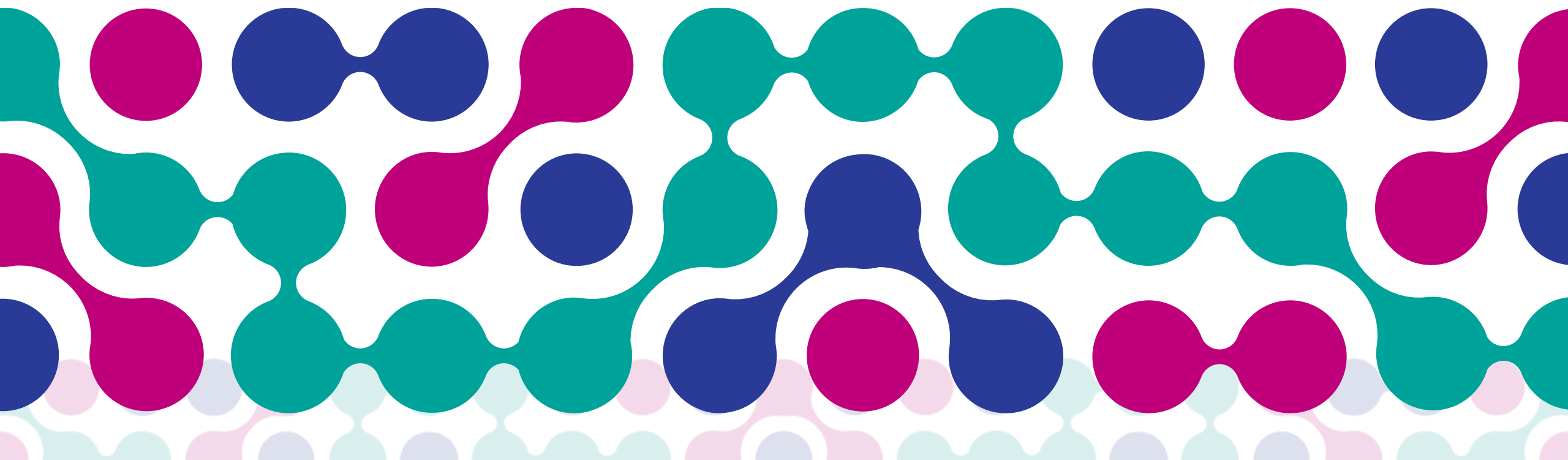


Background to Dentistry

- **Dental** practices are **independent businesses**, often providing a combination of NHS and private dentistry.
- **Patients** are **not registered** with a dentist in the **same way** they are **with a GP**
- **Individuals** can **access** services at a dental practice located **in any area** if the practice is accepting new patients
- For those with a **dental emergency**, triage arrangements are in place via **NHS 111**
- **Access** to **NHS dental** services has **historically been challenging**, with **demand exceeding the capacity** available mainly due to **insufficient workforce** and the capacity of practices to take on new patients.
- **Work** is underway at a **national** level to identify **solutions** to the **recruitment** and retention pressures in NHS dental services, and to understand and address the constraints of the current national NHS dental contract mechanisms



What are our priorities?



Overview of Priorities

- Working with dental providers to **ensure existing contracts** are **delivering** to their **maximum potential**.
- Regularly **review performance** and support under-performing practices to deliver on their **contracted activity**
- **Procure new contracts** in areas where there is **insufficient dental access** appreciating workforce challenges and gaining appropriate assurance.
- **Commissioning additional NHS work** from dental practices that have **capacity**.
- Working closely with local dental networks, dental practices, public health, and the dental school to **develop referral pathways** and **identify initiatives** to increase dental capacity in the community.
- We work with **Local Authority Public Health** teams who lead on **Oral Health Promotion and Improvement** including health promotion for both children and adults.



Key areas of focus:

- How can we improve Patient Experience across BSW?
- How do we all communicate and engage with the public to address patient perception and behaviour?
- How can we best address the access gap and tackle inequalities?
- How do we support our workforce resilience and recruitment?
- How does this align to our ambitions in our Primary and Community Care Delivery Plan and delivery of Fuller recommendations?



We urgently need to refocus and prioritise plans for Dental Reform:

Access:

Increase access, evidence-based programme weighted to the vulnerable or in greatest need.

- Urgent care pathway review
- Dental helplines review
- Stabilisation pilot pathway

Outcome Measures

Access

- To increase the percentage of adults accessing an NHS primary care dentist in the previous 24 months by 5% across the region by June 2023
- To reduce the difference in the percentage of adults accessing an NHS primary care dentist in the previous 24 months between ICS areas by June 2023 (i.e. for the lowest ranked area to reach equivalent of the current highest rank area)
- To increase the percentage of children accessing an NHS primary care dentist in the previous 12 months by 8% across the region by June 2023
- To reduce the difference in the percentage of children accessing an NHS primary care dentist in the previous 12 months between ICS areas (i.e. for the lowest ranked area to reach equivalent of the current highest rank area)
- To reduce waiting times for orthodontic appointments over 12 months
- To reduce the number of 78 weeks waits for dental care in secondary care to zero by April 2023
- To increase access among inclusion health groups such as those experiencing homelessness, asylum seekers, those with learning disabilities, those in care homes and those in contact with the justice system by 2%
- For 100% of Looked After Children to receive a dental check every 12 months, within the next 12 months
- To increase patient understanding and expectations
- To maintain or increase the number of UDAs in the region/by ICS over 12 months

Workforce:

Working with strategic partners to build training and dental role opportunities, and a clinical workforce strategy.

- Workforce website
- Clinical workforce survey
- Dental school engagement
- Workforce action plan
- Work experience network
- Overseas dentists
- Dental training hub

Workforce

- To recruit a sufficient number of training practices (dental educational supervisors) to provide clinical placements for the total number of funded Dental Foundation/Early Years training posts
- To increase the number of PLVE dentists in training to 30 in the next 12 months (an increase in 20% on current numbers)
- To increase the number of PLVE dentists that stay on to work in the SW to 30% of the total
- To reduce the number of unfilled dental posts (including dental nurses) over the next 12 months – LDC could help
- To increase the rate of satisfaction with NHS SW dental bulletins/communication over the next 12 months
- To reduce the number of NHS dentists handing back their contracts

Oral health improvement:

Improve oral health of those with health inequalities, targeting those who are vulnerable or live in areas of greatest need in each system.

- Supervised toothbrushing
- Mini mouthcare matters
- LAC access model
- Patient charter (recalls)
- Older adult T&F group

Oral Health Improvement

Universal

- Increase in the number of children accessing NHS dental care aged 0-2 years in last 12 months
- Increase in the number of health visitors trained to be oral health champions
- Increase in the number of dental practices using upskilled dental teams to deliver paediatric dentistry
- A reduction of 2% in dental caries in under 5s

Targeted

- Increase in the number of Local Authorities that have developed an integrated pathway between the Healthy Child Programme and local Community Dental Services for children deemed at high risk of developing decay
- Increase in the number of nurseries or schools delivering supervised toothbrushing schemes in targeted areas (IMD 1-6)
- Increase in the percentage of children in care who have seen a dentist in the last 12 months
- A reduction in hospital-based tooth extraction for children

Where are the risks?

- **Current dental capacity** (routine and urgent) **is insufficient to meet demand** - access and performance against contractual targets for primary dental activity is adversely impacting on patient experience and health inequalities.
- **Deteriorating child and adult oral health** due to demand on primary, secondary and community dental services
- **Recruitment and retention issues** (dentists and dental nurses) are impacting on performance. National and regional workforce challenges (dentists and dental nurses) are being addressed through national and regional recruitment and retention schemes.
- **Dental access** continues to be the **top cause group for dental complaints** for the public, HSC and MPs.
- Reducing number of contracts as contractor 'hand backs' increase so our **local health economy is shrinking**
- **National negotiations to adjust contract are minimal** but we are holding significant dental underspend in a time of constrained ICB budgets.
- Current BSW UDA performance could be improved, but South West regional performance is worst in the Country
- Over half of contractors failed to achieve 2022/23 Year-end required performance
- Child friendly scheme at capacity



Patient Experience

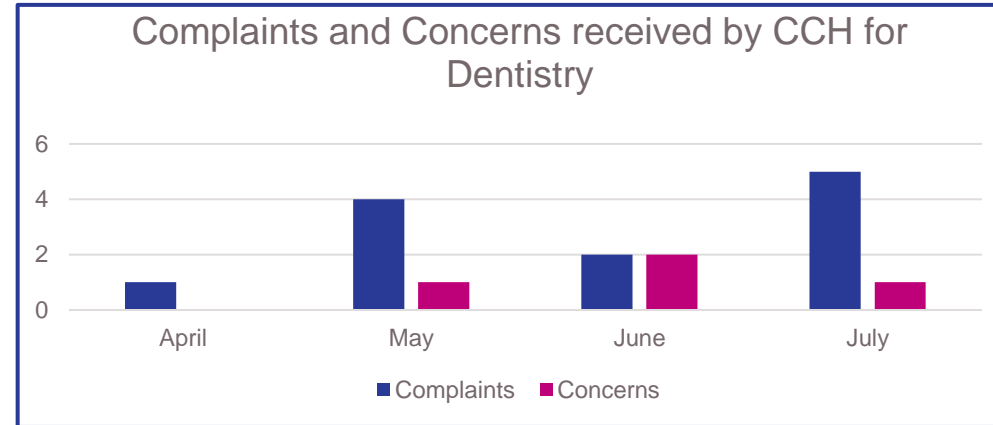
From 1st July 2023, the complaints function for POD was delegated to the ICBs.

Key Themes for concerns:

- Access to Dentistry
- Cancelled appointments
- Staff Attitude and behaviour
- Access to prescription toothpaste

Key Themes for Complaints

- Access to Dental services
- Standard of treatment
- Pain and complications following dental work



BSW has 2 Healthwatch (BaNES & Swindon and Wiltshire) organisations are also represented on the Dental Operational Group.

Dental access is currently one of the main concerns raised with Healthwatch – especially children.



Key BaNES Statistics 2022/23

- 94,786 courses of treatment completed
 - 59,844 were Band 1 treatment
- 177,810 units of dental activity completed
 - 33% Band 1, 40% Band 2, 20% Band 3 and 6% urgent
- 54,202 adults (33.9% of pop.) saw an NHS dentist in the last 24 months
- 20,857 (56.9% of pop.) children saw an NHS dentist in the last 12 months

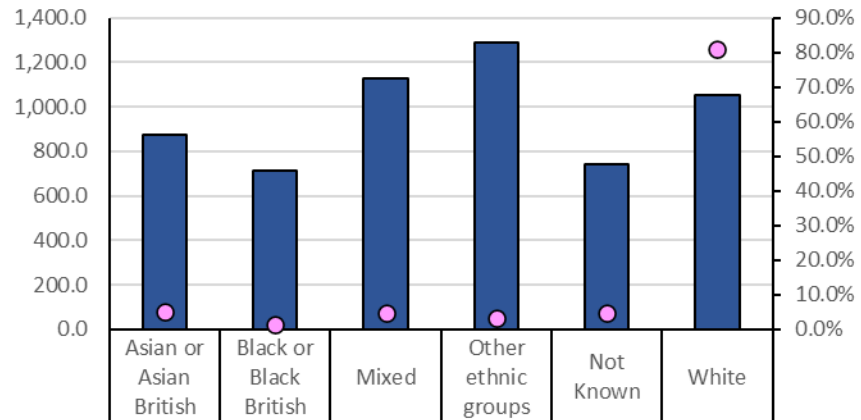


BaNES Child Tooth Extractions



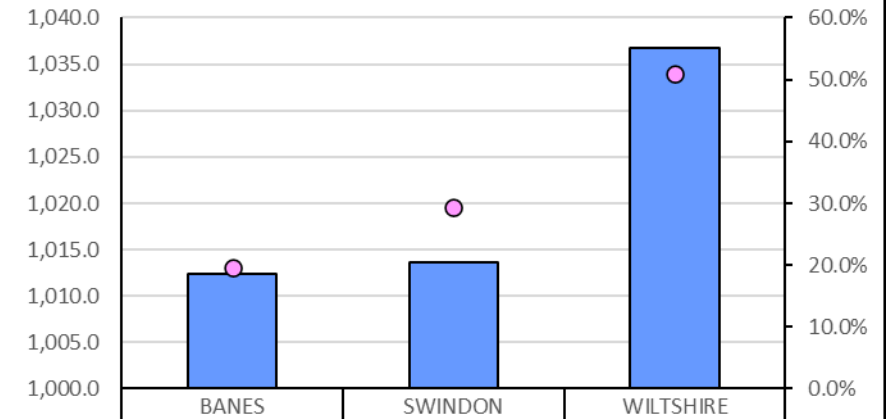
Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

Tooth Extraction Admissions by Ethnic Group



■ Tooth Extraction Admission Rate per 100k of Pop.	872.4	710.6	1,129.0	1,285.5	743.0	1,054.3
● % of Total	5.0%	1.6%	4.6%	3.3%	4.7%	80.8%

Tooth Extraction Admissions by BSW Locality



■ Tooth Extraction Admission Rate per 100k of Pop.	1,012.4	1,013.6	1,036.7
● % of Total	19.6%	29.4%	51.0%

BSW Local Commissioning Plans



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

Dental Delivery Plan on a Page being developed:

- Focus on clinical priorities including child oral health and tooth decay, care home residents, oral health and tooth wear
- CORE20 PLUS 5 population groups including homeless, people living with serious mental illness. looked after children, children with SEND, children eligible for free school meals....
- Contract 'MUST DO's' e.g., Tier 2 service review

Procuring Additional UDA:

- Reviewing innovative commissioning routes using a Flexible and Rapid model

Community Dental Services:

- Confirm plan for those services have end dated contracts
- Awaiting Procurement Regulations regarding Provider Selection Regime
- Development and Assurance process to work to the Service Specification
- Review of pathway – 111, Triage, Helpline, Urgent Care
- Impact of Community Dental Services with the need to have robust alternatives

Orthodontic Additional Activity:

- Commissioned additional activity in 22/23
- Looking to repeat the exercise in 23/24

This strategy aims to address inequalities across the life course, to include pregnancy, children and young people, adults and into old age.

The BSW Inequalities Strategy builds a foundation for a shared understanding of health inequalities as a system, bringing together existing strategy and local data and intelligence and focusing this on the CORE20PLUS population. This approach focusses on the 'core' 20% of most deprived areas, 'PLUS' communities at higher risk of inequality, and five key clinical focus areas.

For adults these are:

1. CVD
2. Maternity
3. Respiratory
4. Cancer
5. Mental Health

Smoking Cessation is included as a priority that cross cuts all five clinical areas for adults.

For children and young people, these are:

1. Asthma
2. Diabetes
3. Oral health
4. Epilepsy
5. Mental Health

PLUS groups are locally defined populations experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the core 20 alone and would benefit from a tailored healthcare approach.

PLUS groups were chosen based on local data, and for BSW are outlined below.

For adults, PLUS groups are:

- Bath and North East Somerset: Ethnic minority communities, Homeless and People living with severe mental illness (SMI).
- Swindon: Ethnic minority communities.
- Wiltshire: Routine and manual workers, Gypsy, Roma and Traveller communities and rural communities.

For Children and Young People, the BSW PLUS groups are:

- Children with Special Educational Needs and Disability (SEND)
- Children with excessive weight and living with obesity.
- Children Looked After (CLA) and care experienced CYP.
- Early Years (with a focus on school readiness).
- Children and Young People with Adverse Childhood Experiences (ACE); with a focus on delivering trauma informed services).

Health Inclusion Pilot

The model sought to proactively deliver dental care to:

- Those people who have **little or no access to technology** including telephones, People experiencing **homelessness**, Other health inclusion groups: **Refugees/asylum seekers; vulnerable people from overseas; adults with learning difficulties**
- Dental practice in Bathampton working in collaboration with Julian House

I didn't expect to gain trust by being seen at practice, but I have

I don't feel judged for the first time in a long while

I don't feel like I'm treated differently/or as different - as other people have made me feel.

My self-esteem has been built up – I can finally look at myself without having to look away.