

AGENDA ITEM 7

Dental Access for Adults and Children in Bristol

March 2023

1. Background

NHS England 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 Southwest region manage these contracts locally.

Dental services are provided in Bristol in three settings:

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

2. Population of Bristol

The population of Bristol is 471,117 according to mid-2021 population figures published by the ONS. Bristol's population growth rate between mid-2020 and mid-2021 was 0.5% per year. Bristol covers an area of 110 square kilometres (42 square miles) and has a population density of 4,295 people per square kilometre (km²), based on the latest population estimates taken in mid-2021.

3. Primary care (high street dentistry)

Primary care (high street) 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. People are not registered with a dentist in the same way they are registered with a GP, so often don't realise they are free to attend any dental practice they choose if they have capacity to see and treat you.

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

4. Access rates to high street dentistry

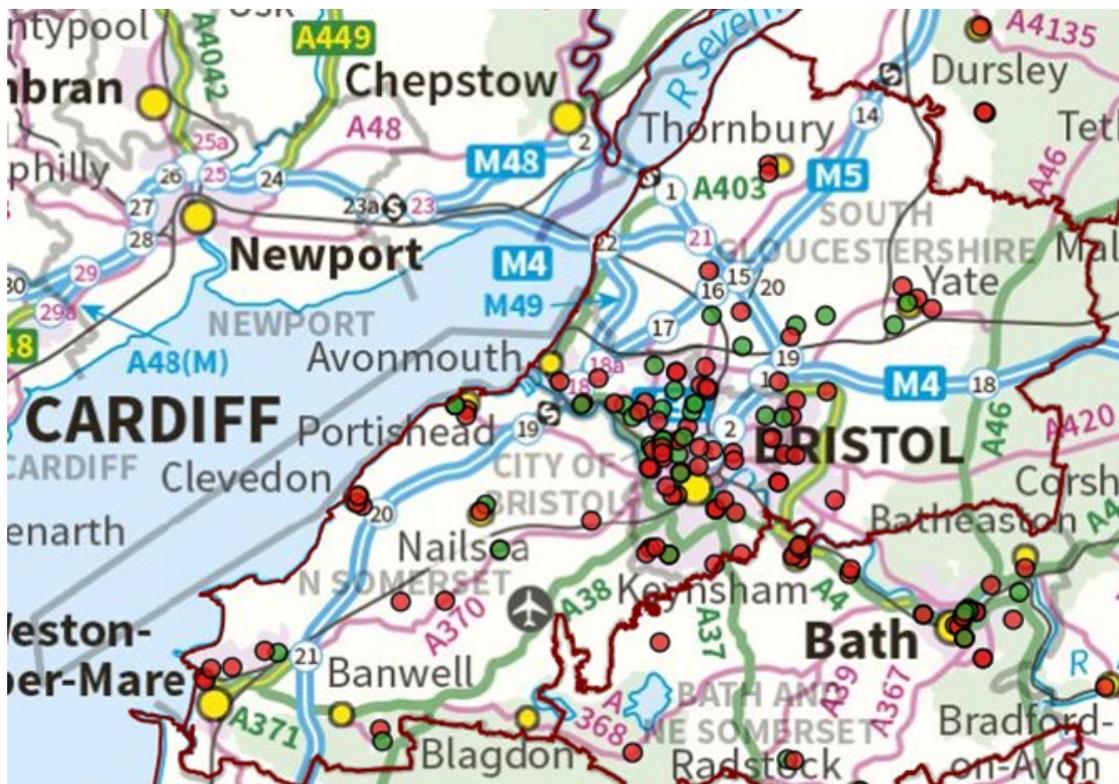
Over recent years there has been a steady fall in the number of patients in Bristol who have been able to access an NHS dentist.

The percentage of adults seeing an NHS dentist in Bristol has decreased from 43.5% to 37.3% in the latest 12 months data available from June 2021 to June 2022. This is a drop of 6.2%. However, the access rate for the adult population of Bristol (37.3%) is in line with the access rate for England as a whole (37.4%). 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 Bristol in the last 12 months from June 2021 to June 2022 has increased from 36.3% to 52%. This is an increase of 15.7% and higher than the access rate for England which is 46.9%.

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>

5. Commissioned Dental Activity.



There are 60 practices in Bristol who provide NHS dental services, as indicated in the above map.

- Total units of dental activity (UDA) commissioned for Bristol 22/23 is 770,759 value £21,448,126.
- Total units of orthodontic activity (UOA) commissioned for Bristol 22/23 is 38,532 value £2,993,883.91.

6. Orthodontics.

Post pandemic, orthodontic services have been able to return to normal levels of activity more rapidly than high street dentistry and normal pre-pandemic contract volumes are in place for 2022/23. There is an additional initiative for non-recurrent Orthodontic activity (This is temporary activity in addition to their normal contracted activity, which means that practices will be able to treat more patients.) from 1 November 2022 to the 31 March 2023. This additional non-recurrent activity and funding is to be used to reduce waiting times for those patients on the practice waiting list who are eligible and ready to receive orthodontic treatment. In Bristol there are 2 practices participating in this initiative seeing approximately 70 more patients during 2022/23.

7. Urgent Dental Care.

A dedicated helpline for Bristol, North Somerset and South Gloucestershire was commissioned in 2019, to support the 111 service in the area. When someone calls 111, there is an Interactive Voice Response (IVR) that allows callers to choose 'Dental' from a pre-recorded menu. The service manages both in hours and out of hours appointments for the whole of Bristol, North Somerset, and South Gloucestershire area.

The helpline provides two main functions:

- to assist patients in finding an NHS dentist for routine care; and
- arrange urgent NHS dental treatment for people who do not have a dentist

The Dental Helpline is commissioned to operate between the hours of 08.00 and 22.00, 7 days a week, 365 days per year. Outside of these times, the patient will be triaged by NHS111 using the National Pathways algorithm.

8. Stabilisation

One of the exciting pieces of work currently underway is our 18month stabilisation programme:

- Throughout the pandemic there was a focus on urgent dental care and demand for this has increased (and continues to increase)
- There are a number of people who have dental issues which mean they must repeatedly access urgent care, or who do not meet the access criteria, but are still in dental pain – and the stabilisation pathway is our solution to this
- Stabilisation would provide dental care which would stabilise their oral health and mean reduced pain and reduced likelihood of going in and out of the urgent care system, or of accessing other services (i.e., via ED or the GP)

Working with high street dental practices to offer sessions of stabilisation which people could access via 111 or directly via the dental practice.

- 50 EOIs received across the South West.
- 4 practices are live in Bristol, providing approximately 360 additional appointments per month.

9. Workforce.

The key issue affecting access to NHS dentistry across the country is workforce. A shortage of dentists in Bristol 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.

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 across the country leave. Anecdotally, factors include the challenges of working in NHS practices that are experiencing high demand from patients and the opportunities in private care. We have undertaken several surveys as have Health Education England to understand some of the issues and barriers, one of which was undertaken by one of our Clinical Dental Fellows. Main factors identified related to opportunities for career development, training opportunities, flexibility in dental contracts, allowing dental teams to utilize their full scope of skills and qualifications to treat patients under differing contract models (please see full summary below).

- Main factors for working in South West: Close to family/ friends, work-life balance
- Main factors for retention at workplace: Feeling satisfied with role, realistic working targets
- Main factors for General Dental Practitioners (GDPs) working in NHS dentistry: Flexible commissioning that reduces the focus on UDA activity, more protection from litigation
- Main factors for Dental Care Professionals (DCPs) working in NHS dentistry: Flexible commissioning that reduces the focus on UDA activity, more opportunities for career progression, more protection from litigation, more salaried roles
- Foundation Training experience in SW and previous exposure of working in rural areas could influence long term retention in rural settings.
- The majority (86.5%) feels happy living and working in the SW, feel secured in their jobs (70.4%) however feel burnt out (58.3%). 43% feel they are fairly remunerated for their work.
- 89% intend to remain working in the SW, 37.4% intend to remain working in NHS dentistry.
- The survey findings have been used to inform the Dental Reform Programme action plans for retaining and recruiting staff, improving workforce training and supporting the wellbeing of our dental staff.

NHSE SW's workforce working group comprised of colleagues from the dental community and commissioners continues to develop its actions plan to address these issues.

10. Improving access to primary care for people in Bristol.

NHS England has been engaged in the following activities to increase access to NHS dental services by:

- Running a South West recruitment day supported by the British Dental Association and dental providers to try and attract all practitioners to move into the region.
- Working with dental providers to ensure existing contracts are delivering to their maximum potential.
- Reviewing under and over performance of dental contracts on a regular basis and, as part of reconciling activity to contract payment, explore with those contractors with the most variance what they are doing to address under performance.
- While we are able to issue new contracts for NHS primary care dental activity in areas of greatest need, we are having conversations where we can adjust activity and reallocate the activity where necessary,

- Developing plans to commission dental services in areas where there is inequality in access, within available resources. We are working closely with dentists, public health, and the dental school to develop referral pathways and identify initiatives to increase dental capacity across the region through the South West's Local Dental Network and six Managed Clinical Networks for dentistry.
- In collaboration with Health Education England and the Universities of Plymouth and Bristol, are offering funding to dentists working in the South West who are undertaking post-graduate courses in Restorative; Periodontal; Endodontic and Oral Surgery to increase the number of local specialists within our region.
- Working towards further innovation with existing providers to address regionalised concerns. This includes adjusting contract activity, allowing for reinvestment. Any schemes will take into account national initiatives and regional priorities, e.g., Dental Checks by 1 campaign (to ensure all children see a dentist as their teeth come through, or by their first birthday, at the latest) or increasing urgent care sessions for patients who do not have a regular dentist.

The SW Dental Team has commissioned additional mandatory dental services across the region. Priority areas have been identified focused on replacing activity which has ceased within this financial year. Contract performance criteria for these new contracts included the measurement and assessment of the number of additional new patients accepted for treatment and delivery against the Starting Well Core initiative, which aims to increase access for 0–2-year-olds, promoting early attendance at a dental practice and offering preventative care.

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; Endodontics and Oral Surgery to increase the number of local specialists and thereby improve access and capacity in these specialities.

11. Secondary care provision.

In Bristol, NHS England contracts with University Hospital Bristol and Weston NHS Foundation Trust and Practice Plus Group to provide secondary care including oral and maxillofacial surgery.

Secondary care has been impacted greatly by the pandemic as services initially ceased to free up 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 lists for some treatments.

Local Integrated Care Systems have produced elective recovery plans and the funding available (elective recovery fund) is being used to procure additional capacity in the Bristol, North Somerset and South Gloucestershire area. The Getting it Right First Time (GIRFT) programme is also underway in the South West, reviewing oral and maxillofacial surgery pathways to improve flow of patients to ensure more equitable access to treatment and better outcomes.

12. Community Dental Service.

University Hospital Bristol and Weston NHS Foundation Trust (UHBW) is also commissioned by NHS England to provide a range of community services. They operate from a range of sites across Bristol, North Somerset, and South Gloucestershire. UHBW also includes a range of community services to Bath and Northeast 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.

Special care dental providers are currently experiencing difficulties in recruiting to specialist posts. We know that our special care dental services provide an invaluable service to some of our most vulnerable people. Our ambition is to ensure that the services are as good and as accessible as possible. Hence, interim measures are in place, supported by the Special Care Managed Clinical Network, to secure additional specialists while longer term solutions are developed.

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

13. Delegation of Primary Care Commissioning.

Scrutineers can be assured that we are working with ICB colleagues at all levels to ensure a safe, seamless transition of primary care commissioning from NHS England to ICBs. In preparation for ICBs taking on delegated responsibility for commissioning pharmacy, optometry and dental (POD) services from April 2023, we have been reporting all POD related stakeholder communications and engagement activity to Integrated Commissioning Boards (ICBs) monthly since the end of July 2022. We have also been working with colleagues across the ICB to agree our future ways of working, which has led to the codesign of the structure and function of the NHSE SW regional commissioning hub.

The hub is where ICBs will be able to access existing subject matter expertise and commissioning support for delegated services from April 2023 and beyond. ICB colleagues are also participating in each of the dental reform programme working groups (referenced below) as well as working with commissioners on a local level.

14. 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 Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHS England

Dental Commissioning Team and Transformation Team with key stakeholders that have 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 programme has informed the development of 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 in 2021 and the Dental Reform Programme team held a first SPRINT workshop on 10th June 2021. 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 were established in September to focus on access, oral health improvement and workforce. The results from the workshop and prioritisation session together with the Oral Health Needs Assessment have been used by the working groups who began meeting in September to develop and deliver extensive workplans.

Now that we have a more thorough understanding of the issues, where need is greatest and what current students and the dental community suggest would make them more likely to work for the NHS in the South West, each working group has developed a workplan for the coming years. The following action plans are subject to change as we continue to consider new ideas and suggestions and learn from the pilot projects, we have commissioned to determine what works best.

Programme Commitments

In expanding on its objectives, the reform programme has developed a range of commitments related to the workplan.

15.1 Access

The following summarises the commitments and actions the dental reform programme will complete over the next year to improve access to NHS dental services in the South West: Since the last paper was submitted the follow progress has been made,

- The Urgent Care Managed Clinical Network are working to finalise current and aspirational pathways for future commissioning of urgent care.
- Dental helpline, 111 pathways are being reviewed, developing standardised access routes.
- Stabilisation pilot programme is currently being commissioned and the pilot will run until March 24. There are currently two practices in the Swindon area who have gone live with a total of 5 sessions per week. We are working with two practices to provide stabilisation for health inclusion groups, specifically focussed on Asylum seekers / refugees in Swindon.

- Routine pathway with Community Providers is completed, with an increase of appointments per system by 5%.
- Starting Well Core, increase access for 0-2 years, launched October 2022. This now forms part of the criteria for the newly procured dental contracts.
- Welfare checks for under 18s waiting for dental general anaesthetic is ongoing
- Improved access for Armed Forces families review (via MDS procurement and stabilisation) is due to start quarter 4.
- Domiciliary care review has been completed, and suggestions for change have been agreed, which will increase the number of older people accessing dental.

15.2 Workforce

- Dental Stakeholder Conference to was held in January 2023.
- Website signposting to dental vacancies and training opportunities is ongoing.
- Dental workforce data review to support the development of the workforce action plan, is ongoing.
- PLVE - The Performers List Validation by Experience programme enables the NHS to employ overseas dentists. There are now discussions underway with both the Professional Standards Team and Health Education England to look at ways in which criteria, process and regulations can be improved to increase access for overseas dentists.
- Mapping utilisation of dental chairs is taking place to better understand where there may be capacity, is ongoing.
- South West Dental Education Review programme stakeholder group, started in October and is being led by Health Education England.
- Tier 2 accreditation panel has been established work is ongoing.

15.3 Oral Health Improvement

- Supervised Toothbrushing – pilot in progress and approval to expand across the SW for 4- and 5-year-olds – out to tender.
- Task and finish group to review oral health among older population, has started with a piece of work in care homes.
- Task and finish group to review green impact on dentistry and rollout of national toolkit, is awaiting feedback from national colleagues.

16. Summary

Bristol scrutiny colleagues are asked to:

- Consider the underlying causes of the access difficulties that people are experiencing in Bristol and across the country.
- Consider the ongoing work of NHS England South West dental reform programme board to address these and improve the oral health of our population.
- Work in partnership with NHSE South West dental reform team to consider ways to market Bristol to attract the dental and other clinical workforce that it needs and encourage more young people in schools and colleges to consider a career in the NHS.