

Bristol Health and Wellbeing Board

Title of paper:	Dental Access for Adults and Children in Bristol
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Purpose:	Information

1. Executive Summary

This paper provides an overview of NHS dentistry across primary, community and secondary care, sets out some of the challenges to NHS dentistry and describes the regional and local work to improve access to our population.

2. Purpose of the Paper

To enable the Health and Wellbeing Board to understand dental access for adults and children in Bristol and to invite discussion on priorities for developing a local strategy.

3. Background

As of the 1 April 2023, BNSSG ICB with the support of the NHS South West Dental Commissioning Hub are responsible for the commissioning of dental services. 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.

Population of Bristol

The population of Bristol is 471,200 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.

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 do not 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
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. Treatment which does not include activity from Band 2b or Band 2c	3
2b	Includes extraction or fillings to 3 or more teeth or non-molar endodontic care to permanent teeth	5
2c	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

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.

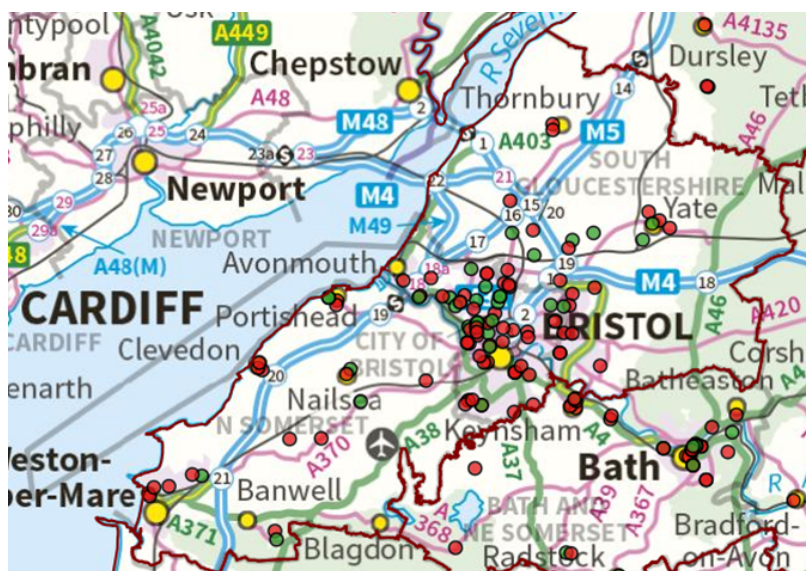
The percentage of adults seeing an NHS dentist in Bristol has decreased from 43.5% to 37.3% in the latest 12 months data available from June 2021 to June 2022. This is a drop of 6.2%. However, the access rate for the adult population of Bristol (37.3%) is in line with the access rate for England as a 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>

Commissioned Dental Activity

There are 57 practices in Bristol who provide NHS dental services, as indicated in the map.



- Total units of dental activity (UDA) commissioned for Bristol 22/23 is 723,286 value £19,822,255.4.
- Total units of orthodontic activity (UOA) commissioned for Bristol 22/23 is 38,532 value £2,993,883.91.

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 was an additional initiative for non-recurrent orthodontic activity (this was temporary activity in addition to their normal contracted activity, which meant that practices would be able to treat more patients) from 1 November 2022 to the 31 March 2023. This additional non-recurrent activity and funding was used to reduce waiting times for those patients on the practice waiting

list who were eligible and ready to receive orthodontic treatment. In Bristol, two practices participated in this initiative seeing approximately 70 more patients during 2022/23.

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.
- 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 NHS 111 using the National Pathways algorithm.

Stabilisation

Our stabilisation pilot programme continues to be commissioned and has recently been extended:

- 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 have an urgent dental problem – and the stabilisation pathway is our solution to this.
- Stabilisation provides 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 Emergency Department ED or the General Practitioner GP).
- Working with high street dental practices to offer sessions of stabilisation which people access by calling 111.
- 19 Expressions of Interest (EOIs) were received across the Bristol area. Some of those that expressed an interest were later unable to proceed.
- 8 practices are live in Bristol, providing approximately 106 additional appointments per week.

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 utilise 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.

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.

Dental access for Children Looked After and Care Leavers

A pathway has been agreed for Looked After Children (LAC) and Care Leavers (CL) experiencing dental pain. Unfortunately, this does not offer dental access to those who are searching for a dental home but will provide access to those in pain.

NHS England have liaised with Community Dental Services (CDS) providers across the South West and have an agreement that any Looked After Children (LAC) who

are in pain and cannot access a General Dental Practitioner can be referred via a named nurse, social worker, or health professional to their nearest CDS.

For all Care Leavers (CL) the pathway advises them to contact 111. They are advised when contacting 111 to identify themselves as a CL to support the urgency of the call.

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.

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 provides 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.

CDS 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.

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.

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 and stabilisation.
- 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 eight practices in the Bristol area who have gone live providing stabilisations sessions..
- 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 care.

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.

Oral Health Improvement

- Supervised Toothbrushing – pilot in progress and approval to expand across the SW for 4- and 5-year-olds – this contract has now been awarded and implementation is currently underway.
- 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.

St Pauls Closure

In March 2023 Bupa announced that they would be closing and selling a number of their dental practices across England as part of a corporate restructure. In Bristol, the practice affected was the Bupa St Pauls Practice, which held a large NHS dental contract providing dental services for approximately 10,000 patients, however due to workforce challenges outlined in 1.9 they were unable to deliver the contracted activity, which meant that in reality only approximately 4,000 patients were gaining access to dental services.

Since the announcement of the closure both the SW Dental Commissioning Team, and BNSSG ICB have been working very closely with Bupa, who remain committed to assisting in finding a solution. There has been further engagement with local residents, Councillors and the St Pauls Dental Action Group who met on the 28 June 2023 to discuss the action plan currently underway.

Since Bupa gave notice that the practice would be closing the following actions have been implemented.

Informal procurement process has begun with an Expression of Interest being sent to all practices holding an NHS contract within a 3mile radius of St Pauls (this radius has now been extended to 5miles).

Follow up calls and additional information at request have been sent out to practices showing an interest in taking additional activity. Two practices have agreed to take additional activity and are currently progressing through the governance process.

The Stabilisation Programme has been extended with Expressions of Interest being sent out, which has resulted in an additional five practices looking to join the programme or increase their current stabilisation activity, some of which have already gone live.

Confirmation has been received from both Bupa and Sovereign Housing Association the premise property owners that the lease on the premise and dental equipment will remain in situ to allow stakeholders the opportunity to find, develop and implement a long-term solution.

There have been a number of positive gains made with proposals currently being scoped to ensure their feasibility, with further meetings being arranged. These proposals have already received provisional sign-off from procurement.

4. Community/stakeholder engagement

BNSSG ICB, and the SW Dental Commissioning Team continue to collaborate closely with stakeholders involved in delivering NHS dental services within the BNSSG area. The Primary Care Committee in the ICB which provides assurance in relation to commissioning of all primary care services includes Public Health, professional body and HealthWatch representation.

Early stakeholder engagement work to inform a local strategy has been started including using the ICB Citizens Panel forum to assess citizen views of and experience of accessing dental care. HealthWatch are also providing dental

feedback reports. A commitment has been made to continue to co-design solutions with the St Pauls Dental Action Group.

5. Recommendations

The Health and Wellbeing Board is asked to note the initiatives set out in this paper to support improved oral health and access to NHS dentistry. Over the next 6 months further work will be undertaken to align the South West dental strategy with a local BNSSG programme and strategy for dental care.

The Health and Wellbeing Board is asked to discuss how it can support joint working to improve oral health and prioritisation of resources and initiatives to ensure access to care is provided to those in greatest need. For example, joint work has already identified dental healthcare as a key priority for migrant health and a business case for increased migrant health support is to be presented to the July ICB Board.

6. City Benefits

Developing strategic long-term plans, which are realistic and achievable will provide sustainable access to NHS dental services in Bristol.

7. Financial and Legal Implications

The ICB is seeking to utilise the delegated budget for dental services to improve dental access and use flexible commissioning opportunities to maximise spend of the budget. The contract is nationally negotiated and there are legal implications and procurement policies that need to be adhered whilst developing local solutions.

8. Appendices

n/a