

## Health and Wellbeing Board

6 March 2019

### Update on NHS Dental Care provision



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## Report of Pauline Fletcher, Primary Care Commissioning Manager (Dental), NHS England.

### Electoral division(s) affected:

Countywide

### Purpose of the Report

- 1 The purpose of this report is to provide the Health and Wellbeing Board with an update on NHS general dental services and access in Durham, including the challenges faced by general dental practices and initiatives being taken forward to support sustainability and transformation.

### Executive summary

- 2 NHS England are responsible for the commissioning of all dental services across the whole dental care pathway.
- 3 Whilst overall take up of NHS dental services in Durham compares favourably against the England average position, it is below the rates reported for Cumbria and North East and the North of England.
- 4 In 2017-18 only 92.23% of the capacity commissioned by NHS England from NHS dental practices in Durham was used to deliver treatment to patients.
- 5 NHS England is currently working with the local dental community and other key stakeholders to better understand the challenges facing NHS dental providers with a view to developing a local practice resilience programme aimed at supporting practices to deliver improved levels of access for patients.

- 6 NHS dental practices are experiencing similar challenges to those highlighted by other primary care contract groups (GPs) around workforce recruitment and retention and sustainability, in addition to challenges associated with the current dental contractual framework.
- 7 The National Dental Contract Reform Programme is seeking to introduce a new primary dental care regulatory contract based on a standardised clinical pathway, and remuneration model that includes weighted capitation which aligns to the intentions set out in the NHS Long Term Plan.

### **Recommendation(s)**

- 8 Members of the Health and Wellbeing Board are recommended to:
  - (a) Receive the report, note the challenges faced by general dental practices and the work being undertaken to support sustainability and transformation, to improve services for the patients/local residents.

### **Background**

- 9 NHS England are responsible for the commissioning of all dental services across the whole dental care pathway.
- 10 Primary care dental services operate in strict accordance with the National Dental Regulations and must evidence compliance with GDS/PDS Dental Regulations and the Dental Charge Regulations.
- 11 The Regulations set out the expectations and responsibilities of dental contract holders through the adoption of a standard General Dental Services (GDS) contract/Personal Dental Services (PDS) Agreement and contracting frameworks.
- 12 The regulations do not require a patient to be 'registered' with a practice, they operate on a demand led basis with a patient being the direct responsibility of the NHS dental provider only whilst they are in an 'open' course of treatment.
- 13 The regulations outline the mandatory dental services, clinical governance and quality assurance responsibilities of a primary care NHS dental provider to ensure consistent, safe, high quality dental care is provided nationally.

14 The Regulations set out the contract currency which is measured in units of dental activity (UDAs) that are attributable to 'banded' course of treatment prescribed under the regulations:

- Band 1 Course of Treatment – routine visit, scale and polish where clinically necessary = 1 UDA
- Band 2 Course of Treatment – fillings, extractions etc = 3 UDAs
- Band 3 Course of Treatment – dentures, appliances – 12 UDAs

The regulations also outline the requirement to collect patient charges in accordance with the National Dental Charges Regulations unless exemptions apply.

### **National Strategic Direction for Dentistry and alignment with the NHS Long Term Plan**

15 The National Dental Contract Reform Programme is seeking to introduce a new primary dental care regulatory contract. Currently at prototype stage nationally with a small number of dental practices testing and refining the standardised clinical pathway approach and remuneration model.

16 The Dental Contract Reform (DCR) aligns with the intentions set out in the NHS Long Term Plan:

#### *Chapter 1 – A new service model:*

- “people will get more control over their own health and more personalised care when they need it” – the DCR clinical pathway placed an emphasis on communicating patients individual risk for oral and general disease and working with them to provide bespoke tailored prevention for them. This includes advising them that they can make the greatest improvement through adapting their own personal daily oral health care and lifestyle and supporting them to make these changes.
- “Local NHS organisation will increasingly focus on population health” – DCR introduces a blended model of remuneration with a majority of a dental practice’s annual contract value based on capitation. This introduces a focus on the number of patients being looked after and cared for rather than delivery of items of treatment with an incentive to keep patients as healthy as possible. The weighted element of capitation aims to contribute to reducing health inequalities through enabling more time to be

spent for those who need it the most. It also helps the dental team to develop relationships with other health and social care partners in primary care networks.

*Chapter 2 – Prevention:*

- The DCR clinical pathway identifies risk for smoking, alcohol and sugar consumption primarily because they affect tooth decay, gum disease and oral cancer, but the pathway also encourages preventative conversations about general health and referral to appropriate services.

*Chapter 6 – Taxpayers investment will be used to maximum effect:*

- The DCR clinical pathway guides clinicians to recall patients for ‘check-ups’ at individually tailored intervals rather than the standard 6 months. For low risk patients this is recommended as 2 years.
- Evidence from the piloting phase of the programme indicates that practices are increasingly using skill mix to deliver this model, including dental nurses and dental hygienist and therapists.

**Durham Primary Care Dental Access**

17 Nationally published NHS England dental statistics (September 2018) highlights that 53.4% of the Durham Local Authority population accessed NHS dental care within the 24 month of the period ending September 2018, which is higher than the all England average of 52.4% but below that recorded for the Cumbria and North East area.

*Table 1 – Percentage of population accessing a dentist in previous 24 months*

	<b>Adults (18+)</b>	<b>Children (0-17)</b>	<b>Total</b>
Durham	52.7	56.7	53.4
Cumbria & North East	56.2	62.4	57.4
North of England	56.0	63.5	57.7
All England	50.6	58.7	52.4

18 NHS dental access is impacted positively or negatively by individual or family oral health seeking behaviour. It is unlikely that NHS dental access would ever reach 100% as there are those who seek NHS dental care on an ‘irregular’ basis or not at all, and those who choose to secure private dental services.

## Primary Care Dental Provision for Durham

- 19 There are 56 dental practices across Durham providing general dental access to adults and children, 3 of which are currently operating under a national prototype contract.
- 20 During the period April 2017 to end of March 2018 there were 787,525 UDAs funded to support general patient access across Durham (excludes capacity commissioned under prototype contracts).
- 21 726,309 UDAs (92.23%) were used to provide dental treatment for 240,152 patients of which approx.74% were adults (18 years+) and 26% children (0-17 years).
- 22 A recent audit of practices across Durham undertaken in January 2019 identified that 52% of practices had capacity to accept new patients for urgent and routine treatment,34% had not provided information with only 14% of practices advising that they were currently unable to offer access for new patients.

## Patient Satisfaction & Experience (source GP Patient Survey)

- 23 The tables below compare the results from the last two GP patient surveys in relation to patient satisfaction and experience of NHS dental services.

*Table 2 – Patient successful in getting an appointment*

	Jan 17 – Mar 17	Jan 18 – Mar 18	Movement
NHS Durham, Dales, Easington & Sedgefield	96.8%	97.3%	↑
NHS North Durham	96.0%	96.6%	↑

*Table 3 – Patient successful in getting an appointment at a new practice*

	Jan 17 – Mar 17	Jan 18 – Mar 18	Movement
NHS Durham, Dales, Easington & Sedgefield	89.3%	91.3%	↑
NHS North Durham	83.6%	87.2%	↑

Table 4 – Positive Experience

	Jan 17 – Mar 17	Jan 18 – Mar 18	Movement
NHS Durham, Dales, Easington & Sedgfield	90.2%	89.7%	↓
NHS North Durham	87.0%	89.9%	↑

### Key challenges for dental service providers

- 24 **Workforce recruitment and retention** – Some providers are experiencing difficulties in recruiting and retaining clinical staff to work within the practice. This is most noticeable in rural areas. Dentists are also choosing to work part-time hours which increases the number of staff required to cover the practice.
- 25 **Operational delivery** – recruitment and retention, increased costs; variable UDA rates; impact on contract delivery of patients failing to attend appointments, treatment of high needs patients and lack of clarity around the contract regulations are some of the examples that have been cited by providers at a recent listening event held by NHS England (Cumbria and North East) in January 2019.
- 26 **Increased workload pressures** – providers have highlighted the challenge of balancing the increased workload involved in running an NHS dental practice with delivery of clinical services, citing changes to regulations and requirements around clinical, contract management and information governance and safeguarding as examples.

### Identifying and Supporting Vulnerable Practices

- 27 Over the last two years there have been a total of 2 contract handbacks within the Durham area. The first was a small single-handed contract in Sacriston handed back in December 2017 for personal reasons. The second contract in the Seaham area closed in December 2018 due to recruitment and retention issues which had impacted on contract performance and the overall viability of the contract.
- 28 NHS England (Cumbria and North East) is currently developing a local tool to provide early detection of potentially vulnerable practices, using a range of financial, workforce, business management and deprivation measures as well as soft intelligence.
- 29 This information, together with the feedback received from the January 2019 listening events will be used to inform the development of a dental practice resilience programme.

30 Examples of work undertaken to date are set out below.

- A recruitment event for Foundation Dentists to meet with practices who have vacancies. A further event is planned for April 2019.
- Work with Health Education England to develop a mentored training programme aimed at attracting overseas dentists into areas of need.
- Work with Health Education England and Local Dental Committees to develop educational events aimed at raising awareness of dental regulations and assurance processes.
- Funding peer review audit events aimed at supporting practices by increasing awareness and knowledge of Delivering Better Oral Health.

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