

Dentistry update paper for Southampton HOSP

November 2024

Introduction:

This paper is to provide an update and overview of dentistry and dental services across Southampton for the Health and Overview Scrutiny Panel. Due to the nature of dentistry as explained in previous updates, much of the information and context around challenges facing NHS dental care is similar across Hampshire and the Isle of Wight and in some cases, more difficult than elsewhere in the country.

The paper covers the challenges, the current national contract and the steps taken by NHS Hampshire and Isle of Wight to work with providers and try to improve access to NHS dental care in Southampton.

Background:

Primary dental care is commissioned as UDAs, with a number of UDAs allocated to each course of treatment, dependent upon the treatment delivered. A UDA is a unit of payment given to providers to reimburse them for the treatment provided. More complex dental treatments use more UDAs than simpler treatments. For example, an examination is one UDA whereas dentures equate to 12 UDAs. The number of UDAs a patient will need in a year will depend upon their oral health.

NICE guidelines suggest recalls for treatment range from three to twelve months for children and three to 24 months for adults. There is a direct correlation between deprivation and oral health, patients who live in more deprived areas have a higher dental need due to increased health inequalities they may experience which makes gum disease more likely. However, these groups are less likely to access a dentist, which further impacts their dental fitness. When patients do access a dentist they often use more UDAs a year, as they may require more complex treatment and have shorter recall period, resulting in frequent check-ups all of which utilise more UDAs compared to patients who live in a less deprived area.

The model of existing primary dental care was introduced in 2006 when the General Dental Services (GDS) Contract and Personal Dental Services (PDS) Agreement were introduced. Under that arrangement, which remains in place, contracts specify a defined number of UDAs for a defined contract value, with those issued in 2006 based on treatment provided during a 12-month test period in 2004/5. This period, now almost twenty years ago, was during the time when a dental practice could set up where they wished and deliver as much or as little NHS care as they chose. The current dental contract framework and legislation no longer allow practices to set up or provide as much as they wish; for existing practices this is

limited to their contracted activity and new NHS practices can only be established after an open procurement process.

GDS contracts exist in perpetuity unless they are voluntarily terminated by the provider or the commissioner as a result of contractual breaches. Currently a commissioner is not able to reduce contracted activity in one area and move this activity to an area it considers of greater need. There have been annual increases in dental budget allocations as agreed nationally, but this does not take into account increases in population size.

Current circumstances:

Dental services are commissioned through a variety of contracts depending on the services provided. High street dental practices are commissioned via contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005.

These dental practices are independent contractors who receive predefined funding each month from the NHS in line with contractual obligations. Practices who provide NHS services can also deliver private dental care from the same location. Due to different types of contracts being offered to Providers back in 2005 when the contract was introduced, some practices provide NHS services to all groups of patients, some are for children and charge exempt patients only and some may see children only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices; Band 1= 1 UDA, Band 2= 3 UDAs and Band 3= 12 UDAs.

NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not to services provided under NHS standard contracts for service delivered in acute hospital settings. The patient charges relate to the bands of treatment delivered in primary care. Services are delivered under treatment Bands 1, 2 and 3. Currently the charges for treatments are defined as:

- Band 1 charge is £26.80
- Band 2 charge is £73.50
- Band 3 charge is £319.10

The link below provides more details of which treatment is within which band:

<https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

Patients are not registered with dental practices as they are with a GP practice and a dentist has no obligation to see a patient in the same way a GP does. Patients are however encouraged to attend at regular intervals (recall) with the regularity of attendance based upon their assessed oral health needs which can be from every three months to two years. It is not necessary to see a dentist every six months unless this recall period has been identified by a dentist. Details of practices providing NHS dental care in Hampshire can be found on: <https://www.nhs.uk/service-search/find-a-dentist>

In addition to the services delivered in primary care there are other NHS dental services. They are:

- **Unscheduled Dental Care (UDC)** – most ‘urgent’ treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- **Orthodontics** - these services are based in ‘primary care’ but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- **Special Care Dentistry and Paediatrics** (also known as Community Dental Services) – services for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.
- **Hospital services** – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.

The tables below detail NHS Dental services available in Southampton for the 2024/25 financial year. Portsmouth and the Isle of Wight has been included for comparison.

Primary Care services:

Local Authority	No. of Contracts	Units of Activity (UDAs)
Southampton	24	463,231
Portsmouth	23	359,480
IOW	12	179,876

Currently, a total of 185,810.60 UDAs have been delivered as of September, which is the latest possible figure. This represents a delivery of 40 per cent, five months into the financial year. This compares to nearly 32 per cent in Portsmouth for context.

Onward referral services:

Service	Provider	Area covered
Orthodontics	19 Providers	Entirety of Southampton, as well as elsewhere in Hampshire, Portsmouth and Isle of Wight apart from Gosport
Oral Surgery (complex extractions)	6 Providers	Entirety of Southampton as well as parts of Hampshire

Community Dental Services	Solent NHS Trust	Hampshire and the Isle of Wight
Hospital services	Hampshire Hospitals NHS Foundation Trust	Choice applies

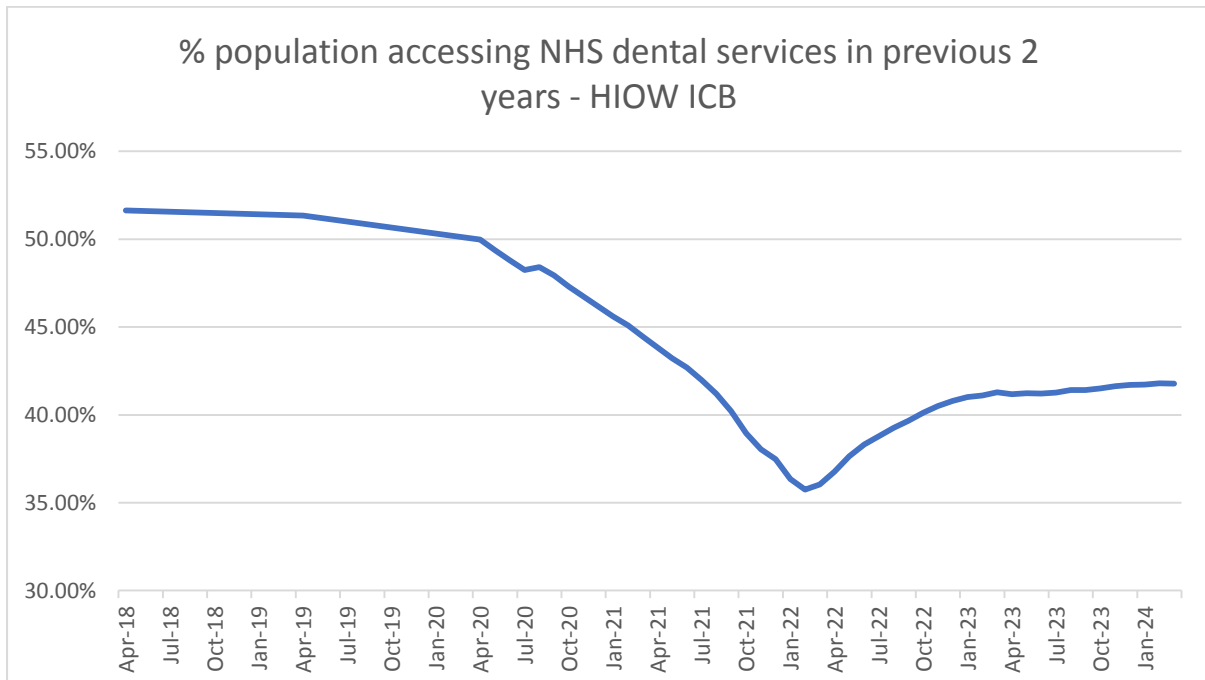
Access:

In April 2018, 938,883 people (51.64 per cent of the population) accessed NHS dental services in the previous 2 year period. In April 2019, prior to the pandemic 933,361 people (51.34 per cent of the population) accessed an NHS Dentist attendance within a 2-year period. This is based on the recorded population of 1,831,473 living in Southampton as well as Portsmouth and Hampshire.

However, this fell significantly during the pandemic where practices had to close for 3 months between March and June 2020 and operated at reduced capacity until July 2022. In early 2022 the percentage of patients attending dental practices fell to **35.74 per cent in February 2022**. Access has however started to improve with **41.21 per cent** of the population (754,33 people) attending by June 2023.

This trend has continued to rise, with 41.8 per cent of the population in Hampshire seeing a dentist on a regular basis as of February 2024, which can be seen via the chart below.

The latest figure for access over the past two years will be shared in the meeting itself.



Challenges faced:

While access continues to improve, much of the difficulty around increasing this capacity surrounds workforce and the national dental contract, formed in 2006. These issues feed each other, causing long waiting times and difficulties in finding a dentist who accepts NHS patients.

Dental practices are independent businesses, with those who choose to, commissioned to undertake NHS activity for patients. However, many choose to operate privately as it may suit their business model, work balance and finances.

Under the terms of the contract, if a patient needs a filling correction, root canal treatment and a crown under their treatment plan, the dentist will be paid for the crown only as this is the highest level of activity. It is also only what the patient will be charged for.

However a private dentist can choose to charge for all the work under the treatment plan. These complexities can make NHS work less appealing for dental practices, with anecdotal evidence informing us of this. Having a shortage of workforce willing to take on NHS work means that there is less availability for the general public. The previous government's dental recovery plan from February cites that coastal communities face further workforce challenges due to geography, meaning that Hampshire and Isle of Wight is a particularly challenged area to commission NHS activity for dental services, with the Isle of Wight specifically facing difficulties.

The current Labour government is committed to reforming the national contract, which NHS Hampshire and Isle of Wight would support, which is a message we regularly share at a national level with MPs.

Recruiting and retaining dentists, as is the case with other healthcare professions, is difficult. Even where it has been possible to procure additional services, we can find that providers take dental professionals from existing NHS practices especially where they are in close proximity. The differential in UDA rate allows providers to use differing pay rates, which is why NHS Hampshire and Isle of Wight is seeking to intervene to create equity and, we hope, improve access to services for local people. Fortunately the key responsibility that has come to Integrated Care Boards is the ability to impact the UDA rate locally. This helps us to make local interventions and ensure we create equity across dental providers in our area, which may help to mitigate the workforce challenges we face.

This is evidenced by the swift re-procurement of the contract held by Astradent. In the summer, Astradent entered into administration and meant that multiple Southampton practices closed at short notice. NHS Hampshire and Isle of Wight was able to work with local NHS providers to ensure the practices were back open within two months under Damira Dental Studios, minimising patient disruption and treatment.

Actions and next steps:

Hampshire and Isle of Wight Dental Strategy and Dental Implementation Plan 2024/25

The dental strategy was approved at the Primary Care Committee on 17 January 2024, increasing the momentum to deliver on the following strategic priorities: Access, Oral Health Promotion and Stabilisation all of which will start to build a stable foundation to increase

dental capacity in the system, increasing education opportunities and access for patients. The priorities will be focused on the following groups initially: children including Looked After Children, pregnant and post-natal people, care home residents and those with dementia and patients experiencing Health Inequalities.

Requesting reform of the national dental contract

NHS Hampshire and Isle of Wight would welcome national dental contract reform and we continue to try to support these efforts wherever possible. Recently we have had support from MPs to raise this at a national level, including in parliament around UDA rates for coastal communities.

This builds on previous work where we attended the Health and Social Care Select Committee in parliament last year, making a number of recommendations which formed part of the previous committee's [findings and recommendations on 14 July 2023](#).

The current Labour government has pledged to reform the national contract and we will continue working with our MPs to support this.

Mobile dental units

In February 2024, NHS Hampshire and Isle of Wight launched a partnership with dental charity, DentaId, to deliver dental care via the NHS to communities who are experiencing health inequalities. Patients including families experiencing poverty, people at risk of homelessness, children, and new and expectant mothers in areas at highest risk of poor dental health can make appointments to see the dentist on a mobile dental unit. Emergency appointments are also available for eligible patients who are suffering acute pain and have no other access to dental care.

Since launching, it has visited multiple sites within Southampton, treating patients with these health inequalities, including those who haven't seen a dentist in years. It will continue to do so for the foreseeable future, with multiple mobile units operating across Hampshire and Isle of Wight at the same time. Across the entire area, it has performed more than 12,000 treatments, making a significant impact.

DentaId's mobile dental units work with partner organisations such as family hubs, community centres, public buildings and sports facilities, with patients then invited to make appointments to see the dentist onboard who will provide check-ups, oral cancer screening, oral health advice and a full course of treatment if required. Emergency care is also including extractions and fillings via referral from 111. All treatment is free of charge, with the service commissioned and paid for by NHS Hampshire and Isle of Wight.

Working with local NHS dental providers

NHS Hampshire and Isle of Wight works closely with Southampton dental providers in the NHS, and those further afield, which has meant that we have been able to react quickly where needed.

Astradent and its Southampton practices in Shirley and Brunswick Place closed in July with the NHS being given a very short notice period. They had delivered 10,000 UDAs of their

contract before entering administration. Within two months, having worked with local providers, the practices reopened with Damira Dental Studios.

Patients who had been undergoing an existing course of treatment were allocated for, alongside a further 38,000 UDAs being commissioned for Damira to undertake NHS treatment from the practices in Southampton, Portsmouth and further afield.

This positive outcome was a result of working quickly for a local solution that ultimately led to minimal disruption for patients.

Targeted support

While mainly benefitting practices on the Isle of Wight, targeted support has been commissioned on the island with NHS Hampshire and Isle of Wight temporarily increasing the UDA rate. It is likely that patients on the Isle of Wight travel over to the mainland to receive dental care on the NHS. Therefore by increasing capacity on the island, it will free up capacity in Hampshire.

In addition, NHS Hampshire and Isle of Wight has been undertaking local rapid commissioning processes in Havant, Portsmouth and Isle of Wight. As patients can access treatment at any dental practice, regardless of distance from their address, this rapid commissioning will further support the NHS Dental system.

Commissioning additional activity

Since April 2023, several dental practices have been undertaking temporary additional activity, which will continue until October 2026, giving each dental practice that is involved, assurances for stability to employ staff on a longer-term contract. The temporary activity provides access and supports providers whilst the Mandatory Dental Services full procurement process is undertaken. The additional UDAs commissioned via temporary additional activity is 115,852 UDAs at a cost of £3,636,597.42.

Enabling additional capacity

NHS Hampshire and Isle of Wight implemented a Flexible Commissioning arrangements in 2023/24 whereby practices can convert up to ten per cent of their contract value from delivery activity targets to increase access for patients.