NHS
Hampshire and Isle of Wight

Southampton dentistry update: December 2022

Context

1. Hampshire and the Isle of Wight Integrated Care Board now has delegated responsibility for dentistry, alongside pharmacy and optometry. The local authority retain their statutory responsibilities for surveillance and improvement of oral health of our population.

2. Integrated Care Boards (ICBs) have an explicit purpose to improve health outcomes for their whole population and the delegation will allow us to integrate services to enable decisions to be taken as close as possible to our residents. We are working to ensure our residents can experience joined up care, an increased focus on prevention and better access to care and advice.

3. The COVID-19 pandemic caused NHS dental providers to close for routine care, causing backlogs in routine dental treatment. In time dental practices restarted their routine treatment but with new safety controls in place, limiting the capacity for dental providers to see as many residents as before.

4. We know Southampton's residents continue to struggle to access dental services, and this is partly due to the existing health inequalities which already exist in the city. We also know that the proportion of our population accessing dentistry services across the city is slightly lower than other parts of Hampshire and Isle of Wight; however the improvements to access following the closedown during the pandemic is on the same trajectory as the rest of Hampshire and Isle of Wight.

5. There are a range of challenges which need to be overcome to make significant improvements; this paper provides an overview of contractual challenges, the opportunities now available with new arrangements coming into place, and the work currently underway to make progress.

Contracting

6. Primary dental care is commissioned as units of dental activity (UDAs) with the number of UDAs awarded to each course of treatment dependent upon the treatment delivered. A UDA is a unit of payment given to providers which is used for different courses of treatments. More complex dental treatments would count for more UDAs than simpler treatments. For

example, an examination is one UDA whereas dentures equates to 12 UDAs clinical activity. The number of UDAs a patient will need in a year will depend upon their oral health.

7. 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, with those from more deprived households often needing more UDAs a year as they may have more frequent check-ups with higher treatment need identified which attract more UDAs.

8. 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 proved 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.

9. GDS contracts exist in perpetuity, unless they are voluntarily terminated by the provider or the commissioner as a result of contractual breaches.

10. At the current time 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.

New procurement

11. There have been a number of contracts that have terminated in our area, as a result of providers choosing to hand their contract back.

12. Prior to the pandemic a procurement was undertaken in the areas of Hampshire and Isle of Wight that were impacted by this the greatest. The recommissioning of general dental services in our area was delayed due to the pandemic.

13. This review was completed by NHS England's Dental Public Health team in January 2022, which also took into account further terminations that had occurred during the pandemic. In line with the results of this review, the South East region are commissioning new contracts in the five areas of greatest need, based upon deprivation, to increase recurrent UDAs in these areas.

14. The number of UDAs commissioned will be proportionate to the deprivation of the local authority so that the more deprived areas have a greater number of UDAs commissioned.

15. The budget available to re-commission is derived from what is currently used to commission non-recurrent activity ending on 31 March 2023, the budget released from recently terminated contracts, as well as reserve funding.

16. This will allow 222,000 UDAs to be recurrently commissioned across Hampshire and Isle of Wight and will give greater choice to patients living and working in the more deprived areas and reduce the need for patients to travel to receive dental care. Bids were received as part of this process and two were successful in Southampton, which equates to 42,000 UDAs across two locations; one is located in Shirley and the other in Woolston. The provider will advertise locally when they are in a position to open their patient list.

17. The successful bidders are currently mobilising their services which are to be delivered from a mixture of current premises and newly developed premises. It is anticipated that this will come into effect 1 April 2023, subject to any unforeseen delays.

18. This is subject to recruitment and no unforeseen delays with building works or equipment delivery. We will be monitoring mobilisation and working closely with providers to support this where we can. While this is unfortunately 5 months away, the offer of additional funding for additional sessions for urgent care as well as temporary activity for routine care remain and the new allowance under Dental System Reform (DSR) for practices to be paid for over performance up to 10% is also available to practices. With the challenge of recruitment, we do not anticipate these options will increase access significantly.

Monitoring dental contracts

19. All dental contracts are monitored to ensure they reach their contracted activity and dental practices must be within a -4/+2% tolerance at the end of the financial year. Practices that underperform are required to repay the funding for unachieved activity. Where practices over-perform by up to 2% this is deducted from their following year's activity requirement.

20. A performer (dentist) providing largely full time NHS care delivers approximately 7,000 UDAs per annum, although activity can differ from performer to performer. Providers that hold an NHS contract are required to engage dental performers to undertake the delivery of the contracted activity; commissioners do not have a contractual relationship with a performer. The Provider is also responsible for employing the appropriate support staff to deliver their contracted activity.

21. Since July 2022, when practices have been required to deliver 100% of their contracted activity, there has been an overall increase in activity, but most of this activity is focussed on reducing the backlog of care and not on new patients.

Routine and urgent care priorities

22. For routine care, details of practices providing NHS dental care can be found on: https://www.nhs.uk/service-search/find-a-dentist or by ringing 111 who will provide details of local dental practices providing NHS care.

23. We recognise the anxiety of not having access to an NHS dentist for routine care. NHS England has put in place additional funding to all practices in the region in order to provide sessions outside normal contracted hours for patients who did not have a regular dentist and had an urgent need to receive dental treatment. The offer of funding additional sessions remains open so that should practices subsequently determine they have the staffing levels to safely deliver additional NHS sessions, these will be established.

24. Should any patient need urgent dental care, or they have been able to access temporary urgent care and still require further treatment to stabilise their oral health or need dental treatment before undergoing certain medical or surgical procedures, or be a Looked After Child they will be able to contact one of the practices to obtain treatment available through the link above or calling 111. With the focus remaining on reducing this backlog, practices may not be able to provide routine care for patients that do not have an urgent clinical need.

National and regional actions

25. A recent procurement has resulted in the award of new contracts in multiple locations across Hampshire and these are anticipated to start delivering care from April 2023. In the meantime, temporary activity continues to be delivered by several practices across our locality, until the new contracts are able to begin to see patients.

26. Earlier this year there was an announcement of planned changes to the NHS dental contract with the first phase now implemented. These changes are:

    - Introduction of a minimum indicative UDA value of £23.00
    - Patients with fillings or extractions of three or more teeth in a course of treatment will attract 5 UDAs (previously no limit on number of teeth per course for 3 UDAs)
    - Molar endodontic treatment will attract 7 UDAs to recognise the time this takes to complete (previously 3 UDAs)
    - Agreement for national dental team to provide patient leaflets etc to help dentists and patients implement the NICE guidance relating to patient recall intervals
    - Promotion of guidance to assist with effective skill mix in dental staff
    - Amendments to dental contract to allow contractors to deliver up to 110% of their actual contract value on a non-recurrent basis when agreed with commissioners to ensure this meets local needs.
    - Contractors to ensure their entry on NHS.uk https://www.nhs.uk/service-search/find-a-dentist is up to date as a quarterly requirement or when unexpected changes to opening times occur allowing patients to find a practice who is accepting NHS patients, easier.

27. More widely, Health Education England has published 'Advancing Dental Care (ADC) Review Report', the culmination of a three-year review to identify and develop a future dental education and training infrastructure that produces a skilled multi-professional oral healthcare workforce, which

can best support patient and population needs within the NHS. The Government is currently considering the next steps.

28. In addition, the Government is also considering moving forward with water fluoridation, a public health initiative the Chief Dental Officer strongly supports. As the robust international evidence shows, water fluoridation is another public health tool that can reduce the incidence of tooth decay amongst adults and children – saving potentially thousands of teeth and improving oral health inequality in the process.

Local actions

29. We know there have been and remain significant recruitment and retention challenges. In addition to the new national contract that will be implemented nationally, we are actively looking at ways to bring new dentists to the area.

30. We are also building a new dentistry team within the ICB, to help progress our local focus and transformation agenda, as well as a specific focus on recruitment.

31. In June 2022 a Dental Summit was held in Portsmouth. The summit recommended a steering group be set up, led by Professor Chris Louca, to progress a bid for a Centre for Dental Development at the University of Portsmouth Dental Academy.

32. The ICB is working closely with NHS England as part of the transition of responsibility for dentistry, pharmacy and optometry commissioning. The opportunity to bring these responsibilities into the ICB means we will be able to continue to work at scale – as has been the case with this commissioning for many years – while bringing in a new place-based focus addressing local needs. The place-based Primary Care Operational Groups, which until now have been the local governance route for GP services, have had their remits expanded to take in these new responsibilities.

33. We are aware that access to dental services is a key concern for local people. Across the ICB footprint, we have asked the four Healthwatches to review the feedback they have received from our communities. The review so far has highlighted that access to NHS dentistry is difficult for many people with services often offered only if people are prepared to pay. Local communities find it difficult to find a dentist for themselves and their children despite making numerous phone calls to many dental practices over a long

period of time. Once the review is complete, we will be working with the Healthwatches to determine the next steps and how we work together to identify potential short, medium and long term solutions.

34. The ICB's initial priorities will be to ensure appropriate oral health strategies are in place across the system, and to build relationships with providers, addressing their concerns and supporting them with their services and estates. As this work progresses we will keep the Panel updated.