



Southampton Health & Care Partnership Board

Title of paper	Hampshire and Isle of Wight ICB Dental Update		
Agenda item		Date of meeting	26 September 2024
Exec lead	James Roach - Director of Primary Care Transformation	Clinical sponsor	Lara Alloway – Chief Medical Officer
Author	Jo Tomkinson, Primary Care Transformation Lead – Dental		

Purpose	For decision	<input type="checkbox"/>	Link to strategic objective	<p>Improve outcomes in population health and healthcare. Tackle inequalities in outcomes, experience and access.</p>
	To ratify	<input type="checkbox"/>		
	To discuss	<input type="checkbox"/>		
	To note	<input checked="" type="checkbox"/>		

Executive Summary	
This summary provides an overview of Dental access in Southampton and key dental initiatives. It is intended to give the Southampton Health & Care Partnership Board an overview to enable discussion.	
Recommendations	The Southampton Health & Care Partnership Board is asked to discuss the Hampshire and Isle of Wight ICB Dental summary.
Publication	Include on public website <input type="checkbox"/>

Please provide details on the impact of following aspects	
Equality and quality impact assessment	N/A
Patient and stakeholder engagement	N/A
Financial impact, legal implications and risk	Contained within the paper where required.

Governance and Reporting- which other meeting has this paper been discussed		
Committee Name	Date discussed	Outcome

Hampshire and Isle of Wight ICB Dental Update

1. Summary

- 1.1. Dentistry remains a key priority area for patients and NHS Hampshire and Isle of Wight (HIOW). Dental access in Southampton is recovering, 2023/24 delivered activity increased by 13% on the previous year. As of May 24, 4,294 more patients living within Southampton Local Authority were seen compared to November 2024 (3,034 adults and 1,260 children).
- 1.2. The mobile dental units continue to provide additional access to Southampton residents, providing 67 clinics in Southampton, seeing over 500 patients, across 8 locations, providing over 2,000 treatments since July 2024.
- 1.3. The national patient premium is supporting practices to see and treat patients who have not been seen by an NHS dentist in at least two years. The first 3 months of data confirm that 21,473 adults and 15,934 children have been seen under this initiative in HIOW.
- 1.4. A provider who went into administration in July 24 has already had replacement activity agreed with an existing dental contract on a 12-month basis to ensure patient access whilst the ICB procures permanent replacement activity.
- 1.5. The ICB continue to engage and support dental providers and professionals. Recent initiatives include funded training, Dental Recruitment Incentive Scheme and Provider Resilience Scheme.
- 1.6. This following paper will:
 - provide national and local dentistry context
 - highlight common dental misconceptions
 - give an overview of dental access in Southampton
 - summarise Dental strategy implementation to date

2. Context

- 2.1. The following are the key challenges within Dentistry:
 - Access – Patients have difficulty finding an NHS dental practice who is accepting new patients and those known to a dental practice have an increased wait time for a routine appointment.
 - Workforce – There is a national shortage of Dentist and Dental Care professionals. This results in the under delivery of contracted activity and creates an access issue for patients.
 - Dental contract - The contract is activity driven, where practices are paid in Units of Dental Activity (UDA) depending on banding of treatment delivered but it is rigid and does not promote preventive work or consider patient complexity. The UDA rates vary from practice to practice based on historic practice data. The rates do not consider patient need and the geography of the local area. For some practices this disparity leads to contracts becoming unviable and the contract is terminated.
 - Health Inequalities – There is higher dental need in deprived areas 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 health.
- 2.2. 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 equate to 12 UDAs. The number of UDAs a patient will need in a year will depend upon their oral health.
- 2.3. Nationally there is a significant challenge in accessing NHS dentistry. There are issues with the availability of NHS dentists, especially within areas of deprivation, which result in difficulties in finding a dentist who accepts NHS patients and long wait times. There was a recent survey by the BBC and British Dental Association which found that 90% of practices across the UK were not accepting new adult NHS patients and 80% were not accepting new child patients. In response to this, the Health and Social Care Committee launched [an inquiry into dentistry](#) which considered the dental access issues and created a report summarising these with suggestions for the government to implement which the [government has responded to](#). The paper included access, addressing inequalities, improved NHS dental contracting and an increase in recruitment and retention of dental professionals.
- 2.4. Prior to the NHS Dentistry inquiry, the dental profession had been vocal regarding their dislike of the NHS Dental Contract, stating it discourages dentists to work in the NHS. Feedback of this kind prompted the Dental Contract Reform (DCR). The DCR is focusing on addressing the issues with the current NHS contract and will revise the contract according to its findings to enhance patient care and improve delivery of NHS dentistry. The first phase of the DCR is complete and implemented enhanced UDA value and funding for new patients to support the higher needs of patients and improved skill mix guidance. The second phase of the DCR is expected shortly.
- 2.5. In addition to above challenges, there are national issues with recruitment and retention of Dentists within the NHS. The following factors have contributed to a shortage of Dental Care Professionals (DCPs), particularly in some rural and deprived areas:
- Brexit has meant that dental graduates from the EU are less likely to practice in the UK.
 - Overseas Registration Examinations for Dentists from outside the EU is required before Dentists can practice. Dental professionals need to be on the NHS Performer list before they can practice within the NHS.
 - Attractiveness of the area – dental professionals usually want to live in attractive areas with good transport links, schools etc.
 - Available funding for NHS dentistry – tariffs were initially set based on historical rates so areas where dental need is higher, do not necessarily correlate with higher rates.
 - Retention issues, the demand for NHS services is immense and the complexity of NHS contractual arrangements can make private practice very attractive, as usually, there are better wages, packages, and less patient complexity in private practices.
- 2.6. The NHS has published the [Long Term Workforce](#) plan in June 2023 which details the plan to increase ‘dentist training places by 40% so that there are over 1,100 places by 2031/32’. In addition, there will be over 500 training places for dental therapists and hygiene professionals by 2031/32.



3. Common Dental Misconceptions

- 3.1. There is no such thing as an NHS Dentist, only a dentist with an NHS contract. Dentists can only undertake NHS work when they are registered with both the GDC and the NHS as a performer; and they have won a tender to deliver NHS dentistry, or they have joined a dental practice which holds an NHS contract.
- 3.2. Patients can attend any practice in England, it is not limited by their postcode or GP practice. Patients are not registered with a dental practice the same way they are with a GP. Dentists are only obligated to complete a course of treatment once initiated. When the treatment is finished there is no obligation for the dentist or practice to see the patient in the future. Most dental practices hold business lists and may recall a patient after a specific time period for a checkup, but this is at their discretion. The amount of time between checkups is called recall and it ranges from 3 months to 24 months depending on the oral health of the patient.
- 3.3. Dental practices are independent businesses, and unlike GPs, they receive minimal funding to support with business costs. There is a well-established private market for dentists to move to should they no longer wish to undertake NHS work.
- 3.4. Dental records are the dental practices property and are not shared with other dental practices or the wider healthcare system. If the patient moves to a new practice, a new record is started.
- 3.5. GPs cannot treat the causes of dental issues as they are not usually qualified or insured to do so but they can prescribe to manage the symptoms of dental issues whilst the patient is waiting to see a dentist.

4. Access

4.1. Southampton Dental Contract overview

In 2023/24, number of UDAs delivered by Southampton dental providers was 81.6%, **an increase of 13% compared to 2022/23.**

2023/24 data is not finalised, so they may be slight variation in the numbers above.

4.2. Southampton Patient overview

As of May 24, **4,294 more patients** living within Southampton Local Authority were seen compared to November 2024. This is an increase of 3,034 adults and 1,260 children. Currently 33.9% of Southampton residents have seen a dentist in the last 12 months in 2024/25 (Adults 28.9% and Children 53.4%).

It should be noted that dental activity is usually slower in the first 2 quarters of the financial year.

The above figures only give an indication of access in areas as patients may need to be seen more or less frequently than at a 12-month interval. NICE guidelines suggest recalls for treatment range from three to twelve months for children and three to twenty-four 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.

4.1 and 4.2 do not include any data from the commissioned Mobile Dental Units.



4.3. New Patient Premium

Between March and June 2024, across HIOW, 21,473 adults and 15,934 children have been seen as a new patient under this initiative.

For context this scheme offers additional payment for practices who see patients who have not been seen by an NHS dentist in at least two years. This scheme continues through 2024/25.

4.4. Dental Mobile Service

As previously noted, Dentaaid have been commissioned to provide mobile dental units which commenced on the 2 February 2024. They provide targeted to increased access to populations that are in greatest need of dental access. The service will focus on populations with health inequalities such as, but not restricted to, homeless, deprived areas and looked after children but will also be able to provide dental services in areas where there is least provision geographically. The service will also accept urgent referrals from 111.

Due to the way the service is commissioned, patients accessing the service are not included in the above figures.

As of the end of July 2024, Dentaaid had delivered **67 clinics** in Southampton, **seeing over 500 patients**, across 8 locations, providing over 2000 treatments. **130 patients** accessed the service for **urgent treatment**.

4.5. Contract termination

A dental provider has gone into administration who had practices in Southampton and Portsmouth.

The ICB has instigated an urgent direct contract award to an existing dental contractor, who has leased the incumbent premises, on a 12-month basis to ensure continue provision of care for patients.

4.6. NHS HIOW Dental Strategy

- The full dental strategy has been ratified by the Primary Care Committee (PCC). The strategy is a live document and will be periodically reviewed and updated in line with new understanding.
- Below are NHS HIOW Dental the strategic priorities:

Oral Health Promotion

- Ensure there is prevention education at all ages, focusing on health inequality.
- Every contact has the opportunity for Oral health promotion.
- Proactively work with pre-natal and post-natal parents via midwives/health visitors and vulnerable elderly, such as care home residents, to promote good oral health.

Stabilisation

- Reduce UDA value variation and review impact of procurement on current contracts.

Access

- Ensure the dental pathway is easy to navigate and well-advertised.
- All patients, regardless of dental need, would be able to access routine or urgent appointments as there are enough resourced dental providers in the local area to meet the demand. Ensure adequate access for Urgent, Routine and Specialist Services.



Achievement of the strategic priorities will be enabled by the following:

Workforce – recruitment and retention

- Skill Mix
- NHS Performer number
- Centre for Dental Development

Data

- Use Business Services Authority (BSA) data to drive decision making to improve care, commissioning and contract management.

The strategy has identified these priority groups to be a focus for any schemes or projects:

- Children
- Pregnant and Post Natal people
- Care home residents and those with dementia
- Patients experiencing Health Inequalities.

5. Approved Schemes

5.1.1. Dental Mobile Service

- Following the success of the service, approved has been received to increase clinic delivery from 569 to 745 annually additional clinics, which will be commencing in Autumn 2024.

5.1.2. Dental recruitment incentive scheme ‘Golden Hellos’

- Dental Recruitment Incentive scheme (DRIS) also known as ‘Golden Hello’ is a national scheme (Dental Recovery and Reform plan) which aims to support practices with recruitment and retention.
- Dentists will receive up to £20,000, over 3 years, depending on hours works to attract individuals into areas which are hard to recruit to.
- NHS HIOW have offered places in Isle of Wight and Portsmouth initially. The scheme will be reviewed, if successful maybe be offered in other areas of the ICB.

5.1.3. Provider Resilience Scheme

- NHS HIOW are trialling a process which allows Dental Contractors to request additional funding or a review in their UDA or Unit of Orthodontic Activity (UOA).
- Each individual scheme when tested against the scheme criteria, will be subject to ICB Financial governance before final financial approval is given.

5.1.4. Post Graduate Certificate in Conscious Sedation for Dentistry

- Funding for up to 10 placements for the Post Graduate Certificate in Conscious Sedation for Dentistry.
- The post graduate certificate is delivered by Portsmouth University Dental Academy and the CDS Service. The course is a 1-year part time programme and commences in September 2024.
- The course upskills qualified dentists to be able to carry out Conscious Sedation in practice and prevents patients having to access care in Acute settings. Dental practices are invited to send expressions of interest to the ICB for review.



6. Priority Projects

6.1. Centre for Dental Development

- Centres for Dental Development (CfDD) joins education and training at all levels with service delivery, located in areas of identified need. The CfDD will provide a range of training opportunities including apprenticeships and post graduate opportunities, growing the skills of the Dental workforce and tailored to the needs of HIOW dental workforce. While trainees are developing their skills, they will be able to provide care to patients, improving access.
- Work is ongoing with partners across the system to look at feasibility, location, procurement, contracting and funding.

6.2. Dental – The Big Conversation

- A community engagement event took place in June 2023. The ICB worked with the Regional Team and Healthwatch to bring together providers, commissioners, Local Dental Committee and Healthwatch with the aim of co-designing solutions to the current access issues.
- The POD team are currently scoping a follow up Big Conversation event.

6.3. Procurement

- NHS HIOW ICB are determining size and locations for the next Mandatory Dental Services (High Street Dentists) procurements.

7. Decision required

The Southampton Health & Care Partnership Board is asked to note the Hampshire and Isle of Wight ICB Dental summary.