

Yorkshire and the Humber Rotherham Scrutiny Committee 28th July 2022 – Dentistry

1. Background

NHS England (Yorkshire and the Humber (Y&tH)) is responsible for the commissioning and contracting of all NHS dental services across South Yorkshire. Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs.

It is helpful to remember that, unlike general medical services, patients do not 'register' with a dentist and it is not a requirement for a patient to be on a specific practice's list to access NHS dental care. Practices are only contractually responsible for seeing a patient whilst they are under a course of treatment or have recently completed a course of treatment.

While NHS England has the remit for providing dental services, Local Authorities have the statutory responsibilities around oral health improvement, including responsibilities in relation to water fluoridation and for commissioning evidence based oral health improvement programmes to meet the needs of the local population. Partnership working and complementary commissioning is important between local authorities and NHS England, through a community approach maximising the skills of the wider health and social care workforce by making every contact count. An example of this is the flexible commissioning programme (refer to section 5.3).

1.1 Key Challenges

- Access/inequalities: NHS England inherited a range of contracts, from Primary Care Trusts, when it was established and these 'legacy' arrangements mean that there is inconsistent, and often inequitable, access to dental services, both in terms of capacity in primary care and of complex and inconsistent pathways to urgent dental care, community dental services and secondary care.
- Primary care national contract: rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider.
- Procurement: procurement rules introduce further challenges to levers to change to commissioning arrangement; it is not possible to introduce innovative ways of working without testing the market.

2. Dental Provision in Rotherham

NHS England commissions primary care services from 26 dental practices in Rotherham (general high street dentistry). A number of additional services are commissioned by NHS England for Rotherham residents including Orthodontics, Intermediate Minor Oral Surgery (IMOS), Secondary Care services, Community Dental Services (CDS) and Urgent Care* accessed via NHS111.

The NHS CDS is provided by Rotherham Foundation NHS Trust which is a specialist service providing treatment for children and adults with special needs which also includes some domiciliary dental care.

Domiciliary dental care is also provided through a contract with one of the general dental practices in Dinnington to a number of care homes in the borough.

*Nb. *Urgent Care includes conditions which should receive self-help advice and treatment within 24 hours*

3. Impact of Covid-19 Pandemic

The COVID-19 pandemic and the requirement to follow strict infection prevention control guidance to ensure that patients could be treated safely, significantly impacted on dental services. Demand for NHS care is therefore significantly higher than pre-pandemic levels at all practices.

While the number of available appointments for regular and routine treatment is increasing, dental practices continue to balance the challenge of clearing any backlog with managing new patient demand, all at the same time facing significant workforce challenges.

4. Access to NHS dental services

Many NHS dental practices also offer private appointments which, as independent contractors, they are at liberty to do. Mixed practices, offering both NHS and private treatment, tend to have separate appointment books for both NHS and private treatment, with staff teams often employed to provide these different arrangements. NHS provision must be available across the practice's contracted opening hours and demand for NHS treatment is such that they could have used up their available NHS appointments and practices may, therefore, offer private appointments to patients.

Prior to the COVID-19 pandemic, around 60% of Rotherham's adults and 62% of children had seen an NHS dentist in the previous 24 and 12 months respectively up to 31st December 2019. However, access to NHS general dental services has been affected by the COVID-19 pandemic. Up to 31st December 2021, 45% of Rotherham's adults and 43% of children saw an NHS dentist in the previous 24 and 12 months respectively. These figures were significantly lower than pre-pandemic levels, although still higher than those generally seen nationally.

4.1 Translation Services

To support access to care for all, practices may need to use translators and interpreters for patients who require support with communication. Dental practices and urgent care providers have arrangements in place. A recent Oral Health Needs Assessment (OHNA) has identified high levels of poor oral health amongst asylum seekers and refugees, who may also face language barriers in accessing dental care (refer to section 6). Migrants do not require proof of address or proof of immigration status in order to access NHS dental care, refer to <https://www.gov.uk/guidance/dental-health-migrant-health-guide>

NHS England (Y&tH) continues to work with partners to make healthcare services more inclusive and have identified the need to gather a baseline assessment of access to interpreter services across all NHS healthcare settings. The survey has been developed with input from a range of stakeholders across our region and is supported by the Health Inequality SROs for each of our Integrated Care Systems. Feedback from this survey will support improvement work to address healthcare inequalities among people with limited English proficiency and deaf people who use British Sign Language. NHS Dental services and commissioners have been contacted to complete the survey.

4.2 Looked After Children

A referral pathway has been established, by the Local Authority in Rotherham such that looked after children who do not have a regular dentist and children identified at health visitor assessments as being at high risk of poor oral health can be referred to one of the flexible commissioning practices for treatment (refer to section 5.3).

Foster carers should ideally take 'looked after children' to their own local general dental practitioner for regular dental care. If a foster carer is unable to secure a dental appointment, a referral pathway has been established in Rotherham so that looked after children who do not have a regular dentist, and children identified at health visitor assessments as being at high risk of poor oral health, can be referred to one of the flexible commissioning practices for treatment (refer to section 5.3).

In addition, if the foster carer has no dentist to take the child to, or the child has special needs, they can be referred to the Community Dental Services.

5. Improving Access to primary dental care

5.1 National £50m investment in NHS Dental Services (ended 31/03/2022)

As part of a national initiative, funding was allocated to the North East and Yorkshire region, to improve access and increase dental appointment availability for both examinations and treatment.

The care was delivered outside of core hours, such as early morning/evenings and weekends and had to be used before 31 March 2022. This investment was part of a focus on dental services, as services aim to return to pre-pandemic levels.

In Rotherham this provided 104 sessions, each session provided between 4 and 6 appointments, therefore an average of 416 and 624 additional urgent care and subsequent stabilisation appointments for patients (dependent on the complexity of treatment) across 3 dental practices between 7 February and 31 March 2022.

5.2 Dental Access Project

Funding has continued to provide additional investment to support access for patients. NHS England will continue to work with those practices who have received funding in Rotherham to support increased access to dental services. There are currently 6 practices in this scheme in Rotherham, i.e 5 in Rother Valley and 1 in Wentworth & Dearne. NHSE is considering opportunities to allocate any additional funding whilst utilising the findings of the OHNA to target Local Authority areas and practices meeting the criteria.

5.3 Flexible Commissioning Programme

A recent evaluation of the Flexible Commissioning Programme, demonstrated that it is possible to commission dental services differently in a format that supports delivery of preventive care to improve oral health and reduce inequalities, offer access to new patients and develop the dental workforce. The scheme has been extended for a further 12 months from 1 April 2022, which will enable further refinement and evaluation to support targeting of resources based on the OHNA to reduce oral health inequalities.

There are currently 6 flexible commissioning practices in Rotherham taking part in the flexible commissioning programme, which aims to support delivery of preventative care to reduce inequalities, offer access to new patients and develop the dental workforce and

make good use of skill mix. NHS England is currently seeking expressions of interest from dental practices with the aim of extending the scheme to other practices across the Y&tH area.

6. Oral Health Needs Assessment

Following on from the 2015 South Yorkshire and Bassetlaw Oral Health Needs Assessment, a Rapid Oral Health Needs Assessment (Y&tH) has been completed in 2022. The purpose of this work is to help understand the oral health inequalities across Y&tH and the evidence base. This will inform the principles that will underpin strategy and work programme development, address inequalities and meet population need and demand.

In summary, headline information includes:

- In 2019, 31.6% of 5-year-olds in Rotherham had experience of tooth decay (one or more decayed, missing or filled teeth), which was significantly higher than the national average (23.4%), and Y&tH average (28.7%). (Ref: [2019 National Dental Epidemiology Survey of 5-year-old school children](#)).
- Rotherham experiences high levels of deprivation, and inequalities in oral health exist with those in the most deprived areas experiencing poorer oral health across all age groups (5 year olds survey, 2019). The highest levels of experience of tooth decay were clustered around the Central locality (44.8%). Levels were also higher amongst non-white ethnic groups. Rotherham has a significant Roma community, with high levels of poor oral health.
- The population is ageing, have more complex oral health and health needs and managing the dental needs of older people is challenging and may require specialist skills (also see section 6.2). Regular dental check-ups are important even for those who have no natural teeth, as dentists routinely check for oral cancer. The incidence of oral cancer (ICD C00-C14) for Rotherham from 2012-2016 (15.47 per 100,000) appears to be slightly higher than both regional and national levels, although mortality rates are similar. (Ref: [Oral cancer in England - GOV.UK \(www.gov.uk\)](#))
- Particular consideration should be given to commissioning services for those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care including individuals and communities that are deprived and vulnerable children known to the social care system, individuals with severe physical and/or learning disabilities, poor mental health, those who are overweight or obese, older adults, prison leavers, homeless, Gypsy, Roma and Traveller Communities, asylum seekers, refugees and migrants.
- Dental services are not equitably distributed, and a health equity audit approach is currently being developed to determine equity of access to dental services in Y&tH, including urgent care services. This will identify areas which experience the highest levels of poor oral health yet have no NHS dental services or insufficient services to meet the need. This will be used to guide future commissioning of services in Rotherham.

The recommendations from the 2022 rapid OHNA will inform the development of the NHS England Dental Strategy for Y&tH.

6.1 Hospital dental Extractions

Most children accessing secondary care in Rotherham will do so for dental extractions under general anaesthetic. Nationally, there has been a 58.4% reduction in the number of episodes of caries-related tooth extractions in hospital for 0 to 19-year-olds compared to the previous year, despite a 0.4% increase in the estimated population of this age group. This is likely due to the continued impact of the COVID-19 outbreak on non-COVID related hospital episodes, rather than sudden reduction in need or demand.

Table 2 shows the pre and post pandemic data for South Yorkshire. It is clear that in Rotherham, there has been a significant reduction in dental extractions rates between 2019-20 and 2020-21, reflecting the limited access to hospital lists for dental extractions due to the pandemic, which is now improving. Despite the pandemic, South Yorkshire continues to experience above average levels of hospital extractions with some of the highest levels of paediatric dental extractions seen nationally.

Table 2: Finished Consultant Episodes tooth extraction rate with caries as the primary diagnosis per 100,000 target population

LA name	0-5 year olds		6-10 year olds		0-19 year olds	
	19-20	20-21	19-20	20-21	19-20	20-21
Barnsley	825.2	413.1	1936.0	896.1	889.2	427.4
Doncaster	1028.6	230.2	2800.8	535.2	1172.8	245.9
Rotherham	1243.7	381.6	2488.3	803.0	1167.4	367.0
Sheffield	916.4	677.4	2095.5	1390.2	943.0	620.2
England	265.1	113.0	526.6	214.7	264.9	109.9

Source: <https://www.gov.uk/government/statistics/hospital-tooth-extractions-of-0-to-19-year-olds-2021>

Rotherham has one of the highest levels of hospital tooth extractions among 0-19 year olds nationally, with almost 3% of 6-10 year olds undergoing this procedure in 2019-20 (2.5% in Rotherham compared with 0.5% nationally). It is the most common reason for hospital admissions in the 6-10 year old age group.

Tooth decay in childhood is a predictor of decay in later life and supports the need for early intervention including Dental Check by 1 (DCby1) and local oral health promotion interventions at individual and community level.

6.2 Future Needs

The population of Rotherham is increasing, which will increase demand on dental services. In particular, the predicted 28% increase in the population of older adults (65+ years) and 70% increase in the population of the 85+ age group between 2020 and 2040 will bring challenges of its own to develop dental services that meet the dental needs of this ageing population, in terms of managing patients with co-morbidities, consent issues and polypharmacy, training for the dental team and suitable estates, and provision of domiciliary care for those who are housebound. The World Health Organisation recognises that good oral health is an essential part of active ageing.

7. Current initiatives

7.1 Review of Community Dental Services

The NHS Community Dental Services in Y&tH provide dental care for adults and children with additional needs and those from other vulnerable groups whose needs cannot be met by the general dental services. Rotherham Foundation Trust is commissioned to provide the Community Dental Service in Rotherham. They provide a range of services, which include special care and paediatric dentistry, including treatment under general anaesthetic.

A service review commenced in February 2022. This will set out key recommendations to inform discussions in relation to future service design, commissioning intentions and approaches which includes potential geographical footprint to ensure equitable provision and access to sustainable services and proportionate allocation of funding based on need. The review will make its recommendations in Autumn 2022

7.2 Care Homes

Many residents in care homes in Y&tH do not have access to regular dental care. There are some dental practices who do provide a domiciliary service to patients, but this is patchy and inconsistent. In those cases where residents are seen it is often only when they have an urgent dental need or have lost dentures; it tends to be a reactive service.

In Rotherham, domiciliary dental care is provided by one general dental practice which sees a small number of care homes to provide an annual examination and treatment for residents. Staff from the practice also visit a small number of other care homes to provide services on an ad hoc basis when required. In addition, the Community Dental Services will see patients meeting their strict criteria. As such, domiciliary care is patchy across Rotherham and not all care homes are able to access a domiciliary service for their residents.

NHS England is reviewing the provision of dental care for residents in care homes who are house bound. This will also make the necessary recommendations for consideration.

7.3 Dental System Reforms

On the 19th July 2022 the outcome of the national 2022/23 Dental Contract Negotiations were confirmed. This represents the first significant change to the contract since its introduction in 2006.

These initial reforms seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care. The NHS England (Y&tH) commissioning team is working through these changes in line with national guidance and to consider opportunities for additional local schemes.

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