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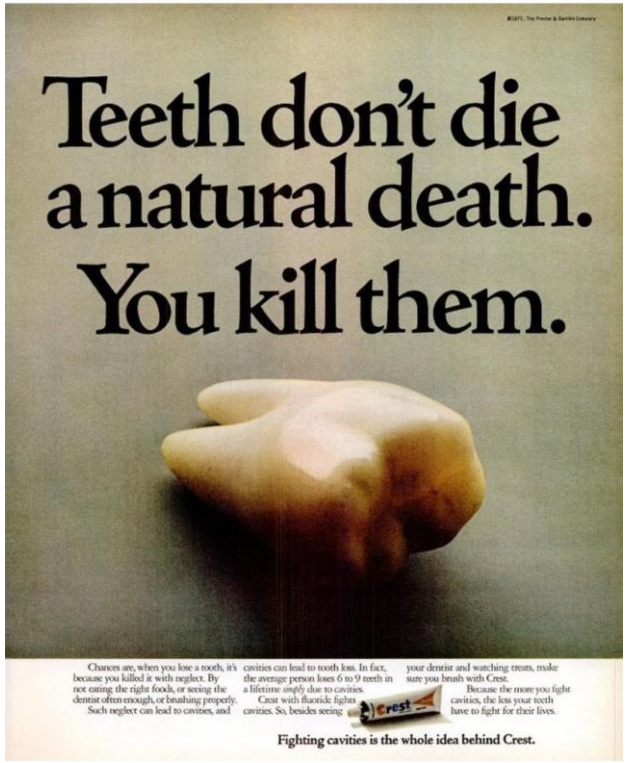
Integrated Care Board

Dental Access and Oral Health Improvement Programme

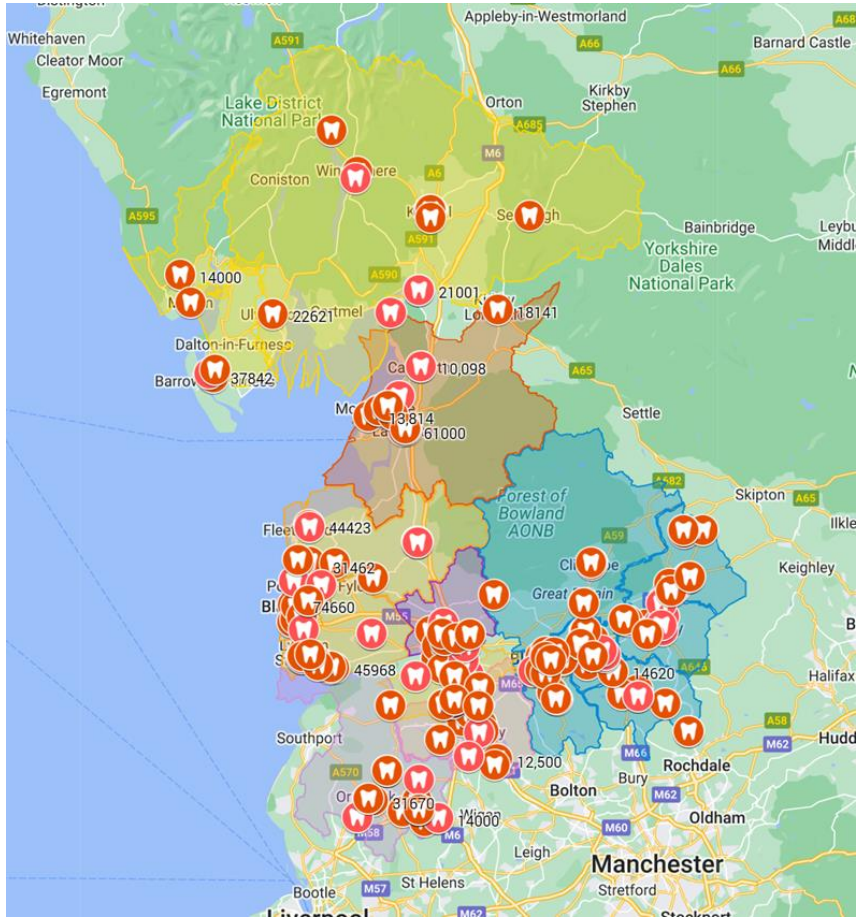
September 2023

About Oral Health

- “Dental caries (also known as tooth decay) is the most common noncommunicable disease worldwide” – World Health Organisation.
- Tooth decay remains the most common reason for hospital admissions in children aged between six and ten years. In the most deprived communities, admissions are nearly 3.5 times that of those living in the most wealthy areas.
- Fluoride prevents tooth decay by making the enamel more resistant to the action of acids. Fluoride may stop early tooth decay.
- Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the oral health of the local population.
- Getting fluoride on to teeth and reducing the intake of sugary foods/drinks remains best way to reducing caries.



Overview of primary care dental services



- There are 202 primary care dental practices across Lancashire and South Cumbria, all offering a nationally prescribed set of treatments for patients, including urgent care.
- Dental patients are not registered with a dental practice in the same way patients are registered at a medical practice.
- Patients have a course of treatment to be made ‘orally fit’ and then recalled by the practice for a routine check up.
- Dental providers deliver dental care activity for a fixed annual contract value.
- Every contract is for a different financial value and different volume of activity, there is no national tariff.
- Dental providers have a target of activity to deliver annually with money ‘clawed back’ for failing to deliver their target.

Primary care dental services – more detail

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- The General Dental Services Contract is underpinned by primary legislation. This legislation allows the contract holder to legally charge patients for NHS treatment.
- Depending on the amount of treatment required and patient cooperation, treatments may span multiple appointments.
- The funding covers the time for the dentist/therapist/hygienist and nurse as well as the reception staff. It also covers the cost of the premises, utilities, IT equipment and consumables. The more complex the treatment the higher the cost.
- Higher treatment need patients need more appointments and more resources, that can be in excess of what the practice is paid.
- Shift in disease patterns means that patients are presenting with greater need. Practices appointment books are full, however it is for more treatment, more appointments for fewer patients.

Delivery and performance

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- Dental providers have a contracted target of UDAs to be delivered each year.
- There are tolerances, however, significant underperformance results in money being given back to the commissioner (clawback).
- Money recovered from under delivery each year along with patient charge revenue makes up part of the dental budget.
- Recovered money provides an opportunity to reinvest non-recurrently.
- Occasionally dental providers decide to cease delivery of NHS services completely and hand back their contracts, triggering opportunity to reinvest recurrently.
- Disillusion with the NHS dental contract is a driver for dental clinicians leaving NHS dentistry.

How resources are distributed across Lancashire and South Cumbria

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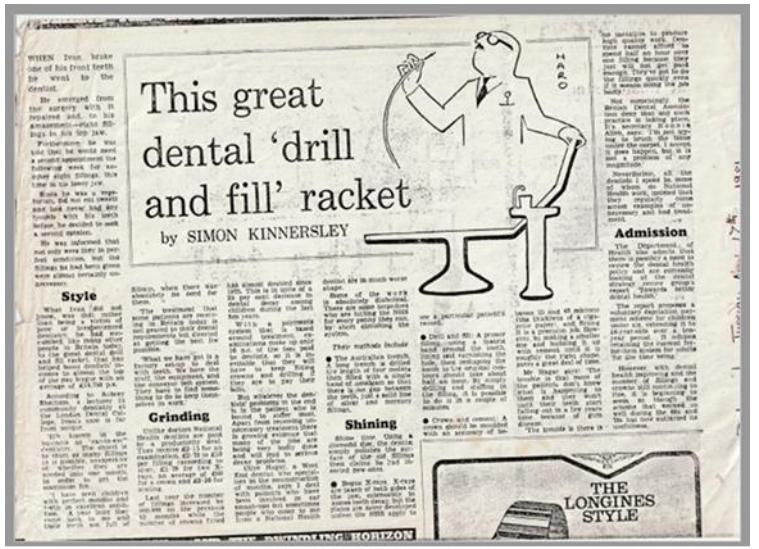
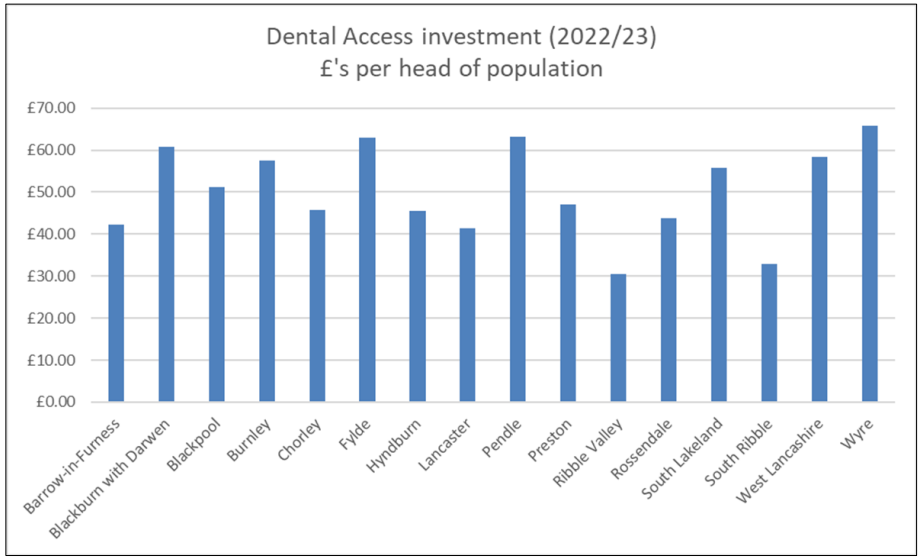
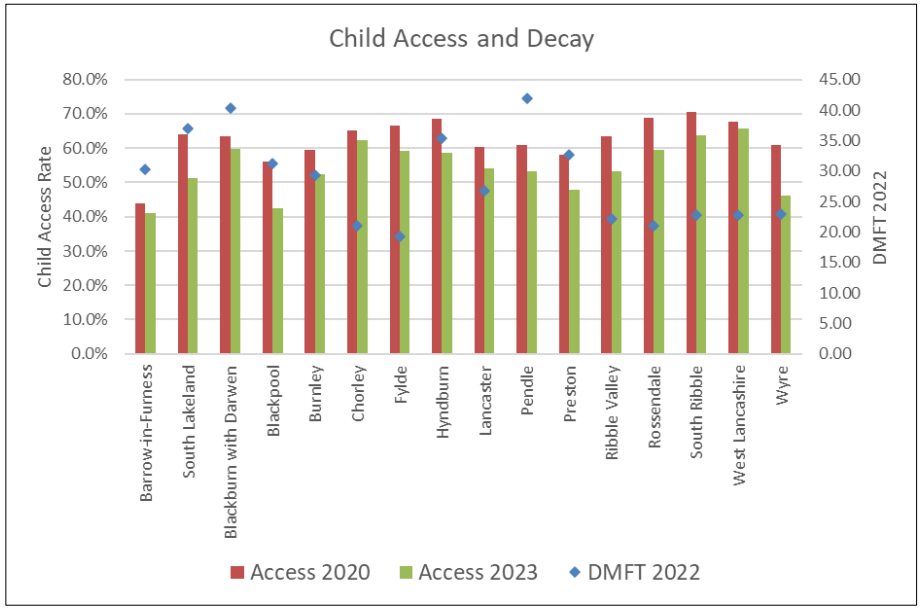
- Prior to 2006 providers could set up and apply for a cost per item service wherever they wanted.
- Service delivery was not commissioned in the way we think of commissioning care today.
- A demand driven model that grew based on footfall.
- Introduction of the current GDS contract in 2006 fixed the activity in the new UDA based model.
- Activity became ‘frozen’ based on previous year’s demand, with GDS contracts running in perpetuity.
- The difference in contract values and volumes reflect the pre 2006 distribution of demand at that time.


This great dental ‘drill and fill’ racket
by SIMON KINNERSLEY
Style
Grinding
Shining
Admission
THE LONGINES STYLE

Dental Access and Oral Health

- Like many healthcare challenges, oral health is linked to deprivation.
- When looking at dental access data and oral health, there is no consistent correlation between good dental access and good oral health.
- Patients with poorer oral health are likely to need more appointments for a course of dental treatment, and more access to secondary care dental services.
- The distribution of dental resources does not reflect current need.
- Dental contract values do not reflect the increased resources for higher treatment needs patients.





**DMFT – The percentage of decayed, missing or filled teeth in children at the age of 5*

Addressing inequalities in dental access and improving oral health

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- The aim of the dental access and oral health improvement programme is to improve access to primary care dental services in the high street, alongside improving oral health.
  - Use objective measures to help prioritise which areas of Lancashire and South Cumbria are in most need to dental access and oral health support.
  - Aim to reduce dental access and oral health inequalities across Lancashire and South Cumbria.
  - Take advantage of a wider approach to integrate primary care services in neighbourhoods.

	Access					
	Mar-20	Mar-20	Mar-20	Mar-23	Mar-23	Mar-2
Area	Children (03/20)	Adult (03/20)	Over 65 (03/20)	Children (03/23)	Adult (03/23)	Over (03/2
Barrow-in-Furness	44%					
South Lakeland	64%					
Blackburn with Darwen	63%					
Blackpool	56%					
Burnley	59%					
Chorley	65%					
Fylde	67%					
Hyndburn	69%					
Lancaster	60%					
Pendle	61%					
Preston	58%					
Ribble Valley	64%					
Rossendale	69%					

Number of patients requesting urgent care by postcode region	Accrington	Ambleside	Askam-In-Furness	Bacup	Barnoldswick	Barrow-In-Furness	Blackburn	
May-22	200	16	6	43	24	236	545	8
Jun-22	157	11	6	41	15	232	542	8
Jul-22	223	20	3	37	19	257	544	8
Aug-22	230	13	4	57	21	277	543	9
Sep-22	228	13	9	37	17	218	568	7
Oct-22	194	11	7	47	21	247	480	8
Nov-22	224	8	2	40	11	243	491	8
Dec-22	190	14	10	38	13	221	498	7
Jan-23	220	16	5	36	24	268	503	8
Feb-23	177	16	9	42	11	218	417	7
Mar-23	198	17	6	37	31	283	489	7
Apr-23	180	14	5	30	19	237	455	7

Lower Tier Authority	Older People in Deprivation - English Indices of Deprivation 2015 (%)	Limiting long term illness or disability (%)	Index of Multiple Deprivation (IMD) Score 2015	Child Poverty - English Indices of Deprivation 2015 (%)
Burnley	24.5	25.9	35.5	24.2
Burnley	7.9	19.7	11.5	6.3
Burnley	17.6	23.5	30.5	22.9
Burnley	52.9	19.8	59.9	30.6
Burnley	19.6	22.1	34.7	26.5
Burnley	23.6	23.9	36.5	28.2
Burnley	20.2	22	28.5	24
Burnley	17.1	22.8	31.4	28.4
Burnley	23	24.3	41.5	24.6
Burnley	22.1	21.1	40.7	33.2
Burnley	21.6	23	40	33.1
Burnley	26.1	25.9	60.3	48.4
Burnley	13.3	18.7	15.3	9.6
Chorley	13.3	17.7	13.2	11
Chorley	13.7	20.3	16.7	16.8
Chorley	8.9	15.6	15.3	3.8
Chorley	9.4	18.6	10.8	6.9
Chorley	26.3	20.4	31.6	24.2
Chorley	18.3	21.4	26.8	23
Chorley	10.2	20.1	13.2	7
Chorley	18.8	20.2	26.6	16.3

Dental Access and Oral Health Improvement Programme

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- There are five projects that make up the programme, each with a core outcome:
  - **Prioritising resources** - Develop a framework through which resources can be prioritised for specific geographies/patient groups based on objective measures.
  - **Care pathways** - Developing evidence-based care pathways that underpin the dental access programme.
  - **Communications** For patients and other health and social care providers explaining what services are available, how to access services, oral health and selfcare, making every contact count, fostering an oral health prevention focussed culture.
  - **Workforce** - Developing and implementing any work force transformation to support the delivery of pathways commissioned/transformed.
  - **Contract management** – Reviewing current provision ensuring that dental contracts are as efficient as possible and explore and flexibilities within the existing contract to support transformation.

Key Milestones

Programme started in June 2023 and will conclude in March 2025

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Project	Key Milestone	From Date
Prioritising Resources	Framework for prioritisation	October 2023
Care Pathways	Pathway 1/2/3 - Live Starting Well Care Homes Enhanced childcare	January 2024
Communications	Patient communications Wider Health and Social Care Providers	November 2023
Workforce	'Behaviour change' prevention training package Sedation training for practices Overseas recruitment support	December 2023
Contract Management	Development contract performance and efficiency process Development of a framework through which the current commercial arrangements can be modified to support non-UDA activity such as prevention	January 2024

What does success look like?

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What stakeholders want	Reality/Constraints	Programme will deliver
Satisfying demand	Only funded for 60% of population	Keep patients pain free and provide care for priority groups
Access trajectory	Higher need patients reduce access figures	Review contract efficiency
Improved oral health	Healthy lifestyle changes can be difficult to adopt	Communications - prevention reinforcement
Reduced inequalities	Deprivation is linked to inequalities	Prioritising patient groups and geographies
UDA delivery	Contract not fit for purpose	Review delivery and develop flexibilities
Improving children's oral health	Oral health is linked to deprivation	Child prevention/access scheme

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