

## Integrated Care Board

<b>Date of meeting</b>	8 November 2023
<b>Title of paper</b>	Dental Access and Oral Health Improvement Programme
<b>Presented by</b>	Professor Craig Harris, Chief Operating Officer
<b>Author</b>	Amy Lepiorz, Associate Director Primary Care
<b>Agenda item</b>	15
<b>Confidential</b>	No

<b>Executive summary</b>				
<p>The ICB became responsible for the commissioning of all dental services following delegation from NHS England on the 1 April 2023. NHS dental services cover those delivered within primary, community and secondary care settings.</p> <p>Access to NHS dental services is challenged nationally and locally across all sectors, with pressures in primary care services being well publicised. Work is taking place across all sectors of dental services to improve patient access and experience.</p>				
<b>Recommendations</b>				
<p>The ICB Board are requested to:</p> <ol style="list-style-type: none"> <li>Note the contents of the report</li> </ol>				
<b>Which Strategic Objective/s does the report relate to:</b>				<b>Tick</b>
SO1	Improve quality, including safety, clinical outcomes, and patient experience			<b>X</b>
SO2	To equalise opportunities and clinical outcomes across the area			<b>X</b>
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			<b>X</b>
SO4	Meet financial targets and deliver improved productivity			
SO5	Meet national and locally determined performance standards and targets			<b>X</b>
SO6	To develop and implement ambitious, deliverable strategies			<b>X</b>
<b>Implications</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Associated risks	X			Improvement in dental access and oral health are constrained by funding, contracting and preventative matters outside of the remit of the ICB.
Are associated risks detailed on the ICB Risk Register?	X			Dental access is on the corporate risk register

Financial Implications		X		
<b>Where paper has been discussed</b> (list other committees/forums that have discussed this paper)				
<b>Meeting</b>	<b>Date</b>			<b>Outcomes</b>
Primary Care Commissioning Committee	14 September 2023			Paper presented around primary care NHS dental access
ICB Executive Management Team	10 October 2023			Paper presented around primary care NHS dental access
	31 October			Board paper approved
<b>Conflicts of interest associated with this report</b>				
Not applicable				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed			X	
Equality impact assessment completed			X	
Data privacy impact assessment completed			X	

<b>Report authorised by:</b>	Professor Craig Harris, Chief Operating Officer
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## Dental Access and Oral Health Improvement Programme

### 1. Introduction

- 1.1 The ICB became responsible for the commissioning of all dental services following delegation from NHS England on the 1 April 2023. NHS dental services cover those delivered within primary, community and secondary care settings.
- 1.2 Access to NHS dental services is challenged nationally and locally across all sectors, with pressures in primary care services being well publicised. This paper covers the main challenges impacting services, provides details on local dental performance and the local dental access and oral health improvement programme.

### 2. Primary care NHS dental services

- 2.1 Primary care NHS dental services cover a range of mandatory services as defined in the national legislation. These are:

- examination,
- diagnosis,
- advice and planning of treatment,
- preventative care and treatment,
- periodontal treatment,
- conservative treatment,
- surgical treatment,
- supply, and repair of dental appliances,
- the taking of radiographs,
- the supply of listed drugs and listed appliances,
- and the issue of prescriptions.

- 2.2 Access to primary care NHS dental services is challenged due to five key factors:

- Reduced care during the pandemic
- Worsening oral health of the population
- Funding
- Dissatisfaction with the national contract
- Workforce challenges

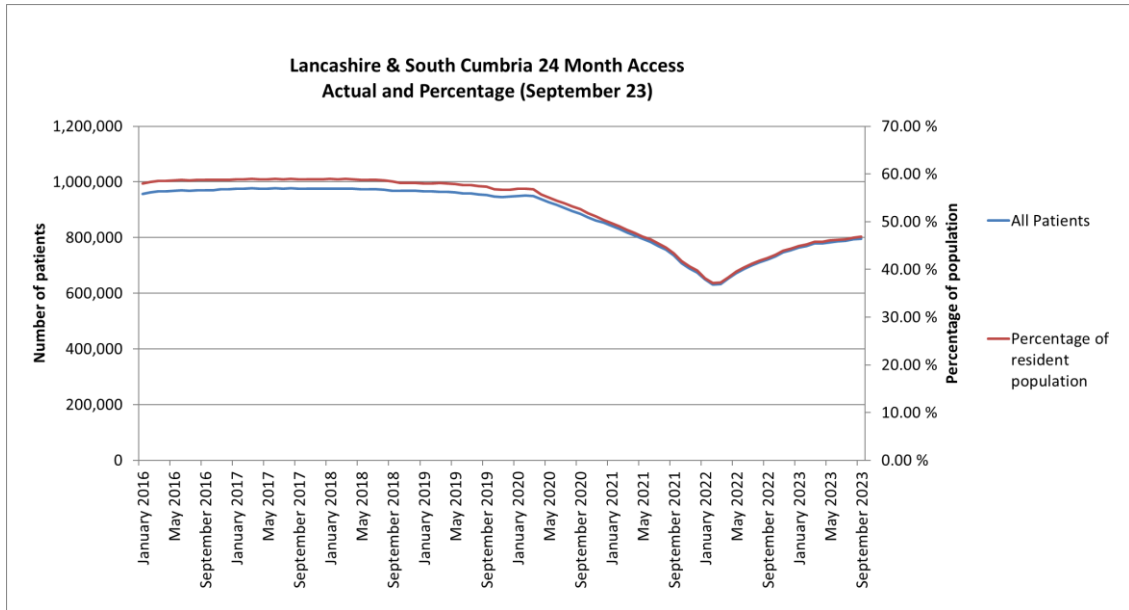
- 2.3 **Reduced care during the pandemic-** Due to infection prevention and control measures that were introduced in March 2020, NHS dental contractors were only required to deliver a rising percentage of their contracted activity until July 2022 when full activity levels were restored. This reduction in contractual

activity has resulted in a backlog of routine care which is expected to take until July 2026 to clear.

- 2.4 Worsening oral health of the population-** There is a demonstrable correlation between deprivation and poor oral health which is a long-standing challenge in Lancashire and South Cumbria. Since the pandemic, as dental providers have started to recall patients, they are noticing that during lockdown people have developed behaviours that are having a detrimental effect on their oral health. People are now requiring more appointments to meet their clinical needs, with dental providers reporting that their appointment books are full but with less people being able to access routine care.
- 2.5 Funding-** The NHS nationally receives funding based on around 60% of the population being able to access NHS dental services. The decline in oral health since the pandemic means the level of funding received is currently only sufficient for around 50% of the population to be able to access routine NHS dental care. The location and level of provision of NHS dental services is based on the historic activity undertaken prior to the dental contract being introduced in 2006. Opportunities to move resources/invest in areas of higher need only become available when a provider chooses to hand back a portion or all of their activity either recurrently or non-recurrently. Limited flexibilities in the contract allow for the targeting of care to those facing the greatest health inequalities; this equity of access can result in a reduction in access to the general population. This is mainly achieved by allowing a small percentage of the contract value to be delivered against targeted activities.
- 2.6 Dissatisfaction with the national contract-** There is growing dissatisfaction with the current NHS contract. The current model sees providers paid different amounts for the same level of activity and it is not uncommon for providers to operate at a loss when treating people with more complex needs. The contract is focused on the treatment of disease rather than the promotion of preventative measures, with oral health improvement plans falling under the remit of the local authorities.
- 2.7 Workforce challenges-** Nationally, NHS dental teams have struggled to retain members with work in the private sector (both inside and outside of dentistry) being deemed more attractive. Locally dental teams face the same challenges as the rest of the public sector in attracting workforce to Lancashire and South Cumbria. National workforce data is currently being collected by NHS England.

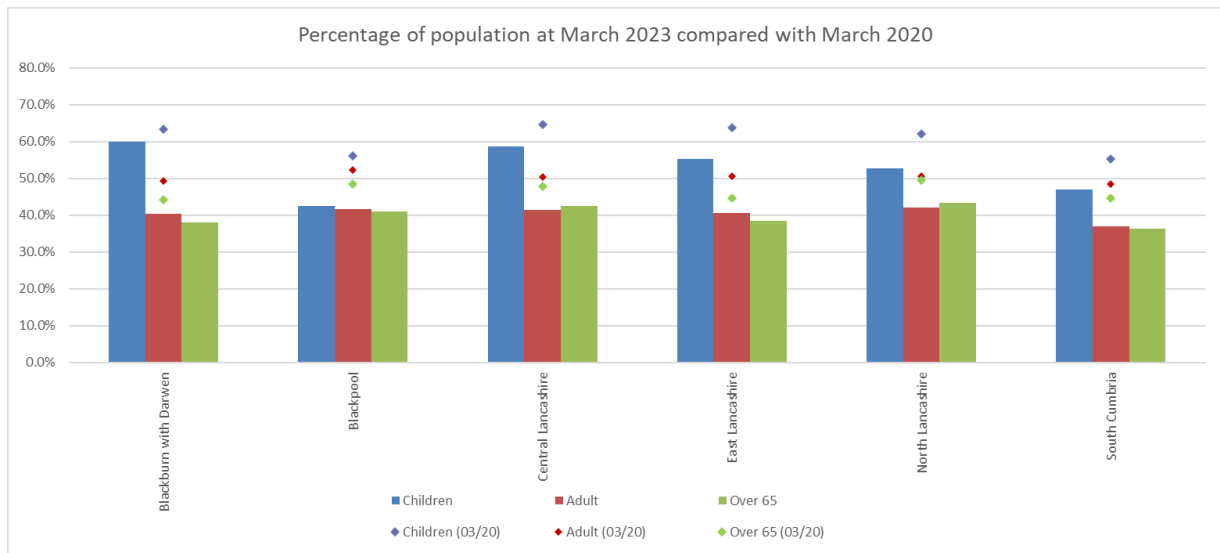
### **Access to primary care NHS dental services**

- 2.8** Dental access is measured by counting the number of unique patient contacts in the previous 24 months for adults and previous 12 months for children- in line with NICE guidelines. The table below shows the latest dental access figures:



This data shows that access to dental services is improving, though at a slower trajectory compared to the initial reduction due to the pandemic.

2.9 The following graph shows the access rates across the different places within Lancashire and South Cumbria, comparing them against the pre-pandemic levels:



The bar charts show access levels in March 2020, with the diamonds indicating access levels at March 2023. Place level data demonstrating access figures in July 2023 is currently being generated by the NHS Business Services Authority, early indications show that there are areas of the ICB where access is now exceeding pre-covid levels such as Chorley and Blackburn with Darwen. To further support access to dental services an additional 490 urgent care slots per week have been commissioned across the Lancashire and South Cumbria footprint.

## **Dental access and oral health improvement programme**

**2.10** The dental access and oral health improvement programme has been designed by the primary care team with the dental profession with patient and public engagement a key component of the programme. It is a two year programme that aims to address the current challenges facing NHS dental services.

**2.11** The programme aims to improve dental access to members of the population with the greatest oral health inequalities, by using objective measures to help prioritise the limited flexibilities available to the ICB to invest funds in the areas of Lancashire and South Cumbria with the greatest needs.

**2.12** There are five projects that make up the programme:

- **Prioritising resources-** Developing 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 including access to urgent and follow-up care to the whole population (pathway one and two), targeted to care for those whose oral health is important to meet physical health needs (pathway three) and the targeted enhanced childcare pathway.
- **Communications-** For patients and other health and social care providers explaining what services are available, how to access services, oral health and selfcare messages, making every contact count, fostering an oral health prevention focussed culture.
- **Workforce-** Developing and implementing workforce 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.

**2.13** Further details of the programme can be found in appendix one.

## **2. Community dental services**

**2.1** The community dental service is a specialised service which provides treatment for children and adults who have additional health care needs which mean that routine primary care NHS dental services are not suitable for their treatment. These needs may include physical or learning disability, complex medical history, children who are pre-cooperative and severe dental phobia.

**2.2** The contract is held in collaboration with Lancashire and South Cumbria Foundation Trust, Blackpool Teaching Hospital and Fylde Coast Medical Services. The contract is based upon historic Primary Care Trust service specifications which need to be updated to reflect the recently undertaken special care (adults) oral health needs assessment and the soon to be undertaken paediatric assessment.

- 2.3 The children's and young persons' elective care recovery group currently has oversight on the waiting lists for child extractions under general anesthesia. Harm reviews are currently being carried out for all children on the waiting list and no significant concerns have been found to date.

### **3. Secondary care dental services**

- 3.1 The secondary care services provided by local trusts are: oral surgery, maxillofacial surgery; orthodontics; and restorative dentistry. All of these services are considered fragile with particular pressures being seen within orthodontics and restorative dentistry.

#### **Orthodontics**

- 3.2 Orthodontics services are commissioned from all four trusts, with services at Blackpool Teaching Hospitals currently suspended.
- 3.3 The ICB is working with the Provider Collaborative to develop a sustainable model to secondary provision alongside utilising specialist skills that are available within primary care. It is expected it will take 12-18 months to implement the new model.

#### **Restorative dentistry**

- 3.4 Restorative dentistry is provided by East Lancashire Hospital Trust, Lancashire Teaching Hospital Foundation Trust and University Hospital Morecambe Bay Trust (UHMB). All three trusts only receive referrals internally from other consultants within the trust, with UHMB recently suspending referrals from primary care providers. Similar to orthodontics, the ICB is working with the Provider Collaborative to agree a sustainable and resilient provider model; this is being supported by the development of a clinical network for the speciality. It is expected it will take 12-18 months to implement the new model.

### **4. Conclusion**

- 4.1 NHS dental services are challenged both nationally and locally. Work is taking place across all sectors of dental services to improve patient access and experience.

### **5. Recommendations**

The ICB Board are requested to:

1. note the contents of the report

**Amy Lepiorz**

**November 2023**

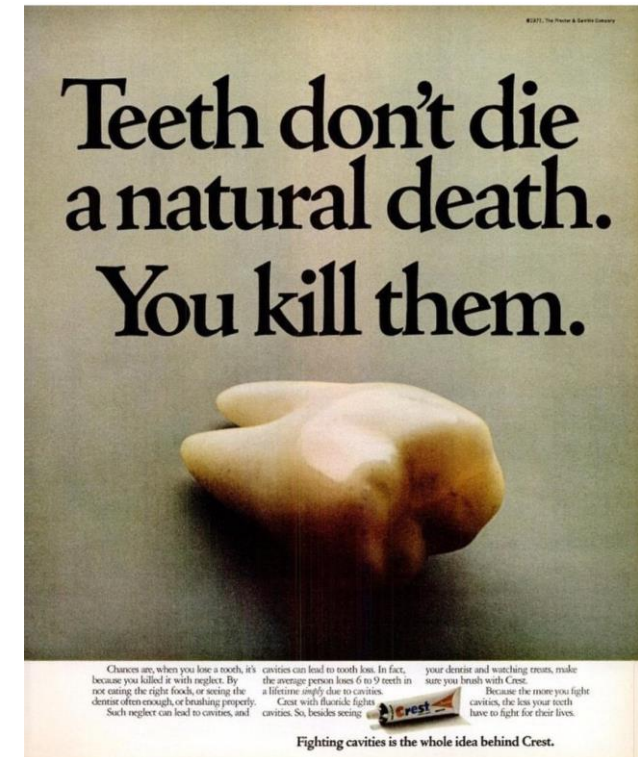
# Dental Access and Oral Health Improvement Programme

October 2023

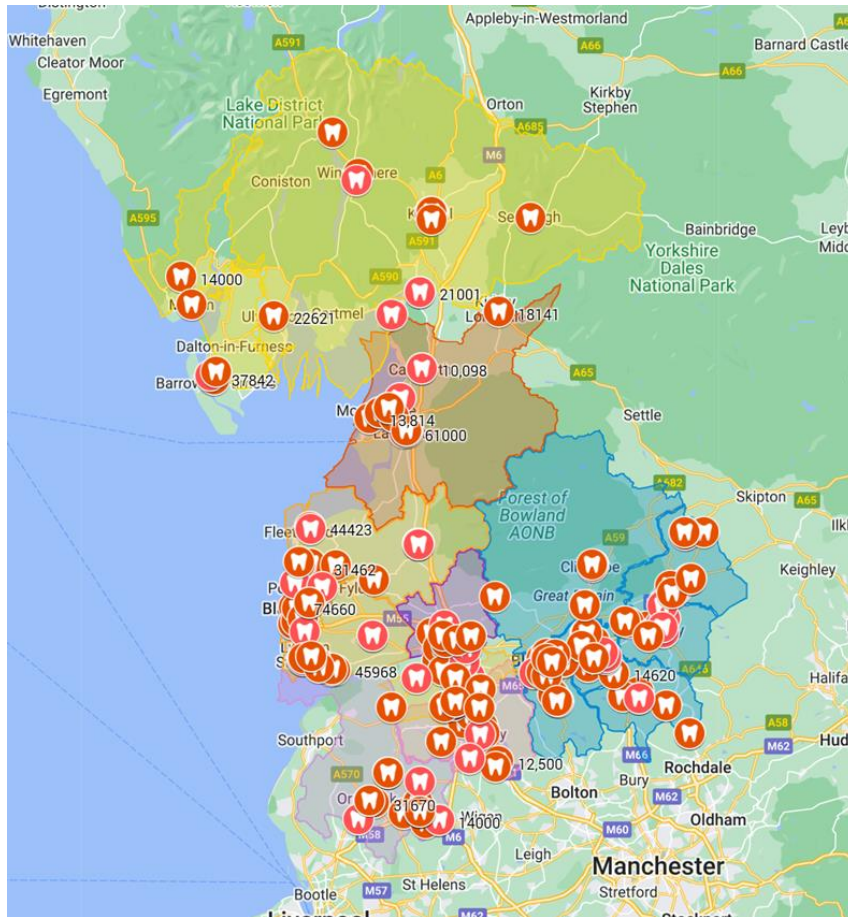


# About Oral Health

- “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.

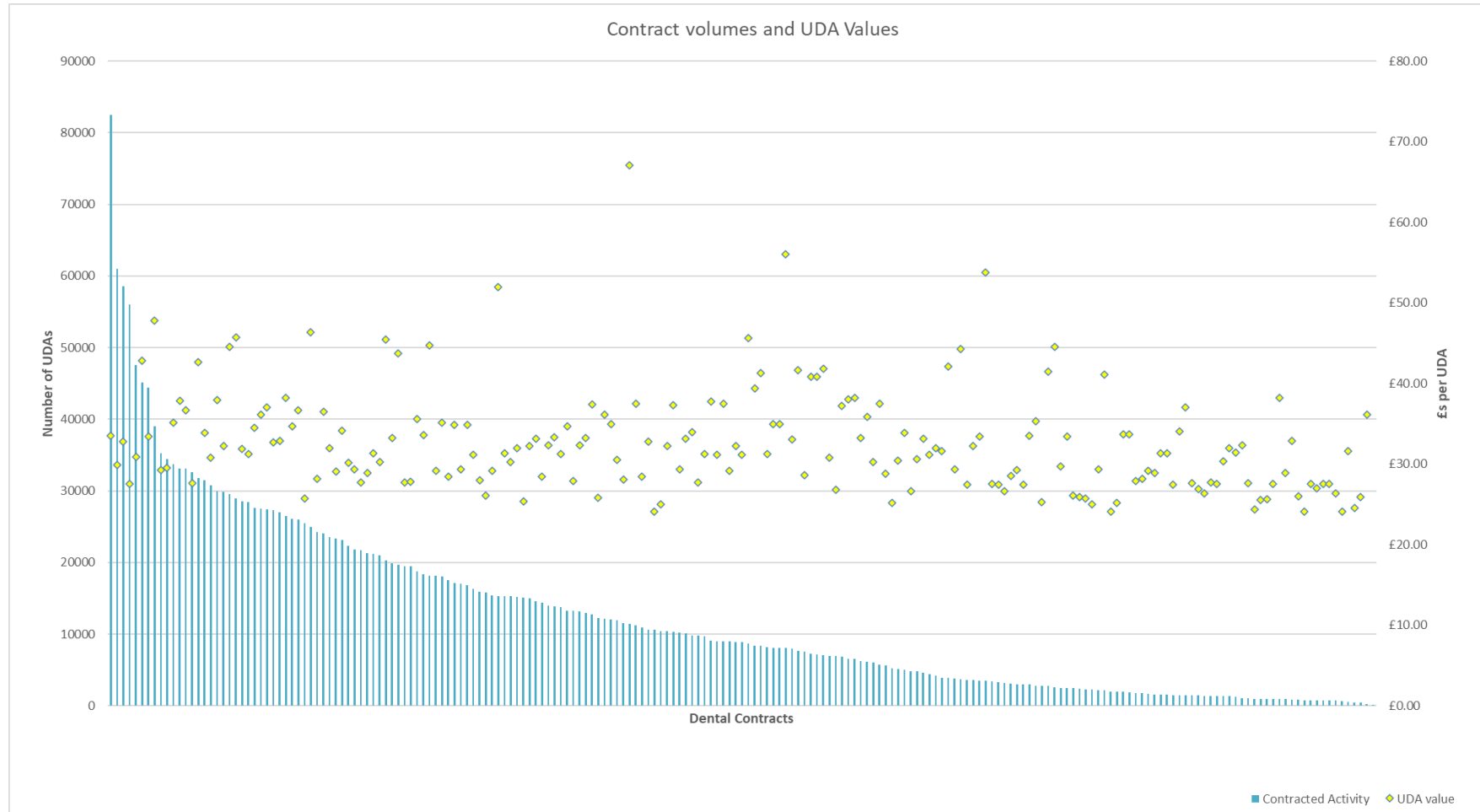


# Overview of primary care dental services



- 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.

# How resources are distributed across contracts



Largest Contract (UDAs)  
82,434  
Smallest Contract (UDAs)  
50

Highest UDA Rate  
£67.07  
Lowest UDA Rate  
£24.09

# Primary care dental services – more detail

- 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

- 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.



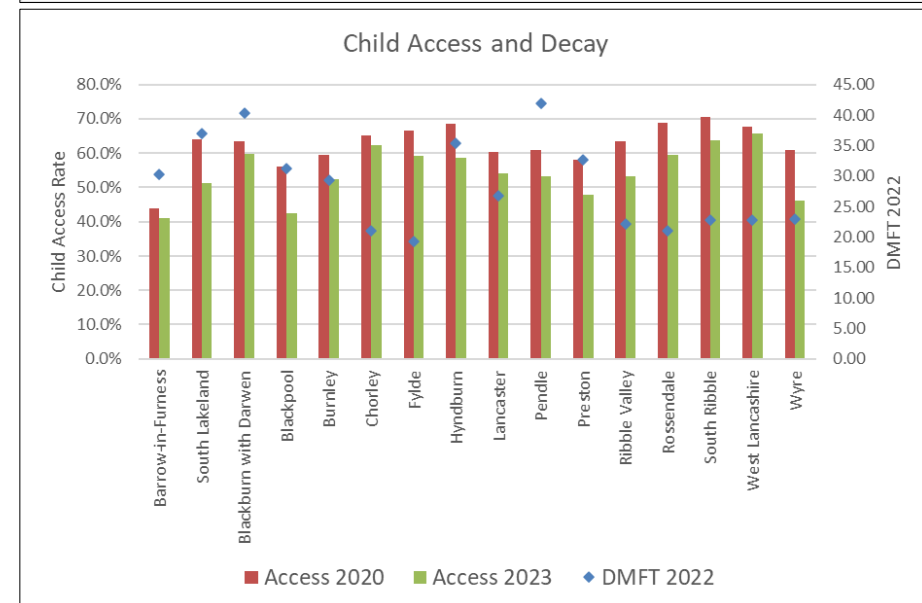
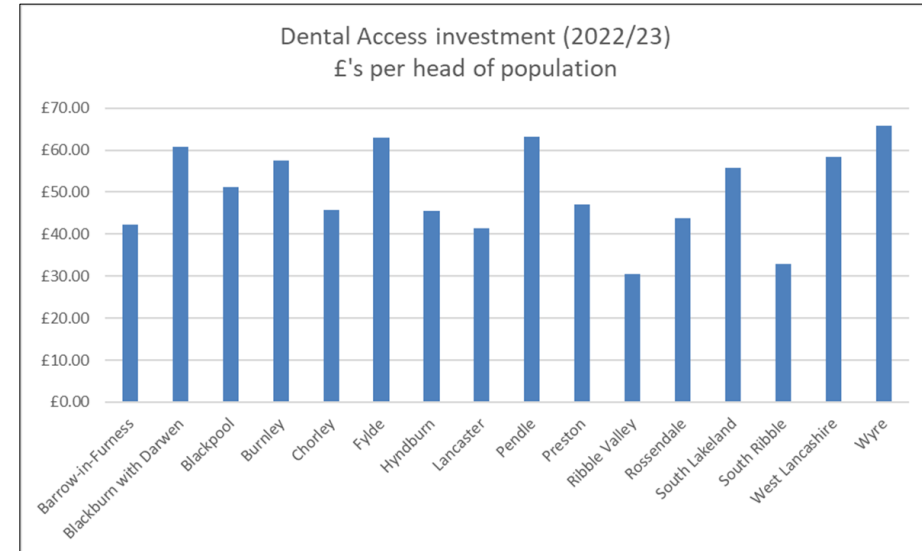
# How resources are distributed across Lancashire and South Cumbria

- 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.



# Dental Access and Oral Health

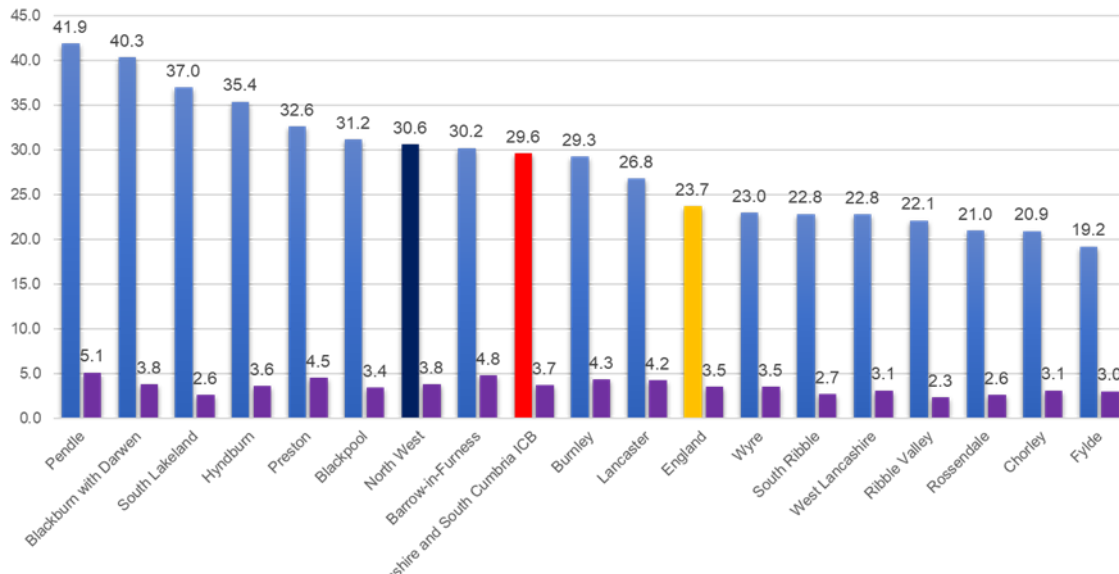
- Like many healthcare challenges, oral health is linked to deprivation.
- When looking at dental access data and oral health, there is no consistent correlation between good dental access and good oral health.
- Patients with poorer oral health are likely to need more appointments for a course of dental 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

- 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 improve dental access and reduce oral health inequalities across Lancashire and South Cumbria.
  - Take advantage of a wider approach to integrate primary care services in neighbourhoods.





# Dental Access and Oral Health Improvement Programme

- Access to primary care NHS dental services are challenged nationally and locally due to five key factors:
  - Reduced care during the pandemic
  - Worsening oral health of the population
  - Funding
  - Dissatisfaction with the national contract
  - Workforce challenges
- The programme aims to address the current challenges facing NHS dental services. Outcomes achieved through the programme are constrained by national factors outside of local control and they require close working with local authorities to reduce the local oral health disease burden.
- The programme aims to improve dental access to members of the population with the greatest oral health inequalities, by using objective measures to help prioritise the limited flexibilities available to the ICB to invest funds in the areas of Lancashire and South Cumbria with the greatest needs.
- There are five projects that make up the programme:
  - Prioritising resources, care pathway, communications, workforce and contract management

# Communications

Communications										
Scheme	Description	Outcomes	Timescale	Progress (2023-2025)						
				Q3	Q4	Q1	Q2	Q3	Q4	
Comms for the general public	Communication messages and materials to promote the understanding of what they can access, how to access services, oral health and self-care	Improved public understanding of dental services/dental commissioning Improved oral health	Oct 23 +							
Comms for wider health and social care providers	Communication messages and materials on the fundamentals of oral health and patient self-care, making every contact count, and fostering an oral health improvement focussed outcome	Improved professional understanding of dental services/dental commissioning Improved oral health	Dec 23 +							
Stakeholder management	Developing a narrative to support the management and engagement of wider stakeholders. To engage with stakeholders to lobby for change to the dental contract	Improved working environment and services	Feb 24 +							
Public & patient engagement plan	Developing and implementing a patient and public engagement plan to support public involvement in the co-production and transformation of services	Patient input into dental services transformation	Nov 23 +							
Comments	ICB website updated Oct 23 to include dental information and key messages – re accessing services, prevention advice Public engagement with Blackpool pilots feeding into “Children’s treatment and prevention pathway” - re co-producing services									

# Prioritising resources

Prioritising resources										
Scheme	Description	Outcomes	Timescale	Progress (2023-2025)						
				Q3	Q4	Q1	Q2	Q3	Q4	
Resource prioritisation framework	A framework to prioritise specific geographies/patient groups based on objective measures.	Investment in areas based on need Reducing health inequalities	Oct 23							
Comments	Framework drafted, delays in approval due to level of engagement with partners required. Revised timescale of Dec 23 for ratification.									

# Workforce

Workforce										
Scheme	Description	Outcomes	Timescale	Progress (2023-2025)						
				Q3	Q4	Q1	Q2	Q3	Q4	
Workforce survey	Focus groups to understand the current place challenges to workforce recruitment and retention	Evidence base to develop recruitment and retention strategies	Oct 23							
Training programme	Training programme developed to support the skills required by dental teams to deliver the new pathways	Upskilled workforce Expanded clinical portfolio	Jan 24							
Dental leadership	Working with NHS England to involve trainee dentists in the development and implementation of the dental access and oral health improvement programme	Leadership succession	Sept 23 +							
Comments	Local survey was due to be shared to support focus group work when a national survey was launched									

# Care pathways

Care pathways										
Scheme	Description	Outcomes	Timescale	Progress (2023-2025)						
				Q3	Q4	Q1	Q2	Q3	Q4	
Pathway one and two	Treatment for urgent care needs for any person, plus follow on care to make them orally fit without a regular dentist	Urgent care plus follow up treatment available for the LSC population	In place							
Pathway three	Targeted pathway for priority people where oral health is part of their wide systemic- head and neck cancer, prior to starting bisphosphonates for cancer, Children In Care (interim) and/or cardiac surgery	Reduction in health inequalities Holistic treatment	In place							
Orally fit scheme	Access to one off course of treatment without an urgent need or a regular dentist within targeted geographies	Reduction in health inequalities Equality of access	Jan 24 +							
Children's treatment and prevention pathway	Access scheme in targeted geographies ensuring children at higher risk of poor oral health have a dental check/treatment and a prevention focused session for parents/carers. Additional support for children waiting to have extractions with the aim to stabilise disease progression.	Embed positive oral health prevention measures Reduction of dental caries in children Reduced waiting lists	Jan 24 +							
Oral health support in care homes	Oral health support for care home staff and clinical support for residents of care homes	Reduction in health inequalities Improved oral health	Feb 24 +							
Comments	Children's treatment and prevention pathway partially mobilised in Blackpool									

# Contract management

Contract management										
Scheme	Description	Outcomes	Timescale	Progress (2023-2025)						
				Q3	Q4	Q1	Q2	Q3	Q4	
Contracting for new services	Developing robust and attractive contracting mechanisms for new services	Provider engagement in new services	Dec 23							
Flexible commissioning policy	Defined ICB policy on when to use flexible commissioning in line with national regulations and guidance	Consistent approach	Nov 23							
Contract delivery and review	ICB framework and process to review service delivery looking at mechanisms to support providers to maximise efficiencies	Increase in routine access	Jan 24 +							
Commissioning intentions	Articulation of commissioning intentions re care pathways and other dental investments post April 25	Provider engagement	Jan 25	N/A						
Comment	Commissioning intentions for pathways one and two will be required Jan 24									

# RAG Key

Colour	Definition
Red	Scheme off track and barriers to achievement need escalating
Yellow	Scheme off track but barriers to achievement are being mitigated
Green	Scheme on track

# What does success look like?

What stakeholders want	Reality/Constraints	Programme will deliver
Satisfying demand	Only funded for 50-60% 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





**Lancashire and  
South Cumbria**  
Integrated Care Board

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