Report to the Hampshire Health and Adult Social Care Select Committee

Date: **Tuesday 19th September 2023**

Title: **NHS Dental services in the NHS Frimley ICB part of Hampshire**

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Introduction:

On 1st July 2022 the Frimley Integrated Care Board (ICB) took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry. ICBs have an explicit purpose to improve health outcomes for their whole population and the delegation allows the ICB to integrate services to enable decisions to be taken as close as possible to their residents. The ICB is working to ensure their residents can experience joined up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care and advice.

The Frimley ICB is part of the South-East Region and commissions dental services for people living in NE Hampshire as well Bracknell Forest, the Royal Borough of Windsor and Maidenhead, Slough, Farnham, and Surrey Heath. The resident population is about 750,000.

Clinical engagement is achieved via a Local Dental Networks (LDNs). These are clinically led group involving Dentists, Dental Public Consultants, representatives from NHS England Workforce, Training and Education, Local Dental Committees and service commissioners. Reporting to the LDN are specialist led Managed Clinical Networks for Oral Surgery, Orthodontics, Restorative Dentistry and Special Care and Paediatrics.

Frimley ICB and Hampshire and Isle of Weight ICB share the same expert dental commissioning capacity which has been historically provided by a regional NHSE team now hosted by Frimley ICB on behalf of all ICBs in the SE Region.

1. Oral Health

Tooth decay remains the leading reason for hospitals admissions among 5 to 9-year-olds in England. Tooth decay and gum disease are two of the most common diseases in the world in adults. Tooth decay doesn't occur in people who don't consume sugar and reducing both the amount and frequency of sugar consumed reduces the risk.

Gum disease is caused by bacteria in plaque gradually destroying the gums and bones around teeth leading to tooth loss. People who smoke are far more likely to suffer from gum disease.

People who brush twice a day with a fluoride toothpaste are less likely to suffer from tooth decay or gum disease.

Oral Cancer research suggests that more than 60 out of 100 (more than 60%) of mouth and throat cancers in the UK are caused by smoking and around 30 out of 100 (30%) are caused by drinking alcohol. The combination of smoking and alcohol use increases the risk of oral cancer further, and poor diet is another risk factor.

The recommended time between dental 'check-ups' is between 3 months and 2 years depending on risk factors for oral disease. Dentists check for early signs of decay, gum disease, oral cancer and other abnormalities so people who don't attend often have more severe disease.

Children who live in deprived areas are far more likely to suffer from tooth decay than children in less deprived areas. This is mainly due to differences in sugar consumption, tooth-brushing habits, and dental attendance.

In addition to pain, toothache can cause children to stop eating and sleeping, and reduces concentration and/or school attendance. All these effects can increase existing inequalities between children in the most and least deprived areas.

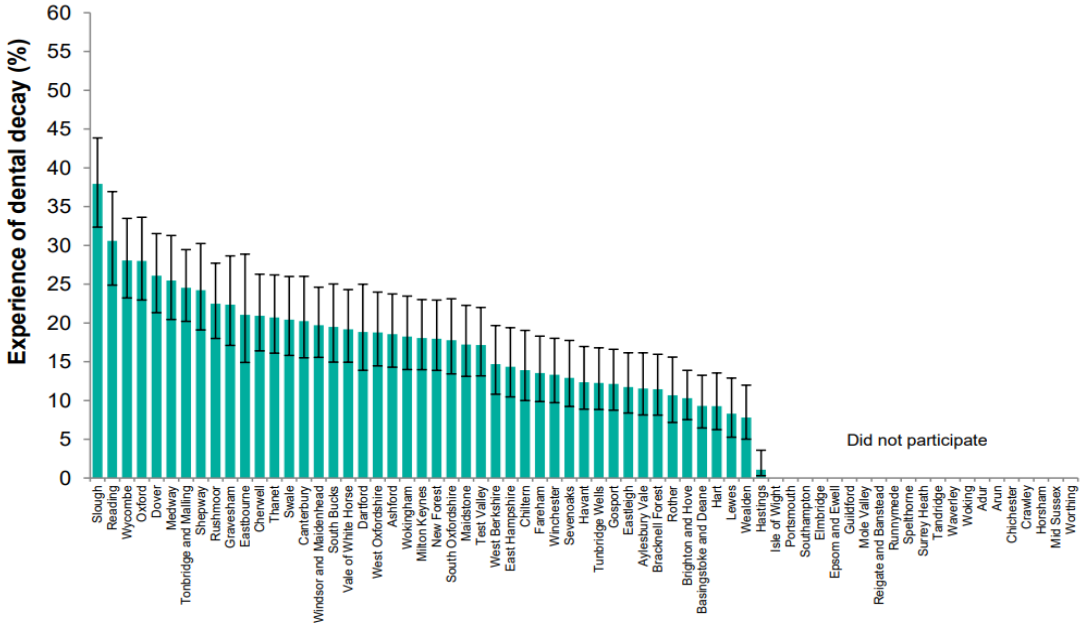
Tooth decay is the most common reason for hospital admission amongst children aged 0 – 19. The table below from the Royal College of Surgeons details the number of admissions in the period 2015-16 to 2021-22 with between 40,000 – 45,000 children being admitted in England per annum (*the fall in recent years is likely due to the impact of the pandemic and access to hospital treatment*).

	Age 0	Age 1-4	Age 5-9	Age 10-14	Age 15	Age 16	Age 17	Age 18	Age 19	Total
2015-16	4	8,800	25,875	7,249	968	845	790	633	664	45,828
2016-17	1	8,281	25,923	7,303	937	795	728	608	648	45,224
2017-18	2	7,666	26,111	7,060	783	715	629	549	532	44,047
2018-19	0	6,839	25,702	7,410	848	759	640	557	529	43,284
2019-20	4	6,349	23,529	7,191	831	683	549	482	486	40,104
2020-21	0	2,575	9,429	3,151	329	276	248	167	160	16,335
2021-22	2	4,276	16,959	6,356	610	525	433	349	339	29,849

Since 2013, Local Authorities have also commissioned epidemiological surveys as part of a national programme to monitor the oral health of the country. Not all local authorities take part in these surveys.

The latest survey data relates to information collected for children aged 5 in 2019. Of the 46 local authorities in the South-East who took part in the survey Rushmoor ranked 9th in terms of the prevalence of dental decay in 5-year-olds with about 22%% experiencing decay. Hart ranked 43rd with prevalence of less than 10%.

Figure 11: Prevalence of experience of dental decay in 5-year-olds in the South East by lower-tier local authority area, 2019.



Older people are far more likely to have lost teeth due to gum disease and dental decay. This is because gum disease increases with age, and fluoride (which protects teeth from decay) only became widely used in the UK in the 1970's.

The oral health of people in care homes was the subject of a national Care Quality Commission (CQC) report, *Smiling matters: Oral health care in care homes*.

Older people in care homes are particularly at risk of oral pain and disease because:

- People needing residential care are often less able to brush their teeth effectively and there is variation in how well care staff provide toothbrushing.
- People in care homes often increase the frequency and amount of sugar in their diet, and tooth loss/pain can make it more difficult to eat nutritious food.
- Access to dental services for people in care homes is highly variable, and dentists are limited in the amount of dental surgery (extractions etc.) they can provide outside of CQC regulated practices.

The influence of ethnicity on oral health

People from non-White groups have poorer oral health overall than people in White groups. However, deprivation is the key factor for poor oral health and people in non-White groups are more likely to live in more deprived areas.

In contrast with most health inequalities, when the effects of deprivation are removed, people from non-White groups in England were found to have better oral health than people in White groups. The differences could be partially explained by reported differences in dietary sugar.

Other priority groups

People with Severe Mental Illness are estimated to be 2.8 times more likely to have lost all their teeth compared with the general community.

National and international research, summarised by the UK Health Security Agency, shows that people with learning disabilities have poorer oral health and more problems in accessing dental services than people in the general population. People with learning disabilities may often be unaware of dental problems and may be reliant on their carers/paid supporters for oral care and initiating dental visits. Supporters are often inadequately trained for this and may not see oral care as a priority

Evidence consistently shows that people with learning disabilities have:

- higher levels of gum disease
- greater gingival inflammation
- higher numbers of missing teeth
- increased rates of toothlessness
- higher plaque levels
- greater unmet oral health needs
- poorer access to dental services and less preventative dentistry.

People in prison are likely to have worse oral health yet have less experience of using dental services prior to sentence.

2. Dental services in the NHS Frimley part of Hampshire

Primary and community dental services are commissioned via contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005. Some of these services provide direct patient access and others are accessed via professional referral. Secondary care (hospital) providers deliver services on referral under NHS standard contracts.

NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not to services provided under NHS standard contracts for service delivered in acute hospital settings. The patient charges relate to the bands of treatment delivered in primary care. Services are delivered under treatment Bands 1, 2 and 3. The link below provides more details:

https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/

Providers of NHS primary care services are independent contractors in receipt of cash limited financial allocations from the NHS. All practices also deliver private dental care. Some provide NHS services to all groups of patients, but some are for children and charge exempt patients only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices.

Patients are not registered with practices but are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health needs.

Details of practices providing NHS dental care can be found on:
https://www.nhs.uk/service-search/find-a-dentist

In addition to the services delivered in primary care there are other NHS dental services. They are:

- Unscheduled Dental Care (UDC) – most 'urgent' treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- Orthodontics - these services are based in 'primary care' but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- Special Care Dentistry and Paediatrics (also known as Community Dental Services) – services for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.
- Hospital services – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.

The tables below detail NHS Dental services available in the NHS Frimley part of Hampshire:

Primary Care services:

Local Authority	**No. of practices**	**Units of Activity**	**Contract value** ***2022-23***
Hart (Blackwater, Yateley, Fleet)	7	68,163	£1,914,395
Rushmoor (Aldershot and Farnborough)	10	173,456	£4,929,299

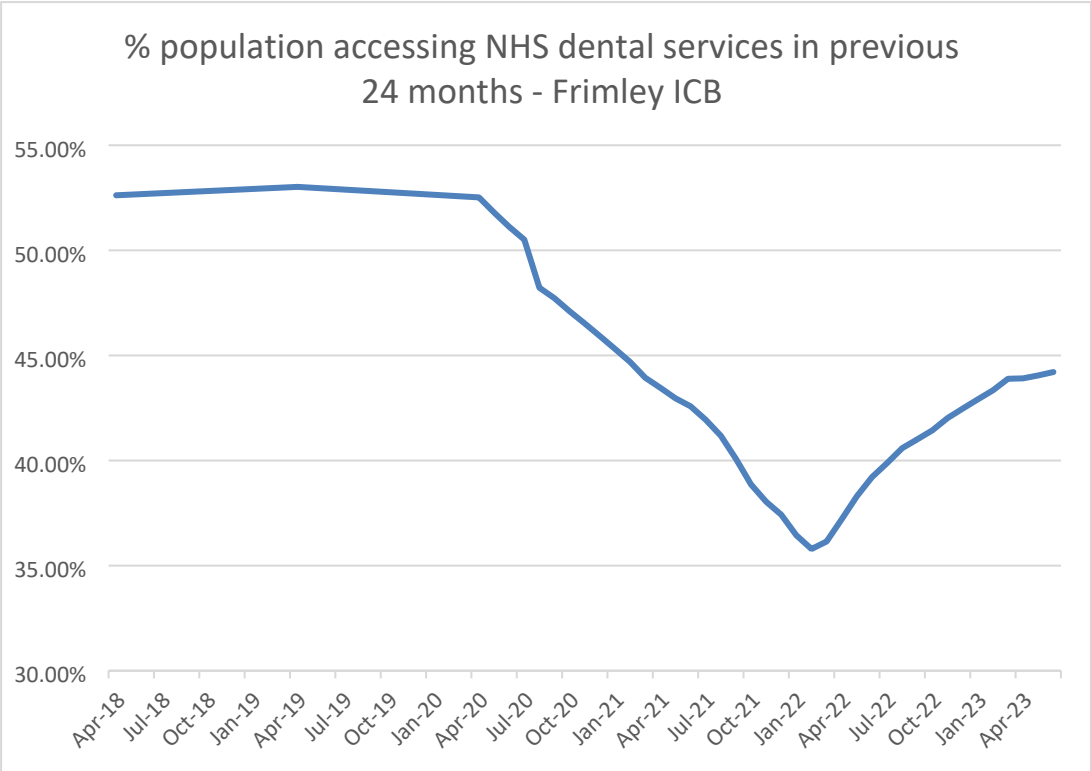
Onward referral services:

Service	**Provider**	**Area covered**
Orthodontics	Acorn Orthodontics, Fleet Farnborough Dental Centre	Hart Rushmoor
Community Dental Services	Solent NHS Trust	All Hampshire and the Isle of Wight
Hospital services	Hampshire Hospitals NHS Foundation Trust	Choice applies

3. Access to NHS Dental services

3.1 Primary Care

In the Frimley area prior to the pandemic nearly 400,000 people (53% of the population) attended an NHS Dentist on a regular basis (attendance within a 2-year period).



However, this fell significantly during the pandemic where practices had to close for 3 months between March and June 2020 and operated at reduced capacity until July 2022. In early 2022 the percentage of patients attending dental practices in Frimley fell to under 36%. Access has improved significantly since then with 44.21% of the population (320,000 people) attending by June 2023.

Dental practices have been recalling patients, but many have had increased treatment needs due to longer gaps between attendances. This means that treatment plans take longer to complete. Dentists deliver services within cash limited budgets. This means that if it is taking longer to complete treatments for some patients it is more difficult for other patients to access care, so backlogs are still a challenge.

Whilst access to primary care is improving there are on-going challenges. These have been detailed within this section and the challenges are being compounded by workforce challenges in the service. Dental practices have found it difficult to maintain their workforce to deliver NHS services. Many Dentists prefer to work fewer days on the NHS and therefore deliver less activity. This would enable them to focus more of their time on private work and in some cases, Dentists are either leaving the NHS or opting not to join at the start of their career.

The Dentists and practices are citing several reasons for leaving the NHS. These include:

- The focus on treatment with limited focus on oral health improvement, with implications this has on time to be made available to patients
- Delays in proposed changes to the contract at national level
- The level of nationally implemented annual financial uplifts to the contracts when compared to the costs of running their services
- The limited flexibility within the contract to use greater skill mix to deliver care
- The extent of patient dissatisfaction with access to care

This has impacted on the ability of practices to deliver their contracts, which means they may seek to reduce their NHS commitment or leave the NHS altogether. The table below details the number of contracts handed back since 2021-22 across the South-East.

ICB	**Total practices**	**Contracts handed back 2021-22 to 2023-24**
Buckinghamshire, Oxfordshire and Berkshire West (BOB)	15	70,522
Frimley	***1***	***13,782***
Hampshire and the Isle of Wight	16	117,508
Kent and Medway	16	111,896
Surrey Heartlands	9	61,815
Sussex	17	132,233
Total	**74**	**507,756**

The Teeth for Life practice in Aldershot handed back its NHS contract in November 2022. The practice advised they felt they needed to leave the NHS following difficulties recruiting new Dentists following the departure of 2 colleagues to private practices. Whilst the impact of contract handbacks has been relatively small for the Frimley ICB to date, when compared to other parts of the South-East, the loss of the service in Aldershot is significant for the local area.

When practices hand back their contracts, arrangements are put in place to commission services from local practices to cover this loss on a temporary basis prior to a procurement exercise to find a replacement. These arrangements are in place in the Rushmoor area for the period to 31st March

2024. The ICB is working on plans to re-commission this activity on a permanent basis from 1st April 2024.

Since 2020, the NHS in the South-East has commissioned Additional Access sessions from practices to deliver sessions above the levels normally commissioned to help patients access care of they have an urgent treatment need. There are 6 practices taking part in this scheme in Frimley with 5 based in Slough and one in Sandhurst. No interest was shown from practices in NE Hampshire.

In some parts of the country, ICBs are implementing Flexible Commissioning arrangements whereby practices can convert up to 10% of their contract value from delivery activity targets to the provision of access sessions. These sessions are used to provide access for patients who have faced challenges accessing care and to more vulnerable patient groups. NHS Frimley is monitoring the impact of these schemes to as part of consideration of local adoption as a means of reducing inequalities in dental access.

Nationally changes were made to the NHS contract in late 2022 with the aim of addressing the challenges highlighted earlier in this report. The changes will increase NHS capacity by allowing payment for higher levels of performance, increasing payments for more complex treatments, issuing updated advice about recall intervals for patient check-ups, supporting the use of more skill mix and providing more information to patients about access to NHS services.

3.2 Referral services

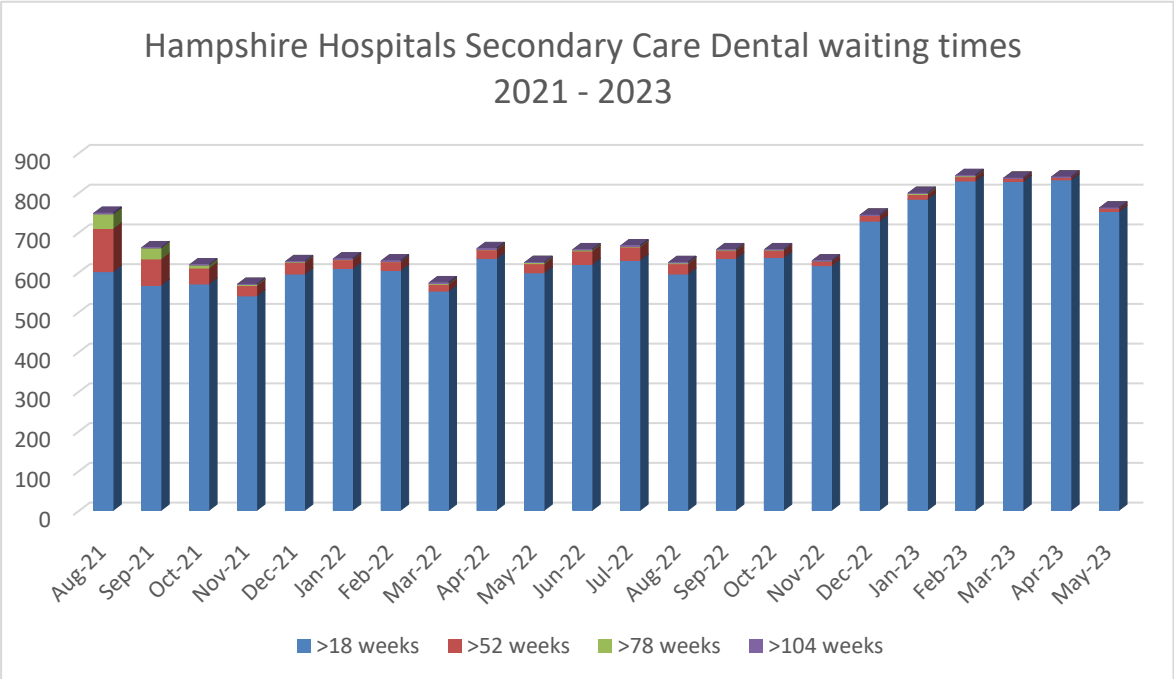
3.2.1 Hospital services

As with primary care dental services, the referral services have also faced capacity reductions because of the pandemic with the resultant backlog that has built up.

Hospital waiting times are monitored nationally. As part of recovery from the pandemic, Elective Recovery Fund monies have been allocated to hospitals to reduce the number of long waiting patients with the aim of returning to pre-pandemic levels by 2025. During 2022-23 the focus was on patients waiting more than 104 weeks and 78 weeks for treatment. The aim was to eradicate the number of patients waiting more than 104 weeks by July 2022 and more than 78 weeks by March 2023. This was achieved across the South-East. In 2023-24 the plan is for no patients to be waiting more than 65 weeks for treatment by 31st March 2024 and then no-one waiting more than 52 weeks by 31st March 2025.

The table below details the number of patients waiting more than 18 weeks for treatment at the Hampshire Hospitals NHS Foundation Trust. Although there has been little change in the number of patients waiting more than 18 weeks

for treatment since August 2021 the number of patients waiting more than 52 weeks has fallen from 147 to 8.



Elective Recovery Fund monies have been allocated to Hospital services to assist with waiting list recovery.

3.2.2 Community Dental Services

The Community Dental Services (CDS) have also faced challenges with backlogs in the number of patients awaiting treatment in clinic or in hospital under General Anaesthetic (GA). Restoration and Re-set monies have been available to the CDS providers. In some cases, this has resulted in significant reductions in the number of patients awaiting treatment, but other providers have faced on-going challenges in terms of recruitment and access to hospital theatres to complete treatments. Solent NHS Trust has fallen into the latter group and there are on-going discussions between the provider and the commissioner about backlog catch-ups.

4. Next steps and review

- Continue to monitor access to primary care dental services with the aim of maintaining on-going improvements in access.
- Re-commission dental activity for the Rushmoor area on a permanent basis from April 2024

- Implement national dental contract changes at local level to take effect during 2023-24 with the aim of improving patient access, value for money and dental practice commitment to the NHS
- Maintain Additional Access sessions for patients facing the greatest challenges with access to primary care
- Consider the implementation of innovative approaches such as flexible commissioning to support access for patients with greater oral health needs
- Review impact of Elective Recovery Fund investment on hospital services
- Work with colleagues in the Hampshire and Isle of Wight ICB and Hospital and Community Dental Service providers to address key challenges facing their services

NHS Frimley Integrated Care Board

September 2023