

Dental Services in Hampshire & The Isle of Wight

November 2021

Commissioning of Dental Services

Following the closure of dental practices in Portsmouth, Alton and Tadley in mid-2019, a procurement of general dental services was undertaken which secured a total of 64,500 Units of Dental Activity (UDA's) across 4 contracts. The contracts/practices are located in:

- Alton which commenced 1 December 2020
- Portsmouth south which commenced 20 April 2021
- Tadley which has an anticipated commencement date of January 2022
- Portsmouth north which has an anticipated commencement date of December 2021

Prior to the dental practices closing and the new procurement commencing, UDA's were offered to practices across Hampshire and the Isle of Wight (HIOW) who had capacity to provide additional activity; this was on a temporary basis for a period of 2 years in order to ensure the capacity levels within HIOW remained stable. The additional activity equated to 64,480 UDA's. This activity has been further extended from April 2021 to 31 March 2023.

Localised Concerns

- Despite commissioning 240,785 UDAs on the Isle of Wight, which equates to 1.70 per head of population, there continues to be significant challenges to achieving the Total Contract Value (TCV) for NHS dental providers.
- Recruitment and retention of dentists and dental nurses is cited as the main issue; there is anecdotal information stating a reluctance to travel or relocate to the island.
- Media interest in NHS dental services across Hampshire with Portsmouth highlighted as an area of concern.
- Despite procuring activity in Portsmouth, there remains considerable concerns in patient access.

Future Commissioning Intentions

- NHS England and NHS Improvement dental commissioners are working in conjunction with colleagues from Dental Public Health to produce system-based profiles of oral health across the South East region. This work will include where services are currently placed and identify gaps in service provision. Once this piece of work is concluded we will be in a better position to identify where we need to commission additional dental activity across Hampshire and the Isle of Wight.

The table below shows the current commissioned UDA's for each area in Hampshire however it does not include the additional access sessions that are in place as the table refers to recurrent UDA's only; the UDA's commissioned across HIOW is therefore higher by 64,480 and this may marginally affect the UDA's per person percentage.

Local Authority	UDA's Commissioned	Population	UDA's per Person	Deprivation (IMD)
Portsmouth	319,544	214,905	1.49	59
Southampton	433,730	252,520	1.72	61
Isle of Wight	240,785	141,771	1.70	98
Havant	108,355	126,220	0.86	119
Gosport	131,933	84,838	1.56	133
Basingstoke & Deane	224,319	176,582	1.27	243
Test Valley	130,729	126,160	1.04	261
East Hampshire	120,818	122,308	0.99	285
Eastleigh	204,558	133,584	1.53	287
Winchester	147,760	124,859	1.18	292
Fareham	147,664	116,233	1.27	298
New Forest	274,091	180,086	1.52	240
Hart	51,387	97,073	0.53	264

Impact of the Pandemic on Dental Services

COVID-19 has had a greater impact on dentistry than some services due to the close proximity dental teams are in when treating patients with an open mouth in a confined space. Additional infection, prevention, control measures (IPC) must be adhered to in order to reduce the risk to dental teams, patients and the wider population. IPC guidelines include specific requirements when undertaking Aerosol Generated Procedures (AGPs) which are used for treatment including fillings, scale and polish, root treatment and crown preparation. This requires a fallow time after treatment to allow aerosols to settle before an enhanced clean can be carried out. Fallow time was initially 1 hour but reduced to 30 minutes in many cases by the end of 2020.

As most dental procedures involve the use of AGPs this has had a significant impact on capacity and the number of patients that can safely be seen. It is unlikely that these restrictions will be lifted until the pandemic is deemed to be over which means that capacity will continue to be reduced for some considerable time.

While access to dental care is limited across the country due to COVID-19, practices are concentrating on the provision of urgent care and treatment for patients with the greatest clinical need.

Background

During the first wave of the pandemic all dental practices were required to close for face-to-face care from 25 March 2020 until at least 8 June 2020. This was in the interests of patient and dental team safety. Although closed, practices provided remote advice, analgesia (to help to relieve pain) and anti-microbials (to treat infection) where appropriate (AAA). Following clinical assessment where this did not address a patient's needs dental practices were then able to refer patients to Urgent Dental Care (UDC) Hubs that were set up to treat patients with the most urgent need.

In the second phase of the pandemic as infection rates dropped, there was a phased reopening of practices for face-to-face care, with all open by 20 July 2020 at the latest. All practices with an NHS contract are required to deliver a set amount of treatment in any one year. For dentists and their teams to see as many patients as possible, but in a safe manner, NHS England and NHS Improvement worked closely with Ministers and determined for the period 20 July to 31 December 2020 this would be a minimum of 20% of historic levels of NHS activity in recognition of the 1 hour fallow time and enhanced clean required. For the period 1 January to 31 March 2021 practices were required to deliver 45% of their contracted activity (70% for orthodontics) which reflected fallow time reducing to 30 minutes in many practices followed by the enhanced clean. From 1 April 2021 practices were required to deliver 60% of their contracted activity (80% for orthodontics) and this increased to 65% (85% for orthodontics) on 1 October 2021.

Practices may have to temporarily close if members of the dental team or their household are required to self-isolate. Practices may also have to temporarily stop provision of treatment involving AGPs where they have been unable to obtain their usual make of respirator mask and need to be fit tested to a new model. In both of these instances, where patients require face-to-face urgent care before they are able to reopen, the practice can refer patients to UDC Hubs which remained open when practices resumed face-to-face care for this reason.

Current situation

Although this gradual increase in activity has improved access to urgent dental care and is starting to deliver routine care for those with the greatest clinical need, it is still some considerable way from 100% of usual activity. It has also not addressed the backlog of care that built up during 2020/21 when practices were closed during the first quarter, when 20% of historic activity was delivered during quarters 2 and 3 and 45% of contracted activity during quarter 4. The resulting backlog is going to take some considerable time to address.

The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Although many patients have historically had a dental check-up on a 6 monthly basis, NICE guidance states this is not clinically necessary in many instances and clinically appropriate recall intervals may be between 3 to 24 months dependent upon a patient's oral health, dietary and lifestyle choices. Therefore, many patients who are attempting to have a dental check-up may not clinically need this at the current time.

While practices continue to prioritise patients with an urgent need, where they have the capacity to provide more than urgent care they will prioritise according to clinical need such as patients that require dental treatment before they undergo medical or surgical procedures, those that were part way through a course of treatment when practices closed, those that have received temporary urgent treatment and require completion of this, looked after children and those identified as being in a high risk category and so have been advised they should have more frequent recall intervals.

Although practices have been asked to prioritise patients with an urgent need, it may be necessary for patients with an urgent need to contact more than one practice as each practice's capacity will change on a daily basis dependent upon the number of patients seeking care and staffing levels. Where a practice has the capacity to do so, they will assess patients over the telephone to establish whether the patient requires AAA. If it is established a patient requires a face-to-face appointment, the practice can arrange for them to attend an urgent appointment at the practice or in some instances refer the patient to a UDC Hub.

NHS and private dental care

Whilst most practices provide both NHS and private care, we have made it very clear to all practices that they must spend an equal amount of time on NHS care now as they have historically, albeit much of their surgery time will not be spent on face-to-face care due to the fallow time between patients. A common misconception is that practices are attempting to convince patients to be seen privately rather than on the NHS. This is because practices are contracted to provide a set amount of NHS dental activity per year and so are unable to increase the number of NHS appointments they can offer. Some are able to increase their private hours and number of private appointments available. In some instances, practices may have filled their NHS appointments but still have private appointments available and this is why sometimes patients may only be offered a private appointment when they contact practices. As capacity may change due to the number of patients who contact the practice with an urgent need, patients may need to contact several practices over a varied timescale to obtain an appointment.

Finding a dentist

Patients are not registered with a dentist in the same way as they are with a GP. A practice is only responsible for a patient's care while in treatment, but many will maintain a list of regular patients and will only take on new patients where they have capacity to do so, such as when patients do not return for scheduled check-ups or advise they are moving from the area. The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Details of practices providing NHS dental care can be found on: <https://www.nhs.uk/service-search/find-a-dentist> or by ringing 111 who will provide details of local dental practices providing NHS care. However, for the reasons outlined above, at the current time it is unlikely that they will be able to accept patients for non-urgent care or those people not considered as having greater clinical need.

Improving access

Funding has been offered to all practices across the South East region to increase access by providing additional sessions outside of their normal contracted hours, for example in the evening or at weekends. These sessions are for patients who do not have a regular dentist and have an urgent need but have experienced difficulty accessing this or have only been able to receive temporary care (such as AAA, a temporary filling or first stage root treatment) and require further treatment. There are 3 practices in Hampshire that currently have the staffing levels to safely undertake additional sessions, specifically for patients that would be new to those practices. The offer of additional sessions remains open so that should other practices subsequently determine they have the staffing levels to safely deliver additional sessions, these will be established.

Should any patient need urgent dental care and the practice that provides this is only able to provide temporary care, they will be able to contact one of the following practices to obtain longer term treatment. This is only for urgent care and these practices will unfortunately not be able to provide routine care.

- Alton Dental, Alton, 01420 83589
- Beggarwood Dental Surgery, Basingstoke, 01256 391391
- Stratfield Road Dental Practice, Basingstoke, 01256 326690

