NHS
Hampshire and Isle of Wight

Policy and Scrutiny Committee for Health and Social Care – 4 September 2023

Update on Dentistry

Access

1. We believe there is a crisis of access in NHS dentistry. Many people are unable to access an NHS dentist or are travelling significant distances to get to one. Access varies across the country and is being experienced unequally by different groups. We believe everyone should be able to access an NHS dentist when they need one, wherever they live. (Paragraph 13)

    - Hampshire and Isle of Wight ICB (HIoW ICB) absolutely agree with that statement and are working towards stabilising and increasing access to Dentistry where possible. We have drafted a dental strategy which details our plans to achieve this.

2. We welcome the Government's ambition for everyone who needs an NHS dentist to be able to access one. This ambition must ensure access within a reasonable timeframe and a reasonable distance. The Government must set out how they intend to realise this ambition and what the timeline will be for delivery. It is vital that this ambition is the central tenet of the Government's forthcoming dental recovery plan. Once the plan has been published, we will revisit the recommendations in this report to assess it against this criteria. (Paragraph 14)

    - HIoW ICB would welcome sight of the proposed dental recovery plan as soon as possible and would want to work proactively with our stakeholders to support the plan. The HIoW ICB strategy is in draft and will be revised once the dental recovery plan is available.

3. A lack of public awareness about NHS dental services and how practices operate is contributing to access issues. The Government and NHS England should roll-out a patient information campaign with the aim of improving awareness of how NHS dentistry will work and ensure the public are better informed about what they are entitled to. This should clarify common misconceptions, for example, about patient registration, recall periods, and NHS dental charges and exemptions. (Paragraph 18)

    - HIoW ICB agrees that Dentistry can be confusing for patients as it not setup in the same format as other Primary Care services, as such clear patient communication is important to help people get the oral care they need. The HIoW ICB dental strategy seeks to provide information about these differences to use as a basis to create communication strategy for dental patients in the region. Below is a summary of the key differences in NHS Dentistry:

- Patients are not registered with a dental practice the same way they are with a GP. Dentists are only obligated to complete a course of treatment once initiated. When the treatment is finished there is no obligation for the dentist or practice to see the patient in the future. Most dental practices hold business lists and may recall a patient after a specific period for a checkup, but this is at their discretion. The amount of time between checkups ranges from 3 months to 24 months depending on the oral health of the patient.

- Dental records are the dental practices property and are not shared with other dental practices or the wider healthcare system. If the patient moves to a new practice a new record is started.

- Dental treatments are banded, and the amount paid by patients is depends on the banding of the treatment received. There are three NHS charge bands; Band 1: £25.80, Band 2: £70.70 and Band 3: £306.80. In addition to the patient payment, dental practices are paid by commissioners for any dental activity they complete known as Unit of Dental Activity. Payment is a proportion of their UDA value depending on the banding of the dental treatment provided. For example, a practice with a UDA value of £25, completes a band 1 treatment which is worth 1.2 UDAs, they would receive a payment of £30.

4. Practices should abide by NICE recall guidelines of up to two years for most adult patients, recognising the need for more regular recall for some, but people should not automatically be removed from dentists' registers of NHS patients without good reason. This should be monitored by NHS England to ensure it is being carried out. (Paragraph 19)

   - It should be noted that dentists do not have patient registration, but they do have lists of regular patients as stated above. The ICB would welcome NHS England monitoring regarding this.

<u>The Dental Contract</u>

5. We welcome the fact that to try and address the underspend, NHS England is applying a ringfence for 2023/24, to ensure that no ICB can divert funding away from NHS dentistry. We recommend that this ringfence applies permanently, and NHS England puts in place transparent scrutiny to ensure compliance. (Paragraph 38)

   - The ICB would welcome any funds that could be put into dentistry at this time. The ICB are looking to strategically reinvest dental funding to achieve the following priorities:
     - Oral Health Promotion
     - Dental Provision Stabilisation
     - Access
     - Enabled by: Workforce – recruitment and retention, Data

6. We also welcome measures by NHS England to intervene on providers who are under-delivering on contracted NHS activity. We look forward to an update on how this work is progressing. We welcome this funding being used flexibly, however there cannot be further delays in doing so. (Paragraph 39)
    - We are monitoring under-performing Isle of Wight practices but to enable increased activity we need to address the underlying issues of workforce and the challenge of the IoW geography. We are working with providers to support the stabilisation of their contract. HIoW ICB have asked South East Dental hub to consider the IoW as a unique situation which may need additional resource to support additional UDAs.

7. Fundamental reform of the dental contract is essential and must be urgently implemented, not only to address the crisis of access in the short-term, but to ensure a more sustainable, equitable and prevention-focussed system for the future. We are concerned that any further delay will lead to more dentists leaving the NHS and exacerbate the issues patients are experiencing with accessing services. (Paragraph 50)

8. We welcome the Government's recognition of the need for dental contract reform. The Department and NHS England must urgently implement a fundamentally reformed dental contract, characterised by a move away from the current UDA system, in favour of a system with a weighted capitation element, which emphasises prevention and person-centred care. This should be based on the learnings from the Dental Contract Reform Programme and in full consultation with the dental profession. (Paragraph 51)

    - The ICB would welcome the reform of the dental contract as it is widely acknowledged the current contracting system doesn't allow flexibility and innovation solutions. The ICB is exploring our delegated responsibilities to ensure the best access possible at the current time.

9. We believe patient registration under a reformed capitation-based contract will better enable those patients who currently can't access a dentist to be able to do so. (Paragraph 54)

10. We uphold the recommendation from our predecessors' 2008 report into Dental Services, that the Department should reinstate the requirement for patients to be registered with an NHS dentist. (Paragraph 55)

    - Whilst we understand the potential with a capitation-based contract, this will not address the current workforce issues, especially on the IoW. Registered patients would however support stability of local practices.

Workforce

11. The Government states that the number of NHS dentists has increased over the past year. However, while the headcount has gone up over the past year, it has

gone down over the past three years, and moreover headcount alone does not reflect how much NHS work these dentists are undertaking. We heard repeatedly that a lack of dentists and dental care professionals undertaking NHS work is the main driver behind both lack of access to appointments for patients, and the underspend in primary care dentistry. (Paragraph 67)

- The ICB agree that adequate levels of Dental Care Professionals within the region are key to resolving access issues for patients. The HIoW ICB's dental strategy has identified the dental workforce as a critical enabler to achieve improved access, stabilisation of provision and increased oral health promotion. The ICB would very much welcome the opportunity for a Centre for Dental development in the HIoW geography which will bring education, training and service provision together to in order to 'grow our own' dental care professionals, including specialists, which would provide a fantastic learning environment for students and provide access for the local population.

12. The Government and NHS England should commission a dental workforce survey to understand how many full-time and part-time-equivalent dentists, dental nurses, therapists and hygienists are working in the NHS, and how much NHS and private activity they are undertaking, alongside demographic data such as age and location. (Paragraph 68)

13. The Government and NHS England must improve the routine data that is collected on the number of NHS dentists and the wider dental team, and the levels of NHS activity they undertake, as well as data on demand, to assist with workforce planning and identifying gaps in provision. This must be addressed in the forthcoming dental recovery plan. Until such a time, the Government should focus on statistics which show the levels of NHS dental activity. (Paragraph 69)

- Better access to dental data would give a greater understanding of the issues within HIoW, the ICB would welcome this data collection to support ICB plans going forwards.

14. Any contract reform now will almost certainly be too late for those dentists who have already left the NHS or are considering doing so in the near future. The Government must urgently introduce incentives to attract and retain dentists to undertake NHS work. These should include, but not be limited to, the reintroduction of NHS commitment payments, incentive payments for audit and peer review, and the introduction of late career retention payments. The development of a careers framework should be considered, including on-going education, supervision and support. This should form part of a wider package, accompanied by a communications drive, to entice professionals to return to NHS dentistry. (Paragraph 72)

- The ICB would welcome national incentives to increase NHS recruitment and retention across the dental workforce, however the ICB wouldn't commit to

workforce incentives without national direction as it could lead to destabilisation of the current local workforce.

15. The Government, NHS England and ICBs must ensure that the reformed contract ensures that full use is made of the skills of the whole dental team. (Paragraph 73)
    - The ICB agrees with the need for the reformed contract and the use of the whole dental team and is investigating the potential opportunities for a Centre for Dental Development in HIoW geography.

16. We support the implementation of the work of the Advancing Dental Care Review. Centres for Dental Development could have the potential to change how we approach training dentists in the UK to meet the needs of the populations who most require care. However, these are in their early stages and their outputs will need to be assessed. We also recognise that incentives are required in the short-term to address the immediate challenges with supply and demand. (Paragraph 79)

    - The ICB agree that Centres for Dental Development could be an opportunity to enhance training for dental care professionals whilst addressing the access issues for the local population and any implemented model would be monitored to ensure benefits realisation. The ICB would welcome national incentives to increase NHS recruitment and retention across the dental workforce, however the ICB wouldn't commit to workforce incentives without national direction as it could lead to destabilisation of the current local workforce.

17. The backlog of applications for the Overseas Registration Exam is unacceptable and resolving this represents an opportunity in the short term to increase the number of dentists working in the NHS, and therefore create more appointments to enable patients to access much-needed services. (Paragraph 85)

18. The Government must work with the General Dental Council to ensure the backlog of applications for the Overseas Registration Exam is cleared in a timely manner, and to speed up changes to the process of international registration for new applicants seeking to work in the NHS. (Paragraph 86)

    - International dentists can register with the General Dental Council (GDC) if they have a recognised qualification; if they do not, they must pass both parts of the Overseas Registration Exam (ORE) before they can register. The GDC administer the exam and they have recently increased places for the first part of the ORE. ORE backlog reduction is not in the ICBs gift to change but we would welcome a decrease in the backlog of applications for ORE.

19. We are concerned that the absence of explicit mention of the dental contract in the Long Term Workforce Plan reflects the lack of priority given by the Government and NHS England to contract reform. We believe it indicates a lack of recognition of the urgent need for reform before any other workforce initiatives can be implemented. (Paragraph 90)

20. Given the varying views expressed regarding a tie-in for new graduates into NHS dentistry, we urge NHS England and the Government to ensure full consultation with professionals and representative bodies, as they seek to explore the potential merit of such a policy, although its success depends on fundamental contract reform, and should be accompanied with a careers framework. (Paragraph 92)

- Despite the perceived lack of priority by the government and NHS England, HIoW ICB does consider Dental Reform a priority, demonstrated by the co-hosted 'Dentistry: The big conversation' to understand the challenges experienced by dental stakeholders in the region and the production of a dental strategy, which is currently in draft.

Integrated Care Systems

21. The dental profession should be represented on Integrated Care Boards to ensure they have the necessary expertise to inform decision-making around contracting and flexible commissioning. This should include wider engagement with the profession locally, for example through Local Dental Committees and Local Dental Networks. (Paragraph 106)

- There is local and national dental expertise who are able to inform decision makers. The ICB has regular meetings with the local dental committee leads (also with other local committee leads) and the commissioning process is supported by dental clinical leads and consultants in dental public health. We also work with the local populations to inform commissioning and have established a good working relationship with local dental providers.

22. We contest the Department's rejection of the recommendation in our 'Integrated Care Systems: autonomy and accountability' report, and reiterate that they should centrally gather information relating to the membership of ICBs, including the specific role of members and their area of expertise. We also recommended the Department should review that information with a view to understanding whether the policy of keeping mandated representation to a minimum is the right one and whether any specialties are especially under-represented. We believe this is particularly relevant in the case of NHS dental services. (Paragraph 107)

- The ICB agrees and is looking for better data to understand, identify geographical priorities and needs of the local population which is reflected in the draft dental strategy.

23. We welcome the initiatives outlined by the Chief Dental Officer to help ICBs commission dental services in a way that best meets the needs of their local populations. NHS England should provide evidence of the effectiveness of these initiatives, so that ICBs can see for themselves which options they could most usefully pursue and best practice is spread. (Paragraph 115)

- The ICB has recently recruited to a Primary Care Transformation Lead to look at initiatives and opportunities to flex commissioning and increase access across HIoW. A key aspect of this role will be to ensure that any initiative implemented have the associated benefits monitored and any learning is shared.

24. In light of the current national contracting arrangements, NHS England must provide clarity to ICBs about what flexibilities they have with regard to commissioning NHS dental services and targeting resources according to the needs of their populations. (Paragraph 116)

25. ICBs have been delegated responsibility for commissioning dental services by NHS England. They offer an opportunity to improve access locally, better integrate services around patients and address inequalities. (Paragraph 121)

- As an early adopter of delegated dental commission HIoW ICB is looking at opportunities to improve local access, address inequalities and integrate services as part of the draft dental strategy. The ICB would welcome any additional guidance for flexible commissioning from NHS England.

26. By the end of July 2024, every ICB should have undertaken an oral health needs assessment, in consultation with service users, patient organisations and the profession. NHS England should provide support to ICBs to undertake this, including sharing examples of best practice and learnings from other ICBs. NHS England must also ensure each assessment is sufficient to meet its intended purpose. (Paragraph 122)

- Local authorities currently complete Oral Health needs assessments for the population which the ICB use for the planning of dental services. The ICB would welcome the sharing of best practice and continues to work with other ICBs in the South East region.

Jo Tomkinson, Primary Care Transformation Lead – Dental

Hampshire and Isle of Wight Integrated Care Board