

Content of review document

Comments, observations, and questions

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5. The Isle of Wight has the highest commissioned activity across the HloW but evidence suggests dental access issues here are the most pronounced – this issue requires system working, involving all parties, and goes beyond simply commissioning additional activity.

Overall, the comments below have identified that this initial desktop review by the Healthcare Public Health team could have been clearer in outlining the purpose and scope of the review. This was to inform both immediate commissioning intentions for the upcoming procurement, longer-term commissioning considerations, and also related issues which are not solely the responsibility of the dental commissioning team. The Healthcare Public Health team work closely with commissioners and also with other parts of the system, including local authorities and Integrated Care Systems (ICS) and there are several suggestions for more system-wide working on certain issues. The review is being edited to reflect the issues that should be resolved in the current procurement and the issues raised which require wider system working.

- *What is the evidence referred to in this paragraph?
The evidence is outlined throughout the document and this is further updated in the final draft.*

- *What parties will be involved and how will this be achieved?
‘System working’ should ideally involve:
 - *Commissioners of healthcare services (both in CCGs and in NHS England and NHS Improvement (NHSE/I)).*
 - *Providers of dental services who can give context of why it is difficult to recruit and retain dentists in a particular area*
 - *Local authorities; responsibilities for oral health improvement programmes.*
 - *Dental access issues in HloW are often linked to where dentists would like to live and work; although this is closely linked to contractual arrangements, these are multifactorial issues so it’s good to involve those can champion the cause that their area is a good place to live.*
 - *It is hoped that all of these parties will benefit from closer working through ICS.**

	<ul style="list-style-type: none"> • <i>What options beyond commissioning additional activity would be looked at?</i> <i>This is outlined in the more detailed table of ‘Considerations for commissioning’ at the end of the document.</i> <p><i>The commissioning intentions set out by the commissioning team outline the short-term response in order to ensure the procurement can go ahead without delay. The review could have been clearer in highlighting more immediate vs longer term considerations and has been edited accordingly. Options beyond the immediate procurement would form part of the longer-term plans.</i></p>
<p>Page 2 9. Review other activity across Hampshire and the Isle of Wight.</p>	<p><i>What other activity will be reviewed and what will the timescale be?</i> <i>This is outlined in the more detailed table of ‘Considerations for commissioning’ at the end of the document.</i></p> <p><i>This has also being clarified to outline that this relates to reviewing activity elsewhere in HloW which is not specifically covered in the table of considerations for commissioning. This is a longer-term consideration for future procurements.</i></p>
<p>Page 2 10. Other models of delivery may need to be considered outside of traditional General Dental Service (GDS) Contracts.</p>	<p><i>What other models of delivery will be looked at, how will this be done, who will be involved and what would the timeframe be?</i> <i>This is outlined in the more detailed table of ‘Considerations for commissioning’ at the end of the document.</i></p> <p><i>This is one of the areas that should be explored in the proposed ICS post as outlined in the commissioning intentions.</i></p>

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There have been very recent national reports in the media, highlighted by the British Dental Association, of large numbers of dentists leaving NHS dentistry. Portsmouth was highlighted specifically as an area of particular concern, although it should be noted that these are media reports using methods which have not been verified.

*What attempt has been made by NHS England to verify the large numbers of leaving NHS Dentistry?
It has not been possible to verify the numbers. Number of dentists is not always a good indication of the impact on NHS care as this does not take into account whether they work full or part time; whether they solely work in primary care or also work in other areas such as specialist services, hospitals, Health Education England; or the amount of time spent on NHS and private care.*

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The aim of this review is to enable commissioners to have a clear focus in terms of what, *ideally*, should be commissioned to ensure supply is planned to meet need. It is acknowledged that there will be areas where need is high (there are lots of people with dental disease). System-wide approaches involving local authorities (with responsibility for oral health promotion) and other healthcare services should be explored wherever possible to address this issue.

*What system wide approaches are going to be explored. What other healthcare services will be involved?
Again, these are considerations for the longer-term plans beyond the immediate procurement. HloW has been prioritised in the South East for this procurement and the emphasis currently is on increasing activity in the HloW system as soon as possible.*

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The lack of a dental school in the South East (dental students often continue to live/work near their dental school following graduation due to networks and relationships both professional and social).

and Page 22

4. Increase contracted activity in Portsmouth
Collaboration with local partners (such as colleagues in primary medical care, the Portsmouth Dental Academy or community dental services) may be useful in making contracts/posts more attractive to bidders and dental professionals.

*What role does the Portsmouth Dental Academy play if it is not recognised as a dental school on page 6 but mentioned as a way forward later in the document when dealing with activity in Portsmouth?
The dental academy has a primary care contract to deliver a number of Units of Dental Activity. There are dentists who train for short periods of time in the academy but these periods are not generally long enough to ensure dental students will stay or return to the area following foundation training. Options for increasing dental activity in the academy and retention of dentists who continue to work locally to their dental school following qualification are therefore separate considerations.*

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Overseas Registration Examinations for dentists from outside the EU have been postponed due to COVID so there are fewer dentists coming from outside the EU and - this backlog will soon be compounded as EU dentists will also be required to take the exam before practicing.

*What steps are being taken to overcome the backlog?
The Overseas Registration Examinations have recently re-opened; these are under the control of the General Dental Council.*

The overall effect on the backlog of the UK's exit from the European Union is yet to be seen as 2022 is currently the final year for dentists trained in the EU to work in the UK without sitting the Overseas Registration Exam. This is under the control of national government and the General Dental Council.

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This is heightened by geographical disparities in funding for NHS dentistry – tariffs were initially set based on historical rates so areas where dental need is higher do not necessarily correlate with higher rates.

Does this mean that the rates for the Island are lower than elsewhere therefore compounding the problem with recruitment and retention?

The rates for contracts that commenced April 2006 when the contract was introduced vary as that was based upon the practice's historic earnings, these earnings were different as some areas had higher treatment need so those practices would have historically earned more to reflect this. Contracts tendered since that time will vary. Initially PCTs would have left it to bidders to determine the contract value for the contracted activity, submitting details how they arrived at that as part of the open procurement process. The pricing strategy previously shared details why the current commissioners are not doing this for the current procurement and how it has arrived at the contract values, which takes into account deprivation.

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Claims by dental professionals that the current dental contract does not encourage dentists to work in the NHS, or in areas of higher need, is a national issue and there are continued calls by the profession to reform the dental contract.

*Has NHS England responded to the claims and if so what actions are being taken to address the issues highlighted?
Dental System Reform (DSR) is the responsibility of national government and has recently been debated in parliament:*

	<p>https://hansard.parliament.uk/commons/2022-02-10/debates/32D38E00-1C1E-4FA3-AEB3-591FF7F5362C/AccessToNHSDentistry</p> <p><i>On 29 March 2021 the Department of Health and Social Care (DHSC) asked NHSE/I to lead the next stage of DSR which it has taken forward in consultation with the profession through the British Dental Association (BDA). Regional teams await the announcement of the first phase of the nationally negotiated changes to the contract.</i></p>
<p>Page 7</p> <p>Local dental/healthcare support networks are also important to dental professionals – particularly newly qualified dentists - so recruiting to areas where there are already fewer dental professionals becomes more challenging.</p>	<p><i>What work is being done by NHS England to help support networks?</i></p> <p><i>Local Dental Committee (LDCs) represent the interests of dentists delivering NHS services, recently this was extended to Dental Care Professionals such as Dental Nurses, Hygienists and Therapists.</i></p> <p><i>Local Dental Networks (LDNs) are a clinical network that advise NHSE/I on the commissioning of NHS health services. It is a vehicle for dental health professionals to work together to address local needs, support the commissioning process and improve the quality of dental services in their area, whilst ensuring best use of NHS resources. The role of the LDN is to provide advice, at a strategic level, input from the LDN is an integral part of the planning and designing of a wide range of dental services.</i></p> <p><i>Managed Clinical Networks (MCNs) give specialist advice and support into the LDN, on their area of expertise (oral surgery, special care & paediatric, orthodontics and restorative).</i></p> <p><i>The Commissioners meet regularly with the above committees and networks.</i></p>

<p>Page 7</p> <p>However, having to take a ferry to the island for work can cause additional issues for dental professionals and this contributes to recruitment and retention issues.</p>	<p><i>Has a special allowance for travel to the Island been considered if not why not?</i></p> <p><i>The actual rate of pay and terms and conditions are determined by providers as the commissioner does not have a contractual arrangement with staff (for all services, not just dentistry).</i></p> <p><i>We are aware many dental providers on the Island offer incentives such as travel allowances to attract dentists and the wider dental workforce to travel to the Island. To dates this has not been incorporated into the pricing strategy but is something that may be considered in the future, once the commissioner has obtained feedback from bidders and those that chose not to bid as to whether this was an impact.</i></p>
<p>Page 7</p> <p>Issues of recruitment and retention on the Isle of Wight are system-wide issues which should be reviewed and addressed in partnership with all relevant stakeholders, including providers holding dental contracts on the island.</p>	<ul style="list-style-type: none"> • <i>Why has NHS England not reviewed the issues before now?</i> <i>The former PCT, Wessex Area Team and Wessex Local Office worked with providers to ensure they were offering terms and conditions that were attractive to aid recruitment and retention. That is only one of the reasons for recruitment and retention challenges, which are faced across the country although the greatest challenge is in the coastal and rural areas. The reasons for difficulty in recruitment and retention are multi-faceted with some outside the control of local NHS commissioners.</i> • <i>Who will the relevant stakeholders be and will those who previously provided dental contracts, or not hold any but may be interested in doing so, be involved in the review?</i> <i>DSR is being negotiated with the dental profession through the BDA. The commissioners are currently seeking views from bidders that joined the market briefing but chose not to submit a bid to understand their reasons for this. The ICS will become an Integrated Care Board (ICB) from</i>

	<p><i>1 July 2022 and will work with multiple agencies to make the Island an attractive place to work and/or live to assist with recruitment and retention.</i></p>
<p>Page 9 Table 2 highlights an issue which particularly affects the Isle of Wight. The Isle of Wight has the highest <i>commissioned</i> activity anywhere in HloW, yet as outlined below, both local engagement and published data suggest particular issues around dental access in the Isle of Wight. Viewing this issue solely as one related to the commissioning/procurement of UDA contracts will exacerbate this problem and all parties should work together to find sustainable solutions. This should include dental and healthcare commissioners and providers, local authorities and other components of the Integrated Care System.</p>	<ul style="list-style-type: none"> • <i>What are the particular issues that are suggested from the data?</i> <i>The term 'published data' has been removed as the data in fact presents a mixed picture in terms of which areas have the greatest issues in terms of dental access</i> • <i>What attempt has been made to work together to find sustainable solutions?</i> <i>This is a crucial question and the review aims to highlight the importance of the involvement of all parties who may have an influence in ensuring dentists and dental teams chose to live and work on the Isle of Wight. It is hoped that the opportunities offered by system-working, through ICSs and ICBs, will encourage this co-operative working between commissioners, local authorities and other components of the system.</i> • <i>What role can patients play in helping with solutions?</i> <i>One objective of the proposed ICS post should be to work with patients and patient groups as part of the longer-term solutions following the initial procurement exercise.</i>
<p>Page 20 It is naturally preferable for people to be able to access services as close as possible to where they live/work and patient engagement can be important in establishing where people might be willing to travel to for services. This is particularly important for residents of the Isle of Wight.</p>	<p><i>This gives recognition to the unique position faced by island residents in accessing services. What actions are proposed with regard to the patient engagement mentioned to establish where Island residents are willing to travel?</i> <i>As above, one objective of the proposed ICS post should be to work with patients and patient groups as part of the longer-term solutions following the initial procurement exercise.</i></p>

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The long-standing issue of a shortage of NHS dentists willing to work on the island means that it is important to engage with residents around possible 'next best' solutions. As a peninsula, Gosport is relatively isolated in terms of transport, with a ferry required to travel to nearby Portsmouth and the 3rd highest percentage of households with no access to a car/van.

What is deemed to be 'next best' solutions?

This is dependent on patients and beyond the scope of an initial desktop review.

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3. Consideration should be given to where additional recurrent activity is most likely to be achieved – information would come from
b) Areas where large numbers of contracts have been handed back - it would be useful to understand why, and address these reasons in any procurement where possible

Does NHS England not already have a system in place to seek feedback from practices handing back contracts?

It seeks feedback when providers terminate their contract and works with them to encourage they retain this. The most common reason is they no longer wish to work under the current contractual framework and their reasons for this. That feedback is passed to the national team that are leading on DSR on behalf of the DHSC.

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4. Increase contracted activity in Portsmouth
f) continue to engage with stakeholders in Portsmouth on this issue including patient groups.

What are the patient groups in Portsmouth and why are there no similar groups on the Island?

The report has been clarified to outline that patient engagement in general will be important in looking at longer-term solutions beyond the immediate procurement. Whilst the report took account of patient reports via Healthwatch, as initial desktop exercise it did not include engagement with patient groups in any specific area and this was not made clear.

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5. The Isle of Wight has the highest commissioned activity across the HloW but evidence suggests dental access issues here are the most pronounced – this issue requires system working, involving all parties, and goes beyond simply commissioning additional activity:

a) Investigate and address issues of dental access/underperformance in the Isle of Wight and consider alternative models of delivery

• *Are there any figures that show how many individual patients are seen by a NHS dentist on the Island?*

Yes. Initial analysis of figures recently received by the Healthcare Public Health team suggest that in terms of overall access to dental services as a percentage of the population, Portsmouth shows the lowest percentage of access, followed by Southampton and then the Isle Wight. However, for the 0-17 population specifically, the data

- b) Issues of dental access are consistently reported in the Isle of Wight and these are linked to issues with recruitment and retention
- c) Addressing this will require a truly systematic approach including identifying root causes of issues and working with all stakeholders to find solutions.
- d) It would be helpful to compare the experience of dental professionals with other healthcare professionals such as primary (medical) care teams on the island
- e) Explore options for increasing the UDA rate dependent on guidance/regulations under new commissioning arrangements/any changes to the dental contract etc.
- f) The Isle of Wight has the highest UDAs commissioned per head of population in HloW of 1.66 compared to 1.45 in Portsmouth (most deprived) and 0.97 in East Hampshire (lowest UDA per head)
- g) Unfortunately, adding more commissioned activity here before current activity is achieved is unlikely to resolve the issue as this could result in decreased access across HloW (including where there are ferry links to the loW) which will further compound issues on the loW itself
- h) Dental access/workforce issues in the Isle of Wight and Portsmouth are closely linked and these issues should be viewed together (some patients and dental professionals are likely to travel between Portsmouth and the Isle of Wight so increasing access in one place could decrease access in another)
- i) As outlined in Recommendation 4, collaboration with local partners (such as colleagues in primary medical care, the Portsmouth Dental Academy and community dental services) may be useful in making contracts/posts more attractive to bidders and dental professionals

suggests that the Isle of Wight shows the lowest percentage for access and this is naturally a key group in terms of reducing health inequalities. These figures have been included in the final version of the report.

- *Is there a limit to how many units of dental activity an individual can have?*

No. It is recognised that the unit of dental activity (UDA) system is complex and not intuitive. Essentially, at the end of each Course of Treatment, a UDA value will be assigned dependent on the level of care and treatment carried out. The UDAs are dependent on the following 'charge bands':

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

Once one course of treatment is finished, a new one is started at the next review or 'check-up'. The number of UDAs any one individual will have in any time frame is therefore dependent on the level of care and treatment needed within that timeframe but is not limited according to individuals. There is, however, a limit to the number of UDAs a dentist can provide under the current contract. This is the reason why patients are told that a practice is unable to take on new NHS patients.

- *Why has there not already been collaboration with local partners on the island including colleagues in primary care. The GP practice at Cowes has dental facilities but is not utilised.*

Each provider is responsible for securing the premises to deliver services from. Where they wish to relocate to alternate premises, such as from the GP practice in Cowes to another building in broadly the same area, after engaging with their current patients providing the new premises meet legislative requirements and the needs of their patients they are able to relocate.

j) Alternative models of provision (for example delivery models not based on GDS contracts) may need to be explored here

- *NHS England South West has undertaken a major exercise into the provision of NHS dentistry within its area. Is NHS England South East aware of this and if so why did it not follow the approach taken there?*
NHSE/I South East is aware of the commissioning of dental services by the South West region and have liaised with them over the commissioning intentions, service specification, pricing strategy and tender questions. The South East region is currently reviewing provision for all 6 ICS within the region, starting with H10W, and will take local factors into account for each.
- *What steps are being taken by NHS England to ensure a smooth handover of dental commissioning to the Integrated Care Partnership?*
NHSE/I has worked closely with the relevant ICS as it has undertaken the reviews of general dental services in each area to ensure the proposed commissioning intentions are in line with their priorities. NHSE/I is working very closely with ICS in preparedness for ICBs being established on 1 July 2022, they already attend many existing NHSE/I meetings such as the Dental Commissioning Group which considers and prioritises procurement requirements across the full spectrum of dental specialties as well as LDC Liaison meetings to hear from the profession.
- *What alternative forms of provision could be explored, how will this be done, and with what timescale.*
Again, the report could have been clearer in separating out considerations for the immediate procurement and the need to look at longer-term solutions.
- *The major issue with the provision of dental care appears to be as the result of changes in 2006 when patients were not allocated to a dental practice but treatment was related*

to units of dental activity. Is thought being given to the option of reverting back to the previous system?

This is part of the ongoing consideration on the current dental contract. This is a government decision and was last debated in the House of Commons on 10th February 2022. Details of the debate can be found here: <https://hansard.parliament.uk/commons/2022-02-10/debates/32D38E00-1C1E-4FA3-AEB3-591FF7F5362C/AccessToNHSDentistry>

- *Many patients now are unsure if they are still on the list for a dental practice due to the impact that the pandemic has had on accessing treatment. What steps will NHS England take to ensure that patients are able to be made fully aware of their ability to seek treatment from the practice that they were last seen as and have not been removed through no fault of the patient from the list.*

Practices have been reminded on several occasions that, although it is each practice's decision how long a patient remains on their practice list, that they should not disadvantage patients who have not been able to return during the pandemic when removing them from their list and opening this to new patients.

- *The current system can mean that a patient once completing treatment and not given a follow up date for a check up has to go back to the list to seek another dental practice able to take them on. This may then involve the patient in paying for unnecessary x-rays at a new practice as patient records are retained at the previous practice. Is this not an ineffective use of resources?*

Patients do not need to be given a date for their next appointment when their course of treatment is complete, instead the practice would record the appropriate recall interval and offer the patient an appointment at that time; NICE states this is between 3 to 12 months for children and

3 to 24 months for adults. Even where patients remain with the same practice they may require x-rays as part of a course of treatment to determine if their dental condition has changed; this would not cost a patient more as x-rays are part of a band 1 course of treatment they would pay (see previous link to explanation of bands of treatment and patient charges).

- *Does this review also have implications for the delivery of Solent NHS Trust's delivery of special care dental services?
No the review only relates to general dental services.*
- *What communications are proposed to ensure that the public are kept fully aware of how access to NHS Dental Services can be achieved?
All stakeholders can encourage patients to access details of this from the nhs.uk website and 111.*
- *Is there any data available to show the number of calls made to the 111 service in respect of patients with dental problems requiring treatment?
Unpublished data suggested that calls early in the pandemic when practices were required to close for face to face care, apart from urgent care that remote advice and prescribing was able to control. This did not report unique patients and some may have been counted more than once if they made multiple calls, the data was also not broken down into geographies lower than ICS.*