



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 15 March 2023

Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting
2. Declarations of Interest
3. Update on NHS Dentistry Darlington –
Presentation by the Senior Primary Care Manager (Primary Care Dental Commissioning
Lead – North East and North Cumbria), NHS England – North East and Yorkshire
(Pages 3 - 16)

Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 7 March 2023

**Town Hall
Darlington.**

Membership

Councillors Dr. Chou, Heslop, Layton, McEwan, Mills, Newall, Preston, Mrs H Scott, Sowerby and Wright

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

Update on NHS Dentistry Darlington

Darlington Health and Housing Scrutiny Committee

15 March 2023

Summary Overview of NHS Dentistry

- NHS Dentistry services **MUST** operate in strict accordance with **Nationally set Government Regulation (2006)**
- Under NHS Dentistry national regulation there is **no 'formal registration' of patients** with dental practices as part of their NHS Dentistry offer, patients can therefore approach any dental practice offering NHS care for access.
- Dental contracts and provision is **activity and demand led** with the expectation practices deliver courses of treatment with **recall intervals appropriate to clinical need** and manage their available commissioned capacity to best meet both local demand and the clinical needs of patients presenting to their practice.
- The contract regulations set out the contract currency which is measured in **units of dental activity (UDAs)** that are attributable to a **'banded' course of treatment prescribed under the regulations.**
- **NHS England do not commission private dental services** but the NHS dental regulations do not prohibit the provision of private dentistry by NHS Dental Practices.
- The prolonged **COVID- 19 pandemic period** required NHS Dental Practices to follow strict Infection Prevention and Control (IPC) guidance which significantly restricted levels of access to dental care. As a result **backlog demand for dental care remains high with the urgency and increased complexity of patient clinical presentations** further impacting the ability for the NHS Dental Care system to return back to pre-COVID operational norms.

Update on Commissioned Capacity - Darlington

General Dental Services (UDAs) only

	NHS Dental Contacts (General Dental Services)	UDA Capacity Commissioned
August 2022	13	191,873
March 2023	12	176,473

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Changes since attendance at Committee in August 2022:

- Burgess and Hyder Group Partnership practice operating from Firthmoor Community Centre – NHS contact handed back effective 31.3.23.

In addition to the above NHS England also commissions:

- Urgent dental care services - in-hours and out of hours appointments via NHS111
- Community dental service – vulnerable patients with additional needs that cannot be met within high street practices
- Orthodontic service
- Domiciliary care service

Secondary Dental Care Services are commissioned separately by the NHS England, Public Health Team.

Continuing Pressures & Challenges

1. COVID-19 Impacts

2. Dental Workforce Recruitment and Retention

3. NHS Dental Contract & System Reform

1. COVID-19 Impacts

- During the **first wave of the pandemic** in the interest of patient and dental staff safety, **routine dental services were paused in March 2020** and urgent dental care centres (UDCs) were established to provide access only to clinically confirmed urgent dental care.
- In **July 2020 all practices gradually re-opened for limited face to face care** in strict accordance with Nationally mandated COVID-19 NHS Dentistry Standard Operating Procedures and IPC constraints.
- As part of those arrangements practices were required to **prioritise patients based on clinical need and urgency into their significantly reduced safe operating capacity**, creating inevitable delays and backlogs over time for patients seeking non-clinically urgent and more routine dental care at that time.

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As part of those nationally mandated COVID-19 response arrangements practices were provided with **income protection** but also **mandated to operate at significantly reduced and safe levels of face to face access levels** throughout the prolonged COVID-19 Pandemic period as follows:

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| <ul style="list-style-type: none"> ○ 0% between March – July 2020 (remote triage only unless a designated UDC) ○ 20% between July - December 2020 ○ 45% between January - March 2021 ○ 60% between April - September 2021 | <ul style="list-style-type: none"> ○ 65% between September - December 2021 ○ 85% between January - March 2022 ○ 95% between April 2022 – June 2022 ○ 100% from July 2022 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- All dental practices are now able to safely provide a full range of treatment however demand for care remains extremely high with dental practices having to balance addressing the backlog of care with managing new patient demand, whilst also facing workforce recruitment and retention issues which continues to mean a delay in meeting demand for more routine and non-urgent care.

2. Dental Workforce Recruitment and Retention

There are a number of factors relating to workforce recruitment and retention that are affecting the ability of NHS dental practices to deliver the full level of commissioned access, these include:

- **Younger generation and newly qualifying dentists** more often choosing not to pursue an NHS Dentistry career or where they do, they are seeking a work life balance that limits their working commitment to part time NHS Dentistry
- **More experienced dentists and increasing dental nurses** are choosing to retire early, move into private dentistry or pursue a different career path.
- General recruitment issues **attracting new dentists into NHS Dentistry from private dentistry and from overseas** due to a range of issues including but not limited to; difficulties securing GDC and Performers List registration for overseas dentists, Dental Student and Foundation Dentistry Places being limited nationally and private dentists not perceiving working within the current NHS Regulatory arrangements as being attractive in terms of pay, conditions, work life balance etc.

This creates difficulties for NHS Dental Practices locally and nationally to **maintain and/or replace the level of clinical workforce** they need in order to reliably deliver their full NHS Dentistry capacity as they continue to try to fully recover from COVID-19 Pandemic impacts.

3. NHS Dental Contract & System Reform

- Current **NHS Dental Regulation/contract** was introduced in **2006**
- **March 2021** the Department of Health requested that **NHS England lead on and develop national dental system reforms for England.**
- In **July 2022**, NHS England published a **national package of ‘initial reforms’** to the NHS dental regulatory contract. This included:
 - Prioritising patients with high care needs by **increasing the funding that practices receive for more complex care.**
 - Setting a **National minimum UDA value of £23**, which hadn’t existed previously (UDA rates in Darlington are above this).
 - Greater flexibilities within national regulations to **locally release funding and unused dental access locked into practices** who are unable to deliver their commissioned activity so that it can be offered to those who can deliver activity above their contracted levels.
 - Requiring a move away from the default position of many patients choosing to re-attend on a 6 monthly basis towards **recall intervals that are clinically appropriate to the oral health status of patient’s** (in accordance with NICE Best Practice Guidance – up to 24 months). The intention being to release capacity and reduce inequality of access to dental care.
 - **Making it easier for practices to introduce skill mix** by utilising the skills of the wider dental care professionals (dental therapists and hygienists) to work within their full scope of practise thereby freeing up capacity and dentist time to focus on more complex treatments.

NHS England have now commenced engagement to inform the next stages of the government’s national dental system and workforce reform programme for 2023.

Local actions taken to date

- Offered **incentives for ALL NHS dental practices** to prioritise any patients struggling to access an NHS Practice and that present with an urgent dental care need.
- Encouraging practices to **maintain short notice cancellation lists** to minimise as far as possible any “lost” clinical time.
- Invested in the provision of additional dental clinical triage capacity within the **NHS 111 Integrated Out of Hours, Dental Clinical Assessment Service** as well as increasing funding into our **Dental Out of Hours treatment services**.
- Additional funding made available in 2021-22 to practices who were able to offer additional clinical capacity with a focus on prioritising patients with urgent dental care needs and access for nationally identified high risk groups, ie children (take up in Darlington was limited – only 1 practice).
- Scheme extended into 2022-23 with increased rates offered - focus on prioritising patients with urgent dental clinical presentations and/or dental complaints to further help reduce outstanding COVID-19 back log demand. (take up increased to 2 practices).
- Increased local investment during 2022-23 into our specialist oral surgery and orthodontic providers to secure additional treatment capacity wherever possible in order to help reduce waiting times for patients.
- Launched a safeguarding dental access referral pathway for children in January 2023 (Pilot).

Local Actions continued



- Engaged with dental providers within areas where contracts have been handed back to see if they are able to take on the UDAs released on either a short-term or long-term basis. Initial attempts in Darlington proved unsuccessful however recently been back out with an improved offer informed by market engagement which has generated interest.
- Darlington identified as a priority area for our recently launched workforce recruitment and retention initiatives which includes:
 - Supporting practices to attract dentists by offering the dentist a financial incentive payment if they come to work in the area for a minimum of 2/3 years.
 - Funding advert in British Dental Journal to try to attract overseas dentists and to support them through the process of getting on the National Dental Performers List which enables them to delivery NHS dental care.
 - Offering NHS dental providers, a flexible commissioning arrangement that provides a training grant to support the employment of overseas dentists.
- We are working with **Dental Clinical & Professional Leaders and Health Education North East (HEE) partners** to further explore opportunities to improve dental workforce recruitment and retention locally where this is possible and within existing national policy constraints.
- Continue to raise our local dental workforce pressures at a national level to inform the development of needed National Dental System and Workforce Reforms.

Next Steps



- Await the announcement of **further national dental regulatory, workforce and system reforms during 2023** and **review the impact that initial national reforms** that were introduced from November 2022 are beginning to have.
- **Review the impact of the local initiatives that we have put in place** so that we can continue to use that learning to help keep our local NHS Dentistry service provision and access to care stabilised whilst we await further national dental system and workforce reforms.
- **Continue to work with all of our local dental professional leads and wider partners** to ensure we continue to explore all local opportunities to improve NHS Dentistry access for patients and influence the development of national system and workforce developments during 2023.

Advice for patients



- If your teeth and gums are healthy – a **check-up, or scale and polish may not be needed every 6 months.**
- **Stopping smoking and limiting alcohol intake** along with **reducing the amount of sugary drinks and food** can all be beneficial in keeping your teeth and gums healthy.
- **Every dental practice is working extremely hard to provide care to as many patients as possible**, if a routine appointment is not yet available, please be understanding of the challenges that practices are facing.
- Dental practice are being **encouraged to prioritise patients for treatment based on clinical need and urgency.**
- Appointments for some **routine treatments**, such as dental check up, may still be delayed.
- If you develop an **urgent dental issue** telephone your regular dental practice (or any NHS practice if you don't have a regular dentist) for advice on what to do next or visit www.111.nhs / ring 111.
- If the dentist decides the issue is not urgent, you may be given advice on how to self manage the dental problem until an appointment becomes available. You should be advised to make contact again if your situation changes/worsens

Key messages



- You **do not need to register** with a dental practice like you do with a GP practice – you can contact any NHS dental practice to seek care. Dental practices manage their own appointment books and are best placed to advise on the availability of appointments.
- All dental practices are able to safely provide a full range of treatments however **demand for care remains extremely high** with dental practice having to balance addressing the backlog of care with managing new patient demand.
- **High treatment needs for patients** and **workforce recruitment and retention** issues continues to mean delay in practices being able to full meet the demand for more routine dental care, ie check-ups.
- All opportunities are being explored locally to:
 - Increase the number of appointments available and improve access for patients with priority for patients with greatest dental clinical need, ie those requiring urgent dental care and vulnerable/high risk groups such as children.
 - Support practices to recruit and retain dentists.



Questions?

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