

# Update on NHS Dentistry Darlington

Darlington Health and Housing Scrutiny Committee  
31 August 2022

NHS England and NHS Improvement





## Background/context

- No 'formal' registration in NHS dentistry - patients can contact any NHS dental practice to access care.
- Dental contracts and provision is activity and demand led with the expectation practices deliver and manage their available commissioned activity to best meet the needs of patients presenting to the 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 dentistry regulations do not prohibit the provision of private dentistry by NHS Dental Practices. Where this is the case practices have separate appointments book and clinical capacity assigned.
- In 2019-20 (pre-Covid) only 90.5% of the total commissioned capacity in Darlington was utilised demonstrating that at that time practices were meeting the expressed demand of the local population.
- COVID- 19 pandemic and requirement to following strict infection prevention control guidance significantly impacted on access to dental care over the last 2 years – demand for dental care remains high across all NHS dental practices.

# Commissioned Capacity – August 2022



## General Dental Services (UDAs) only

NHS GDP Practices	UDA Capacity Commissioned	£ Funding Commitment
13	191,873	£5,512,915

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
- Specialist orthodontic service
- Domiciliary care service

**NB:** Contract handed back just prior in 2020 prior to pandemic – Middleton St George Dental Practice - work on-going to recommission capacity.



# Pressures & Challenges

## **COVID-19 Impacts:**

- IPC and capacity constraints 2020-2022
- backlog of unmet need
- continuing high demand for care.

## **Workforce Recruitment and Retention:**

- Impact on available capacity – not just a local issue
- providers and performers choosing to retire early/move to private dentistry/away from the dentistry all together (Dentists/nurses/therapists).

## **NHS Dental contract:**

- Legacy 2006 NHS Dental regulatory UDA system.
- March last year Government asked NHS England to lead on Dental System Reform.

# Dental System Reform



In July 2022, NHS England published a package of initial reforms to the NHS dental contract. These included:

- Prioritising care for patients with high needs by increasing the remuneration practices receive for more complex treatments.
- Greater flexibility in how dental funding can be used by enable practices who can deliver more to do so and to release funding locked into practices who are unable to deliver the commissioned activity so that it can be moved to those who can deliver.
- Personalisation of recall intervals - move away from the default position of patients attending every 6 months to intervals that are clinically appropriate based on the oral health of the patient – this will help to create capacity for practices to take on new care.
- Making is easier for practices to introduce skill mix - utilising the skills of the wider dental care professionals (dental therapists and hygienists) to work within their full scope of practise thereby freeing up dentist time to focus on more complex treatments.
- Requirement for dentists to update the NHS website so patient can easily find the availability of dentists in their local area.

## **Start of the process**

**Engagement has commenced to inform the next stages of the reform programme**

# Local measures/actions taken to date



- Offered incentives for ALL NHS dental practices to prioritise patients not been seen in the practice within the previous (24 months) adults and 12 months (children) who require urgent dental care;
- Invested in additional clinical triage capacity within the out of hours integrated NHS111 North East and North Cumbria Dental Clinical Assessment Service;
- Increased investment into the new Dental Out of Hours Service contract (from 01 Oct 2021) to ensure we have sustainable capacity available to treat 'clinically confirmed' urgent and emergency patient's that present via NHS 111.
- Sought expressions of interest to replace the lost capacity from Middleton St George contract hand back – to date unable to secure the additional capacity.
- Additional funding made available in 2021- 22 to practices who were able to offer additional clinical capacity above their contracted levels 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 limited – only 1 practice - delivered an additional 15 sessions during Feb and March 2022)
- Working with practices to maximise their clinical treatment capacity, ie encouraging them to maintain short notice cancellation lists to minimise as far as possible any clinical downtime.

# Access - Next steps



- Reviewing plans for the re-commissioning of the activity lost from the Middleton St George NHS contract hand back with a view to going out to formal procurement.
- Will be going out again to seek expressions of interest from NHS practices who may have the capacity and capability to deliver additional access as an interim measure to assist with the current demand for NHS dental care with a focus on patients with an urgent/dental treatment need and nationally identified high risks groups, ie children.
- Work with current practices to explore how we can support them to maximise their clinical treatment capacity and make contracts sustainable in the long-term.
- Continue to work with local dental networks/committees and local Health Education England colleagues to explore opportunities to improve workforce recruitment and retention and to identify further measures to improve access for patients.
- Continued engagement to influence the work taking place at a national level to identify solutions to the recruitment and retention pressures in NHS dental services and to understand and address the constraints of the current national dental contract mechanisms.

# Summary - Key Points



- All NHS dental practices are able to safely provide a full range of treatments however demand for care remains extremely high with dental practices having to balance addressing the backlog of care with managing new patient demand.
- Practices asked to prioritise patients with the greatest clinical need, ie those requiring urgent dental care, delayed treatments and vulnerable/high risk groups such as children.
- High treatment needs of patients and workforce recruitment and retention issues means a delay in practices being able to meet the demand for more routine and non-urgent care.
- All opportunities are being explored to increase the clinical capacity available and improve access for patients.