

## **HEALTH AND HOUSING SCRUTINY COMMITTEE**

Wednesday, 15 March 2023

**PRESENT** – Councillors Newall (Chair), Layton, McEwan and Wright

**APOLOGIES** – Councillors Heslop and Mrs H Scott

**ABSENT** – Councillors Dr. Chou, Mills, Preston and Sowerby

**ALSO IN ATTENDANCE** – Martin Short (North East and North Cumbria Integrated Care Board), Pauline Fletcher (NHS England and NHS Improvement - North East and Yorkshire), Tom Robson (Durham and Darlington and Tees Local Dental Network) and Dr Kamini Shah

**OFFICERS IN ATTENDANCE** – Ken Ross (Public Health Principal) and Hannah Miller (Democratic Officer)

### **HH50 DECLARATIONS OF INTEREST**

There were no declarations of interest reported at the meeting.

### **HH51 UPDATE ON NHS DENTISTRY DARLINGTON**

The Senior Primary Care Manager (Primary Care Dental Commissioning Lead – North East and North Cumbria), NHS England – North East and Yorkshire, Chair of Durham and Darlington and Tees Local Dental Network and Consultant in Dental Public Health, NHS England – North East and Yorkshire gave a presentation (previously circulated) updating Members on NHS Dentistry in Darlington.

In providing background on NHS dentistry, Members were advised that as part of the NHS Dentistry offer there was no formal registration of patients with dental practices and as such a patient could contact any NHS dental practice to access care; dental contracts and provision were activity and demand led; contract regulations set out contract currency which was measured in units of dental activity (UDA) and these were attributable to a banded course of treatments; NHS dentistry regulations did not prohibit the provision of private dentistry by NHS dental practices; and as a result of the prolonged COVID-19 pandemic period and the requirement for NHS dental practices to follow strict infection prevention and control guidance, a backlog demand for dental care remained high with the urgency and increased complexity of patient clinical presentation.

Reference was made to the changes to commissioned capacity since August 2022 for general dental services; Members were advised of the additional services commissioned by NHS England; and Members were informed that Burgess and Hyder Group Partnership practice operating from Firthmoor Community Centre had handed back their contract as of 31 March 2023.

The continuing pressures and challenges were outlined, these included Covid-19 impacts, dental workforce recruitment and retention and NHS dental contract and system reform; and details were provided of the national package of initial reforms to the NHS dental contract,

which were published by NHS England in July 2022.

Details were provided of the local actions taken to date, including incentives for all NHS dental practices to prioritise patients that were struggling to access an NHS practice and that presented with an urgent dental care need; encouraging practices to maintain short notice cancellation lists; investment into the provision of additional dental clinical triage capacity; and additional funding made available to practices who were able to offer additional clinical capacity above their contracted levels, of which take up in Darlington was limited to only one practice.

Members also noted that engagement had been undertaken with dental providers where contracts had been handed back and that interest had been generated following an improved offer; and Darlington had been identified as a priority area for the recently launched workforce recruitment and retention initiatives.

The next steps were outlined and included a review of the impact of the initial national reforms which were introduced from November 2022; the impact of the local initiatives; and continued work with local dental professional leads and wider partners to continue to explore local opportunities in order to improve NHS Dentistry access for patients. Reference was also made to the advice for patients and key messages.

The Public Health Principal highlighted the importance of enforcing positive attitudes and behaviours and promoting and normalising toothbrushing at an early age; informed Members that the agenda regarding fluoridation was being progressed at a national level by the Secretary of State for Health; and highlighted that fluoridation was one of the most effective ways to reduce dental decay in the population and reduce demand on dental services over the long term. The Consultant in Dental Public Health informed Members of the supervised toothbrushing programme for nursery, reception and Y1 aged children, to ensure teeth were being brushed twice daily; it was reported that whilst uptake prior to COVID-19 was high, participation had now reduced to 50 per cent, which was thought to be as a result of additional pressures from COVID-19.

Members were also informed that work was being undertaken to ensure a safe transition following the delegation of commissioning of NHS Dental services from NHS England to the Integrated Care Board.

Following a question, Members were informed that whilst it was difficult to put a timescale on the recovery of NHS dental services, it was anticipated that it could take up to two years and the key priority was to ensure that dental services were back to full capacity, whilst focussing on the needs of the population.

Discussion ensued regarding the communication of key messages with particular concern raised regarding the lack of communication in relation to the closure of the practice in Darlington; the Senior Primary Care Manager informed Members of the process when a practice closes and would seek clarification from the provider to ensure the process had been followed. Details were also provided of the procurement process should NHSE not be able to recommission the full capacity for NHS dental services that had been lost in Darlington. Members were advised the NHSE had some digital assets that could be circulated.

Following a question, Members were advised that any patients unable to access their practice should call 111 who would facilitate patients with severe pain on the same day; patients were assessed via an algorithmic assessment and clinician assessment; out of hour appointments were also available at specific locations; and there was no dental unit at Accident and Emergency.

Discussion ensued regarding Did Not Attends (DNAs), Members were advised that there was no mechanism in place to collect DNAs however anecdotal evidence suggested figures of up to 15 to 20 per cent in NHS dental practices; and Members highlighted that the information regarding dentists on NHS UK website was not up to date. Members were assured that a reminder would be sent to practices to ensure the website was kept up to date. Reference was also made to treatment charges, Members were advised that NHS charges were set by the government and that a number of different cohorts had access to free dental care and a scheme was available for those on a low income.

Members remained concerned regarding the NHS dental services in Darlington and welcomed a future update on progress, including the impact of the national reforms.

**RESOLVED** – (a) That the Senior Primary Care Manager (Primary Care Dental Commissioning Lead – North East and North Cumbria), NHS England – North East and Yorkshire, Chair of Durham and Darlington and Tees Local Dental Network and Consultant in Dental Public Health, NHS England – North East and Yorkshire be thanked for their informative update.

(b) That an update on NHS Dentistry in Darlington be provided at a future meeting of this scrutiny committee.