

NHS Dental services

Darlington Health and Housing Scrutiny Committee

26 February 2025

Commissioned capacity Darlington

	NHS Dental Contracts (General dental services)	UDA commissioned capacity
February 2025	12	172,680

NB: No significant change to previously reported position

Darlington UDAC – Opened June 2024		
Total urgent appointments per week	28	
Total urgent appointments per annum	7280	

NHS dentistry challenges

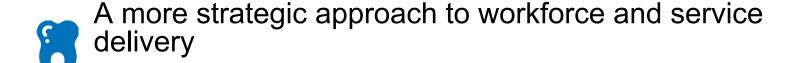
- Covid-19 backlog
- Recruiting and retaining dental workforce
- National dental contract not attractive to dentists unit of dental activity (UDA) system is no longer financially viable for many
- Dental providers are handing back their NHS contracts as can't meet local demand or the provision we have commissioned from them
- Significant waiting times for routine appointments and difficulties accessing urgent care services
- House of Commons Health and Social Care Committee Inquiry into NHS dentistry published 2023 – previous Government response published December 2023
- Awaiting detail of new Government's plans

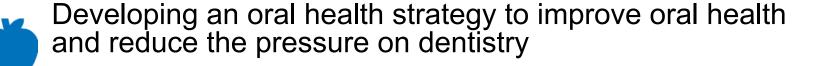
We will tackle the challenges in three phases

Improving access to dentistry will not be a quick fix

We are tackling this in three streams:







Dental Recovery Programme Overview

Phase 1 – short-term measures - £3.6m in 2024-25 and 2025-26 to support non-recurrent schemes, including incentivised access, additional dental out of hours treatment capacity, and dental clinical assessment (DCAS) workforce/triage capacity. Funding also made available in 2024-25 to provide additional specialist orthodontic and minor oral surgery treatment capacity to improve waiting times for patients and to fund oral health promotion resources.



 Phase 2 – building back capacity - £9.5m available to deliver a new model of dental care via Urgent Dental Access Centres (UDACs) and provide additional general dental access to replace lost capacity.



• Phase 3 – transformation and sustainability - £9.5m to uplift minimum unit of dental activity (UDA) rate above national rate and work with 'at risk' practices to identify and address financial issues of delivering NHS dental care.



• **Workforce** – Work with local dental networks and NHSE North East Workforce Training and Education Directorate to improve recruitment, retention, training and education across the NENC.



 Oral health strategy - work with Local Authorities (LA)s and other key stakeholders to develop/agree a system wide strategy building on existing OHNAs and LA plans.



Phase 1 - short term measures to improve access

- Over 109,000 appointment slots in 2024-25 through incentivized access scheme (limited uptake in Darlington -755 appointments). Scheme to be extended into 2025-26
- Increased capacity of out of hours urgent dental treatment and dental clinical assessment (DCAS) workforce/triage.
- Funding additional units of dental activity (UDA) from practices with workforce and surgery space.
- Additional specialist orthodontic capacity (+203 children for Darlington)
- Additional minor oral surgery treatment capacity (+45 patients for Darlington)

Phase 2 – Urgent Dental AccessCentres

- Two-year Urgent Dental Access Centre (UDAC) pilot launched in 2024 with two centres in Darlington and Carlisle.
- Each centre runs two surgeries offering 28 urgent appointments per day a combined total of over 14,000 urgent appointments per year.
- The centres offer 30-minute appointments with the aim of diagnosing and treating issues in one session.
- Patients can access appointments via online booking or NHS 111 referral.

Urgent Dental Access Centre pilot evaluation

- Initial data and feedback are positive.
- UDACs have improved access for those with greatest clinical need.
- Darlington UDAC (performance June to end Dec 2024):
 - Delivering above commissioned capacity (104%)
 - 96.4% of patients attending received definitive treatment for their presenting urgent dental care problem.
- Approval to roll out network of UDACs across the region (circa 30 surgeries).

Phase 3 – Transformation and Sustainability Plan

Stage 1

- Local minimum UDA rate uplift to £31.46 (+ £3.46 above nationally set £28 minimum rate that was implemented in April 2024).
- Uplifted rates backdated to April 2024.

Stage 2

- Open and discretionary offer to work with practices to assess true cost of delivering NHS dental care.
- Prioritising 'at risk' practices in the most deprived parts of the region and/or where there are significant access challenges.
- Currently engaged with first cohort of six 'deep dive' pilot practices.

Workforce

- NHS Dental Recruitment Incentive Scheme ("Golden Hello" payment) – being considered as part of our wider recovery programme on how we improve both recruitment and retention of dentists.
- Funding provided to NHSE Northeast Workforce, Training and Education Directorate to support a range of initiatives - upskilling dental workforce, dental therapist mentoring, continuation/expansion of "Mouth Care Matters" programme, oral health training resources.

Oral health strategy

- Engagement event held in November 2024 bringing together key stakeholders/system partners to inform the development of a system wide strategy to improve oral health and reduce pressure on NHS dental services.
- Announcement awaited on the outcome of the consultation to extend water fluoridation within the North East.

Oral health improvement initiatives (1) Darlington

Supervised Toothbrushing Activity (Jan 2025)

Settings	Number of participating settings	Numbers of children brushing
Pre-schools	8	350
Primary Schools	17	962

- Funding from the ICB has extended toothbrush programme to pre-school settings.
- Supporting Children and Young People's Health and Wellbeing in Schools in Darlington – Attendance to promote uptake of the primary school toothbrushing programme

Oral health improvement initiatives (2) Darlington

- Oral health training provided to Health Visitors on key oral health messages and to encourage early attendance. Oral health packs are distributed to parents at the 8 month visit
- Caring for your Smiles programme: in collaboration with Darlington LA team.
- Epidemiology survey in Care Homes 2025
- Oral health training for public health teams and health and social care staff e.g. public health nurses, care delivered at home, and hospices
- Mouth Care Matters: promoting good oral health in secondary care hospital wards e.g. for elderly care
- Investment in oral health promotion resources in 2023-24 and 2024-25
 - · Pre-school toothbrushing programme
 - Health Visitor toothbrushing packs promoting prevention messages at 3-4 months and 8 months
 - Supply of free flow cups to discourage bottle use
- Evaluation of the dental access referral pathway for children in care and children receiving child protection medicals

Evaluation of the Dental Access Referral Pathway for Children in Care

Summary of referral information (Jan-July 2023)	Number of referrals/percentages
Total number of referrals across Tees Valley (total identified need)	60 (80)
Written routine referrals (identified routine need but no referral)	59 (18)
Written urgent referrals (identified urgent need but no referral)	1 (3)
Referral to preferred practice	22
Referral to named practice	25
Referral to CDS	13
Total number of referrals from RHAs	29
Total number of referrals from IHAs	22
Total number of referrals from CPMs	9
Total number of dental reports received	3
Percentage of children with an identified dental need from RHAs	3.7 %

Impact of the pathway: general dental accessuite fertiers and families

implementation of this pathway and whatever works gone in behind it has given dentists a bit of a prompt... So, when we phone up and we say they've got a care plan, we've suddenly got a much more of a profile with dentists, if you know what I mean. Um, where you could have had an arthink-when tvergone out श्रांषेत इंकिट्टी विश्वर्ध said neception is a waiting list to be seen and its frustrating waitingtrand then year agag building or the armsoloid welike exerve very thing the tool rsome d.-I Children by Care Nuise,reक्षीप्रिकppreciative." - Children in Care Nurse, HDFT.



would never have been offered anything other than the hope that the social worker would work with the family to make a "lisheally guite nice to do that as well because you come away feeling you've achieved something from that family as well. We get job satisfaction by being able to do that. You feel like you've achieved something." — Children in Care Nurse, HDFT.

"Thirty children roughly have been offered this



