

Joint Health Overview and Scrutiny Committee

24 March 2017

Access to NHS Dental Services

1. Summary

NHS England North (Yorkshire and Humber) have implemented a pilot access project within Bradford and Kirklees to test the model and obtain feedback. An Access Strategy Group is to be set up to look at the access to NHS dental services across Yorkshire and Humber to prioritise areas of highest need of additional services and to ensure that the services meet the needs of those patients. This group will work closely with the Urgent Care Working Group which has already been set up and is reviewing the services across Yorkshire and Humber with a view to proposing a Yorkshire and Humber wide model.

2. Report issues

NHS England produces a Dental Dashboard on a quarterly basis which gives details of the number of patients seen in the relevant Clinical Commissioning Group area within the last 24 months. For West Yorkshire the details are as follows:

Location	Patients seen in the last 24 months				
	January 2016	January 2017	Change	Changes in the last quarter	Percentage of population seen in the last 24 months
Bradford	294992	297318	+2,326	+336	56%
Kirklees	263438	265004	+1566	+87	61%
Calderdale	128992	129295	+303	+32	62%
Leeds	449227	458919	+9692	+887	59.3%
Wakefield	222889	224229	+1245	-95	67.2%

While there has been an increase in the number of patients seen in the last 24 months the rate of the increase has slowed in the last quarter shown on the January 2017 report. To help in addressing this NHS England has agreed to fund a short term pilot (January to March 2017) to look at a different model of care for patients. A proposal is to be submitted to the Yorkshire and Humber Senior Management Team for this to be extended for a further three months.

3. Options

Overview of the West Yorkshire Scheme:

Practices participating in the scheme are required to keep free an agreed number of one-hour slots in which to see four new patients. They have agreed to provide full courses of treatment, offering further appointments where appropriate. Patients are directly booked in to these slots by Local Care Direct (LCD), via 111. A retainer is paid to practices to keep the surgery time free, and 12.8 UDAs per slot (or 3.2 UDAs per patient) are also awarded. Participating practices are required to deliver the additional UDAs awarded as part of this scheme, in addition to their contracted UDAs, in the 2016/17 financial year.

23 practices are participating in total (9 in Bradford City, 8 in Bradford District and 7 in North Kirklees). The scheme will see a maximum of 4260 new patients seen (1,764 in Bradford City, 1,292 in Bradford District and 1,204 in North Kirklees), and will see a maximum additional 13,582 UDAs delivered in these areas in 2016-17 (5,644 in Bradford City, 4,135 in Bradford District and 3,675 in North Kirklees).

Originally, none of the practices in Dewsbury expressed interest in participating in the scheme. Patients from Dewsbury have been travelling to attend appointments in the surrounding towns in North Kirklees (35% of North Kirklees appointments were filled by Dewsbury patients), however LCD have noted that the majority of Dewsbury patients are unwilling to travel for these appointments. Following discussions with the Dewsbury practices, one will now participate and provide 40 appointments for new patients in March.

Feedback received to date:

- There has been lower than expected activity at LCD: In January 92.5% of Access Scheme appointments were filled in Bradford, and 66.95% in North Kirklees (84.29% in total)
- There has been a relatively high rate of patients failing to attend appointments: 18% in January (the LCD UDC rate is usually around 10%)
- Activity at the Bradford urgent care service at BRI has “at times been significantly affected by the diversion of patients into regular practice appointments, although this is not happening on a daily basis”
- The scheme is running at the end of the financial year, when providers are less likely to have additional capacity as they are focused on delivering their baseline activity before year-end. Feedback from practices who did not express interest suggests that if they had been offered the chance to participate earlier in the financial year, they would have had time to plan for it.

To address the low activity at LCD, and the effect on the Bradford UDC service, we have given practices the opportunity to book two patients to give the opportunity to fill some of their Access Scheme appointments themselves, with new patients either from their waiting list or from patients calling or walking into the practice and

requesting appointments. We will be able to assess how effective this approach has been when we receive the March data from LCD in early April.

The challenges of low activity at LCD and patients failing to attend are somewhat mitigated, as the additional UDAs awarded under the scheme still being delivered in Bradford and North Kirklees, which are under-commissioned in comparison to other areas of West Yorkshire.

Evaluation:

Data from Local Care Direct, as well as logs of the patients seen under the scheme that are submitted by practices themselves, provides valuable information including:

- **patient flow:** which areas are patients coming from and which areas or practices do they prefer to travel to or prefer not to travel to, for treatment
- the treatment bands being carried out under the scheme: urgent, band 1, band 2 or band 3
- the rate of patient failure to attend at each practice or in each area

NHS England have also been gathering feedback from LCD and from participating practices on the aspects of the scheme are working well, and on what aspects could be improved. A survey of patients seen under the scheme will also be conducted in the final two weeks of March, via questionnaire, to gain insight on how the scheme is working from a patient perspective.

This information will be instrumental in informing the wider Yorkshire and The Humber Dental Access Strategy.

A Working Group of Commissioners, Dentists, Consultant in Dental Public Health, Healthwatch representation is to be set up to develop an Access Strategy to maximise the current provision and identify where additional capacity is required and the best model to address this shortfall. The strategy will cover the whole of Yorkshire and Humber and will focus on the areas that have the highest challenges for dental access. The strategy will link in closely with the Urgent Care working group (details below). This work will be started in the next two weeks and will be completed and agreed with the Yorkshire and Humber Direct Commissioning Management Team in June 2017.

NHS England – North (Yorkshire and the Humber) have recently developed an Urgent Dental Care working group to drive forward a Yorkshire and the Humber-wide project to commission equitable, appropriate, timely, high quality and responsive urgent care dental services that demonstrates value for money, and is consistent with the overarching dental access strategy.

The Urgent Dental Care working group is reviewing the current services and all composite contractual schedules and formally recommends a proposal to redesign a single Yorkshire and the Humber Urgent Dental Care service, aligned to and augmented by the enhanced Clinical Assessment Service within NHS 111, and

linked to the ongoing Access Strategy for primary dental services across this defined geography. This will require appropriate access and treatment elements, as well as advice and signposting, and it is envisaged that the overarching strategy will be submitted for Board approval in August 2017, for a service commencement date of 1st April 2018. This will be informed by patient and stakeholder engagement, currently being scoped for roll out in April and due for completion in May 2017.