NHS England - Yorkshire and the Humber (Y&tH)
Leeds Dentistry Overview

1. Background

NHS England (Yorkshire and the Humber) is currently responsible for the commissioning and contracting of all NHS dental services across Leeds. A number of additional services are commissioned by NHS England for Leeds residents including orthodontics, intermediate minor oral surgery, hospital services provided by Leeds Teaching Hospital Trust, community dental services provided by Leeds Community Healthcare Trust. Paediatric pathway provided by Clarendon Spa and urgent care*, accessed via NHS111.

The purpose of this report is to update members on the current key challenges facing dental services, outline the current dental access position for Leeds and highlight the work taking place to strengthen future service provision; including the transfer of responsibility for commissioning services to the WY Integrated Care Board.

2. Current issues

The COVID-19 pandemic and the requirement to follow strict infection prevention control guidance to ensure that patients could be 3 treated safely, significantly impacted on dental services. Demand for NHS care continues to be significantly higher than pre-pandemic levels at all practices. While the number of available appointments for regular and routine treatment is increasing, dental practices continue to balance the challenge of clearing any backlog with managing new patient demand, all at the same time facing significant workforce challenges. Whilst restoration of NHS dental activity continues, it will be some time before dental services return to providing care at previous activity levels, with many dental practices still catching up.

NHS England continues to commission a total of 1,316,121 Units of Dental Activity across 113 dental practices in Leeds. Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs. For example, one UDA for an examination, three UDAs for a filling and 12 UDAs for dentures

A number of previous challenges still apply to the delivery of dental services to patients:

Access/inequalities: NHS England inherited a range of contracts at it's inception and these 'legacy' arrangements mean that there is inconsistent, and often inequitable, access to dental services, both in terms of capacity in primary care and of complex and inconsistent pathways to urgent dental care, community dental services and secondary care.

Primary care national contract: rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider and is a key factor to the challenge outlined above.

Procurement: procurement laws introduce further challenges to levers to change to commissioning arrangement; it is not possible to introduce innovative ways of working without testing the market.

Patient perceptions: it may not always be clear to patients how NHS dental services work, for example:

Registered' lists: Patients often believe they are registered with a dental practice in the same way that they are registered with a GP, however, this is not the case. GP practices contracts are based on patient lists, but dental practices are contracted to deliver activity. Practices are obliged to only deliver a course of treatment to an individual, not ongoing regular care however many practices do tend to see patients regularly.

NHS Services being free at the point of delivery: Dental services are subsidised with fee paying, non-exempt adult patients contributing towards the cost of NHS dental treatment with the contribution determined by the course of treatment; unlike other NHS services, which are provided free at the point of delivery. The national dental charges are set, on three-band tariff, each year. Practices must display this information within their clinics.

Private dental care: Many dental practices offer both NHS and private dental care which, as independent contractors, they are at liberty to do. Mixed practices tend to have separate appointment books for both NHS and private treatment, with staff teams often employed to provide these different arrangements. NHS provision must be available across the practice's contracted opening hours and demand for NHS treatment is such that they could have used up their available NHS appointments and practices may, therefore, offer private appointments to patients.

Practices accepting new patients for regular dental care: www.nhs.uk is the digital platform which supports patients to navigate the healthcare system. The new dental reforms as detailed below will expect practices to keep their profile page up to date but this is not historically contractually mandated. All new contracts procured by NHS England include this requirement but there is no central records of practices who are accepting new patients. The Adults, Health and Active Lifestyles Scrutiny Board had previously acknowledged this issue and recommended that NHS England work with practices to highlight the importance of relevant nationally hosted NHS websites and local dental practice patient information providing clear, accessible, and up-to-date information and guidance to the public. Moving forward, the new dental reforms will assist in making services more accessible for people as all dentists will be required to update the NHS website and directory of services so patients can easily find the availability of dentists in their local area.

3. Orthodontic services

NHS England recently undertook a procurement for orthodontic services across the North region. This was due to previous contracts coming to an end and NHS England is required by law, under the Public Contract Regulations 2015, to re-procure time limited contracts. A number of providers have secured contracts to provide orthodontic services through the procurement process, some new and some current providers. In Leeds this has resulted in 3 providers across 4 sites.

If a child's orthodontic practice was unsuccessful in the procurement process, they were offered the opportunity to conclude any treatment already in train, but where the practice decided not to continue any NHS treatment beyond the end date of their NHS agreement, it has been necessary to transfer patients to another orthodontic practice. In Leeds (North of the city region) the previous contract holder chose not to bid for the service, nor to conclude any NHS treatment beyond the end date of their contract. Consequently, we have had to transfer some Leeds patients to a new provider to continue care. NHS England has been working with the new providers to transfer patients to them for their ongoing treatment, mobilise the new contracts and as part of this confirm the name of all allocated providers for all patients impacted.

All patients that needed a new provider for continuing treatment have now been contacted regarding the new service arrangements. Patients will be seen in order, and the provider will manage this process with urgent appointments being accommodated as required.

While we have made every effort to ensure that patients can be seen as close to home as possible, we are dependent upon providers having the capacity and staff to complete open courses of treatment. This means that at this time patients are advised to accept and attend their initial appointments at their newly allocated practice.

For those patients who continue to have significant concerns that their allocated practice is not the most accessible for them, these are being considered on a case by case basis.

4. National initiatives to improve access to dental services

Additional investment in NHS Dental Services March 2022*;* As part of a national initiative, funding was allocated between January and March 2022 specifically for dental services to improve access and increase dental appointment availability In Leeds, four practices participated in the scheme delivering 79 sessions - 6 appointments per session.

Dental System Reforms: The outcome of the national 2022/23 dental contract system reform negotiations were confirmed by NHS England; this represents the first significant change to the contract since its introduction in 2006. These initial reforms seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care. They include:

- New reforms to the dental contract - the first in 16 years - mean NHS dentists will be paid more for treating more complex cases, such as people who need three fillings or more.
- Dental therapists will also be able to accept patients for NHS treatments, providing a range of procedures, which will free up dentists' time for urgent and complex cases.
- To make services more accessible for people, dentists must update the NHS website and directory of services so patients can easily find the availability of dentists in their local area.
- High-performing dental practices will have the opportunity to increase their activity by a further 10% and to see as many patients as possible.
- The new reforms will ensure that dentists, will be able to recover dental services following the impact of the pandemic.

5. Current initiatives to improve access to dental services in Leeds

Production of a Rapid Oral Health Needs Assessment (OHNA): Given the current challenges, and the need to prioritise urgent dental care where it is most needed, further work has taken place to review and assess the oral health needs of the Leeds population. The Adults, Health and Active Lifestyles Scrutiny Board had requested to be kept informed of progress surrounding the completion of the local dental needs assessment and subsequent strategy development.

An Oral Health Needs Assessment (Y&tH) was completed in May 2022. The purpose of which is to help understand the oral health inequalities across Y&tH and the evidence base to support the commissioning of services for the specific population. An executive summary of the key findings is set out in Appendix A.

Most children accessing secondary care in Leeds will do so for dental extractions under general anaesthetic. Nationally, there has been a 58.4% reduction in the number of episodes

of caries-related tooth extractions in hospital for 0 to 19- year-olds compared to 2020/21, despite a 0.4% increase in the estimated population of this age group. This is likely due to the continued impact of the COVID19 outbreak on non-COVID related hospital episodes, rather than sudden reduction in need or demand. Tooth decay in childhood is a predictor of decay in later life and supports the need for early intervention including Dental Check by 1 (DCby1) and local oral health promotion interventions at individual and community level. The document provides an update on the headline information from this recent work, including details of hospital dental extractions in children aged from 0-19 which is a predictor of decay in later life and can help to support future planning of dental services.

The population of Leeds is increasing, which will increase demand on dental services. In particular, the predicted 35% increase in the population of older adults (65+ years) and 76% increase in the population of the 85+ age group between 2020 and 2040 will bring challenges of its own to develop dental services that meet the dental needs of this ageing population, in terms of managing patients with co-morbidities, consent issues and polypharmacy, training for the dental team and suitable estates, and provision of domiciliary care for those who are housebound. The World Health Organisation recognises that good oral health is an essential part of active ageing.

Dental services are not equitably distributed, and a health equity audit approach is currently being developed to determine equity of access to dental services in Y&tH, including urgent care services. This will identify areas which experience the highest levels of poor oral health yet have no NHS dental services or insufficient services to meet the need and will be used to guide future commissioning of services in Leeds.

Consideration will be given to commissioning services for those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care. The recommendations from the 2022 rapid Oral Health Needs Assessment are now informing the development of the NHS England Dental Strategy for Yorkshire and the Humber.

Translation Services: To support access to care for all, practices may need to use translators and interpreters for patients who require support with communication. It is contractual requirement that Dental practices and Urgent Care providers have arrangements in place to support patients who require translation services. NHS England continues to work with partners to make healthcare services more inclusive and has identified the need to gather a baseline assessment of access to interpreter services across all NHS healthcare settings. The survey has been developed with input from a range of stakeholders across our region and is supported by the Health Inequality SROs for each of our Integrated Care Systems. Feedback from this survey will support improvement work to address healthcare inequalities among people with limited English proficiency and deaf people who use British Sign Language.

Access

Additional funding has been made available to NHS Dental practices to support a range of initiatives with an aim to increasing capacity and improving access to dentistry. The expectation is for them to run sessions, between November 2022 and March 2023 which will target those patients in greatest need of accessing available NHS Dental Care. Participating practices will offer additional provision of NHS Dental care to any patient:

- Requiring urgent or emergency dental care treatment presenting via NHS 111 direct booking, sign-posting and/or through local practice walk in, where an urgent course of treatment will be provided.
- Presenting with a dental complaint via NHS 111 sign-posting and/or through local practice walk in, where an examination and banded course of treatment will be provided.

Work is ongoing to confirm arrangements with Leeds NHS Dental practices in the week commencing 7 November 2022 so additional capacity will be available as soon as possible.

Waiting list validation aims to develop and implement a waiting list validation exercise to inform a better understanding of the number of patients who are waiting for routine NHS appointments in NHS GDS practices. The key purpose of this work is to support the planning and delivery of future commissioned service models to meet unmet need. It is anticipated that the collation of additional information to determine a pragmatic view on available capacity (premises and staff) will support the proposed approach.

It is proposed that all NHS GDS practices in Leeds will provide NHS England with information regarding the number of patients waiting and waiting times for NHS dental treatment through a survey. This will give NHSE and dental practices a more accurate view on the numbers of patients waiting for NHS dental treatment. In addition, for the first time. It is proposed that GDS dental team workforce information is collated to inform future GDS dental care workforce planning discussions, a key priority in the NHSE dental strategy. It is proposed practices in the 20% most deprived wards in Y&tH will validate their waiting lists to facilitate future commissioning discussions and service model design to address unmet need in accordance to the Core20Plus5 approach.

Dental Access Project and Flexible Commissioning Programme

NHS England will continue to work with those practices who have received additional funding in Leeds to support patients to access regular dental care. NHSE is considering opportunities to allocate any additional funding whist utilising the findings of the OHNA to target Local Authority areas and practices meeting the criteria.

One of the conditions of a different contract mechanism is that the practice must have is dedicated Oral Health Champion who leads the practice in delivering the programme as well as liaising with agencies, care homes and school in preventative dental issues.

There are currently twenty three practices in Leeds taking part in the flexible commissioning programme. Practices have the opportunity to provide dedicated patient focused care. The scheme has been extended for a further 12 months from 1 April 2022, which will enable further refinement and evaluation to support targeting of resources based on the OHNA to reduce oral health inequalities. NHS England has also sought expressions of interest from dental practices with the aim of extending the scheme to other practices across the region

Review of Community Dental Services

Community Dental Services CDS provide dental care for adults and children with additional needs and those from other vulnerable groups whose needs cannot be met by the general dental services. A service review of Yorkshire and Humber CDS commenced in early 2022, which will set out key recommendations to inform discussions in relation to future service design, including commissioning intentions for paediatric GA services and other pathway approaches. This will report it's findings in November 2022.

Provision of dentistry in Care Homes

Many residents in care homes across Yorkshire and the Humber do not have access to regular dental care. There are some dental practices who do provide a domiciliary service to patients, but this is patchy and inconsistent. In those cases where residents are seen it is often only when they have an urgent dental need or have lost dentures; it tends to be a reactive service. NHS England is reviewing how it can expand current contracts to include provision of dental care for residents in care homes who are house bound.

Homeless Project

Two Leeds Dental Practices are providing a service working alongside local homeless charities with the first patient attending in May 2022. On average eight sessions have been provided each month for the project. Patient, provider and charity representation feedback has been gathered and largely all respondents were pleased with the programme, with the patients stating that this has been life changing for them. It is important to emphasise the importance of sessional delivery of dental care services for patients from high-needs groups in order to address some of the inequalities in accessing the traditional UDA system for these patients. Considering that this is the first programme to provide targeted access to dental care for homeless people in Leeds it is difficult to estimate the opportunity costs in terms of the impact of the programme on patients' quality of life and on the wider health and social care system. The evaluation of this service will be considered in December 2022 with a recommendation to extend the programme beyond the piloting phase in Leeds and in other localities with identified need in the region.

6. Transfer of commissioning responsibilities from NHS England to the West Yorkshire Integrated Care Board (ICB).

ICBs will assume responsibility for the commissioning of dental services on the 1 April 2023. The aim of delegating dental services is to make it easier for organisations to deliver joined up and responsive care, delivering high quality primary care services for our population.

The ICB Board received an update regard to the delegation of commissioning responsibility for dental services at the November meeting. It confirmed its continued approach to working with the NHS England Regional Team on a process of assurance to support the safe delegation of dental services which has included discussions to enable effective operating and governance models for this delegated function and that the assurance process has supported the identification of risks and issues to delegation which have been mitigated against.

The delegation of dental services to the ICB presents both challenges and opportunities to the wider ICB strategic priorities. These will be woven into both the strategy refresh and the development of the Joint Forward Plan

The Board will be aware of the national and local issues reported in relation to access to NHS dental services. This has historically presented issues and continues to generate significant political interest. We know NHS dentistry has been raised through local Healthwatch reports and formed part of the August 2022 Healthwatch Insight Report. Some of the contributory factors for those risks in relation to primary care dental services delivery are no different to those faced by many other sectors, such as workforce and access challenges.

The Dental Task and Finish Group recognise and have discussed the issues presented by access to NHS dental services and how this impacts population and health management at West Yorkshire and Place Level. There is work progressing with NHS England to ensure that the ICB is presented with a clear and accurate picture of known specific service delivery issues and how we can work together in supporting the management of these service pressures.

The commissioning and contracting of all dental services are bound by national contracts or contractual frameworks. This presents some challenges and barriers to flexible commissioning and achieving our ambitions. This is especially the case for primary care dental contracts and the ICB is keen to understand the parameters for commissioning more flexibly and how these fit with future dental contract reform.

Priorities and actions have been set which will support our work to transfer responsibility for Point of Delivery (POD) services but also link this work to future commissioning and Joint Forward Plans

- Working with NHS England to quantify unmet need in primary and community care dental services.

- Work to further understand the commissioning flexibilities available to ICBs, particularly with dental services. For example: map commissioned activity to population health to enable targeting investment more locally in accordance with access needs and areas of inequality at system and ICP level. Work has started on this with the production of the OHNA.

- Work with wider partners, place and programmes to maximise transformation investment and commissioning opportunities including Improving Population Health and Children and Young People.

- Workforce and resilience pressures are an ongoing issue across POD services, similar to those being experienced across all health and social care sectors. In the development of operating models, we will ensure that our West Yorkshire responses to the People Plan are reflective of and respond to the needs of our POD workforce.

- The Primary and Community Services Programme Board has recently discussed the opportunities that the delegation of dental services creates at both ICB and place level. The Programme is committed to ensuring the inclusion of dental services in the strategic direction and transformation and integration of Primary Care with a clear alignment to the implementation of the Fuller report and development of neighbourhoods.

Conclusion

The Leeds Overview and Scrutiny Committee is asked to note and discuss the content of this report.

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Rapid Oral Health Needs Assessment Yorkshire & the Humber
May 2022
Executive Summary

The purpose of this rapid oral health needs assessment is to help understand the oral health inequalities across Yorkshire and the Humber (Y&tH) and the evidence base in order to inform principles underpinning strategy and work programme development; address inequalities; and meet population need and demand. It also supports a multi-stakeholder approach to the commissioning of prevention programmes to improve oral health and reduce oral health inequalities.

Poor oral health is largely preventable and is essential for good general health throughout the life course, enabling individuals to eat, speak, and socialise without pain or embarrassment.

I. Limitations of the Rapid Oral Health Needs Assessment

It is important to acknowledge the limitations when considering the findings including:

- Availability, accessibility, robustness, and the timeframe to collate relevant datasets.
- The focus of this rapid oral health needs assessment has been on identifying oral health inequalities, with recommendations based on principle. There will be a need for further investigation of the data to develop an understanding of where prioritisation is needed, aligned with services and care pathways.
- Limitations of available evidence on oral health inequalities related to:
    - Protected characteristics with mixed or inconclusive evidence related to pregnancy/ maternity and religion, and limited data available for oral health inequalities related to ethnicity but evidence related to oral cancer, caries, and tooth loss.
    - Vulnerable groups – prisoners, Gypsy Roma and Traveller communities, looked after children and bariatric patients.
- This rapid oral health needs assessment does not provide a comprehensive overview of the totality of commissioned dental services in Y&tH e.g. dental services commissioned by Health and Justice in secure settings, nor identify any gaps in service provision, but it does provide recommendations in relation to prioritisation of care pathway work to inform future commissioning and service model design.

II. Key findings from Yorkshire and the Humber

- Inequalities in oral health exist with those in the most deprived areas experiencing poorer oral health across all age groups.
- 3-year-olds in Y&tH have the greatest experience of tooth decay nationally (Y&H – 15%; England 12%).
- By the age of 5-years in Yorkshire and the Humber, 29% have experience of tooth decay, the second highest prevalence nationally (England 23%) (Range Ryedale – 11% to Sheffield – 41%).
- For those children with experience of tooth decay, by the time they reach 5 years of age they will on average have 4 teeth that are either decayed, extracted, or filled (Range: Craven 2 – Bradford 4.3 teeth).

- Tooth decay can cause problems with eating, sleeping, communication and socialising, and can result in missed days from school for hospital extractions and time off work for carers.
- Tooth decay is still the most common reason for hospital admissions in the 6-10-year-old age group and 2-3% of children in Local Authorities across South Yorkshire had teeth extracted under general anaesthetic in 2019, the highest levels seen nationally.
- There is evidence of oral health inequalities associated with disability in terms of caries, dental access, tooth loss, traumatic dental injuries, oral health behaviours and quality of life.
- Y&tH has an ageing population. Over the next two decades the population of older adults (65+ years) is expected to increase by 33% and for those aged 85+ years is expected to increase by 66%. 42% of mildly dependant older adults had a functional dentition (21 or more teeth) with an expectation of retaining their teeth for life.
- Incidence of oral cancer is significantly higher in Y&tH when compared with England.
- There are limited contractual levers from which to re-distribute resource to promote oral health prevention and support dentists in treating high needs patients.
- A health equity audit should be used to determine equity of access to dental services, including urgent care services, and evaluate the outcomes from initiatives to improve access across Y&tH, the findings of which should inform future commissioning decisions.

***Top priorities**:*

Particular consideration should be given to those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care. This includes individuals and communities that are deprived, vulnerable children known to the social care system, individuals with severe physical and/or learning disabilities, those with poor mental health, older adults, homeless, asylum seekers, refugees and migrants. Data and evidence surrounding oral health inequalities is variable and complex, but we know that they also exist in relation to oral cancer as well as in vulnerable groups with long-standing medical conditions, substance misuse, prisoners/prison leavers and Gypsy, Roma and Traveller communities.

As a priority, a Community Dental Service (CDS) service review should encompass the entire special care dentistry and paediatric pathway and consider benefits of a Referral Management System (RMS). A service review of prison dental services in Yorkshire and the Humber is being undertaken separately. Considering the complex needs of the older and ageing population, care pathways for housebound or those living in residential and nursing settings should be reviewed. The review of current dental services for people with no fixed abode in Y&tH can be used to inform robust care pathway design, commissioned models and support implementation.

Available Healthwatch reports were used to inform the rapid needs assessment. It is important that commissioned dental services including service design and development work consider the views, beliefs, and experiences of the public and patients living in Y&tH to improve patient safety, experience, and health outcomes. Building on work to date, NHSEI should continue to work in partnership with key stakeholders, including Healthwatch, to maximise opportunities to ensure patient centred services improve access, reduce inequalities in communities and make better use of resources.