



North  
Tyneside  
Council



North East and  
North Cumbria

# NHS Primary Care Dental Services Dental Access Recovery & Oral Health

## Health & Wellbeing Board 28 March 2024

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# Background

**Oral  
health**

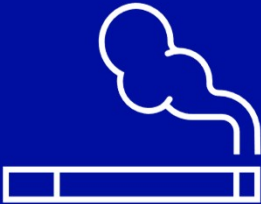
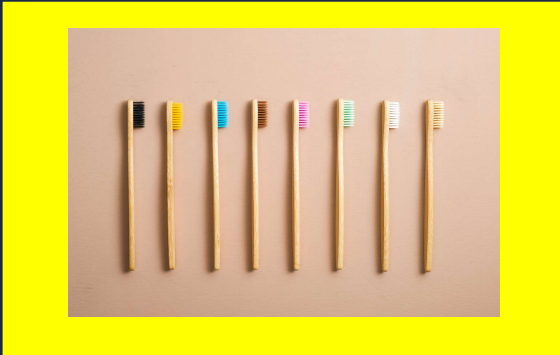
**Dental caries**

**Periodontal diseases**

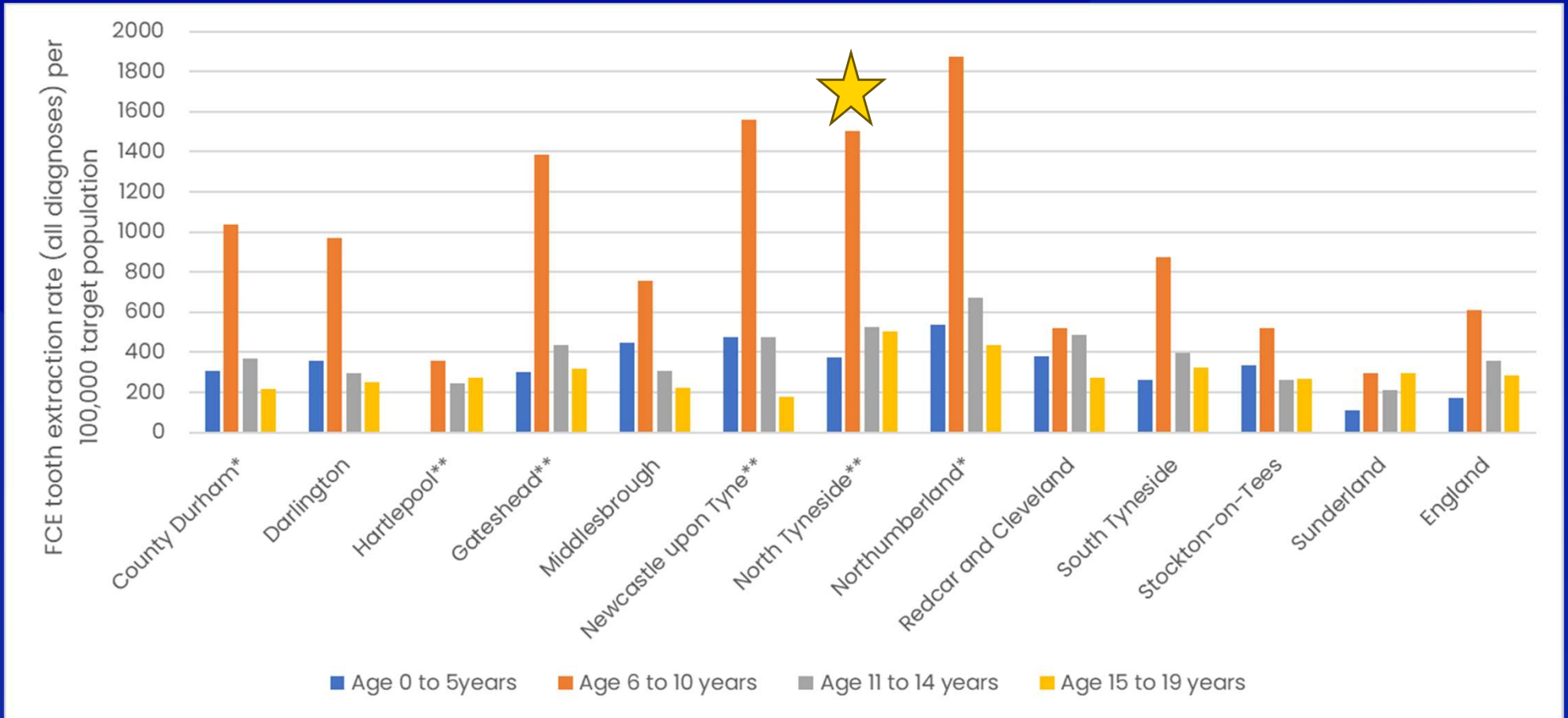
**Dental trauma**

**Oral cancer**

# Risk



# Local need: Tooth extraction



Tooth extractions in hospital 0–19-year-olds 2023, OHID

# Local Need: Older Adults

## Residential care home residents:

- Higher tooth decay for those in residential care homes.
  - Difficulties making appointments for staff
  - Difficulty for residents to access appointments
- (PHE, 2015)*

## In North Tyneside mildly dependant residents:

- Lower oral health complaints reported then nationally
  - 40% lacking teeth (27% national average),
  - More people hadn't seen a dentist
- (PHE, 2016)*

# Local Priorities:

1. Severe tooth decay in children and young people
2. Tooth extraction rates in children and young people
3. Oral cancer incidence and mortality rates
4. Primary care dentistry capacity
5. Older adults unmet need

# Next steps

- Task and finish group: key multi agency stakeholders currently promoting good oral health within North Tyneside developing an oral health strategy
- Annual review of oral health strategy going forward

# Context

- Patients are not registered with a dentist in the same way as GP practices – you can therefore contact any NHS dental practice to access care.
- As independent contractors, dental practice are responsible for managing their appointment books and are best placed to advise on the capacity they have available to take on new patients.
- Practices providing NHS treatment are listed on [www.nhs.uk](http://www.nhs.uk). Practices are responsible for keeping the website updated and whilst it may currently indicate they are not taking on new patients, we would advise that patients do contact them to check the latest position on availability of routine appointments.
- Dental practices are being **encouraged to prioritise patients for treatment based on clinical need and urgency**, therefore appointments for some **routine treatments**, such as dental check-ups, may therefore still be delayed. Some practices are operating waiting lists to manage those patients requesting routine NHS dental care).
- If your teeth and gums are healthy – a **check-up, or scale and polish may not be needed every 6 months.**



# Summary Overview of NHS Dentistry

- NHS England have delegated responsibility to NENC ICB for commissioning dental services from 1 April 2023
- NHS Dentistry services MUST operate in accordance with nationally set General Dental Council Regulations (2006)
- Under NHS Dentistry national regulation there is no 'formal registration' of patients with dental practices as part of their NHS Dentistry offer. Patients can therefore approach any dental practice offering NHS care for access.
- Dental contracts and provision is activity and demand led with the expectation practices deliver courses of treatment with recall intervals appropriate to clinical need and manage their available commissioned capacity to best meet both local demand and the clinical needs of patients presenting to their 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.
- North East and North Cumbria ICB do not commission private dental services. However, NHS dental regulations do not prohibit the provision of private dentistry by NHS Dental Practices.
- The prolonged COVID- 19 pandemic period required NHS Dental Practices to follow strict Infection Prevention and Control (IPC) guidance which significantly restricted levels of access to dental care. As a result, backlog demand for dental care remains high with the urgency and increased complexity of patient clinical presentations further impacting the ability for the NHS Dental Care system to return back to pre-COVID operational norms.

# Commissioned Capacity

- 20 Dental Practices in North Tyneside. Alma Dental Practice in North Shields is a child only contract
- Dental activity is measured in units called UDAs – Units of Dental activity where a value is assigned to the type of treatment. There are 1.79 UDAs commissioned per head of population in North Tyneside, which is slightly above the North-East & North Cumbria average of 1.76
- Commissioned spend per head of population in North Tyneside is also equivalent to the North-East & North Cumbria average (excluding spend on other commissioned specialist services)
- Only 1 Practice in North Tyneside has handed back its NHS since April 2023 (The Villa Dental Practice in North Shields) and the loss of this activity has been partially offset by commissioning additional capacity from other dental practices

# Other Primary and Community Dental Services

In addition to routine General Dental Practice, NENC ICB also commissions the following primary care and community dental services:

- Urgent dental care services - in-hours and out of hours appointments via NHS111 (see following slide for detail)
- Community dental services (CDS) – Service for vulnerable patients (adults and children) with additional needs that cannot be met within high street practices.
- Additional Services: Advanced mandatory (minor oral surgery services), Domiciliary care, sedation and orthodontic services (activity commissioned and rates paid vary across the NENC).

# Urgent Dental Care Services

Service Type	Geographical Coverage
NHS 111 Dedicated 'In Hours' Direct Booking Hubs	<ul style="list-style-type: none"> <li>• North Cumbria</li> <li>• Northumberland</li> <li>• Newcastle and North Tyneside</li> <li>• Gateshead</li> <li>• South Tyneside</li> <li>• Sunderland</li> <li>• Durham</li> <li>• Tees Valley</li> </ul>
NHS 111 Integrated Dental Clinical Assessment Service (DCAS)	<ul style="list-style-type: none"> <li>• NENC Wide</li> </ul>
NHS 111 Dedicated 'Out of Hours' Direct Booking Treatment Centres	<ul style="list-style-type: none"> <li>• North Cumbria</li> <li>• North of Tyne</li> <li>• South of Tyne</li> <li>• Durham</li> <li>• Tees Valley</li> </ul>

# Challenges for Access to Dentistry in North East & North Cumbria

- Dental services have struggled to recover from the impact of covid and there are significant challenges with recruitment and retention of dentists. As a result, some providers unable to deliver full commissioned capacity.
- There is widespread recognition that the national dental contract requires reform (see link to House of Commons Health and Social Care Committee report published July 2023 for further details - <https://committees.parliament.uk/publications/40901/documents/199172/default/> )
- A significant challenge is that dentists can hand back their contracts. A number of contracts have been handed back across the NENC area since the ICB took over commissioning responsibility – only 1 in North Tyneside.
- This means local people across the NENC are experiencing problems accessing NHS dentists – areas of particular challenge include North Cumbria, North Northumberland, Darlington, parts of Co Durham and Sunderland

# 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:



Immediate actions to stabilise services



A more strategic approach to workforce and service delivery



Developing an oral health strategy to improve oral health and reduce the pressure on dentistry



# Immediate actions undertaken (1)

c£3.8m non-recurrent investment agreed for 2023-24 to:

- Increase NHS 111 dental clinical assessment capacity
- Increase out of hours dental treatment services
- Extend access arrangements to provide, where possible, an additional 31.8k patient treatment slots

Funding made available to allow practices who have the NHS workforce capacity to deliver additional UDAs up to 110% of their NHS contracted levels.

Implemented a local commissioning process to re-provide (where possible) activity when contracts are handed back.

We have a flexible commissioning scheme to provide a training grant to support employment of overseas dentists – 24 months tie-in period.

# Dental Access Recommissioning (UDAs)

Locality	UDAs commissioned 2023-24 (recurrent)	UDAs commissioned 2023-24 (Non-recurrent)	UDAs commissioned 2024-25 (Non-recurrent)*
Durham		14,600	20,100
<b>North Tyneside</b>		<b>1,500</b>	<b>2,000</b>
Stockton on Tees		4,000	11,000
Newcastle		3088	5,730
South Tyneside		4185	10,000
Darlington		4707	4,707
N Cumbria (Carlisle)		3720	3,720
N Cumbria (Eden)	7,000		
<b>TOTAL</b>	<b>7,000</b>	<b>32,080</b>	<b>53,537</b>

\* Commissioned capacity to be made recurrent if providers demonstrates they can deliver this additional activity



# Recovering Access – Immediate actions Progress so far



- Circa 19.3k additional patient treatment slots have been commissioned to date,

- **plus**



- Circa 57.4k patient treatment slots secured from existing practice capacity for patients in greatest clinical need. 4452 of these additional treatment slots are available in North Tyneside



- 908.5 hours of additional dental clinical triage call handling capacity is now available in 2023-24.



- 836 additional sessions of dental out of hours treatment capacity until the end of March 2024. Out of Hours treatment for North Tyneside patients is provided by Newcastle Hospitals and an additional 638 out of hours appointments have been commissioned

# Further actions/next steps (1)

- £7.5m funding earmarked to progress formal procurements to secure new market interest/NHS dental practices to address gaps in provision where it has not been possible to re-commission UDAs from existing NHS practices. Focused on areas of greatest need in North Cumbria, North Northumberland, Sunderland, Durham & Darlington).
- Further advert to be placed in British Journal of Dentistry to attract overseas dentists and to support them through National Dental Performer List process (required to deliver NHS dental care).
- Work on-going to identify options to address variation/inequity of funding into practices.
- Work with dental profession to identify further opportunities to 'protect, retain and stabilise local dental practices and improve dental access.

## Further actions/next steps (2)

- Work with Healthwatch to update patient and stakeholder comms and to gain a more in-depth understanding of dental issues from a patient and stakeholder perspective.
- Work with local system partners to progress development of an oral health strategy to improve oral health and reduce the pressure on dentistry.
- Engage with NHS England Regional Workforce, Training and Education Directorate to support, where required, the work they are doing to improve workforce recruitment and the local implementation of the National Dental Workforce Plan.
- Engage with NHS England regional and national teams to influence national Dental System Reform.

# National Dental Recovery Plan (Feb 2024)

## Summary of key elements:

- Increase in minimum UDA rate from £23 to £28 from April 2024 – 3 practices in North Tyneside
- New patient payment of between £15-£50 (depending on treatment need) – patients not seen within the last 24 months (March 2024 to end of March 2024).
- ‘Golden Hello’ payment – one-off payment for up to 240 dentists for working in under-served areas for up to three years – awaiting further detail.
- Deploy new mobile dental vans in targeted rural and coastal communities in the most under-served areas whilst longer term arrangements are set up.
- Launch ‘Smile for Life’, a major new focus on prevention and good oral health in young children, to be delivered via nurseries and other settings providing Start for Life services and promoted by Family Hubs.
- Introduce dental outreach to primary schools in under-served areas to provide fluoride varnish treatments and advice.
- Take forward a consultation on expanding fluoridation of water to the north-east of England – a highly effective public health measure.

# National Dental Recovery Plan (Feb 2024)

## Supporting and developing the whole workforce:

- Expand dental undergraduate training place by 40%
- Consult on mandating NHS service for dentistry graduates
- Increase the number of dental care professionals
- Enable patients to access care from a variety of dental professionals
- Promote therapist-led models of care.
- Make it easier for overseas dental professional to work in the NHS
- Increase exam capacity for overseas-qualified dentists
- Introduce provisional registration to streamline the registration of overseas dentists
- Explore automatic recognition of international qualifications from outside the European Economic Area (EEA).
- Continue to improve the Dental Performers List (DPL).

# Advice/signposting for patients

- Patients are not registered with a dentist in the same way as GP practices – you can therefore contact any NHS dental practice to seek access to dental care.
- As independent contractors, dental practice are responsible for managing their appointment books and are best placed to advise on the capacity they have available to take on new patients.
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- If your teeth and gums are healthy – a **check-up, or scale and polish may not be needed every 6 months.**

# Advice for patients with an urgent dental treatment need

- If you develop an **urgent dental issue** telephone your regular dental practice (or any NHS practice if you don't have a regular dentist).
- It is important that when you ring the practice, you fully explain the nature of your dental problem so that the urgency of your dental treatment need can be determined.
- If the practice is unable to offer an appointment because their NHS urgent access slots have already been taken up, they will advise you to ring another NHS dental practice, or alternatively you can visit [www.111.nhs.uk](http://www.111.nhs.uk) or call 111.
- The NHS111 health advisor will undertake a clinical triage and where the dental need is deemed to be clinically urgent, an appointment will be made at the nearest in-hours urgent dental care hub, or, depending on the time of the call, into the dental out of hours treatment services.
- If the issue is not deemed urgent, patients will be signposted to another NHS dental practice and/or given self-care advice until an appointment can be offered.
- You should be advised to make contact again if your situation changes/worsens.