NHS England Briefing

Primary Care Dental Services

Meeting with Allerdale Overview and Scrutiny Task and Finish Group

(24 October 2022)

Background/context

- Primary care dental services must be commissioned and operate in strict accordance with the **National Dental Contracting** and **Patient Charge Regulations** that are set by Government.

- Unlike general medical practice there is no ‘formal’ registration in NHS dentistry.

- Activity based contract - providers paid an annual contract value with expectation they manage their available activity to best meet the needs of patients presenting to the practice.

- Majority of contracts in perpetuity – variable rates based on historic earnings pre 2006 when current contract came into being.

- 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.

- Patient charges apply unless patient is a child or meets nationally prescribed exemption criteria: Clinically Urgent CoT (PCR £23.80), Band 1 CoT e.g. check up (PCR £23.80), Band 2 CoT e.g. fillings, extractions (PCR £65.20) and Band 3 CoT e.g. Dentures (PCR £282.80).

- NHS England do not commission private dental services but the NHS dentistry regulations do not prohibit the provision of private dentistry by NHS Dental Practices – separate appointment book/staff time.

Commissioned NHS Capacity as at October 2022

Geography	NHS GDP Practices	Of which Very Small or Child Only Contracts (<3,000 UDA's)	UDA Capacity Commissioned	£ Funding Commitment
Allerdale	10	4 (40%)	119,803	3,186,868

Contract hand backs since the onset of the COVID-19 pandemic in Allerdale:

Curzon Street Dental Practice (Maryport) closed 31.8.21

Belvedere and Nook Street Dental Practice (Workington) closed 31.7.22

Summary of Pressures & Challenges

1. **COVID-19 Impacts -** IPC and capacity constraints since 2020, workforce stress/fatigue, backlog of unmet dental patient need, continuing high demand into NHS 111 for unscheduled urgent care, NHS Dentistry still a recovering national system as at October 2022.

2. **Dental System Reform** – Legacy 2006 NHS Dental regulatory UDA system and financial viability pressures. March 2021 NHSE asked to lead on dental system reform.

3. **NHS Dental Profession** – Provider and professional workforce choosing to retire early/move to private dentistry/away from the dentistry all together. Feedback from profession locally - don't want to work in practices that are small, have significant high needs patients or where there is no private/specialist service potential.

4. **Dental Workforce** – Recruitment and retention pressures due to the points outlined above, FD Training constraints and PLVE/Overseas recruitment difficulties (Dentists, Dental Nurses, Dental Therapists).

5. **NHS Dental Market** – Difficulty securing new provider interest due to the points outlined above despite offering improved financial rates as part of recently local commissioning and market engagement activity.

Pressures & Challenges continued

6. **Geography** - predominantly rural and remote locality - creates travel and transport pressures for patients wanting to access services but also impacts ability to attract new dental workforce and providers.
7. **Demographics** – Significant areas of deprivation with high oral health needs in the more remote localities and seasonal impacts and demand pressures from large volumes of tourists who may need to access urgent dental care.

COVID Constraints/Impact

- COVID 19 and the need for dental practices to follow national IPC guidance has had a significant impact on the number of patients that practices were able to see.

- During the first wave of the pandemic in the interest of patient and dental staff safety, routine dental services were paused in March 2020 and urgent dental care centres (UDCs) were established to provide access to urgent care.

- In July 2020 all practices re-opened for face to face care and have steadily increased activity.

- All practices were required to prioritise patients based on clinical need and urgency into their available capacity with inevitable delays for patients seeking non-clinically urgent and more routine dental care such as check up's.

- National contractual arrangements put in place to reflect the reduced capacity that could be delivered - minimum thresholds against contracted levels for income protection as follows:
    - 20% between July - December 2020
    - 45% between January - March 2021
    - 60% between April - September 2021
    - 65% between September - December 2021
    - 85% between January - March 2022
    - 95% between April 2022 – June 2022
    - 100% wef July 2022

National Dental System Reform (DSR)

- March 2021 Government asked NHS England to lead on next stage of dental system reform

- NHS published 6 aims endorsed by British Dental Association (BDA):

    - Be designed with the support of the profession
    - Improve oral health outcomes (or, where sufficient data are not yet available, credibly be on track to do so)
    - Increase incentives to undertake preventive dentistry, prioritise evidence-based care for patients with the most needs and reduce incentives to deliver care that is of low clinical value
    - Improve patient access to NHS care, with a specific focus on addressing inequalities, particularly deprivation and ethnicity
    - Demonstrate that patients are not having to pay privately for dental care that was previously commissioned NHS dental care.
    - Be affordable within NHS resources made available by Government, including taking account of dental charge income.

DSR – initial measures July 2022

- Prioritising care for patients with high needs by increasing the remuneration (UDAs) practices receive for more complex treatments – awaiting change to regulations to support this.
- National Min UDA value £23 from 1 October 2022 (rates in Allerdale above this).
- Personalisation of recall intervals - move away from the default position of patients attending every 6 months to intervals that are clinically appropriate based on the oral health of the patient – create capacity for practices to take on new care.
- Making is easier for practices to introduce skill mix - utilising the skills of the wider dental care professionals (dental therapists and hygienists) to work within their full scope of practise - free up dentist time to focus on more complex treatments.
- Making better use of resources – levers to unilaterally reduce size of contact to highest level of delivery in preceding 3 years where delivery <96% for 3 consecutive years – 2024 at earliest – to allow ability to re-invest.
- Supporting practice who can deliver more to do so – amending SFE to allow delivery up to 110% of contract value on non-recurrent basis by agreement with Commissioner
- Improving information for patients – requirement for dentists to update the NHS website.

Start of the process

Engagement has commenced to inform the next stages of the reform programme

Local measures/actions taken to date

Restoration/Stabilisation:

- Offered incentives for ALL NHS dental practices to prioritise patients not been seen in the practice within the previous (24 months) adults and 12 months (children) who require urgent dental care;
- Invested in additional clinical triage capacity within the out of hours integrated NHS111 North East and North Cumbria Dental Clinical Assessment Service;
- Offered funding to practices able to deliver additional clinical capacity with a focus on prioritising urgent care and access for nationally identified high risk groups, ie children – increased rate to stimulate interest.
- Working with practices to maximise their clinical treatment capacity, ie encouraging them to maintain short notice cancellation lists to minimise as far as possible any clinical downtime.
- Re-commissioned where possible activity from NHS contract hand backs – no current providers have taken up offer.
- Progressing formal procurements to replace lost capacity and where possible address historic gaps in general dental access, ie North Cumbria circa 104,000 UDAs.

Improvement and Transformation: (progress impacted by need to manage pressures resulting from COVID)

- Increased investment into the new Dental Out of Hours Service contract (from 01 Oct 2021) to ensure we have sustainable capacity available to treat ‘clinically confirmed’ urgent and emergency patient’s that present via NHS 111 (further short term investment/capacity required to address demand/backlog from COVID).
- Exploring opportunities to improve dental workforce recruitment and retention with HEE, ie Golden Hello, workforce recruitment and retention flexible commissioning offer, and inclusion of training within proposed new NHS contracts.

Summary – Key Issues

- Managing patient expectation/demand both in terms of urgent and routine dental care resulting in increased volume of queries and complaints, and need for increased stakeholder management ie MP, Health Scrutiny Committee, Media.

- Workforce recruitment and retention impacting on ability of providers to restore service to pre-pandemic levels and take up new contract opportunities.

- Financial viability of practices resulting in an increasing number of NHS contract hand backs.

- Detail and timescales of further national dental system reform not yet known.