



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

1. Background

NHS England (Yorkshire and the Humber) is responsible for the commissioning and contracting of all NHS dental services across Kirklees. Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs).

Dental services commissioned by NHS England include:

- Primary Care (generally high street dentistry) accessed by patients directly.
- Community Dental Services (CDS) – primary and specialist dental care for patients who cannot be managed by a primary care practice, for example house bound care home residents who cannot leave their home for health care appointments. By referral only.
- Intermediate Minor Oral Surgery (IMOS) – by referral from a dentist
- Orthodontics – by referral from a dentist.
- Urgent care - available via primary care practices directly or NHS111. Urgent Care is for conditions clinically assessed as requiring treatment within 2 and 24 hours.
- Secondary care – specialist service by referral only

Dentistry for the armed forces is commissioned separately by the NHS England Armed Forces team and the Health and Justice Team commissions dentistry in prisons.

NHS England commissions a total of 7,601,121 Units of Dental Activity across 50 dental practices in Kirklees.

While NHS England has the remit for commissioning dental services, Local Authorities have statutory responsibilities around oral health improvement, including responsibilities in relation to water fluoridation and for commissioning evidence based oral health improvement programmes to meet the needs of the local population.

The purpose of this report is to update members on the current key challenges facing dental services, provide an update on the outcome of an updated oral health needs assessment for the Yorkshire and the Humber population, outline the current dental access position for Kirklees and highlight the work taking place to strengthen future service provision

2. Key issues

Access/inequalities: NHS England inherited a range of contracts, from Primary Care Trusts, when it was established, nearly a decade ago 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 think that 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 delivery 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, offering both NHS and private treatment, 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. Dental practices are asked to keep their profile page up to date but this is not contractually mandated in the 2006 contracts. Any new contracts, or contract variations, NHS England agrees with providers, across Yorkshire and the Humber, includes this as a compulsory deliverable. NHS England does not keep records of practices who are accepting new patients.

Impact of Covid-19 Pandemic

The COVID-19 pandemic led to several months of practice closures, followed by months of limited patient throughput due to heightened infection prevention and control requirements, significantly impacting on access to dental services.

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.

Orthodontic services

NHS England has recently undertaken a procurement for orthodontic services across the North region. This is required by law under the Public Contract Regulations 2015 for time limited contracts. Through this process In Kirklees, two contracts have been awarded to deliver orthodontic services at sites in Huddersfield and Dewsbury. Previously there were four contracts.

For practices that were already providing Orthodontic services to Children around the Kirklees and Huddersfield and were either unsuccessful in their bid or decided not to continue with their Orthodontic contract, all patients were transferred to the next nearest practice. Whilst we made every effort to ensure patients could be seen as close to their 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 were advised to accept and attend their initial appointments at their newly allocated practice.

NHS England understood that some of these patients may want to appeal this decision and an appeals process has been set up in order to address this issue and reallocate patient to the practice of choice were ever possible.

3. Understanding oral health needs across Yorkshire and Humber

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 Yorkshire and Humber population. This report 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.

Updated Oral Health Needs Assessment headline information

An Oral Health Needs Assessment (Y&tH) was completed in May 2022. The purpose of this work is to help understand the oral health inequalities across Y&tH and the evidence base. This will inform the principles that will underpin strategy and work programme development, address inequalities and meet population need and demand.

Consideration should be given to commissioning services for those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care including:

- individuals and communities that are deprived and vulnerable children known to the social care system
- individuals with severe physical and/or learning disabilities, poor mental health, who are overweight or obese, older adults, prison leavers, homeless, Gypsy, Roma and Traveller Communities, asylum seekers, refugees and migrants

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. This will be used to guide future commissioning of service with the recommendations from the 2022 Oral Health Needs Assessment now informing the NHS England Dental Strategy for Yorkshire and Humber.

Hospital Dental Extractions

Most children accessing secondary care 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 levels.

What this means for dental service planning for the future

The population of Kirklees is increasing, it is anticipated that there will be a 4% increase between 2020 and 2040 which will increase demand on dental services. In particular, the predicted increase in the population of older adults (65+ years) and 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.

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 the Urgent Care providers have arrangements in place to support patients who access care and require translation services. The recent Oral Health Needs Assessment (OHNA) has identified high levels of poor oral health amongst asylum seekers and refugees, who may also face language barriers in accessing dental care. Migrants do not require proof of address or proof of immigration status to access NHS dental care, refer to <https://www.gov.uk/guidance/dental-health-migrant-health-guide>

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. NHS Dental services and commissioners have been contacted with a request that they complete this survey.

4. NHS dental services and current initiatives to strengthen access

National Dental System Reforms

The outcome of the national 2022/23 dental contract system reform negotiations have been confirmed by NHS England and 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:

- 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.
- Making 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.

Initiatives in West Yorkshire to strengthen urgent 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. Extra sessions have been run between November 2022 and March 2023 to target those patients in greatest need of accessing available NHS Dental Care. Participating practices are offering NHS 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.

In Kirklees eight practices applied and are now offering 24 sessions per week at 7 appointments per session within core hours

Incentivising recruitment

Work is underway to identify solutions to the workforce recruitment and retention pressures in dental services which are impacting practices' ability to see NHS patients. Using the Oral Health Needs Assessment information, Kirklees has been identified as one area for rolling out a scheme to offer a one-off incentivised payment scheme to help with recruitment and retention of dentists. Within Kirklees one practice out of 15 who were eligible has applied for this scheme, and we are awaiting the outcome of recruitment.

Dental Flexible Commissioning Programme

The Flexible Commissioning Programme aims to improve access to dental care and to increase the delivery of evidence-based prevention in primary care, whilst supporting practices to deliver their contract commitments by utilising skill mix.

An evaluation of the Yorkshire and Humber Flexible Commissioning Programme demonstrated that it is possible to commission dental services differently in a format that supports delivery of preventive care to improve oral health and reduce inequalities, offer access to new patients and develop the full dental practice team. The evaluation has enabled further refinement of the programme to support targeting of resources based on the OHNA to reduce oral health inequalities.

There are currently five established flexible commissioning practices in Kirklees taking part in the flexible commissioning programme. Practices may twist up to 10% of their contracted UDAs in order to provide dedicated patient focused care. One of the conditions is that the practice must have a 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. NHS England has recently sought expressions of interest from a further six dental practices for the scheme. Two practices started in December 2022, with four due to attend training events during the first half of 2023 with the intention of starting the scheme shortly after training.

Waiting list validation scheme

Dental practices do not currently have validated patient waiting lists, so the number of patients waiting to access regular NHS dental care is unknown. To address this funding has been made available to support practices in carrying out a piece of work to validate their lists. The key purpose

of this work is to support the planning and delivery of future commissioned service models to meet unmet need.

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 February 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.

The findings are subject to further stakeholder testing and engagement and are expected to be published for discussion with wider stakeholders in summer 2023.

- **Locala Community Partnership CIC (CDS Service)**

Locala Community Partnerships CIC provide the Community Dental Services (CDS) within the Kirklees and Huddersfield locality. The aim of the CDS is to improve the oral health and reduce the oral health inequalities of people in Yorkshire and the Humber who have a physical, sensory, intellectual, mental, medical, psychological and/or emotional or social impairment or disability, or more often a combination of these through:

- Providing high quality consultant-led paediatric and special care dentistry to children and adults; this will include children with more complex dental needs.
- Providing high quality dental care to people from vulnerable groups whose needs may not be accommodated in NHS general dental services.

It provides a comprehensive range of dental care including anxiety and behaviour management (non-pharmacological), basic and advanced sedation, services under General Anaesthesia (GA) and care in domiciliary settings.

Services are currently provided from multiple sites around Huddersfield and Kirklees including Huddersfield Royal Hospital and Dewsbury District Hospital.

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.

5. Transfer of commissioning responsibilities from NHS England to West Yorkshire 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

Members 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 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.

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