Derby City Health Overview and Scrutiny Committee (Adult Board)

5th July 2022

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1 Background and Information

1.1 The Derby City Adult Health Overview and Scrutiny Committee (HOSC) has requested a report on access to NHS Dental Services, with particular focus on provision and recovery plans as services emerge from the COVID-19 pandemic. This report also includes oral health improvement initiatives and activities, which is the statutory responsibility of Derby City Council's Public Health team.

1.2 The Derby City Adult HOSC is asked to note that NHS England and NHS Improvement (NHS E/I) is currently responsible for the commissioning of all NHS dental services, but local responsibility will be delegated to NHS Derby and Derbyshire Integrated Care Board on 1 April 2023.

1.3 This report has been developed by:

- NHS E/I Commissioning Team Senior Managers
- NHS E/I Consultant in Dental Public Health
- Public Health colleagues at Derby City Council

1.4 Representatives from NHS E/I will be present at the Derby City Adult HOSC meeting. In addition, the Director of Public Health from Derby City Council and the Director of GP Development from Derby and Derbyshire CCG will also be in attendance.

2 National NHS Dental Contract

2.1 NHS E/I is responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g. Intermediate Minor Oral Surgery (IMOS) and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility for NHS E/I.

2.2 Although NHS E/I is responsible for commissioning all NHS general dental services, there are certain limitations of the current national contract. However, flexible commissioning can be utilised where a percentage of the existing contract value is substituted (up to 10%) to target local needs or meet local commissioning challenges. This approach requires a balance to ensure dental access is maintained.

2.3 The current NHS dental contract for primary and community dental care was introduced in 2006. Prior to that, dentists could choose to set up a dental practice anywhere in the country. They could also see and treat as many patients who attended, and they claimed for each element of the dental treatment that was carried out under the old 'Items of Service' contracting arrangements e.g. if a patient had two fillings, the dentist was paid twice the unit cost of a filling etc. However, the old dental contract did not work for various reasons, therefore, there was a reference period in 2005 which determined how many Units of Dental Activity (UDAs) each NHS dental practice that existed at that time would be allocated per annum and it was no longer possible for dentists to set themselves up as an NHS provider on an ad-hoc basis. Any new NHS dental service had to be specifically commissioned by the then Primary Care Trusts (PCTs) within their capped financial envelope.

2.4 In effect, the former PCTs, and subsequently NHS England, 'inherited' those practices that were already in existence and who wished to continue to carry out NHS dentistry under the new contracting arrangements. Sadly, a number of practices opted to become fully private at this time as they did not feel that the new UDA system would adequately recompense them for their work. This had a significant impact on the number of NHS appointments available. The PCT had no control over where these 'inherited' services were situated, or over the number of UDAs commissioned in each geographical area, as it was based on historical activity. Hence capacity did not, and in some areas continues to not, necessarily meet demand. Although there has been significant population changes in subsequent years, the number of UDAs commissioned (which is set contractually and cannot be amended without the agreement of both parties) has not always increased/decreased accordingly in order to meet the changing population need and demand.

2.5 Unlike General Medical Practice (GMP), there is no system of patient registration with a dental practice and patients are free to choose to attend any dental practice, regardless of where they live. Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from repairs and replacements), the practice has no ongoing responsibility. However, people often associate themselves with a specific dental practice. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GMP practices and patients are theoretically free to attend any dental practice that has capacity to accept them.

2.6 Prior to the pandemic, patients would often make their 'dental check-up appointments' at their 'usual' or 'regular dental practice'. During the pandemic, contractual responsibilities changed, and practices were required to prioritise:

- urgent dental care
- vulnerable patients (including children)
- those at higher risk of oral health issues

For many practices, there has not been sufficient capacity to be able to offer routine dental check-up appointments.

3 NHS dental services across Derby City

3.1 NHS General Dental Services

Derbyshire has 112 general dental practices which offer a range of routine dental services. 27% (n=30) of general dental practices are located within Derby City.

3.2 Extended hours, urgent dental care and out of hours

3.2.1 There is an extended or out of hours 8-8 NHS dental contract within Derby City. The 8-8 NHS dental service provides access to patients from 8am to 8pm every single day of the year (365 days) and delivers both routine and urgent dental care.

3.2.2 At times of peak demand, patients may have to travel further for urgent dental treatment depending on capacity across the system. There is also an additional 8-8 NHS dental contract in Chesterfield and another NHS dental contract in Somercotes which offers extended or out of hours cover during the weekday and Saturdays (excluding bank holidays) for urgent dental care.

3.2.3 Out of hours dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

Table 1: Timelines in accordance to dental need

Triage Category	Time Scale
Routine Dental Problems	Provide self-help advice and access to an appropriate service within 7 days, if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies	Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

3.2.4 If a person has a regular dental practice and requires urgent dental care:

- During surgery hours, they should contact their dental practice directly
- Out of hours, they should check their dental practice's answer machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available). For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay). There is also an online option for contacting NHS 111 that will often be quicker and easier than phoning.

3.2.5 If a person does not have a regular dental practice and requires urgent dental care, they can contact:

- any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the Find a Dentist facility on the NHS website
- NHS 111, either online or on the phone (interpreters are available). For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay)
- Healthwatch Derby / Healthwatch Derbyshire
- NHS England's Customer Contact Centre on 0300 311 2233

3.2.6 Patients with dental pain should not contact their GP or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service.

3.3 Community (Special Care) Dental Service

3.3.1 The Derbyshire Community (Special Care) Dental Services provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental care due to their complex medical, physical or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer into the service. There is one dental provider (CDS-CIC) treating children and adults from clinics across the Derbyshire system: there are 11 dental clinics, with one located in Derby City. The service is commissioned across the Derbyshire system footprint and although there is only one clinic located in Derby City, patients have the choice to attend alternative clinics. In addition, there is also a mobile dental surgery. The new Derbyshire Community Dental Services contract commenced on 1 April 2020.

3.3.2 The GA pathway for children and special care adults is managed between CDS-CIC and the University Hospitals of Derby and Burton (UHDB) – Royal Derby Hospital which is commissioned on a system area footprint.

3.3.3 CDS-CIC are also commissioned to provide NHS dental care and treatment for those who are unable to leave their own home or care home (triaged against special care criteria). Some limited dental care can be provided in a person's own setting such as a basic check-up or simple extraction, but patients may still need to travel into a dental surgery (as this is the safest place) to receive more complex dental treatment. If such patients require a dental appointment, they or their relative/carer can contact the local domiciliary provider via NHS 111.

3.4 Domiciliary Care (for patients unable to leave their own home or care home)

3.4.1 For residents of Derby City, there is also a dedicated General Dental Practitioner who is commissioned to provide dental care and treatment for care home residents and also for those who live in their own home. If they

need more specialist dental care, they will generally be referred on to the Community (Special Care) Dental Service after this initial contact.

3.5 Intermediate Minor Oral Surgery (IMOS) Service

3.5.1 The IMOS service is a specialist referral service in primary care providing complex dental extractions for residents in the Derbyshire system. This service is for patients over the age of 17 years who meet the clinical criteria. There are 10 IMOS providers across the Derbyshire system with 4 located in Derby City.

3.6 Maps of location of dental providers

3.6.1 A map of the location of NHS dental practices or clinics (including orthodontic and community sites) in Derby City is in Appendix 1. In some cases, there are practices in close proximity and the numbers on the map reflect this as the scale does not permit them being displayed individually. The maps are also shaded to demonstrate that the location of NHS dental services in Derby City are accessible:

- by car within 10 minutes in rush hour (all)
- by public transport within 30 minutes (most)
- by most residents who are able to walk to their nearest dental practice within 1.6km
- by all residents who are able to cycle to their nearest dental practice within 20 minutes

3.7 Hospital dental care

3.7.1 Secondary care dental services e.g. Orthodontics, Oral Surgery, Oral Medicine, Maxillofacial are commissioned from UHDB to deliver complex dental (often multi-disciplinary) treatment to patients who meet the clinical criteria in line with the NHS E/I Commissioning Guides. Activity and contract values are agreed annually with acute trusts.

4 Joined Up Care Derbyshire (JUCD)

4.1 JUCB will assume delegated responsibility for Primary Medical Services from 1 July 2022 and for Dental (Primary, Secondary and Community), General Optometry and Pharmaceutical services (including Dispensing doctors) from 1 April 2023, subject to formal sign-off by NHS E/I.

4.2 The Midlands Primary Care Operating Model has been co-designed to provide an approved framework for the delegation of the function to each Integrated Care Board (ICB). The Operating model provides an overview of the functions and sets out the key design principles that support the transition in 2022/23. JUCB Approval of the model is one of the necessary gateways in the national NHS E/I delegation assessment framework

4.3 The Operating Model sets out the principles, pathway, key governance, workforce, and financial information that will be co-designed with the JUCB

during the transition period for the safe and effective delegation of these functions. The transition process will:

- provide the detail that enables ICBs to undertake the workforce and contract due diligence as well as setting out the key financial principles for delegation of the commissioning budgets.
- manage the risk of moving from a regional budget to splitting across eleven systems.
- be transparent and ordered through finance governance groups to complete the due diligence and safe transfer to ICBs from April 2023.

4.4 A Governance structure has been proposed that enables ICBs to set the annual plan and strategic direction of the Pharmacy, Optometry and Dental functions and make localised decisions where possible, whilst the current team are enabled to deliver day to day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.

5 NHS Dental Charges

5.1 Dentistry is one of the few NHS services where patients pay a contribution towards the cost of NHS care. The current charges are:

- **Emergency dental treatment – £23.80** This covers emergency dental care such as pain relief or a temporary filling.
- **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 course of treatment** – £65.20 This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

More information is available here. All NHS dental practices have access to posters and leaflets that should be displayed prominently.

5.2 Exemption from NHS charges is when patients do not have to pay these costs for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription. Financial support is also available for patients on a low income through the NHS Low Income Scheme.

6 Impact of the pandemic

6.1 The ongoing COVID-19 pandemic has had a considerable impact on dental

services and the availability of NHS dental care; the long-term impact on oral health is as yet unknown but it is a cause for concern. All routine dental services in England were required to cease operating when the UK went into lockdown on 23 March 2020. A network of Urgent Dental Care Centres (UDCCs) was immediately established across the Midlands in early April 2020 to allow those requiring urgent dental treatment to be seen. At the time of composing this report, these UDCCs are currently still operational however referrals are of a very low volume as routine dental practices have now reopened. The UDCCs remain on standby in case of future uncontrolled issues that may affect delivery of NHS dental services (such as staff shortages due to sickness – for example as a consequence of a COVID-19 outbreak). There is one UDCC located within Derby City.

6.2 From 8 June 2020, dental practices were allowed to re-open however additional infection prevention and control measures were needed to be implemented as well as social distancing requirements for patients and staff. A particular constraint was the introduction of the so-called 'fallow time' – a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high-speed drills or instrument which would include dental fillings or root canal treatment. This has had a marked impact on the throughput of patients and the number of appointments that could be offered. For a large part of 2020, many practices were only able to provide about 20% of the usual number of face-to-face appointments and relied instead on providing remote triage of assessment, advice, and antibiotics (where indicated). The situation improved in early 2021, with reductions in fallow time requirements and since then practices have been required to deliver increasing levels of dental activity.

6.3 NHS dental practices are currently required to offer dental services to patients throughout their contracted normal surgery hours (some practices are offering extended opening hours to better utilise their staff and surgery capacity). They are also required to have reasonable staffing levels for NHS dental services to be in place. Increases in capacity have been gained in line with subsequent changes to national protocols for infection prevention and control such as reducing social distancing requirements and the introduction of risk assessments for patients who may have respiratory infections.

6.4 All NHS dental practices are required to maximise capacity and also to prioritise urgent dental care for:

- their regular patients
- patients without a regular dental practice referred via NHS 111
- all vulnerable patients

6.5 Infection prevention and control measures have been regularly reviewed and the following minimum requirement for the recovery of dental activity has been imposed on NHS general dental contracts:

- Q3 2021/22: 65% of contracted activity
- Q4 2021/22: 75% of contracted activity
- Q1 2022/23: 95% of contracted activity
- Q2 2022/23: 100% of contracted activity

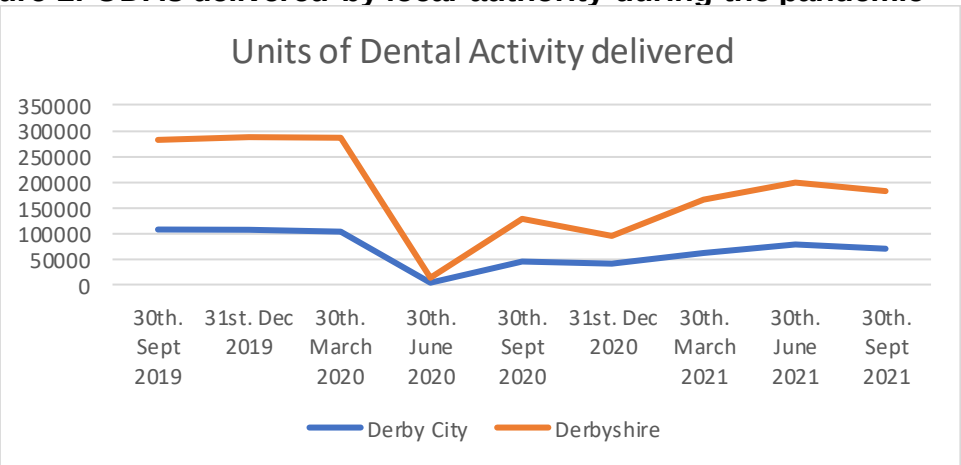
6.6 Figure 1 shows the level of NHS dental activity delivered across the Derbyshire system during the pandemic against the minimum threshold activity set by the national team and against the Midlands total. It can be seen that higher levels of activity have been delivered across the Derbyshire system as a whole when compared against the minimum thresholds set and the total Midlands activity. Unfortunately this data is only available at an ICS level, therefore data cannot be reported for Derby City.

Figure 1: Derbyshire Primary Care Dental Activity vs Minimum Thresholds

Midlands Total
Derbyshire
Minimum Thresholds

6.7 Figure 2 shows the Units of Dental Activity (UDAs) delivered by NHS dental practices located in Derby City Council and Derbyshire County Council during the pandemic (although NHS dental practices are not contractually associated to them). By 30 September 2021, NHS dental practices in Derby City had recovered 66% of pre-pandemic dental activity, compared to NHS dental practices in Derbyshire at 65%.

Figure 2: UDAs delivered by local authority during the pandemic



6.8 The national minimum requirement for all NHS dental contracts was set at 65% for Q3 and 75% for Q4 2021/22. Tables 2 and 3 show that NHS dental practices across Derbyshire superseded the minimum threshold requirements with a larger proportion of NHS dental practices meeting or exceeding this requirement, when compared against the Midlands' performance.

Table 2: Proportion of UDA delivery in Q3 and Q4 of 2021/22 by NHS General Dental Practices across the Derbyshire system *(unfortunately this information is not available at a lower level and we are therefore unable to report data for Derby City)*

	Period	Threshold	Derbyshire system performance
Derbyshire	Q3	65%	98%
Derbyshire	Q4	75%	110%
Midlands	Q3	65%	66.2%
Midlands	Q4	75%	76.9%

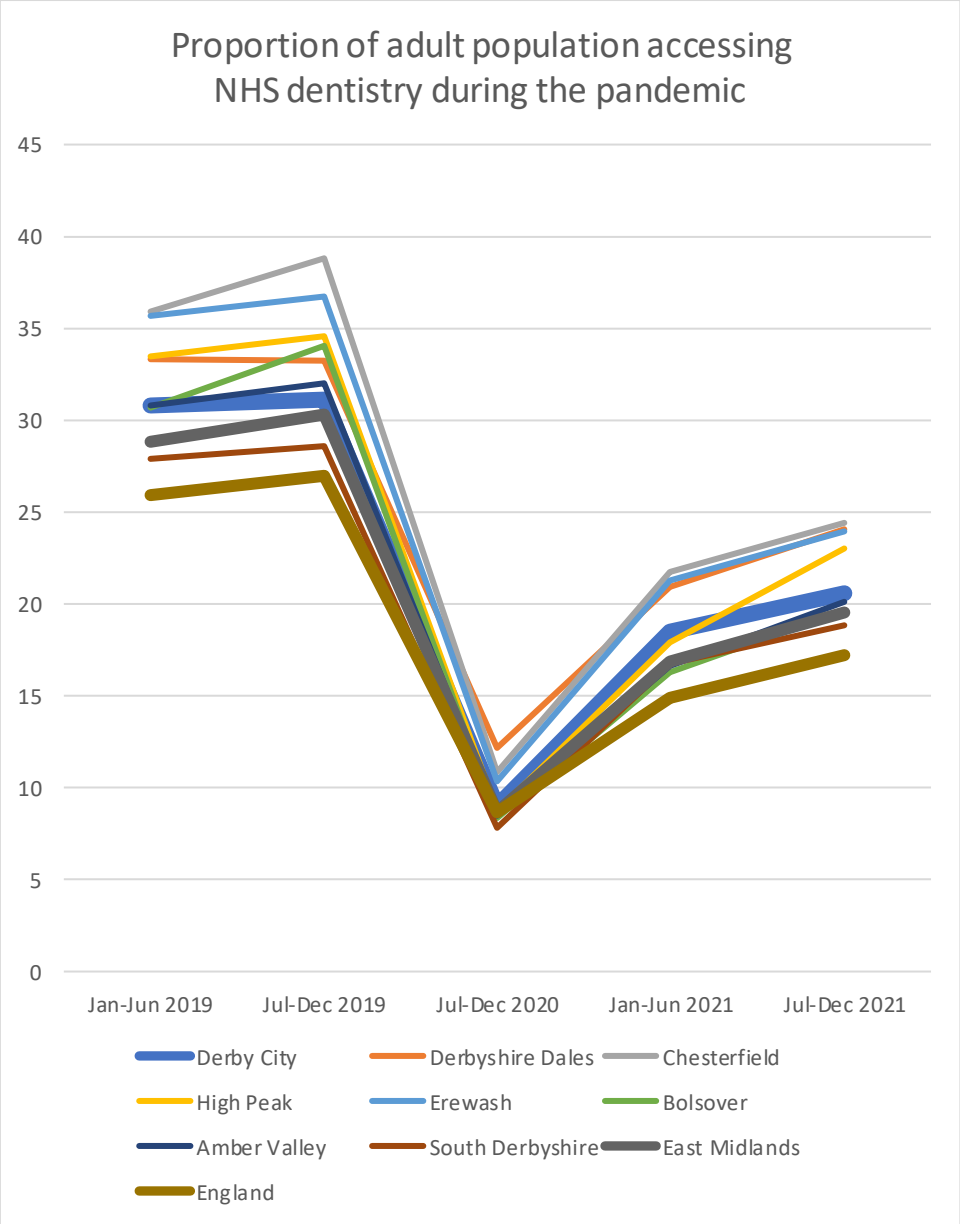
Table 3: No. of NHS dental contracts meeting / exceeding national minimum requirements during Q3 and Q4 of 2021/22 across the Derbyshire system *(unfortunately this information is not available at a lower level and we are therefore unable to report data for Derby City)*

	Period	Outcome – number meeting or exceeding thresholds
Derbyshire	Q3	70 out of 109 (64.2%)
Derbyshire	Q4	50 out of 109 (45.9%)
Midlands	Q3	718 out of 1,181 (60.8%)
Midlands	Q4	452 out of 1,181 (38.3%)

7. NHS Dental Access

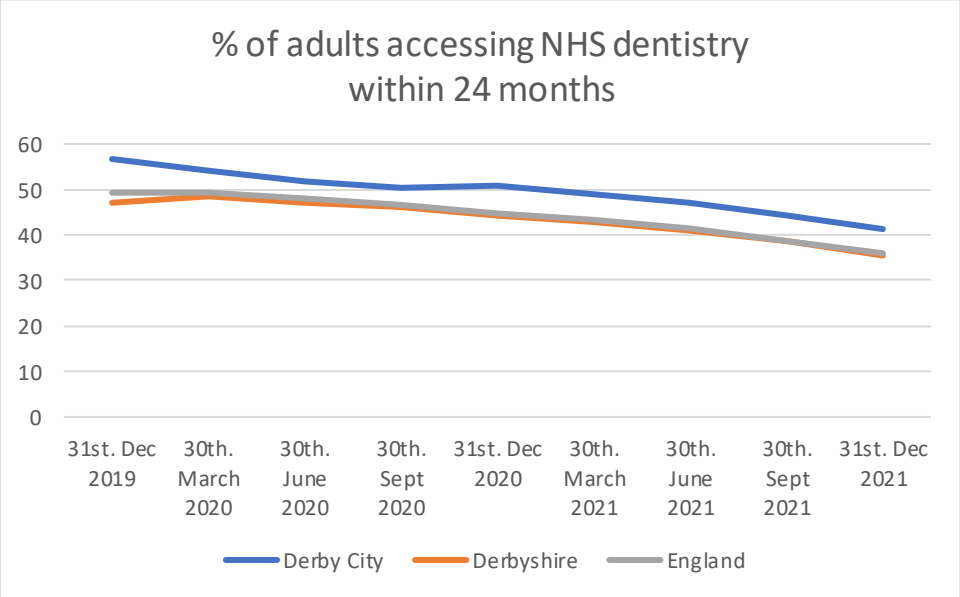
7.1 Figure 3 shows the percentage of adults accessing NHS general dental practices during the pandemic by local authority. It can be seen that there was a significant drop in July to Dec 2020 for all areas. However, the proportion of adult residents in Derby City accessing NHS dental services has constantly been higher than both the East Midlands and England averages, prior to and during the pandemic. Only three local authority areas in Derbyshire (Chesterfield, Erewash, Derbyshire Dales) have constantly been higher than Derby City.

Figure 3: Proportion of adults accessing NHS dentistry during the pandemic



7.2 The National Institute of Health and Care Excellence (NICE) does not support routine 6-monthly dental check-ups universally for all patients. It recommends that dentists should take a risk-based approach to setting the frequency of dental check-ups and that the longest gap between dental check-up appointments for every adult (over 18 years) should be 24 months. Figure 4 demonstrates that the proportion of Derby City adults accessing NHS dentistry within 24 months (as per NICE recommendations) was higher than both the County (Derbyshire) and National (England) averages prior to and during the pandemic. However, when making comparisons of proportionate loss between December 2019 and December 2021, Derby City saw a loss of 15%, compared to Derbyshire at 12% and England at 13%.

Figure 4: Proportion of adults accessing NHS dentistry within 24 months



7.3 It is estimated that across the Country there has now been the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic. The effects have been similar in community and hospital care due to restricted capacity from staff absences or re-deployment to support Covid-19 activities.

7.4 A strategic review of dental access is planned for 2022/23 and NHS E/I anticipate having access shortly to a mapping tool which will help to identify local areas which may have specific issues in order to assist with a more targeted approach in tackling them.

7.5 NHS E/I are aware that information provided by local dentists on the NHS website may not always be up to date but it is unfortunately not a contractual requirement for dental providers to do so. NHS E/I are continuously working with all local dental providers to improve the accuracy of this information for the public. The Derbyshire Local Dental Network Chair has also engaged with Find a dentist - NHS (www.nhs.uk) regarding improvements to dental practice profiles planned for September 2022.

7.6 NHS E/I also recognise the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity. Many NHS dental contractors are already delivering over 100%, and it is critical for those providers who are not to make progress as quickly as possible. Unfortunately, many practices are struggling to recruit staff (both dentists and nurses) and this is having an impact on capacity. Nevertheless, NHS E/I are expecting all NHS general dental practices to reach a minimum of 95% of contracted activity during Q1 of 2022/23 with full (100%) delivery of contracted dental activity from July 2022.

8 Private Dentistry

8.1 Private dental services are not within the scope of responsibility for NHS E/I. Therefore, NHS E/I are unable to provide any information on activity uptake within the private dentistry sector.

8.2 It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHS E/I during the pandemic, the private element of their business may have been adversely affected.

8.3 The Chief Dental Officer for England set up a time limited working group who undertook an investigation into the resilience of mixed economy practices. They concluded that whilst there would have been an interruption of income, the risk of a large number of dental practices facing insolvency over the next 12 to 18 months was low.

8.4 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the pandemic or due to the additional Personal Protective Equipment (PPE) charges that have apparently been levied by some private dental practices. This is putting additional pressure on NHS services at a time when capacity is constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.

8.5 There have been anecdotal reports of some practices' reluctance across the Midlands region in offering NHS appointments (particularly routine) and are offering the option to be seen earlier as a private patient instead. NHS E/I does not support any stances of pressurising patients into private dental care. NHS E/I will investigate any report of this nature but will need detailed information so that this can be raised with the practice for a response. Any such concerns can be raised via a complaint about any specific practice/s by contacting the NHS England Customer Contact Centre on 0300 311 22 33 or www.england.nhs.uk/contact-us/.

9. Dental contract hand-backs

9.1 Since the start of the pandemic, two NHS general dental contracts from Derby City have been handed back to NHS E/I. The dental activity from the terminated contracts will not be lost as NHS E/I undertake a review of dental access data within the surrounding area of the terminating dental contracts hand-backs to recommission the activity by dispersal to surrounding local dental practices in the area.

9.2 As part of the dental activity dispersal process, the NHS dental practice that is handing back their NHS activity must agree a communication letter for their patients with NHS E/I. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate sign posting

on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to NHS E/I that there is no inappropriate/forced signup to private dental services and enables informed patient choice.

10. Restoration of NHS Dental Services

10.1 NHS E/I is working with the local dental profession to restore NHS dental services and to deal with the inevitable backlog of patients that has built up since the COVID-19 pandemic. In line with national guidance issued, all NHS dental practices in England are currently working towards providing routine dental care in the same way as they were prior to the pandemic, with the expectation of full (100%) delivery of contracted dental activity from July 2022.

10.2 It is important to note that patients should expect to be contacted and asked to undergo an assessment (undertaken remotely in most instances) prior to receiving an appointment. The latest guidance is that patients will be directed to the most appropriate service depending on whether they:

- have any respiratory symptoms
- need urgent dental care

This pathway will not change due to the removal of free COVID-19 tests and patients will also not be required to purchase these tests in order to gain access to NHS dental services.

10.3 Reduced access to NHS dental care over the course of the pandemic will have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention may have struggled to gain access to NHS dental care. Some who were part way through dental treatment will undoubtedly have suffered and may have lost teeth they would not have otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out causing deterioration in outcome.

10.4 Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term impacts on oral and general health due to changes in nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar) coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar and alcohol intake could have a detrimental effect on an individual's oral health. Those impacted to the greatest extent by this are likely to be vulnerable population groups and those living in the more deprived areas, thus further exacerbating existing health inequalities.

10.5 It is important to note that some of the most vulnerable in the population, whose oral health may have been affected by the pandemic as described above, could also be at greater risk of contracting COVID-19 and of experiencing worse outcomes due to risk factors linked to other long term health conditions.

10.6 For those in the vulnerable or shielded categories due to age or underlying health conditions, special arrangements have been made to ensure they are able to access NHS dental care safely. Some patients may be seen by their usual practice but will usually be offered an appointment at the beginning or end of a session.

10.7 As part of the humanitarian response, a dedicated service was set up to support Afghan refugees repatriated to the UK and housed in local hotels. This was provided by way of dedicated domiciliary support to quarantine hotels and additional capacity was also commissioned at 2 local practices in Derby City (to ensure the additional workload did not negatively impact on wider patient access). This service has now been decommissioned and access to NHS dentistry for this specific population group can be gained in line with the general population.

10.8 In addition, there are groups of patients particularly those experiencing Severe Multiple Disadvantage who are less likely to engage with routine dental services and likely to experience worse oral health. NHS E/I are working with the Derby and Derbyshire Oral Health Steering Group to address this inequality, with work on undertaking an options appraisal currently underway.

10.9 NHS E/I is also aware that other vulnerable groups are also finding it harder than usual to access services. We are continuing to review pathways and treatment arrangements for these patients to ensure that they can continue to access urgent dental care, should they need to. Primarily, this has been facilitated through NHS 111. The special care dental provider has also been ensuring access for vulnerable patients through their network of local clinics and dental access centres.

10.10 The Derby and Derbyshire Oral Health Steering Group is also looking at new ways of collaborative working with primary care networks to strengthen support to care homes in improving the oral health of their residents and also access to NHS dental services as a priority agenda.

11. NHS Dental Services recovery initiatives

11.1 A large financial investment has been made to facilitate initiatives designed to increase access across primary, community and hospital dental care, as follows:

- <u>Weekend Sessions – General Dental Services</u>
  Across the Derbyshire system, 11 NHS general dental practices have been contracted to provide 96 additional sessions at a cost of £62,784. Out of the 11 practices, 2 practices are within Derby City providing 44 additional weekend sessions.
- <u>Weekday Sessions – General Dental Services</u>
  Across the Derbyshire system, 11 NHS general dental practices have been contracted to provided 1,047 additional sessions at a cost of

£68,016. Out of the 11 practices, 2 practices are within Derby City providing 14 additional weekday sessions.

- Dedicated Urgent Care slots during surgery opening hours – General Dental Services
  Additional NHS dental capacity has been contracted in order for NHS 111 to be able to signpost patients who do not have a regular dental practice requiring urgent dental care. Six practices across the Derbyshire system are taking part and providing extra appointments. Two practices are within Derby City offering 20 additional urgent care appointments per week.

- Additional NHS dental sessions – 8-8 NHS Dental Providers
  Across the Derbyshire system, 2 NHS general dental practices have been contracted to provide 62 sessions at a cost of £40,548. One of these practices is located in Derby City.

- Oral health improvement funding for local authorities
  - £150,000 recurrent for 2 years to support oral health improvement initiatives and activities
  - £40,000 non-recurrent to support purchase and distribution of toothbrushing packs to food banks and other venues
  - £5,000 non-recurrent to support Oral Health Promotion training resources to improve delivery of services

  The above funding has been jointly allocated between Derby City and Derbyshire County Councils. Agreement on the spending of the funding is being discussed and agreed at the Derby and Derbyshire Oral Health Steering Group to ensure alignment with oral health needs of the area.

- Support Practices - Community Dental Service:
  NHS E/I have commissioned a number of dental practices across the Midlands to work collaboratively with local dental providers delivering special care dental services. This pilot is intended to provide additional capacity to assist in routine review and support the management of special care dental patients who are in the system. Unfortunately, there was no uptake from NHS dental providers in Derby City, however NHS E/I are currently trying to secure additional funding to re-run the pilot for financial year 2022/23 and hope to encourage uptake from NHS dental providers in Derby City. NHS E/I has been trying to understand the reasons for the lack of interest and at present the main reason appears to be the lack of practice capacity.

- Waiting list initiative - Community Dental Service:
  Non-recurrent investment of £27,390 was secured for the Derbyshire system Community (Special Care) Dentistry provider in reducing the waiting list in 2021/22. The waiting list initiative has been running additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment. Furthermore, additional dental hand pieces were also purchased to support improving efficiency of dental clinics resulting in reduced fallow time between patients. Prior

commitment has been secured for 2022/23 to support reducing the General Anaesthetic waiting list, subject to securing additional sessions at the hospital trust.

- Waiting list initiative - Intermediate Minor Oral Surgery (IMOS)
  Non recurrent investment was secured to support IMOS providers across the East Midlands to enable them to over perform against 2019/20 baseline (paid on cost per case) in order to reduce waiting lists. This enables patients to be seen within 6 weeks of referral into the specialist service. As at February 2022, there were 1,268 patients accepted onto the IMOS pathway by the Derbyshire system providers and 143 (14%) had been waiting over 6 weeks to access treatment. The Derbyshire system has one of the lowest IMOS waiting lists across the East Midlands. As this is a specialist service commissioned on a system area footprint, data for Derby city residents is unfortunately not available.

- Waiting list initiative – Hospital Dental Care
  Trusts are monitored on referral to treatment (RTT) within 18 weeks, 52 weeks and due to the impact of the pandemic, on 104 weeks. All Trusts are required to clear any 104 week waits by July 2022. As at January 2022, there were 21 patients waiting over 104 week waits for Oral Surgery and the two trusts have plans in place to clear this within the target deadline. Please see Appendix 3 for Midlands Oral Surgery RTT trends but as this service is commissioned on a system area footprint, data for Derby city residents is unfortunately not available. Referrals into secondary care have started to recover (Appendix 4), however, these remain lower than previous levels due to the reduction in routine appointments in primary care. There has been a non-recurrent investment of £386,913 to address the 104 and 52 week waits across the secondary care dental specialities e.g. orthodontics, Oral Surgery and Maxillofacial. Prior commitment of £365,738 has also been secured for 2022/23 to continue to support the waiting list initiatives.

12 Oral Health and Inequalities

12.1 Whilst NHS E/I is responsible for commissioning NHS dental services, local authorities have a dental public health function as per Statutory Instrument 2012 No. 3094 *The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012:*

"(1) Each local authority shall have the following functions in relation to dental public health in England.

(2) A local authority shall provide, or shall make arrangements to secure the provision of, the following within its area –

(a) to the extent that the authority considers appropriate for improving the health of the people in its area, oral health promotion programmes;

(b) oral health surveys to facilitate –
(i) the assessment and monitoring of oral health needs,
(ii) the planning and evaluation of oral health promotion programmes,
(iii) the planning and evaluation of the arrangements for provision of dental services as part of the health service, and
(iv) where there are water fluoridation programmes affecting the authority's area, the monitoring and reporting of the effect of water fluoridation programmes.

(3) The local authority shall participate in any oral health survey conducted or commissioned by the Secretary of State under paragraph 13(1) of Schedule 1 to the 2006 Act (powers in relation to research etc.)(49) so far as that survey is conducted within the authority's area."

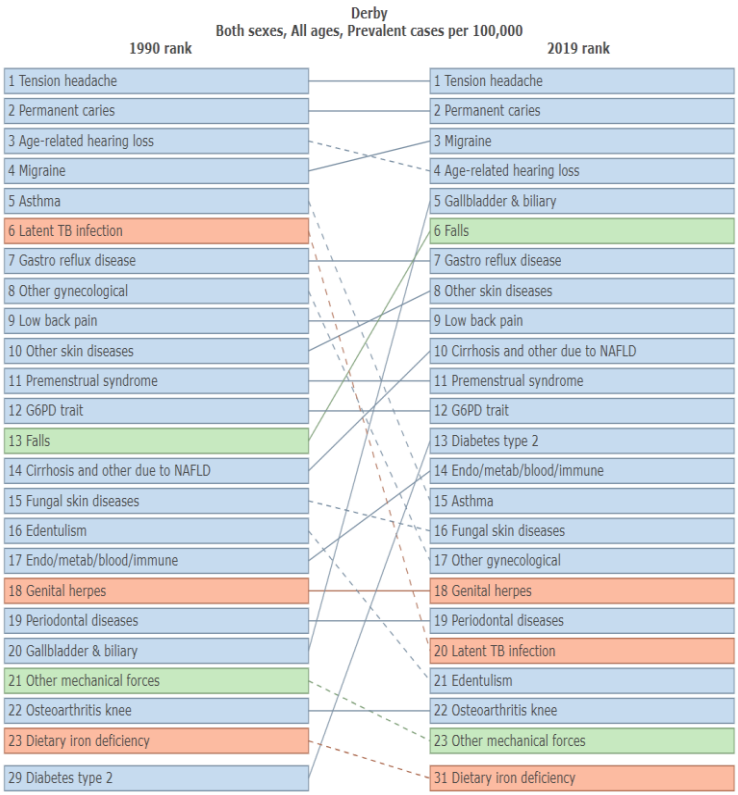
12.2 In addition, Local Authorities and CCGs have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) through the health and wellbeing board. Oral health is one of the health needs that may be assessed. The responsibility falls on the health and wellbeing board as whole and so success will depend upon all members working together throughout the process.

12.3 Oral diseases continue to be a leading public health problem with significant inequalities. Those living in more deprived areas and vulnerable individuals are more at risk, both of and from, oral diseases. Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health and reduce inequalities.

12.4 Figure 5 shows that oral health remains in the top 20 rankings of the most prevalent causes affecting the overall health and wellbeing of people living in Derby City from 1990 to 2019:

- staying at rank 2 – dental decay (caries)
- staying at rank 19 – periodontal (gum) disease)
- down 5 ranks from 16 to 21 – edentulism (no teeth)

Figure 5: Ranking of prevalent cases per 100,000 affecting overall health and wellbeing of people living in Derby City (Global Burden of Disease)



12.5 In 2017/18, the National Dental Epidemiology Programme undertook an oral health survey of adults attending general dental practices in England. It provided data to inform joint strategic needs assessments and oral health needs assessments to plan and commission oral health improvement interventions and services for adults. Adults attending general dental practices for any reason, aged 16 years and over, were recruited to take part in the survey. The survey consisted of a questionnaire on the impact of oral problems on individuals, use of dental services and barriers to receipt of care and a brief clinical examination conducted by trained local epidemiology teams under standardised conditions. Only 22 people in Derby City participated in this survey and therefore no local summary of findings can be reported.

12.6 Vulnerable groups are those people whose economic, social, environmental circumstances or lifestyle place them at high risk of poor oral health or make it difficult for them to access dental services. This includes people who are old and frail, have physical or mental disabilities as well as the homeless. These groups may require special treatment or treatment in a special setting to accommodate their needs. The 2015/16 Oral Health Survey of Older People presented the results of a questionnaire and standardised dental examination of older people (aged 65 years and older) with mild dependency who live in "extra care" housing establishments. This was the first and only oral health survey of this population group and the method was implemented as a pilot.

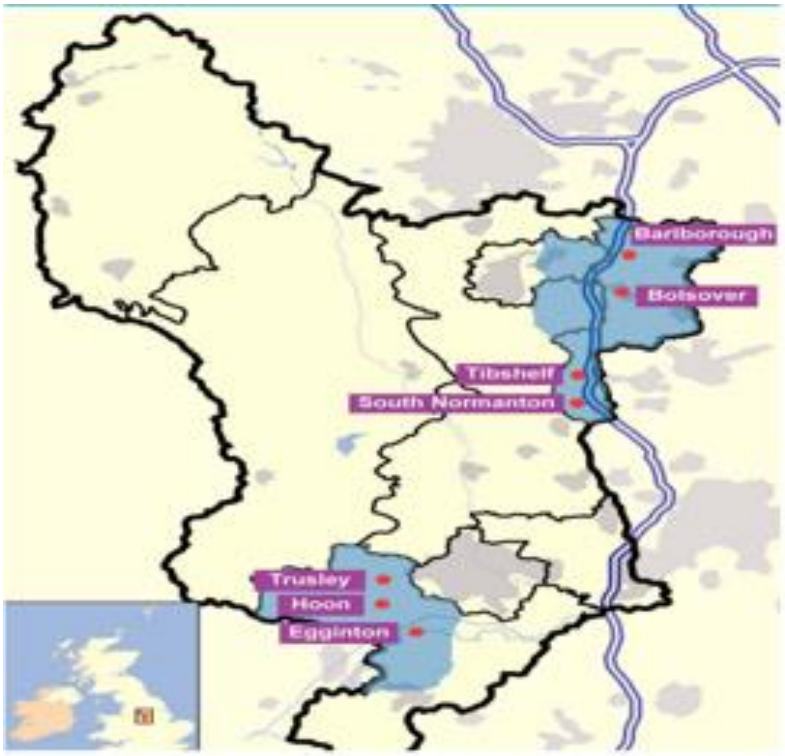
As less than 15 people in Derby City participated in this survey, no local summary of findings can be reported.

12.7 Overall, national surveys have demonstrated that:

- The oral health of adults has improved significantly over the last 40 years with more of the population retaining their natural teeth throughout life
- Poorer oral health disproportionately affects those at the older end of the age spectrum and those living in more deprived areas
- Men from materially deprived backgrounds are more likely to experience higher levels of tooth decay and gum diseases but least likely to visit a dentist
- Adults with learning disabilities are more likely to have poorer oral health than the general population
- Adults with learning disabilities living in the community are more likely to have poorer oral health than their counterparts living in care
- Homeless people are more likely to have greater need for oral healthcare than the general population

12.8 Water fluoridation is an effective and safe public health measure to reduce the frequency and severity of dental decay, and narrow oral health inequalities. Fluoridated water is currently supplied to ten percent of the population in England and this includes some parts of Derbyshire (Figure 6). About 43,000 people are supplied with artificially fluoridated water in Derbyshire. Fluoridated communities include parts of Bolsover District bordering Nottinghamshire and parts of South Derbyshire District bordering Staffordshire. There are no water fluoridation schemes benefitting residents of Derby City.

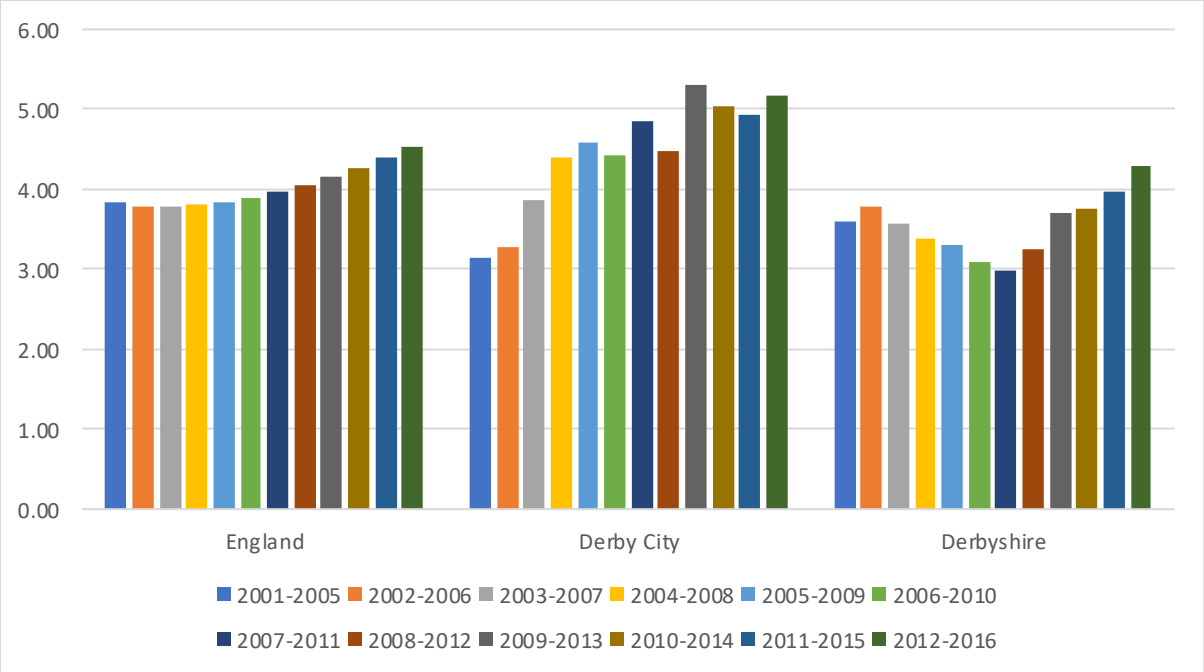
Figure 6: Water fluoridation in the Derbyshire system



12.9 Although the responsibility for water fluoridation currently rests with the local authority, this is being changed by the Health and Care Bill which was granted Royal Assent on the 29 April 2022 for healthcare recovery and reform. We are currently waiting for secondary legislation through parliament for the new Health and Care Act 2022 to come into force. The new Health and Care Act 2022 introduces measures that will level up disparities in oral health by making it simpler to add fluoride to the water in more areas across England. For the moment, the statutory responsibility with regards to decision making on water fluoridation still lies with local authorities but when the new Health and Care Act 2022 commences, it will change the decision-making responsibility on water fluoridation that has resided with local authorities since 2013 by transferring the responsibility for such decisions to be made centrally.

12.10 Figure 7 shows that mortality rates from oral cancer in Derby City have been increasing over the years at a faster rate than observed nationally and in the county. Although tobacco use has been proven to increase the risk of oral cancer, people who use both alcohol and tobacco are at an especially high risk of contracting the disease.

Figure 7: Oral cancer mortality rates



12.11 The Local Dental Network publicised Mouth Cancer Awareness month in November 2021 and distributed a set of key messages to dental practices to help them raise awareness, identify patients with symptoms, and ensure they are aware of how to refer patients quickly to the appropriate services. This was a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021 https://bit.ly/3vK70Ez.

13. Collaborative working

13.1 NHS E/I works collaboratively with Public Health colleagues in Derby City Council around prevention initiatives linked to oral health improvement and in amplifying key oral health messages. Further information has been provided by the Council's public health team on the local oral health improvement initiatives across Derby City in Appendix 5.

13.2 There have been regular meetings with the profession via the Local Dental Committee. NHS E/I are grateful for the co-operation received from the dental profession across the Derbyshire system in mobilising local Urgent Dental Care Centres and co-producing solutions to help manage the restrictions in NHS dental services during the pandemic which included joint working between the local Community (Special Care) Dental Service and General Dental Practices.

13.3 NHS E/I has appointed a Derbyshire Local Dental Network (LDN) Chair who is currently involved in collaboratively establishing a framework for urgent dental care. This framework is to ensure that patient's urgent dental care needs are met with good practice guidance to support NHS dental practices.

13.4 The NHS E/I commissioning team have also been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services. These have been distributed to local authorities, Directors of Public Health and CCGs. Examples of tweets that have been shared on Twitter are given in Appendix 6. There is some ongoing concern about a reluctance amongst some people in attending for dental care due to the pandemic either because they do not want to be a burden on the health service or because they fear getting coronavirus. A campaign reassuring people that it is safe to attend NHS dental appointments has also been launched by NHS E/I.

13.5 NHS E/I have also engaged with Healthwatch Derby and they have shared intelligence on local concerns or on difficulties people may be having accessing NHS dental services. Following feedback from Healthwatch regarding the confusion for patients on the '*accepting new patients on referral'* category of each dental practice profile, a decision has been made to remove this as part of updates planned for September 2022.

14 Supporting Information

- Appendix 1 - Location of dental practices or clinics
- Appendix 2 - Activity Trends in Primary Care
- Appendix 3 – Midlands Oral Surgery Referral to Treatment (18 week and 52-week Waiters)
- Appendix 4 – Midlands Secondary Care Dental Referral Trends
- Appendix 5 – Derby City (Public Health led) Oral Health Promotion Activity Briefing

- Appendix 6 - Examples of tweets shared by the NHS England Communication Team

16 Contact Points

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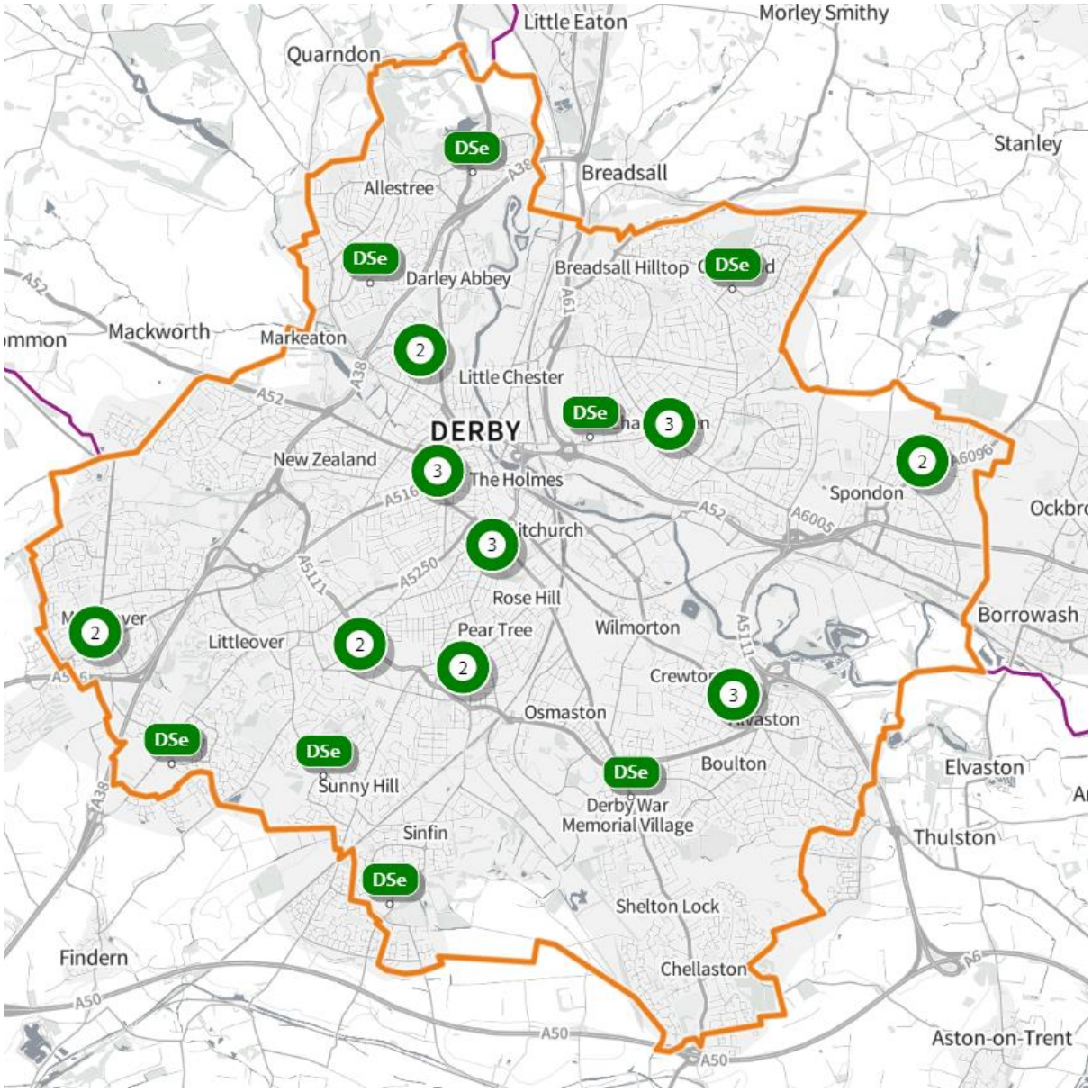
Appendix 1: Location of dental practices or clinics including orthodontic and community sites

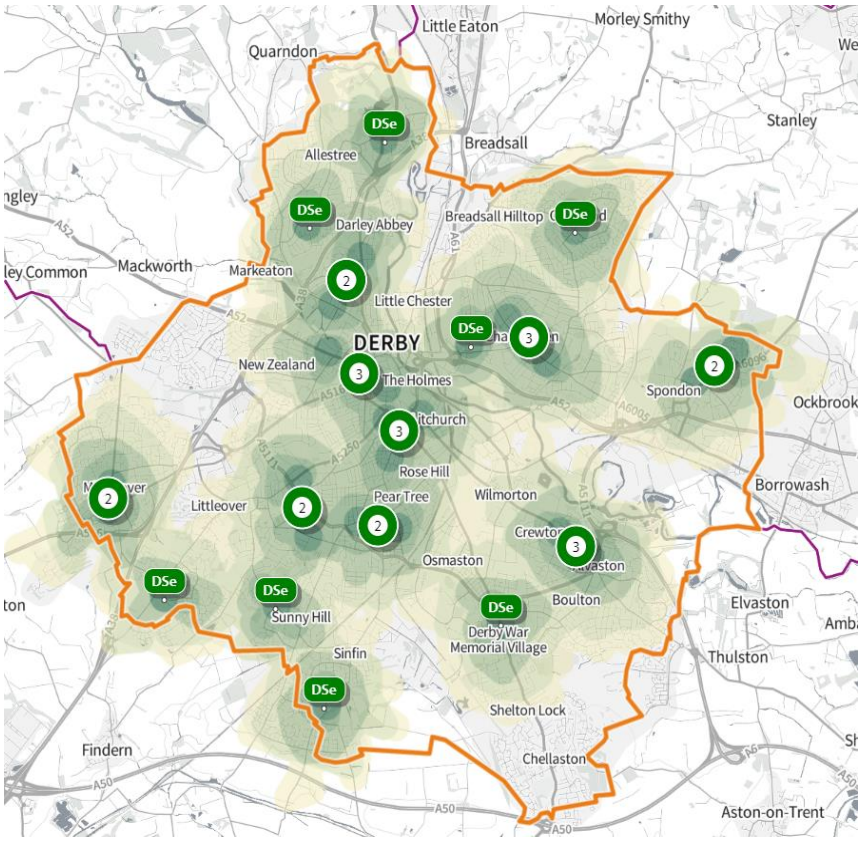
NB:

- The numbers denote the number of NHS dental practices within the location
- DSE (dental service) indicates one NHS dental practice within the location

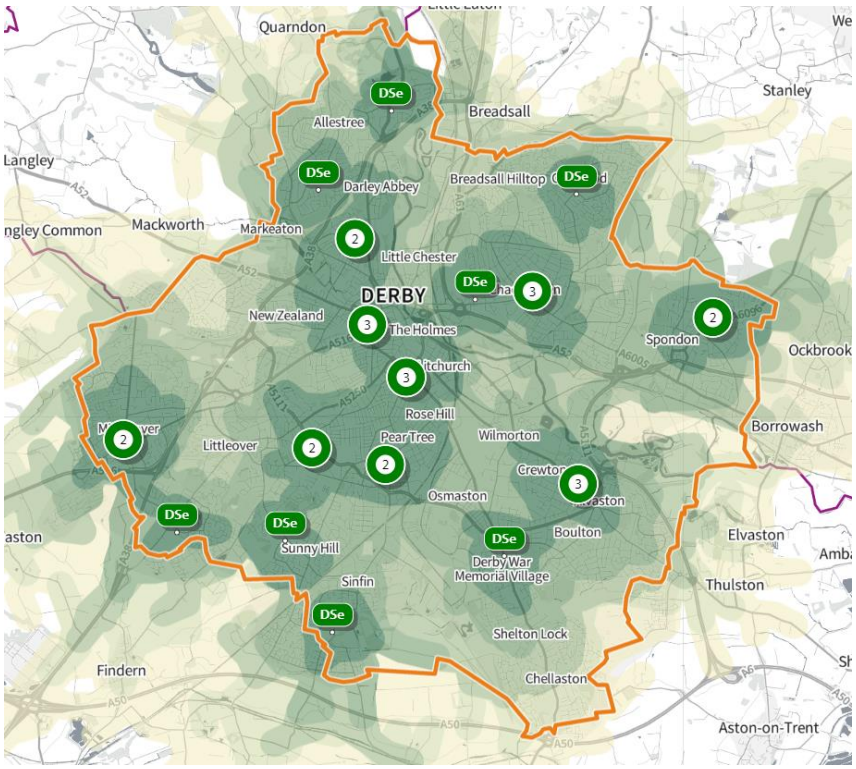
Map 1: Location of NHS dental practices and clinics (including orthodontics and community sites in Derby City



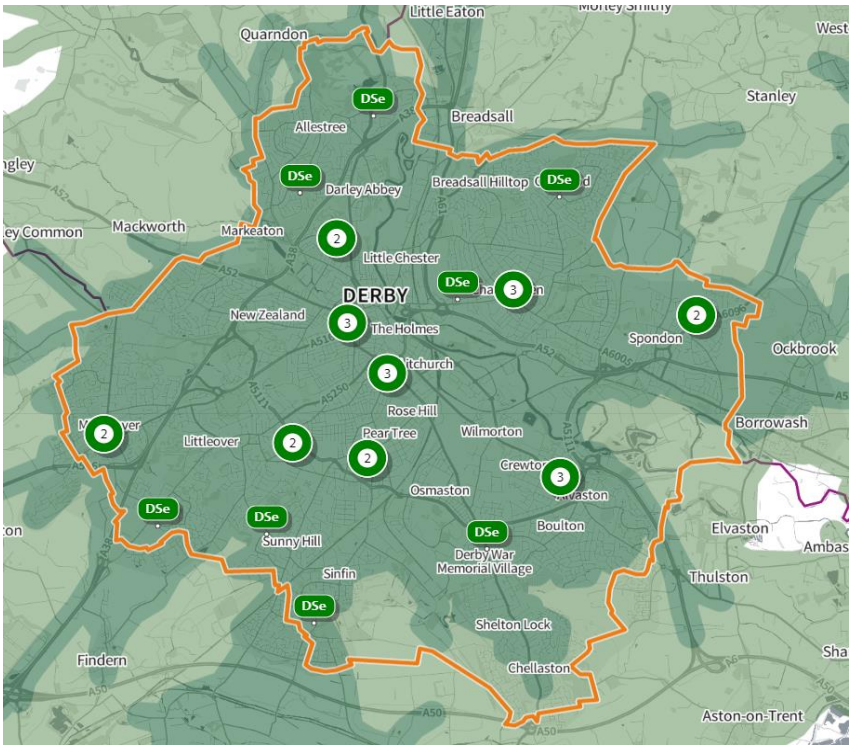
Map 2: Accessibility of NHS dental practices and clinics within 1.6k walking distance



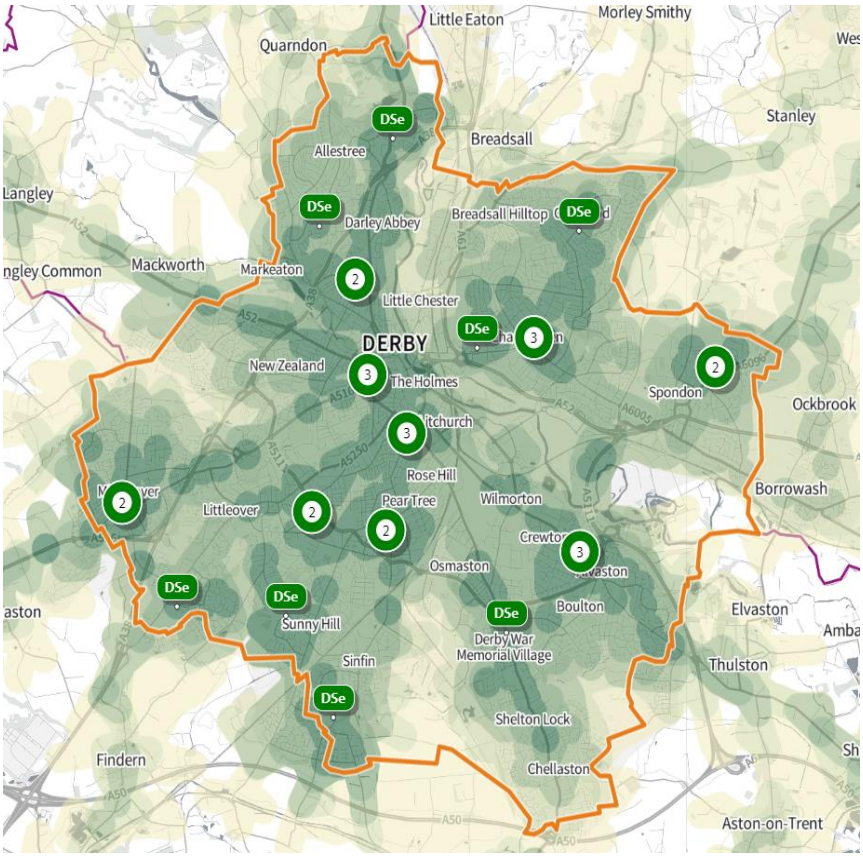
Map 3: Accessibility of NHS dental practices and clinics within 20 minute cycle



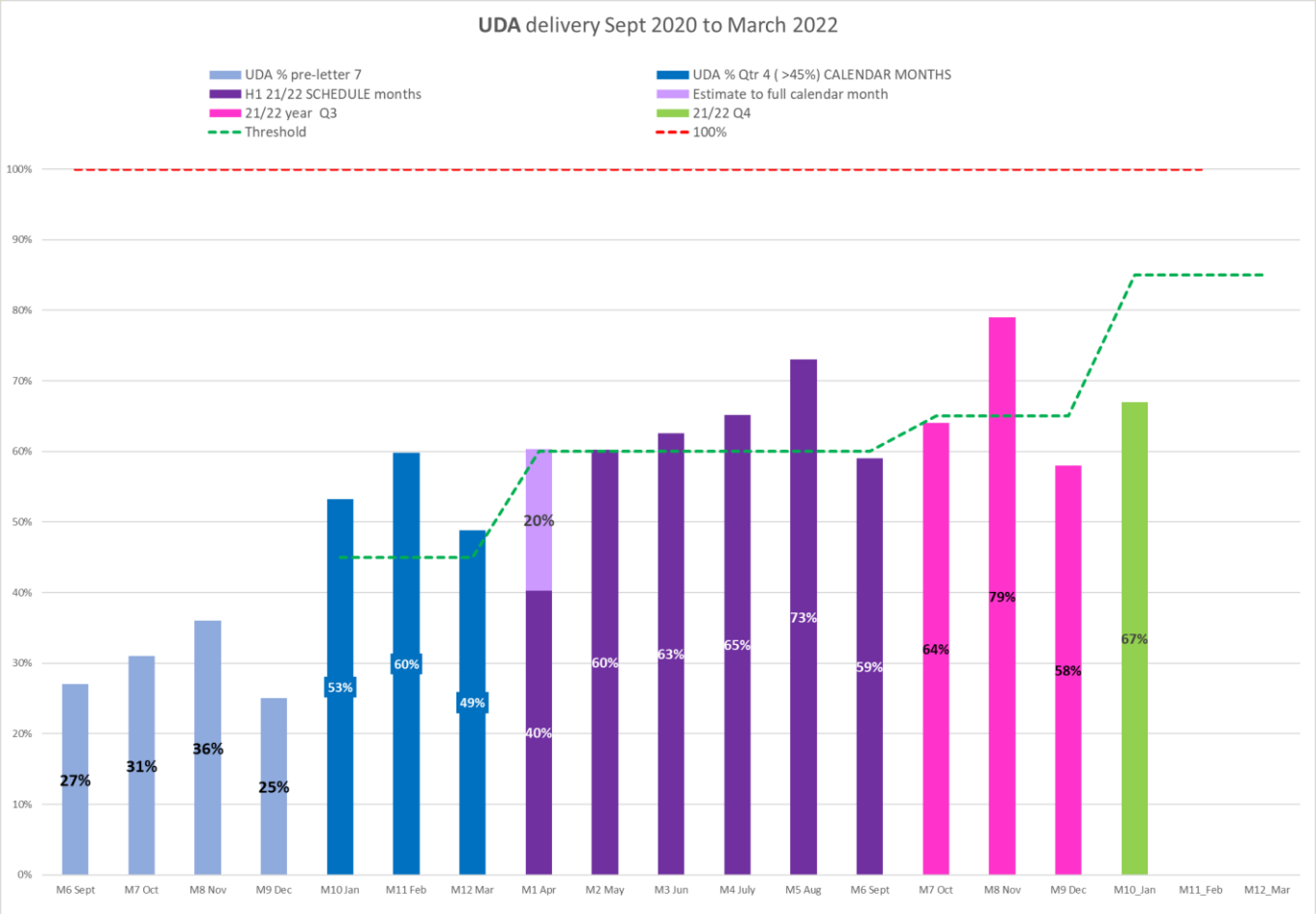
Map 4: Accessibility of NHS dental practices and clinics within 10 minutes by car in rush hour



Map 5: Accessibility of NHS dental practices and clinics within 30 minutes by public transport on a typical weekday morning



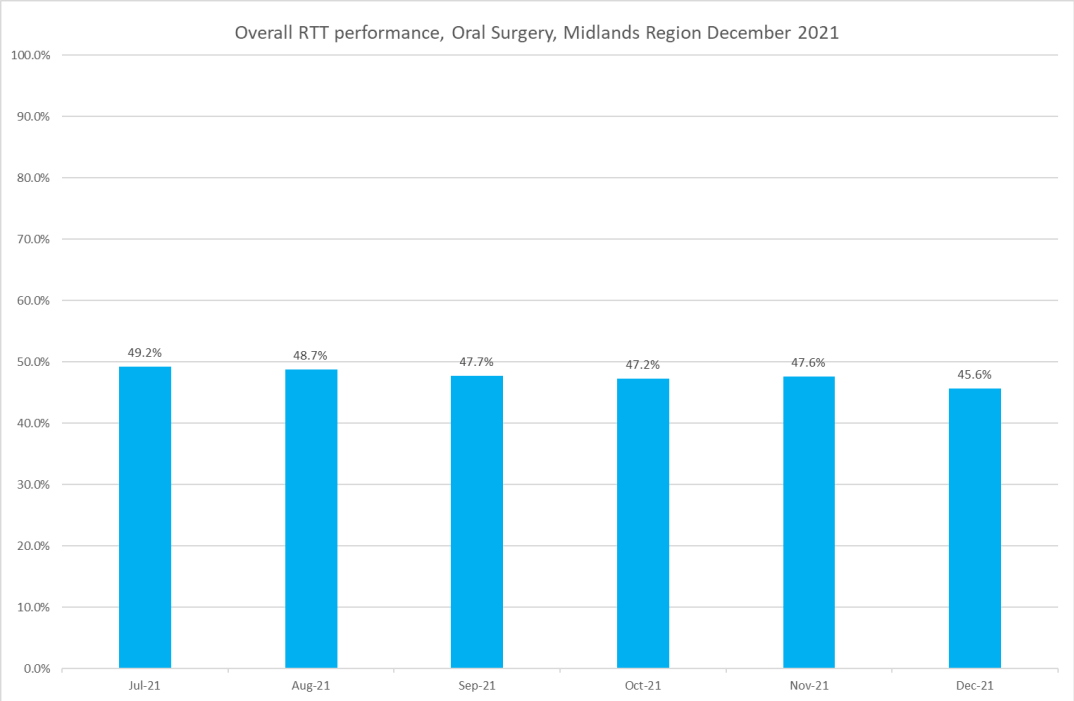
Appendix 2: Activity Trends in Primary Care for Units of Dental Activity (UDA) - Midlands

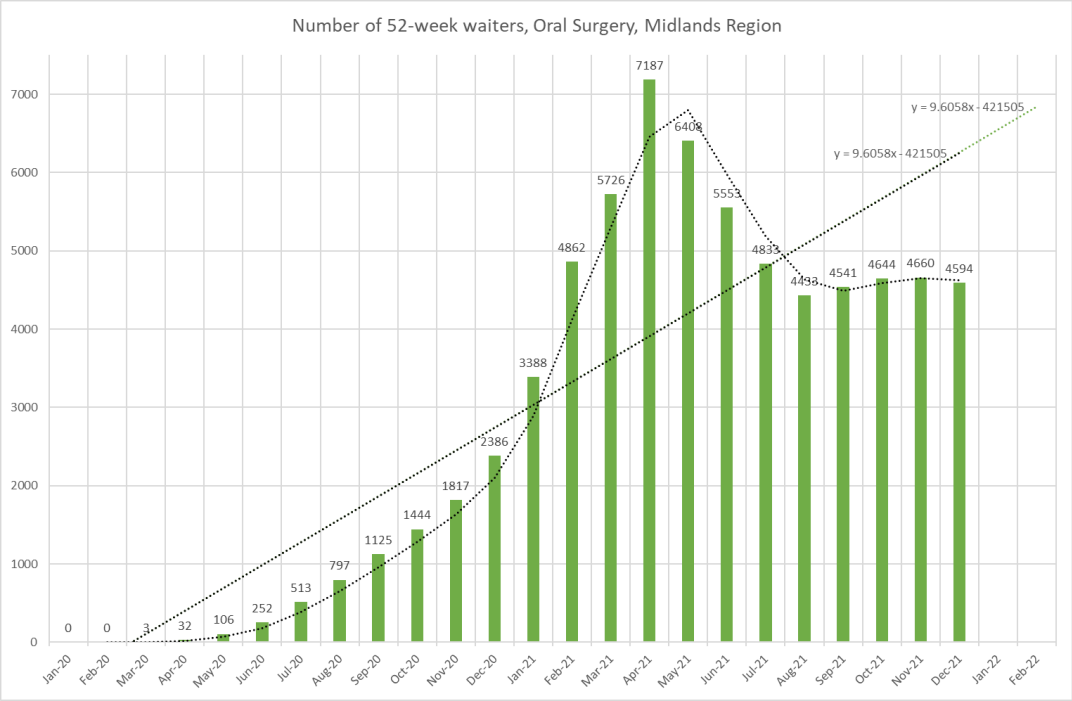


Appendix 3: Midlands Oral Surgery Referral to Treatment (18 week and 52 Week Waiters)

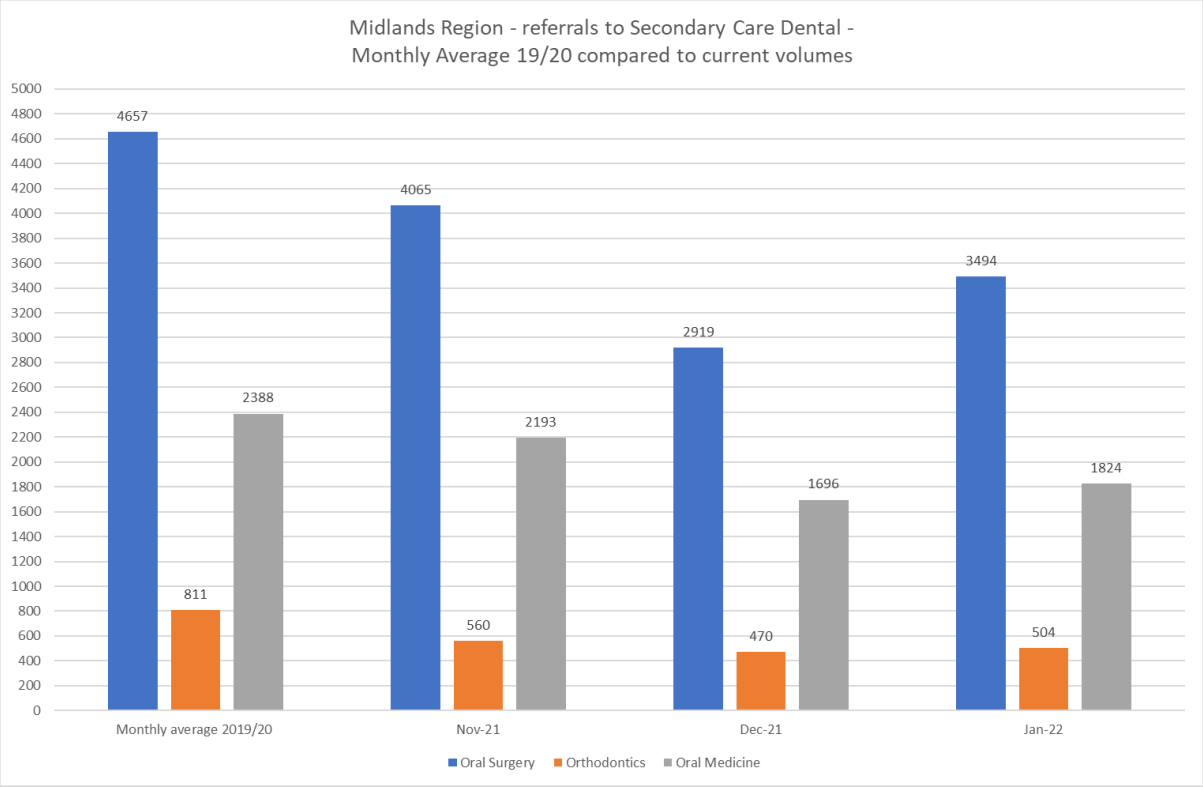
Note – the increase in 52-week waiters in April is largely due to a change in reporting process whereby maxillofacial surgery data was included for the first time. The proportion of the total waiting list that have been waiting 52 weeks or more has fallen from 19 per cent to 10 per cent between March and November.

Data cannot be split to report for Derby City.





Appendix 4: Midlands Secondary Care Dental Referral Trends



Appendix 5: Derby City (Public Health led) Oral Health Promotion Activity Briefing

1. Oral health promotion and food banks 2021 - present

Objective:

- To address inequalities that exist amongst key target groups that are at greater risk of poor oral health outcomes. To focus on the six most deprived wards (Allenton, Derwent, Normanton/ Arboretum, Sinfin, Rosehill, Mackworth).

Activity:

- 1000 toothbrushes and 500 toothpastes approx. for both areas (1000 families/households).
- Inclusion of oral health promotion leaflets within each allocation of toothbrushes/paste
- Provision of knowledge and information to volunteers and key individuals by Derbyshire Oral Health Promotion team.
- Development of posters to inform families on how to access emergency dental treatment -displayed in foodbanks.
- Survey of food bank clients to establish their oral health knowledge and understanding of how to access a dentist.

2. Lifelong oral health media campaign 2022 – present:

Short term communications objectives:

- Increase awareness of the importance of life long oral health
- Promote whole life oral care messaging – i.e., it's not just children who need to care for their teeth
- Raise awareness that oral health problems are preventable
- Promotion of preventative measures
- Promote oral health through healthier food and drink choices

Longer term, service objectives:

- Improve early detection, and treatment, of oral diseases
- Provide consistent messaging across the system
- Reduce costs to NHS
- Reduce inequalities

Audience:

- All Derbyshire residents
- Parents / carers
- Health care providers

Key messages:

- Oral health problems are preventable
- Your food and drink choices impact your oral health
- Oral health is a lifelong journey

- Setting a good example for your children will help them with good, life long, oral health.

Delivery plan:

- *Run up to World Smile Month (May 2022)*
- Organic social media on all DCC and PH corporate feeds / Derby City feeds
- Inclusion in newsletters: Your Derbyshire, Members News, Community News, Healthy and Well etc
- Share with CVS, parish and town councils, other partners

Additional activities:

Understanding need:

- Derbyshire County Council Oral Health insight report (2021)
- Derby City Joint Strategic Needs Assessment – web based/interactive.
- Understanding oral health needs of substance misusers - in development

Strategic buy in:

- Oral health is a strategic priority for Derby City Local Authority – it features in the city Children, Family and Learners Board strategic plan 2020 -22 and Derby and Derbyshire Joined Up Care Action Plan.

Derby and Derbyshire Oral Health Steering Group

Purpose of the group

This group is a multi-agency partnership working to improve overall oral health and to reduce oral health inequalities in Derby and Derbyshire. The aim is to target those at the highest risk of poor oral health. The group was established in 2020 under the stewardship of Public Health England.

Membership

- Derbyshire County Council Public Health
- Derby City Council Public Health
- Public Health England
- NHS Midlands
- Chair of Derbyshire Local Dental Committee
- Healthwatch Derbyshire
- DCHS
- UHDB (Derbyshire Children's Hospital)
- Small Steps, Big Changes

Appendix 6: Examples of tweets shared by the NHS England Communication Team