Report To: **Date:**	Health and Social Care Scrutiny Board (5) 22 January 2025
Report Title:	Dental Services - Overview, Performance and Strategic Plan
Report From:	Alison Cartwright, Chief Integration Officer, Coventry and Warwickshire ICB
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Previous Considerations and Engagement:	None
Purpose:	For Information

Recommendations

The Health and Social Care Scrutiny Board (5) are requested to:

1. Note the contents of the report.
2. Identify any further recommendations

National context and background

1. Following the Health and Social Care Act 2022, Integrated Care Boards (ICBs) were legally established on 1st July 2022 as the statutory NHS organisation responsible for developing a plan to meet the health needs of the population, managing the NHS budget and arranging for the provision of health services in geographical areas.

2. Since the Health and Social Care Act of 2012, Local Authorities have had a statutory role in assessing local oral health needs and commissioning evidence based oral health improvement programmes appropriate to those needs, which is a critical element of prevention and health protection.

3. As part of the Health and Social Care Act 2022 changes, Coventry and Warwickshire ICB, were delegated the responsibility of pharmacy, optometry and dental services from 1st April 2023. Since that date ICBs have become responsible for commissioning and contracting, managing and assuring Dental services, including quality standards, incentives, observance of service specifications, and monitoring of activity and finance. This includes oversight of annual contract activity to address need, which includes agreeing local prices, managing agreements and transacting contract variations.

4. To enact this delegation effectively the 6 West Midlands ICBs agreed to maintain the specialist dental (and pharmacy and optometry) commissioning team as a single team, hosted by the Office of the West Midlands (OWM) to maintain the specialist knowledge and function. This teamwork in liaison with colleagues in CW ICB primary care team. This function is transacted through a WM Dental Committee, informed by the Managed Clinical Networks and Dental Public Health consultants, clinical advisors and Network chairs. The ICB Primary Care team works closely with the OWM team to develop local solutions and ultimately hold responsibility for day to day delivery. The team also consult and work collaboratively with the Consultants in Dental Public Health, Local Dental Committees (LDCs), Local Dental Network (LDN) and Managed Clinical Networks (MCNs) to enhance care delivery and to be active members of the local Oral Health Promotion and Oral Health Operational groups.

5. In February 2024 the government published Faster, Simpler and Fairer: our plan to recover and reform NHS dentistry. This contains a number of initiatives to improve oral health and access to dental care. This includes plans designed to incentivise dental teams to provide NHS dental care and take on new patients and plans to increase the dental workforce to make it easier for practices to recruit new staff.

Overview of Dental Services

6. Dental services are provided by a range of providers and in a number of settings to meet the dental needs of our population, these include:

- Primary Care Dental Services
- Community Dental Services
- Secondary Care Dental Services

7. NHS dentistry provides treatment that is clinically necessary to keep mouths, teeth and gums healthy and free of pain.

8. Primary Care Dental Services provides care to patient within a primary care setting. There is no national registration system in dentistry like there is in general practice. People do not need to be registered with a dentist to receive NHS care and could go to any dental practice that holds an NHS contract for treatment and is accepting NHS patients, without any geographical or boundary restrictions. Once a patient is accepted for an assessment of their treatment needs the practice cannot refuse to complete the course of treatment. Once the treatment is completed, the dental practice does not have ongoing responsibility for their dental care, though some NHS treatments, such as fillings, crowns and inlays, are

covered by a 12-month guarantee. Dental practices can choose to restrict the number of NHS patients that they treat, as commissioners we have no direct influence on this.

9. Community dental services provide dental care for patients (adults and children) with more specialist needs. This might include people who need services such as general anaesthetics or sedation, orthodontics, or adults and children with particular needs such as physical or learning disabilities, medical conditions, people who are housebound and people experiencing homelessness. Community dental services are provided in a range of settings including mobile clinics, people's own homes or care homes, hospitals and specialist health centres.

10. Most secondary care dentistry is provided by NHS hospitals, including the 10 NHS specialist dental hospitals in England. It includes services such as complex oral surgery, oral and maxillofacial pathology, dental and maxillofacial radiology. Secondary and tertiary care dental providers have an important role in providing dentistry training and may also provide emergency primary care dentistry.

Overview of the National Dental contract

11. The current Primary Care Dental Contract came into being in 2006. The contract is negotiated and agreed at a national level each year. The ICB have no powers to vary the terms and conditions of the contract in any way, with the exception of annually set and agreed activity plans.

12. Dental Providers are paid via Unit of Dental Activity (UDA) rate and activity levels for each provider contract in each contract were originally based on the delivery of activity from 1st October 2004 to 30th September 2005 inclusive. Activity levels are reviewed each year against actual activity delivered and adjusted accordingly to commission services for local populations using flexible commissioning frameworks.

13. Activity and payment fall in to "Bands"

- Band 1- £26.80 check-up / x-ray if needed / scale & polish if clinically justified worth 1 UDA
- Band 1 £26.80 urgent focus on this 'immediate problem' worth 1.2 UDA
- Band 2 £73.50 including fillings and extractions worth 3 UDA (with more complex cases now worth 5 or 7 UDA)
- Band 3 £319.10 involving lab work – crowns, dentures, bridges worth 12 UDA.
- Activity is provided by the Provider or dentists supported by other dental care professionals (DCP) such as therapists and hygienists.
- Urgent treatment: £26.80 X-ray, examination, repairing, removal, filling

14. Contract holders are paid an annual value in 12 monthly instalments to deliver activity measured in units of dental activity UDA or units of orthodontic activity UOA. The payment has deductions made for any charges paid by the patient – patient charge revenue PCR. The value per UDA varies based on historic pre-2006 baselines or terms of procurement and subject to annual increase recommended by Doctors and Dentist Review Body (DDRB).

15. It is recognised nationally that the national PC Dental Contract needs reforming and since March 2022, the national team has commenced work on transforming the dental contract, with the first step announced in the 'first stage of dental contract reform' letter, published by NHS England on 19th July 2022. This included:

- Introduction of enhanced Units of Dental Activity (UDA) to support patients who have higher clinical needs whilst recognizing the range of different treatment options;
- Recognising that recruitment and effective delivery of care in some parts of the country is restricted by very low UDA values which impacts on patient access. To address this position, a minimum indicative UDA value of £23.00 was introduced from 1st October 2022;
- Renewed guidance and monitoring of patient recall periods;
- Improved use of clinical skill mix (such as therapists and hygienists) in NHS dental care to support access to services;
- Improved information for patients by requiring providers to update the Directory of Services more regularly.

Coventry and Warwickshire Dental Services Overview

16. There are a number of differing dental services available from providers for the population of Coventry and Warwickshire, depending on condition and need. These are listed below;

General Dental Services

- 105 General Dental services contracts
- 1.32m units of dental activity commissioned

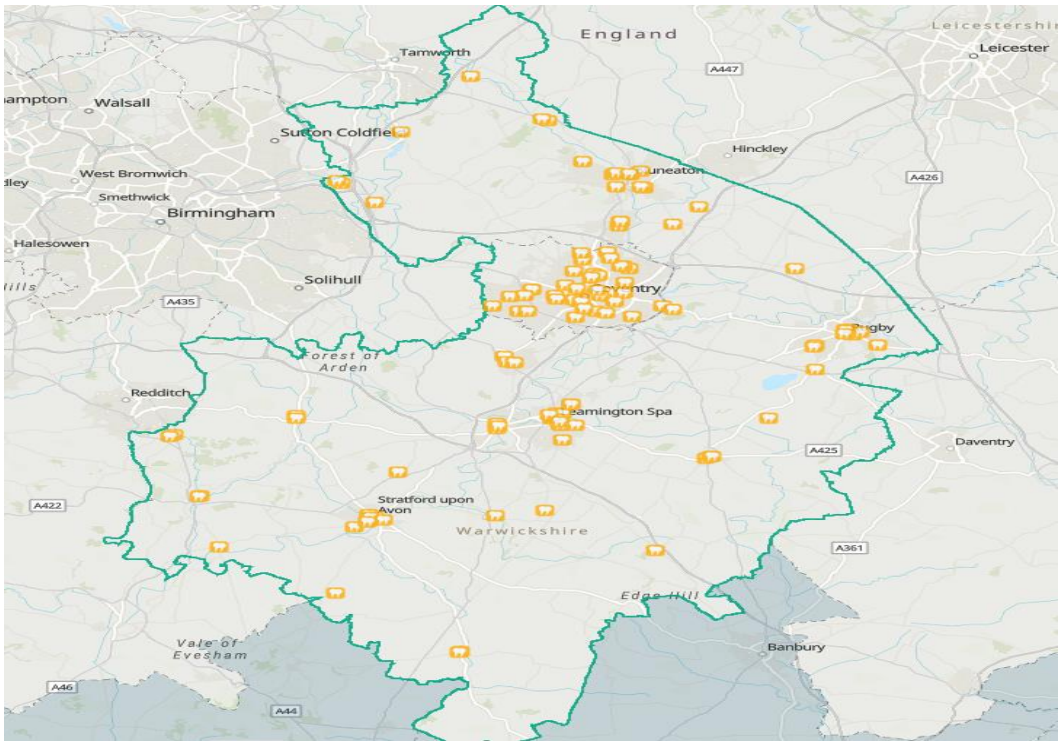
Orthodontic Services

- 6 Personal Dental Services contracts providing Orthodontic treatment
- 61,093 Units of Orthodontic activity commissioned – total of 2909 cases
- 10 General Dental services contracts providing orthodontic treatment
- 10,671 Units of orthodontic activity commissioned – total of 508 cases

Other Services

- 1 Domiciliary contact
- 2 Out of Hours services covering bank holidays and weekends
- 4 practices providing Paediatric support to Community Dental Services
- 5 practices providing support to vulnerable patient groups
- 3 practices providing weekday urgent access sessions linking with NHS 111 for patients who require urgent dental treatment
- Community Dental Services – George Elliott Hospital & Coventry & Warwickshire Partnership Trust
- 11 practices providing Minor Oral Surgery services

17. The map below shows the NHS General Dental service providers located in Coventry and Warwickshire:



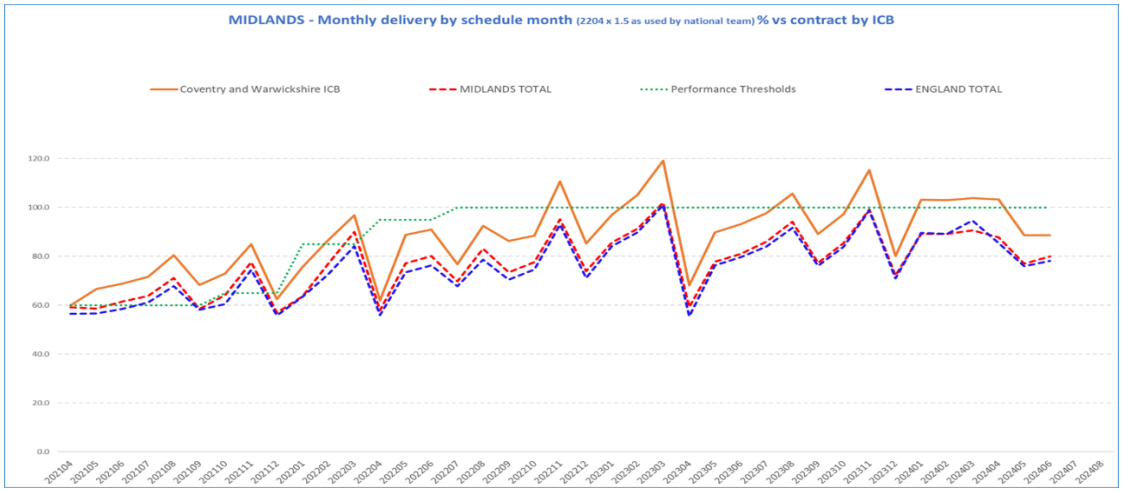
Coventry and Warwickshire Provider Dental Contract performance.

18. Dental providers in Coventry and Warwickshire continue to perform well when benchmarked with other ICBs nationally. This has helped in the recovery of dental services across the system. This has mainly been due to the number of independent providers dominating the dental market as opposed to corporates. In addition, C&W have a greater

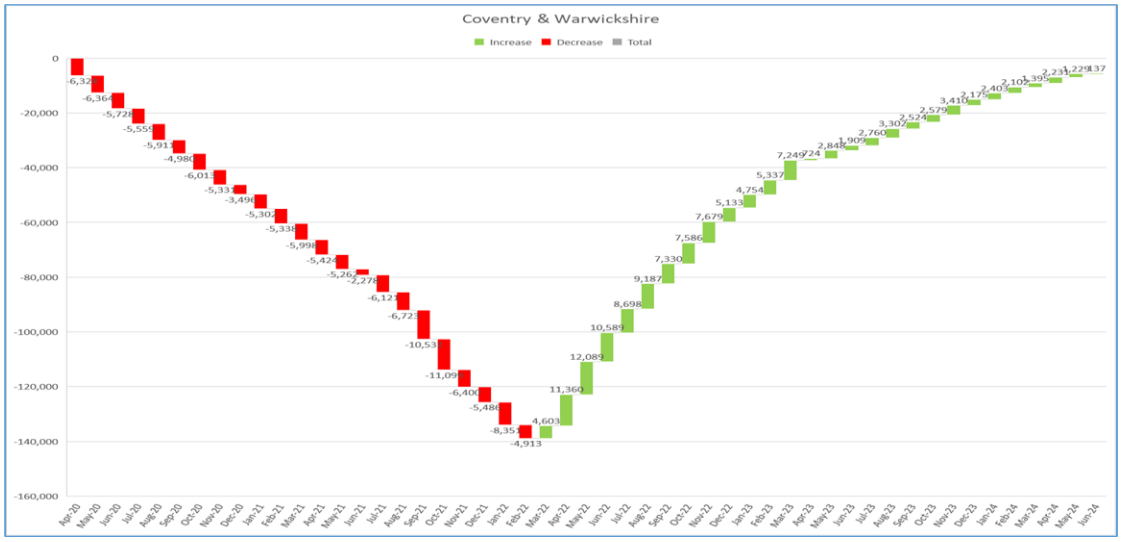
number of other dental service providers delivering a broader range of services in a primary care setting which in turn takes pressure of secondary care services e.g. intermediate oral minor surgery and community dental services in a community setting.

19. A key marker of performance used locally and nationally is the number of new patients registered with an NHS dentist and UDAs compared to pre covid. Covid-19 had a significant impact on all Dental services, but in the case of Coventry and Warwickshire, it is one of only two systems in England who have returned to pre-2019 levels for both new patient registrations and activity. This performance is shown in the following graphs:

Graph 1:



Graph 2:



20. Although this data illustrates a significant improvement since the pandemic, there are gaps in provision.

21. The NHS England 2023/24 priorities and operational planning guidance reconfirms the ongoing need to recover services to deliver the NHS Long Term Plan (NHSE, 2023). It includes an ambition to recover dental activity, towards pre-pandemic levels and to ensure fair allocation and distribution of resources towards those most in need. The pre-pandemic access level refers to the total population seeing an NHS dentist within the previous 2 years, as of 31st March 2019. Pre-pandemic average access rates across C&W were 50.5% for adults and 57.6% for children

Dental Services Equity Audit Needs assessment

22. The ICB recognises that there are health inequalities across the Coventry and Warwickshire. A report by the regional dental public health team has highlighted a number of these gaps, which will form the basis of a future local Dental strategy. The aim of this was to support planning of service developments relative to the health needs across Coventry and Warwickshire. The method was an assessment of primary care dental access rates for children and adults by ward alongside available oral health and deprivation data. Key take away data from this review can be seen below:

Oral health inequalities are linked to levels of deprivation. In 2021/22, 5-year-olds resident in the most deprived 20% of the country were over 2.5 times more likely to have experience of dentinal decay (35.1%) in comparison to those in the least deprived 20% (13.5%).

Figure 1 is a ward map of Coventry with LSOAs of IMD 1 and 2 highlighted in purple

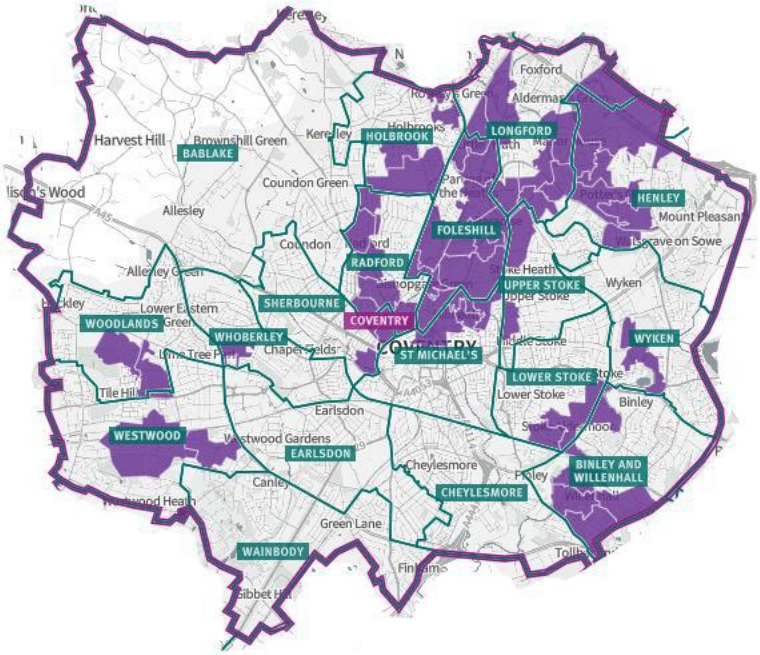
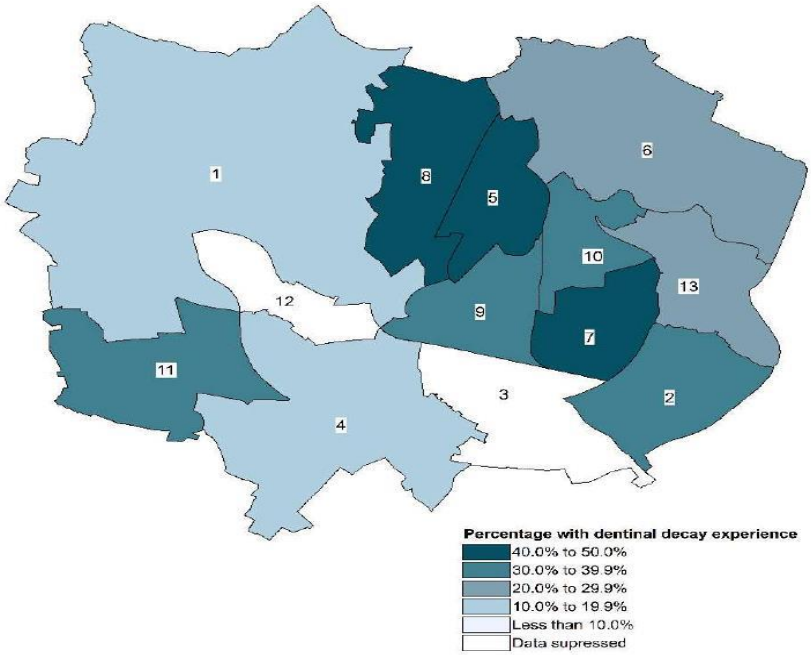


Figure 2 shows 5-year-old children's prevalence of dental decay experience across Coventry, by ward cluster in 20218. Data from neighbouring wards is clustered to provide a percentage prevalence for a larger geographical area where there is insufficient data to provide a ward estimate.



23. The C&W Dental Services Equity Audit (DSEA) has determined the priority areas and has then placed each area in order of priority. The Audit recommends initial dental service commissioning in 6 priority areas and calculates the number of additional UDAs required to increase local access in the most challenged areas to the pre-pandemic level across the ICB.

24. As the Coventry East Wards of St Michael's, Cheylesmore, Foleshill, Lower Stoke, Upper Stoke, Radford, Longford, Henley, Binley and Willenhall, Wyken, Holbrook and Sherbourne, have been identified as the highest priority, the available recurrent funding of £545k from contract under performance across the ICB has been targeted there. As more funding is released via contract terminations, rebases and unilateral rebasing, the plan is to address the priority areas in order of priority. The DSEA highlights that we need to commission an additional 28,291 UDAs in the targeted wards within Coventry but at this stage we only had enough funding to commission 16,000 UDAs. This is based on the standard £33 per UDA with a £3 uplift to support Dental Practices.

25. In addition to this there is a further non-recurrent underspend of £1.4m in 2024/25 due to in year contract under performance. This is being targeted at those areas of greatest

deprivation, where NHS contract holders will be commissioned to extend activity to 110% of their current contract value.

26. There is an aspiration to deliver to meet pre-pandemic levels in 2025 and a drive towards increased performance finance permitting.

Challenges and Opportunities for Dental services in Coventry and Warwickshire

27. Challenges

Despite the indicative positive dental access recovery position, the providers are facing the same challenges affecting the whole profession across the country which include:

- Challenges in recruiting and retention of clinical staff (dentists and nurses).
- Changing working patterns with less clinical hours on NHS provision.
- Newly qualified dentists opting to work outside the NHS.
- Perceived low UDA value which is making it difficult to recruit and retain staff, cope with growing economic pressure as well as diminishing the ability to invest in the service.
- A legacy 2006 contract which is perceived as out of date and needing reform.
- We have legacy Intermediary Minor Oral Surgery (IMOS) contracts that need regularising to provide value for money, improved governance and patient experience.
- We also have a challenge around dental access for vulnerable grounds including e.g. homeless, traveller community, sex workers and asylum seekers, etc.

28. Opportunities

- Co-design a plan for reducing health inequalities and use any potential funding to increase activity or funding levels in areas of poorest access.
- The are opportunities to learn from the GP workforce solutions and also to maximise engagement with the Health Education England as well as placing dental workforce to be included in the work that the Training Hubs are doing. The ICB now has a dedicated Dental Network Chair who can also help in shaping this agenda.
- Both the dental network and the two LDCs are keen to work with the ICB and will present opportunities to test concepts as well as developing solutions for local population. In doing so consideration to group membership need to be given.
- There is a procurement project group working on the tendering of IMOS and general dental provision
- The Dental Contracting is working with the local Healthwatch and strengthening this relationship will ensure strong patient voice and services that are responsive to patient needs.
- The OWM Dental Team has a dedicated Consultant in Dental Public Health who will also need to engage with wider ICB inequalities team to address dental access for the vulnerable groups. There are two pilots which have been hugely successful but have

focused mainly on Asylum seekers in North Warwickshire, there is an opportunity to extend this to Coventry.

- One of the largest providers has recently proposed the development of a super-practice which could be a proof of concept and provide an opportunity for training, recruiting newly qualified clinicians in an environment that has peer support. Patients will have the benefit of a centralised service with good transport links.

Conclusion

29. Although dental provision in C&W performance is second best nationally, we are aware that there is further work to do to address and reduce inequalities in access.

30. There is a need for further national dental contract reform to maintain and improve the current level of NHS dental provision.

31. In the meantime, there is a need to encourage the profession to stay working within the NHS by supporting the dental workforce and practice by exploring other opportunities to meet population need, with a particular to focus on reducing health inequalities.

32. The ICB will work with local providers with the support of the hosted Dental team and public health colleagues to develop a clear plan to support access and reduce inequalities.