

# Agenda Item 8



## Sheffield Dentistry Report

### 1. Introduction

This report is in response to the findings and recommendations of a report on dental services in Sheffield following the completion of a survey and workshop (stage 1) by the Health Scrutiny Sub Committee.

The aim was to respond to concerns raised about the accessibility of Dentistry Services in Sheffield and to the wider work being carried out by the South Yorkshire Integrated Care Board (SYICB) on the development of Dentistry across the whole of South Yorkshire. Also to identify any recommendations about improvements to services and to feed this back to SY ICB.

The report contained a number of recommendations including those for SYICB, to consider:

- Provide further information on the number of emergency units of dental activity in 2023/24 compared to pre covid figures; follow up appointments following emergency procedures; the number of NHS dentists moving to private care (in terms of UDAs contracted); and the distribution of resources across postcodes.
- Conduct a review of their contractual arrangements, in light of the findings of this report.
- Lobby national government on any necessary changes to funding arrangements.

This report provides a response to the recommendations.

### 2. Urgent Care Information

Information provided is based on Urgent Care which aims to be clinically responsive, seeing the patient in the right place and the right time, reducing pressure elsewhere in the system, for example at Accident and Emergency Departments (A&E).

It is important to note the differences between dental emergencies, urgent and general dental access. There are three categories of need for urgent dental care:

- Dental Emergencies (recommended treatment time of up to two hours from the point of calling NHS111, with provision at A&E and urgent dental care treatment centres for avulsed teeth). Classified as:
  - uncontrollable dental haemorrhage (eg dental haemorrhage following extraction);
  - rapidly increasing swelling around the throat or eye;
  - trauma confined to the dental arches.
- Urgent Dental Care (recommended treatment time of over 2 hours and up to and including 24 hours from the point of calling NHS 111, with provision from contracted urgent dental care providers). Classified as:
  - severe dental and facial pain not controlled by over-the-counter preparations;
  - dental and soft tissue acute infection/swelling (which is not rapidly increasing around the throat or eye).

- General dental access for routine dental conditions, such as:
  - patients not in pain;
  - patients seeking routine care or check-ups;
  - aesthetic problems (dislodged crowns and bridges);
  - patients with broken dentures;
  - patients requiring permanent restorations;
  - non traumatic problems with orthodontic appliances;
  - extractions for patients not in pain.

Urgent Care is commissioned on a Yorkshire & Humber footprint with providers within each of the ICB footprints on appointments and not units of dental activity and patients are not restricted to available appointments in the ICB area they reside. Appointments are offered on the basis of patients travelling ideally for less than one hour and no more than two hours to the urgent dental treatment service.

The SY urgent care provider is Rodericks Dental Partners with delivery sites in Doncaster (x2), Rotherham (x1) and Sheffield (x2). The contract is based on the provider offering a set number of urgent care appointments over a 12 month period. The number of appointments has been set within a contract term starting in 2019/20 for 5 years with the option to extend for a further 2 years which was enacted. The number of appointments commissioned in South Yorkshire & Bassetlaw (prior to the change in boundaries) was 28,670 per year based on 2017/18 contracted activity. However, across Y&H there have been 79,181 commissioned urgent care appointments per year.

Over the Covid-19 pandemic period the number of appointments was increased periodically due to the focus on urgent care when primary care was unable to operate routine dentistry. In addition other non recurrent programmes were commissioned by NHS England in primary care focussing on access and urgent access. The most significant has been for urgent access sessions focusing on supporting the urgent care system which has been in place since November 2022.

This programme has been continued by ICBs in Y&H since the commissioning of dental services was delegated to ICBs. SYICB has continued its commitment to prioritise access and urgent access to those in greatest need which has resulted in a significant number of urgent appointments being available across primary care. Urgent access provision has been commissioned on a sessional basis with an expected 7 appointments per session (dependent on the complexity of dental treatment required, i.e. the higher the need of treatment results in less appointments per session available), this has equated to a significant number of appointments across SY. As you can see from the table below the appointments made available in Sheffield has risen from 42.4% – 49.5% in SY.

	2023/2024		2024/2025	
Urgent Care Access Sessions/Appointments	SY	<b>Sheffield</b>	SY	<b>Sheffield</b>
No. indicative appts.	62,447	<b>26,502</b>	86,569	<b>42,889</b>

In addition, there are two Sheffield general dental contracts which have a requirement to provide NHS111 with a number of appointments per day. These are as a result of service reviews over the last couple of years and total 35 urgent appointments per week to support the urgent care system.

It is not possible to report on follow up appointments following urgent procedures or emergency procedures due to the reporting framework for dentistry. Urgent care will in many cases provide the treatment a patient requires to address the pain e.g. a filling or an extraction whilst others will be advised to see their regular dentist, if the patient has one, for further restorative treatment or if the patient has other dental needs be advised to contact local dental practices if they do not already have a regular dentist. Dental treatment is reported as Courses of Treatment which is based on a treatment plan between the dentist and the patient, a patient may require more than one course of treatment to become dentally fit if they have high dental needs.

### **3. NHS Vs Private**

The ICB has limited access to information pertaining to private practice. There have been 2 Sheffield practices which have handed back NHS contracts with the intention of fully going private, those being Woodseats Dental practice with a contract of 6275 UDAs ending on 31<sup>st</sup> March 2022 and The Harwood Clinic, Waterthorpe of 16,254 UDAs ending 31<sup>st</sup> December 2023. All UDAs for both contracts were retained in the same areas via a standard process and all patients contacted with details of the practices who have picked up the additional activity.

In terms of individual dentists within a NHS Dental practice moving to wholly private practice is not something the ICB has access to as the contract arrangement is between the ICB and the dental provider of the practice. Practices may be able to absorb activity that would have been delivered by the dental performer or may need to recruit to cover the gap.

We are in the process of being able to show dental practices using the SHAPE tool and will be incorporating the number of commissioned UDAs by practice. In terms of distribution of resources by postcode, resources by practice are historic and due to the dental contract being in perpetuity this is not able to be changed without mutual consent. Dental practices do not have boundaries, therefore patients are able to travel to a dental practice to receive regular or urgent dental care of their choosing and where access is available. Until the SHAPE tool is fully populated, a map has been produced showing the location of Sheffield dental practices (Appendix A).

### **4. Improving dental access in South Yorkshire**

Pre-pandemic, around 60% of adults and children who live in South Yorkshire saw an NHS dentist in the preceding 24 and 12 months respectively up to 31<sup>st</sup> December 2019, which was higher than England overall. In addition to these figures, some will have chosen to access private dental care, but there are no data available for this. With several months of practice closures due to COVID-19, followed by months of limited patient through-put due to heightened infection prevention and control requirements, there was a significant impact on access to dental services. **Table 1** shows how this affected access for those in local authorities in South Yorkshire and England.

It is encouraging to see that NHS dentistry in South Yorkshire is being restored. For the 24 months up to March 31<sup>st</sup>2024, **adults in South Yorkshire had the highest levels of access to NHS dental care in the country**. Doncaster had the highest level of access for adults within South Yorkshire, with 64% having seen a dentist in the previous 2 years. Furthermore, for the 12 months up to March 31<sup>st</sup> 2024, **children in South Yorkshire had the highest levels of access in the country**. Sheffield had the highest level of access for children within South Yorkshire, with 66% having seen a dentist in the last year.

Due to the COVID-19 back-log of care, demand for NHS care is now significantly higher than pre-pandemic levels at all practices. While the number of available appointments for regular and routine treatment is increasing, and access figures have improved, dental practices continue to balance the challenge of clearing any backlog with managing new patient demand, and there are long waiting lists for new patients at many practices. In addition, dental teams are facing significant workforce challenges as staff are continuing to leave the NHS, and there is a limited dental budget to commission additional units of dental activity (UDAs), which hinders opportunities to increase appointment levels further. Despite this, South Yorkshire currently has several access pilots in place targeting 0-5s and their parents/carers living in the most deprived areas, and homeless and transient/inclusion groups.

**Table 1: Adult patients seen by an NHS dentist in the last 24 months and child patients seen in the last 12 months as a percentage of the population for local authorities in South Yorkshire and England overall.**

LA	% seen to 31 Dec 2019		% seen to 31 Dec 2020		% seen to 30 June 2021		% seen to 31 Dec 2021		% seen to 30 June 22		% seen to 30 June 23		% seen to 31 <sup>st</sup> March 2024	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Barnsley Metropolitan Borough Council	61.4	68.0	55.5	29.8	51.4	31.9	43.7	47.1	45.4	52.8	51.1	59.1	51.1	60.2
Doncaster Council	66.2	66.0	58.7	31.6	53.3	32.7	45.6	45.6	47.6	50.4	63.4	60.5	64.1	64.7
Rotherham Metropolitan Borough Council	59.6	61.7	55.7	28.7	51.4	32.3	44.8	42.9	46.8	46.8	51.9	55.0	51.9	57.3
Sheffield City Council	59.4	68.0	55.2	32.8	52.5	36.4	46.3	49.6	48.6	54.1	50.3	61.2	53.6	66.3
<b>SY ICB</b>											<b>53.6</b>	<b>59.5</b>	<b>55.7</b>	<b>63.6</b>
<b>England</b>	<b>49.6</b>	<b>58.4</b>	<b>44.3</b>	<b>29.6</b>	<b>40.8</b>	<b>32.5</b>	<b>35.5</b>	<b>42.5</b>	<b>36.9</b>	<b>46.2</b>	<b>40.7</b>	<b>52.7</b>	<b>40.3</b>	<b>55.4</b>

Source: NHS Digital

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-biannual-report>

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-biannual-report>

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-annual-report>

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2022-23-annual-report>

<https://www.nhsbsa.nhs.uk/statistical-collections/dental-england/dental-statistics-england-202324>

## 5. Contractual Arrangements

Despite the findings of the Sheffield Dental Services report the NHS dental contract for mandatory dental services is a national contract based on units of dental activity (UDA) and widely viewed as a barrier to delivering better care and in need of contract reform. The dental contract remains one of the biggest constraints in commissioning dental services differently. The contract has been in place since 2006 with contracts in perpetuity unless contracts have been handed back to commissioners and recommissioned in more recent years. In Sheffield any contract handbacks have been managed by allocating the activity to existing dental practices who meet the eligibility criteria and within the same constituency area as the original dental practice.

In 2019/20 flexible commissioning was introduced across Yorkshire & Humber (Y&H) by NHS England and was the first region in the country to do this. Sheffield has a number of dental practices operating within this programme which flexes a proportion of the contract away from UDAs. The programme focuses on whole population evidence-based prevention in dental practice in line with Delivering Better Oral Health (OHID, DHSC, and NHSEI, 2021); targeted prevention for specific groups; access to care and utilisation of skill mix within the dental team.

It is worth noting however the access element particularly was hindered to some extent due to the impact of the Covid 19 Pandemic as described in section 4.

Since the delegation of dental commissioning functions to ICBs there has been a commitment by the 3 ICBs in Y&H to explore opportunities to build on existing good practice using flexible commissioning as a lever to work within the dental contracting guidelines and improve access and outcomes for our patients. Flexibilities do exist within the current national framework enabling services to be tailored to meet specific needs where this presents clear value for money. The parameters of this approach have been limited to date, however national guidance has been produced supporting a more transformational approach ([NHS England » Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners](#)). These guidelines do however needs to be considered alongside the [Policy Book for Primary Dental Services](#).

The legacy flexible commissioning programme will cease on 31<sup>st</sup> March 2025 and is being replaced with a new innovative access and prevention programme with 2 core elements:

- Oral Health Champion delivered targeted prevention pathways based on a sessional programme and whole team delivered opportunistic health conversations (Making Every Contact Count (MECC)). The objectives are:
  - a) To promote a focus on targeted evidence-based prevention in dental practice.
  - b) Improve oral health of the child population. Improve oral health of the adult population that will support their general health.
  - c) Improve the delivery of MECC in primary dental care supporting general health.
  - d) Encourage the development of skill mix in primary dental care.
  - e) Deliver the national Cardiovascular Disease (CVD) case-finding pilot in selected sites (at present pilot sites in HNY ICB only).
- Delivery of access and stabilisation appointments based on a sessional programme, improving access to care for vulnerable groups, urgent care and universal access where there is capacity. The key aims are:
  - a) to facilitate access for core vulnerable groups and to deliver urgent dental care services in the most appropriate setting reducing pressure on wider health services.
  - b) to provide patients accessing the program, who are often high needs with the opportunity to have a course of treatment to stabilise oral health and provide definitive dental care.
  - c) to provide universal access to patients, who do not fall within the above groups, subject to practice capacity.

Dental Commissioners are in the process of launching the new programme and have already sought expressions of interest in readiness for piloting between January and March 2025.

In addition, the new flexible commissioning framework will also enable pathways for other locally determined patient groups, based on local population health needs as determined by the relevant ICB and dental commissioners to be developed.

The access and prevention programme will be closely monitored and evaluated.

## **6. National Position**

The Government is supporting dental access through the Dental Rescue Plan, following on from last Government's Dental Recovery Plan. SY ICB is implementing all the schemes included in these plans, including:

1. 'golden hello' recruitment incentives for new dentists taking up posts that have been difficult to recruit to
2. the New Patient Premium, paying practices more money to see patients they haven't seen in the previous two years
3. expanding urgent care access in primary care settings.

We're actively involved in discussions with the regional team and national teams around these schemes, as well as discussions about the contract reform that could follow.

SY ICB has committed to the ring fence on the dental budget and continues to closely monitor this. The 2024/25 budget has been fully committed to dental services following the development of an investment plan to utilise any funding from 'clawback' i.e. when funding is returned from under performing practices due to not meeting their UDA contractual activity, as well as any reserves or unallocated funding.

It is not yet possible to estimate what the available funding will be for 2025/26 but is expected to be considerably less as performance in dentistry has improved and other schemes, such as the New Patient Premium, will increase the payments paid this year.

Dental funding nationally is said to only be sufficient to cover approximately 50% of the population.

Water fluoridation is by far, the most cost-effective means of improving oral health, with the lowest carbon footprint would be to introduce water fluoridation. Although previously Local Authorities were responsible for investigating the feasibility of new water fluoridation schemes and proposing new schemes, this responsibility moved to the Secretary of State for Health and Social Care in line with the Health and Care Act 2022.

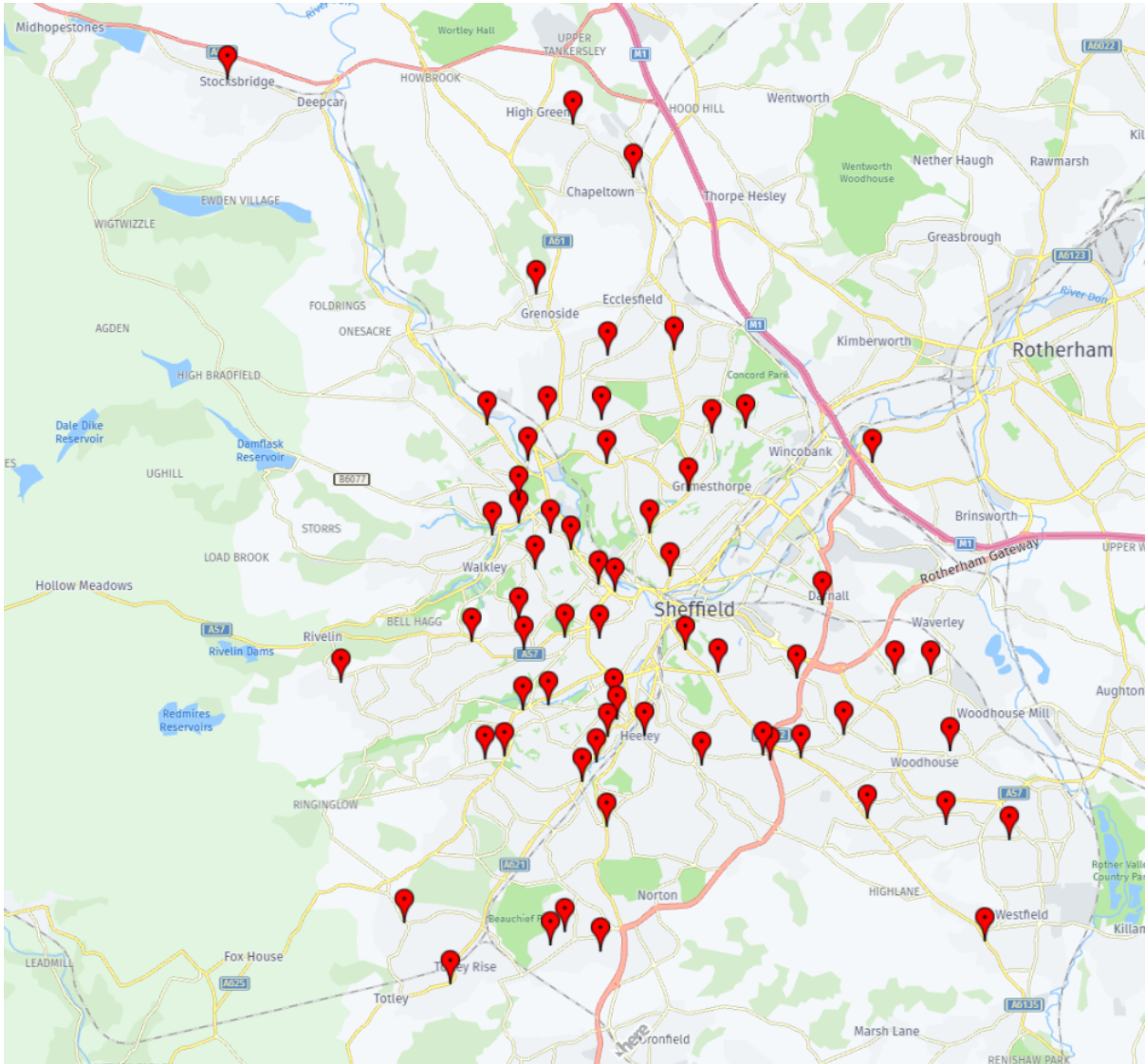
The 2024 consultation in the North East took place between March and July 2024, however the outcome of this is not yet known. SYICB would be supportive of the expansion of fluoridation with feasibility studies previously taken place and passed onto Office for Health Improvement and Disparities (OHID) to progress further.

The ICB regularly meet with local MPs as appropriate and continue to work with NHSE to feedback and recommend on national policy.

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Map: Sheffield Dental Practice sites



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