

Appendix 1: Additional Information and Data

A) Dental services commissioned by NHS England in Sheffield

- **Primary care (general high street dentistry)**- accessed by patients directly, typically these are at high street dental surgeries. NHS England commissions primary care services from 66 general dental practices in Sheffield.
- **Community Dental Services (CDS)** – Community & Special Care Dentistry (within Sheffield Teaching Hospitals NHS Foundation Trust) provides special care dentistry in Sheffield and is also a significant provider of paediatric dentistry. The service provides dental care in community settings for patients who have difficulty getting treatment in their "high street" dental practice. They look after people with severe learning and/or physical disabilities or who have a profound mental illness and patients who are elderly or housebound or have a medical condition which compromises dental care provision. Patients are referred into the service by a health care professional. They also undertake dental treatment for homeless patients at the Cathedral and support children at Aldine House, a secure children's home in Sheffield.
- **Orthodontics** – There are 3 NHS orthodontic practices in Sheffield providing this service by referral, plus 4 completing existing courses of treatment. NHS orthodontic care is only provided for those with moderate to severe needs meeting selection criteria. Private care may be an option for those with milder needs.
- **Intermediate minor oral surgery** – There are 2 service providers for IMOS in Sheffield.
- **Urgent care** – This is available via NHS primary care practices directly or through NHS111. Urgent Care is for conditions clinically assessed as requiring treatment within 24 hours.
- **Secondary care** – specialist services including paediatric dentistry, and oral and maxillofacial surgery by referral only, are provided by Sheffield Teaching Hospitals NHS Foundation Trust. Many of these services are provided at the Charles Clifford Dental Hospital, through staff and students at the University of Sheffield School of Clinical Dentistry. Other sites include the Sheffield Children's Hospital, the Royal Hallamshire Hospital and the Northern General Hospital.

B) Poor levels of oral health in Sheffield

A Rapid Oral Health Needs Assessment for Yorkshire and the Humber (OHNA) was completed in May 2022 (NHSE, 2022). It has highlighted groups which have greatest dental need and experience challenges in accessing dental care, including: individuals and communities that are deprived; vulnerable children known to the social care system; individuals with severe physical and/or learning disabilities; those with poor mental health; older adults; homeless; asylum seekers, refugees and migrants; Gypsy, Roma and Traveller communities; those affected by substance misuse and prison leavers.

Tooth decay is a progressive disease. At the age of three, 14.7% of children in Yorkshire and the Humber were found to have experience of tooth decay (one or more decayed, missing or filled teeth) tooth decay ([PHE, 2020](#)). However, by the age of 5, 41.0% of children Sheffield have tooth decay ([PHE, 2019](#)). Sheffield has higher levels of tooth decay than those seen in other South Yorkshire local authority areas, Y&tH, and England, and is not observing the national trend of improvement seen elsewhere (**Table 1**).

Table 1: Percentage of 5-year-old children with experience of tooth decay over time in South Yorkshire

Year	Barnsley	Doncaster	Rotherham	Sheffield	Yorkshire and Humber	England
2007/08	39.5	47.2	36.6	40.7	38.7	30.9
2011/12	41.0	33.6	40.4	35.8	33.6	27.9
2014/15	30.2	31.0	28.9	31.4	28.5	24.7
2018/19	39.6	37.2	31.6	41.0	28.7	23.4

Source: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>

In Sheffield, experience of tooth decay amongst 5-year-olds was around three times higher in the more deprived Index of Multiple Deprivation (IMD) quintiles than the least deprived, and significantly higher amongst non-white ethnic groups.

Each child had an average of 4 teeth affected. Furthermore 38.8% of children had active untreated decay. In 10.3% this had gone into the pulp of the tooth and some children had abscesses (1.3%), indicative of severe pain and infection. These children may have experienced sleepless nights, difficulties eating and time off school. 4.2% of 5-year-olds in Sheffield had had teeth extracted (compared with 2.2.% for England), which is usually undertaken in hospital under a general anaesthetic at this age.

Tooth extraction is still the commonest reason for a child to attend hospital, and usually involves a general anaesthetic. **Table 2** shows the pre- pandemic (2019-20) and during pandemic (2020-21) hospital extraction data for South Yorkshire. There was a significant reduction in dental extractions rates between 2019-20 and 2020-21, reflecting the limited to access to hospital lists for dental extractions due to the pandemic, which is now improving. However, despite the pandemic, Sheffield continues to experience above average levels of hospital extractions with some of the highest levels seen nationally.

Table 2: Finished Consultant Episodes tooth extraction rate with caries as the primary diagnosis per 100,000 target population

LA name	0-5 year olds		6-10 year olds		0-19 year olds	
	19-20	20-21	19-20	20-21	19-20	20-21
Barnsley	825.2	413.1	1936.0	896.1	889.2	427.4
Doncaster	1028.6	230.2	2800.8	535.2	1172.8	245.9
Rotherham	1243.7	381.6	2488.3	803.0	1167.4	367.0
Sheffield	916.4	677.4	2095.5	1390.2	943.0	620.2
England	265.1	113.0	526.6	214.7	264.9	109.9

Source: <https://www.gov.uk/government/statistics/hospital-tooth-extractions-of-0-to-19-year-olds-2021>

Tooth decay in childhood is a predictor of tooth decay in later life, and supports the need for early intervention including Dental Check by 1 (DCby1) and local oral health promotion interventions at individual and community level.

The last [Adult Dental Health Survey in 2009](#) demonstrated that only 7% of adults in Yorkshire and the Humber had no natural teeth (compared with 37% in 1968), with 88% having more than 21 teeth (termed a ‘functioning dentition’). This reflects the significant improvements in oral health seen nationally over the last 40 years. Another adult dental survey is currently underway, which will provide more up to date data at regional level. However, there are broadly 3 groups of adults: the under 30s who have low restorative needs reflecting their exposure to fluoride toothpaste; the 30-65’s who have experienced high levels of disease and have lots of restorations (referred to as the “heavy metal generation”) requiring ongoing maintenance; and some older people needing denture care.

In Yorkshire and the Humber (2009) there was a greater proportion of adults with moderate and severe forms of gum diseases relative to the national average: 42% of adults had mild gum disease, 10% had moderate and 2% had severe disease.

The incidence and mortality of oral cancer for Sheffield appears to be higher than both regional and national levels (**tables 3 and 4**). [Oral cancer](#) disproportionately affects males and its incidence and mortality increase with deprivation and age, and has been increasing over the years. Known risk factors for oral cancer are linked to social determinants and include smoking or chewing tobacco, drinking alcohol, and infection with the human papilloma virus (HPV). Screening of the oral mucosa for oral cancer/pre-cancer at dental appointments is essential, with referral to specialist services where necessary. In time it is hoped that the incidence of oral cancer will be mitigated by the HPV vaccination now offered to both teenage girls and boys.

Table 3: Standardised incidence of oral cancer per 100,000 (C00-C14)

Year	Barnsley	Doncaster	Rotherham	Sheffield	Yorkshire and Humber	England
2012-2016	13.59	14.36	15.47	15.27	15.26	14.55

Table 4: Standardised mortality from oral cancer per 100,000 (C00-C14)

Year	Barnsley	Doncaster	Rotherham	Sheffield	Yorkshire and Humber	England
2012-2016	4.72	4.14	4.20	4.85	4.70	4.54

Source: <https://www.gov.uk/government/publications/oral-cancer-in-england>

The population of Sheffield is increasing, which will increase demand on dental services. In particular, the predicted 27% increase in the population of older adults (65+ years) and 44% increase in the population of the 85+ age group between 2020 and 2040 will bring challenges of its own to develop dental services that meet the dental needs of this ageing population, in terms of managing patients with co-morbidities, consent issues and polypharmacy, training for the dental team and suitable estates. In addition, a greater number of older people are cared for in their own homes than in residential/nursing homes, with the 2016 [survey of mildly dependent older people](#) suggesting that over 6% in Sheffield are likely to need domiciliary dental care, for example, though the Residential Oral Care scheme (ROCs). This survey also found that 25% of those surveyed in Sheffield had full dentures needing replacement, and 10% reported current pain. The World Health Organisation recognises that good oral health is an essential part of active ageing.

C) Access the NHS dental care for all

To support access to care for all, practices may need to use translators and interpreters for patients who require support with communication. It is contractual requirement that Dental practices and the Urgent Care providers have arrangements in place to support patients who access care and require translation services. Sheffield dental practices are fortunate to have access to interpreting services commissioned by SY ICB from the provider DA Languages. This is for telephone interpreting and face to face interpreting. Languages available includes British Sign Language.

NHS England continues to work with partners to make healthcare services more inclusive and has identified the need to gather a baseline assessment of access to interpreter services across all NHS healthcare settings. The survey has been developed with input from a range of stakeholders across our region and is supported by the Health Inequality Senior Responsible Officers for each of our Integrated Care Systems. Feedback from this survey will support improvement work to address healthcare inequalities among people with limited English proficiency and deaf people who use British Sign Language. NHS Dental services and commissioners have been contacted with a request that they complete this survey.

Whilst many people are able to attend regular high street dental practices, the Community Dental Services (CDS) provide dental care for adults and children with additional needs and those from other vulnerable groups whose needs cannot be met by the general dental services. A recent service review of the Yorkshire and Humber Community Dental Services has set out key recommendations to inform discussions in relation to future service design, including commissioning intentions for paediatric GA services and other pathway approaches. There has been recent communication with partners working with those with learning difficulties in Sheffield, to provide clarity that whilst those with milder learning difficulties may be treated in general practices, referrals may be made into the community dental services for those with moderate to severe learning difficulties.

D) Key challenges to dental access

Historic and ongoing contractual factors - NHS England inherited a range of contracts, from Primary Care Trusts, when it was established, nearly a decade ago and these 'legacy' arrangements mean that there is inconsistent, and often inequitable, access to dental services, both in terms of capacity in primary care and of complex and inconsistent pathways to urgent dental care, community dental services and secondary care. The current primary care dental contract, which was rolled out in 2006 is held by a general dental practice in perpetuity (subject to any performance concerns), with limited flexibility for change. In addition, procurement laws introduce further challenges and barriers to changing commission arrangement, with an inability to introduce innovative ways of working without testing the market. As a result, it is extremely difficulty to make system-wide changes.

Patient perceptions - In addition to commissioning challenges, there are also difficulties around patient perceptions as it may not always be clear to patients how NHS dental services work. Patients often think that they are registered with a dental practice in the same way that they are registered with a GP, however, this is not the case. GP practices contracts are based on patient lists, but dental practices are contracted to delivery activity. Practices are obliged to only deliver a course of treatment to an individual, not ongoing regular care, however many practices do tend to see patients regularly. A dental practice only has 'responsibility' towards a patient whilst they are under a course of treatment and for 2 months thereafter, but many practices will continue to be available to that patient for urgent treatment for the next couple of years purely as a gesture of goodwill.

Cost of treatment - Unlike many other NHS services which are free at the point of delivery, NHS Dental services are subsidised with fee paying, non-exempt adult patients contributing towards the cost of NHS dental treatment with the contribution determined by the course of treatment. The national dental charges are set on a three-band tariff related to complexity of treatment needs each year. Practices must display this information within their clinics. Whilst many will pay for their treatment, NHS dental care is free of charge to children, pregnant women, mothers of a baby under 12 months, and those on certain low-income benefits. Others on low incomes may also get full or partial assistance with costs through the [NHS low income scheme](#).

Capacity - Dental practices have set capacity to deliver NHS dental care, which is largely determined by the number of units of dental activity they are commissioned to provide. Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs. For example, one UDA for an examination, three UDAs for a filling and 12 UDAs for dentures.

Many dental practices offer both NHS and private dental care, which, as independent contractors, they are at liberty to do. Mixed practices, offering both NHS and private treatment, tend to have separate appointment books for both NHS and private treatment, with the same staff teams often employed to provide these different arrangements. NHS provision must be available across the practice's contracted opening hours. However, demand for NHS treatment is such that they could have used up their available contracted NHS appointments and if this is the case practices may, therefore, offer private appointments to patients. Private care has different charging and regulatory arrangements to NHS dental care, and it must be made clear to patients if they are undergoing private care.

New patient availability - Practices are asked to keep their NHS profile page up to date such that a patient seeking to 'Find a Dentist' using the NHS search engine (<https://www.nhs.uk/service-search/find-a-dentist>) can see which practices in their locality are taking on new NHS patients. However, this is not contractually mandated in the 2006 contracts, and many practices are not currently providing up to date information for the public. In response to this, NHS England has ensured that in any new contracts, or contract variations across Yorkshire and the Humber, that this has been made a compulsory deliverable. NHS England does not keep records of practices who are accepting new patients, as it is a constantly changing picture.

The COVID-19 pandemic - Pre-pandemic, around 59% of adults and 68% of children who live in Sheffield saw an NHS dentist in the preceding 24 and 12 months respectively up to 31st December 2019. This was similar to neighbouring local authorities, yet higher than England. 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 5** shows how this affected access for those in local authorities in South Yorkshire and England.

Due to the 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 are gradually improving, dental practices continue to balance the challenge of clearing any backlog with managing new patient demand. In addition, dental teams are facing significant workforce challenges as staff are continuing to leave the NHS, which hinders opportunities to increase appointment levels.

Whilst restoration of NHS dental activity continues, it will be some time before dental services return to providing care at previous activity levels, with many dental practices still catching up.

Table 5: Adult patients seen 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	
	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
Doncaster Council	66.2	66.0	58.7	31.6	53.3	32.7	45.6	45.6	47.6	50.4
Rotherham Metropolitan Borough Council	59.6	61.7	55.7	28.7	51.4	32.3	44.8	42.9	46.8	46.8
Sheffield City Council	59.4	68.0	55.2	32.8	52.5	36.4	46.3	49.6	48.6	54.1
England	49.6	58.4	44.3	29.6	40.8	32.5	35.5	42.5	36.9	46.2

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>

E Initiatives to strengthen and improve access

National £50m investment in NHS Dental Services

As part of a national initiative, funding was allocated specifically for dental services to improve access and increase dental appointment availability outside of core hours, between January and March 2022. The care was delivered outside core hours, and in Sheffield 6 practices participated in the scheme delivering sessions, and between 632 and 948 additional urgent care and subsequent stabilisation appointments were provided for patients.

Dental Access Project and Flexible Commissioning Programme

NHS England will continue to work with the 10 practices who have received additional access project funding in Sheffield to support patients to access regular dental care.

A recent evaluation of the Yorkshire and Humber Flexible Commissioning programme demonstrated that it is possible to commission dental services differently in a format that supports delivery of preventive care to improve oral health and reduce inequalities, offer access to new patients and develop the full dental practice team. The scheme has been extended for a further 12 months from 1 April 2022, which is enabling further refinement and evaluation to support targeting of resources based on the OHNA to reduce oral health inequalities.

There are currently 21 flexible commissioning practices in Sheffield taking part in the flexible commissioning programme. Practices may twist up to 10% of their contracted UDA's in order to provide dedicated patient focused care. One of the conditions is that the practice must have a dedicated Oral Health Champion who leads the practice in delivering both in-house preventive programmes and Making Every Count through signposting to other health and wellbeing support such as Stop Smoking Services, Alcohol Services, mental health services and live Lighter Sheffield Weight Management services. They also accept referrals for children at high risk of poor oral health from health visitors and social care, and former community dental services patients who are now in a position to accept care in a general practice.

NHS England has recently sought expressions of interest from dental practices with the aim of extending the scheme to other practices across the region. An additional 7 Sheffield practices have been successful in their application. These are expected to commence before the New Year.

Additional sessions for patients experiencing poorest oral health

As part of a regional initiative, funding has been allocated specifically for dental services to deliver additional sessions/services to improve access and increase dental appointment availability until 31st March 2023. Funding has been offered for:

Primary Care - targets those patients in greatest need of accessing available NHS Dental Care at General Dental Practices. This offer is to target urgent/high risk patients in addition to practices existing contracted activity. Expressions of interest have been received from 7 practices in Sheffield delivering 1192 sessions (subject to change), providing a minimum of 7 appointments per session.

Community dental services - NHS England have requested for plans on how they may use additional funding to increase capacity to reduce waiting lists, with a focus on hospital children dental extraction services (under general anaesthesia) due to high waiting lists of up to 2 years in some areas. At the time of writing this paper bids were being received and would then be reviewed.

Secondary care and minor oral surgery providers – expressions of interest from providers have been requested on how they may use additional funding to increase capacity and reduce waiting lists. STHFT has submitted a bid to address waiting lists which is currently being reviewed.

Urgent dental care services – providers have been asked to use additional funding to provide additional appointments (subject to staffing availability) as data continues to demonstrate a high level of unmet demand for the service.

Waiting List Initiative

All GDS practices in Y&H will be asked to provide NHS England with information regarding the number of patients waiting and waiting times for NHS dental treatment through a survey. This will give NHS England and dental practices a more accurate view on the numbers of patients waiting for NHS dental treatment at the point in time that data is collected. A weighting list management process is also being piloted.

One-off payments to incentivise recruitment

This is a commitment from NHS England in Y&H to assist local NHS dental providers in the recruitment and longer-term retention of dentists in targeted areas of high deprivation, patient need and local intelligence as evidenced by the OHNA. The overarching aim of the

scheme is to ultimately increase local NHS dental access for patients in the targeted areas. To date 22 practices in Sheffield have been invited to apply.