

Appendix 1

Staffordshire and Stoke on Trent (SSOT) ICB Primary Care Dental Overview

January 2024

Context

Dental Commissioning was delegated to Integrated Care Boards from 1st April 2023 which creates opportunity in providing better support for our populations to ensure dental services meet their needs. The following paper outlines the current performance position to put into context the challenges around dental access and includes the national and local actions being taken.

Contracted dental activity

NHS dental services are commissioned via contracts for activity measured in Units of Dental Activity (UDA). More complex treatment earns more units that simpler cases and the units are credited to delivery of a contractual target for an agreed contract price.

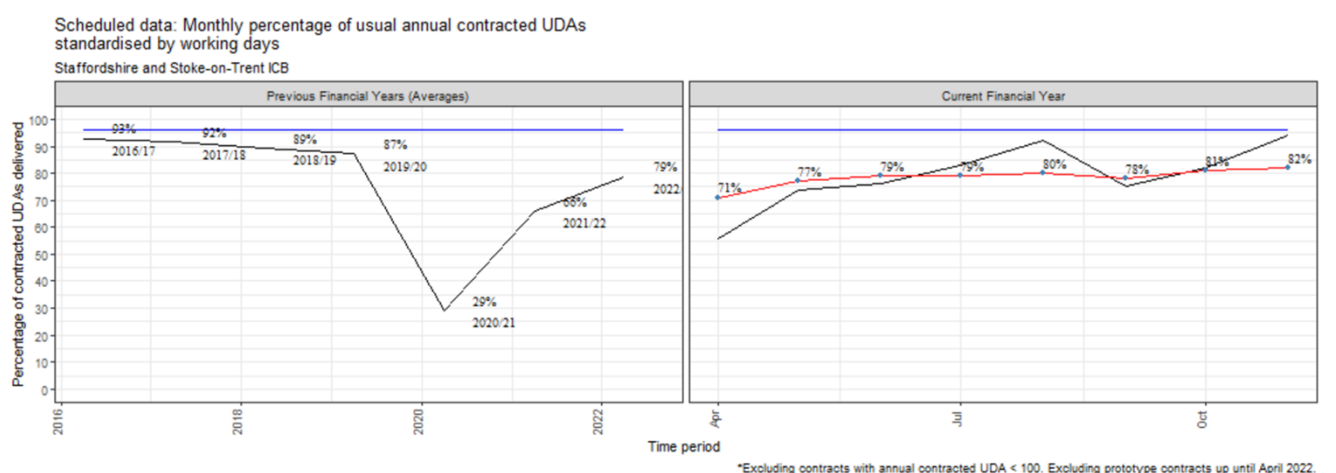
Chart 1 below shows the long term delivery trends for the ICB area.

For this area activity levels were challenged pre-Covid pandemic, linked to emerging delivery issues in particular with the corporate dental contracts (these are incorporated companies operating multiple sites nationally including Bupa, '{My}dentist' and Roderick's).

Final annual delivery prior to the Pandemic (2019/20) was 87% (Midlands overall 92%, England 91%).

The right hand chart shows the current year including the red line (normalised for variation in length of each activity schedule month). November delivery was 82% (Midlands overall 84%, England 84%).

Chart 1



- The red trend line in the right graph shows an alternative method of calculating the denominator for contracted UDAs expected each month. Here the denominator is annual contracted UDAs * monthly working days/annual working days. The usual denominator is annual contracted UDAs/12.

Under-delivery of activity via Corporate dental contracts continues to be a significant issue with two large contracts at below 15% delivery for year to November 2023 and another having no permanent dentist for over six months.

Others report having only limited NHS capacity with large parts of the contracted activity unallocated.

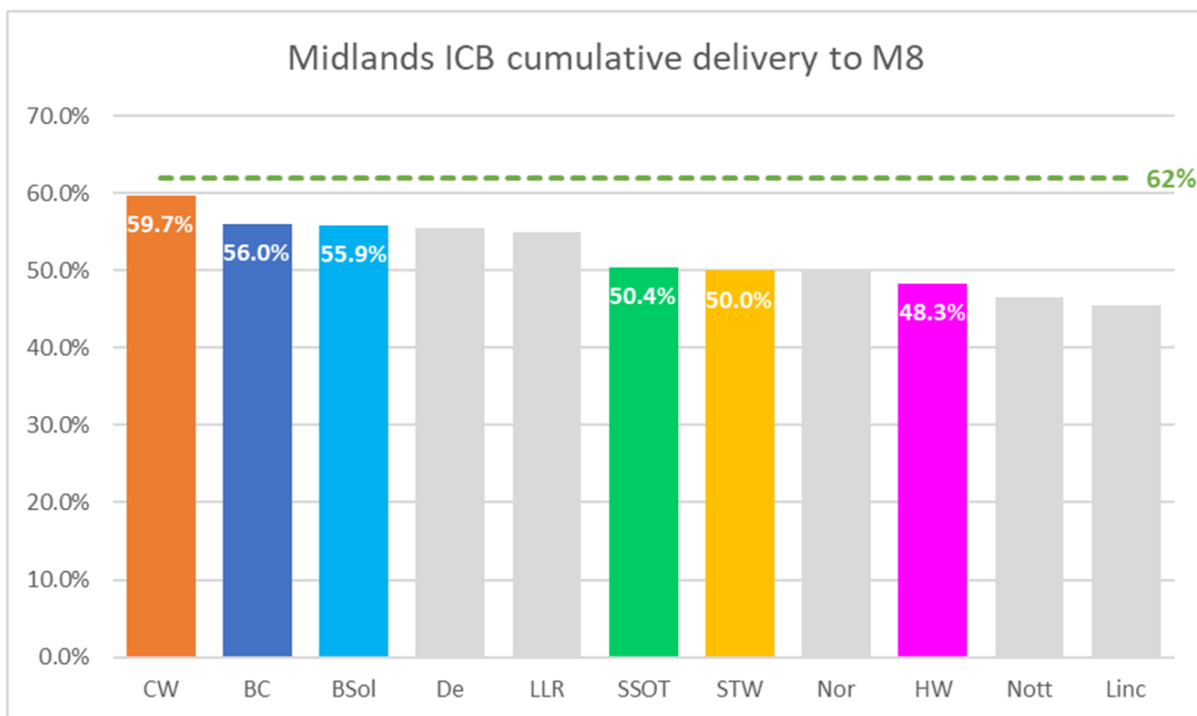
The main issues preventing recovery in terms of access to dental care are:

- National shortage of performers – recruitment and retention challenges (dentists are choosing not to work in the NHS and instead choosing to practice privately).
- Contract hand backs by providers unwilling to continue to provide NHS services (relating to dissatisfaction with the dental contract). This is being exacerbated due to the absence of any further dental contract reforms or ‘dental plan’ despite Ministerial commitments made over six months ago.

Chart 2 shows the cumulative levels of activity scheduled up to November 2023 for each of the Midlands ICBs. The level of 62% indicates the level that would be regarded as on track to achieve 100% at year-end.

It is important to bear in mind this overall picture (SSOT 50.4%) aggregates the activity of over 100 individual contracts within the ICB area with some significantly behind target as referred to above, but others on or ahead of target.

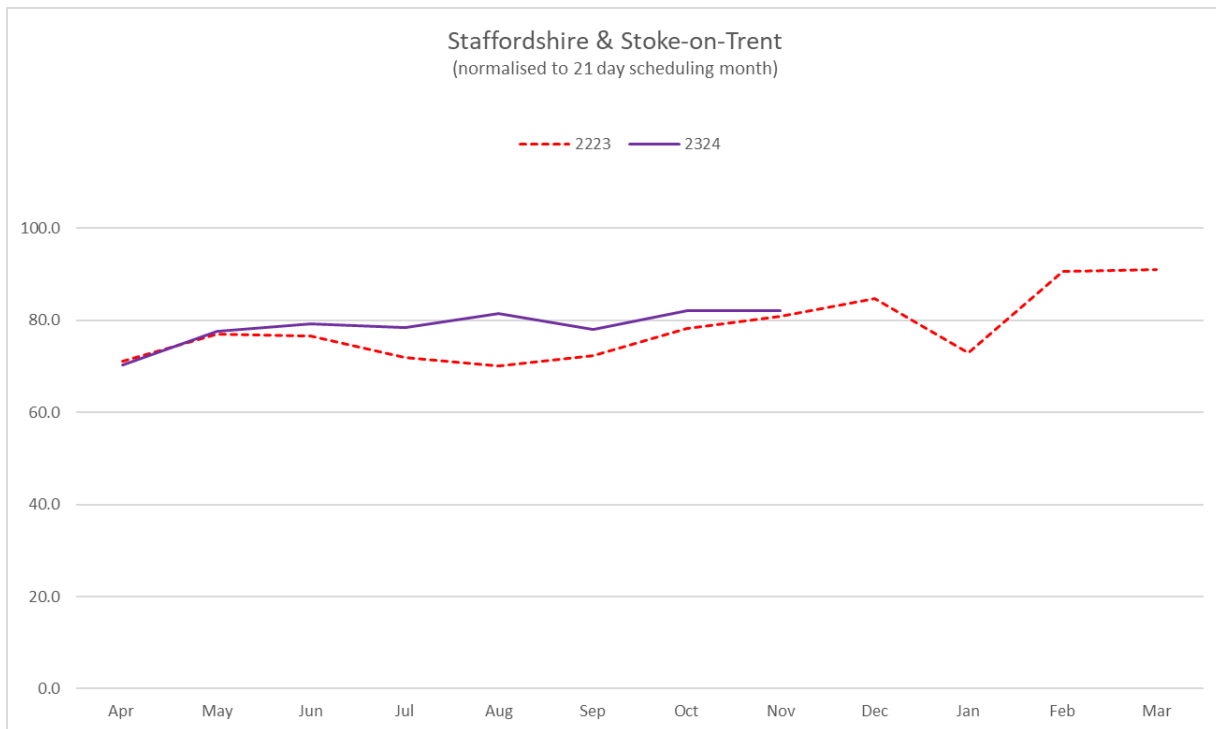
Chart 2



Comparison to Previous Year

Activity is also now being reported as a monthly activity level compared to the same period last year. The relative delivery positions for SSOT is shown in chart 3.

Chart 3



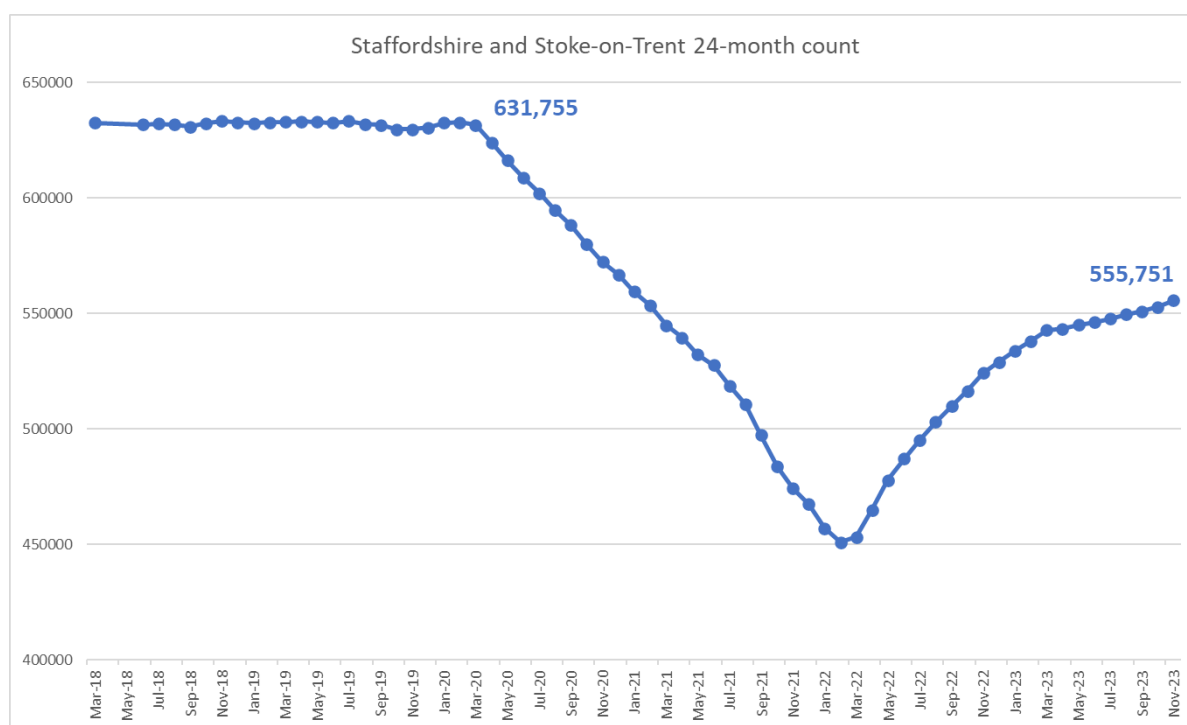
Mid-year

The commissioning team is currently working through the mid-year review process in conjunction with NHS Dental Services and under direction from the NHS England central team. It had been anticipated that the contract reform announced in 2022 to enable unilateral rebasing (reduction) of persistently under-performing contracts would have been set in regulation in time for the current 2023/24 financial year-end but we have been advised this is not the case. Nevertheless the team continues to challenge and negotiate where possible to recurrently redistribute activity from under-delivering practices (which still requires their agreement) to other NHS contract holders able to offer more capacity to provide NHS dental services.

Access

Access to NHS dental services is reported in terms of the count of unique patients seen in the previous 24-month period. During Covid, the numbers of unique patients accessing a dentist declined due to infection control and related challenges that the pandemic created falling to a low point in February 2022 when 180,776 fewer patients had been seen within SSOT. Whilst this position started to increase from March 2022, SSOT in common with all Midlands ICBs are now seeing smaller increases in the numbers of unique patients seen, linked to the ongoing shortfall in capacity to deliver contracts outlined above. Chart 4 illustrates the changes in the 24-month count from pre-covid to November 2023 with a shortfall of 76,004 individuals remaining.

Chart 4



Orthodontics

Orthodontic treatment (usually with braces) is most often used to improve the appearance and alignment of crooked, protruding or crowded teeth, and to correct problems with the bite of the teeth.

The benefits of orthodontics can include:

- correction of dental crowding and straightening of teeth
- correction of bite so the front and back teeth meet evenly
- reducing the chance of damage to prominent teeth
- help in the treatment of other health problems, such as a cleft lip and palate.

Treatment will not begin unless the patient has a good standard of oral hygiene, as orthodontic treatment can increase the risk of tooth decay and gum problems.

The length of treatment will depend on how complicated the problem is, but it's usually between 6 and 30 months.

NHS orthodontic treatment is free for people under the age of 18 with a clear health need for treatment, but because of high demand, there can be a long waiting list. Patients are seen on referral from their regular NHS dentist. A rating system called the Index of Orthodontic Treatment Need (IOTN) is used to assess eligibility for NHS treatment.

NHS treatment is available for grade 4 and grade 5 cases. Grade 3 cases are usually judged on an individual basis. NHS treatment may also be available if the appearance of the teeth, jaw or face is of concern.

Orthodontic treatment is not usually available on the NHS for adults.

Orthodontic Activity

Orthodontic activity is also measured in units of activity (units of orthodontic activity – UOA) in a similar way to the mainstream dental activity.

There are 22 contracts providing orthodontic services in SSOT. Some of these specialise in orthodontics only whilst others provide the service alongside general dental services.

It is not so straightforward to report activity due to a significant amount of extra activity awarded via the NHS England regional teams investment initiatives at the end of last year (2022/23) with the option to deliver most of it in this financial year (2023/24). The majority of orthodontic activity is earned by undertaking new case starts and this funding was awarded specifically to address lengthy waiting lists in some practices. A further 1,070 case starts above normal contract levels was commissioned.

The overall extra activity increased the total commissioned activity by just over 40%.

In delivery terms the activity without taking this extra into account would be 91.6% to November 2023 but taking that extra carried forward target into account is was overall 56.8%. Any contracts that appeared to be falling behind at the mid-year point are being asked to provide assurance that they will deliver the full contract target including the extra activity by March 2024.

National Initiatives

The 2022 contract changes previously reported were implemented with the exception of the unilateral rebase for under-delivery as referred to above.

Initial data shows a variable uptake of the use of flexibility about which dental professionals can provide treatment with 2.35% of activity completed in SSOT being recorded as supported by other dental care professionals (similar to national position). Further clarity and better reporting of this activity is being developed nationally.

Transfer of funding on a non-recurrent basis from those not delivering their target so that the unused capacity could be transferred to other dental practices was unable to proceed due to other pressures on ICB finances.

Following the Health and Social Care Committee Report published 14 July 2023 the Government response 13 December 2023 accepted or partially accepted many of the recommendations. The Response indicates that a 'Dentistry Recovery Plan' is to be issued shortly.

Local Actions and Initiatives

As part of SSOT ICB's commitment to improve access, we are supporting a range of initiatives to improve dental access along with other West Midlands ICBs. This includes:

- Children's Community Dental Services (CDS) Support Practices, to support the management of children within a local dental practice, but with expert advice provided by the CDS service. Four contracts in SSOT are participating. This supports managing patients closer to home and relieves pressure on the CDS service, 111 and A&E.
- Redistribution of recurrently handed back activity to other providers who achieve key criteria (re-procure as a last resort option where this is not possible) ensuring patients can

continue to access the dental care they need determined through the outputs of the Dental Services Health Equity Audit

- Extended repayment plans implementation for 2023/24 year end to support contractors in financial difficulty and prevent further contract hand backs which impacts on access.
- Development of a Dental Strategy for the West Midlands ICBs including SSOT area.