

Appendix 1: Dental access and oral health improvement programme

About Oral Health

“Dental caries (also known as tooth decay) is the most common noncommunicable disease worldwide” – World Health Organisation.

Tooth decay remains the most common reason for hospital admissions in children aged between six and ten years. In the most deprived communities, admissions are nearly 3.5 times that of those living in the most wealthy areas.

Fluoride prevents tooth decay by making the enamel more resistant to the action of acids. Fluoride may stop early tooth decay.

Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the oral health of the local population.

Getting fluoride on to teeth and reducing the intake of sugary foods/drinks remains best way to reducing caries.

Overview of primary care dental services

- There are 202 primary care dental practices across Lancashire and South Cumbria, all offering a nationally prescribed set of treatments for patients, including urgent care.
- Dental patients are not registered with a dental practice in the same way patients are registered at a medical practice.
- Patients have a course of treatment to be made ‘orally fit’ and then recalled by the practice for a routine check up.
- Dental providers deliver dental care activity for a fixed annual contract value.
- Every contract is for a different financial value and different volume of activity, there is no national tariff.
- Dental providers have a target of activity to deliver annually with money ‘clawed back’ for failing to deliver their target.
- The General Dental Services Contract is underpinned by primary legislation. This legislation allows the contract holder to legally charge patients for NHS treatment.
- Depending on the amount of treatment required and patient cooperation, treatments may span multiple appointments.
- The funding covers the time for the dentist/therapist/hygienist and nurse as well as the reception staff. It also covers the cost of the premises, utilities, IT equipment and consumables. The more complex the treatment the higher the cost.

- Higher treatment need patients need more appointments and more resources, that can be in excess of what the practice is paid.
- Shift in disease patterns means that patients are presenting with greater need. Practices appointment books are full, however it is for more treatment, more appointments for fewer patients.

Delivery and performance

Dental providers have a contracted target of units of dental activity (UDAs) to be delivered each year. There are tolerances, however, significant underperformance results in money being given back to the commissioner (clawback).

Money recovered from under delivery each year along with patient charge revenue makes up part of the dental budget. Recovered money provides an opportunity to reinvest non-recurrently.

Occasionally dental providers decide to cease delivery of NHS services completely and hand back their contracts, triggering opportunity to reinvest recurrently.

Disillusion with the NHS dental contract is a driver for dental clinicians leaving NHS dentistry.

How resources are distributed across Lancashire and South Cumbria

Prior to 2006 providers could set up and apply for a cost per item service wherever they wanted. Service delivery was not commissioned in the way we think of commissioning care today.

A demand-driven model grew based on footfall. The introduction of the current GDS contract in 2006 fixed the activity in the new UDA based model.

Activity became 'frozen' based on previous year's demand, with GDS contracts running in perpetuity.

The difference in contract values and volumes reflect the pre 2006 distribution of demand at that time.

Dental Access and Oral Health

Like many healthcare challenges, oral health is linked to deprivation.

When looking at dental access data and oral health, there is no consistent correlation between good dental access and good oral health.

Patients with poorer oral health are likely to need more appointments for a course of dental treatment, and more access to secondary care dental services.

The distribution of dental resources does not reflect current need. Dental contract values do not reflect the increased resources for higher treatment needs patients.

Access to primary care NHS dental services are challenged nationally and locally due to five key factors:-

- Reduced care during the pandemic
- Worsening oral health of the population
- Funding
- Dissatisfaction with the national contract
- Workforce challenges

Addressing inequalities in dental access and improving oral health

Nationally the contract reform programme is making changes to the dental contract to make it more attractive to the profession and to increase access for patients.

Recent changes include paying an additional premium to practices to take on new patients. In Lancashire and South Cumbria 88 per cent of the practices have signed up to the scheme to take on more patients.

Dental Access and Oral Health Improvement Programme

At a more local level, the ICB has recently approved a number of new initiatives and pilots across Lancashire and South Cumbria to deliver a dedicated Dental Access and Oral Health Improvement Programme to make improvements to dental access across Lancashire and South Cumbria.

The aim of the programme is to improve access to primary care dental services in the high street, alongside improving oral health by:

- Using objective measures to help prioritise which areas of Lancashire and South Cumbria are in most need to dental access and oral health support.
- Aiming to improve dental access and reduce oral health inequalities across Lancashire and South Cumbria.
- Taking advantage of a wider approach to integrate primary care services in neighbourhoods.

The new initiatives that will be implemented over the coming months will:

- Continue to secure access to urgent dental care for those in immediate need of support, such as dental pain.
- Target routine care for the most vulnerable patients who require a check up and any follow up care to make sure they are orally fit.
- Promote oral health improvement measures aimed at supporting the population to maintain good oral health

As a result of local and national initiatives we are seeing an increase in dental access for our local population.

As always should any patient have an urgent care need the local dental helpline 0300 1234 010, (charged at local rate) can provide advice, support and an appointment where this is required.