

Update on NHS Dentistry North Cumbria

Cumbria Health Scrutiny Committee
Meeting of 04 October 2021

NHS England and NHS Improvement



- Primary care dental services operate in accordance with the National Dental Regulations and must evidence compliance with General Dental Services Regulations and Dental Charge Regulations.
- A key point of note is that the regulations unlike those for General Medical Practice do not allow for Patient Registration. NHS Dentistry contracts and provision is activity and demand led with the expectation that practices deliver and manage their available commissioned activity to best meet the immediate needs of any patient presenting by entering into an agreed and formal signed course of treatment.
- The contract regulations set out the contract currency which is measured in units of dental activity (UDAs) that are attributable to a 'banded' course of treatment prescribed under the regulations.
- Not all types of Dental Treatment are available on the NHS e.g. Implants
- NHS England do not commission private dental services, private dental practice is regulated by the Care Quality Commission and dentist regulation is undertaken by the General Dental Council
- National NHS Dentistry Regulation and Contracts do not prohibit the provision of Private Dentistry by Dental Practices

Background/context continued



- National NHS Dentistry Regulation does require, where dental practices hold NHS Contracts and offer both NHS/Private dental care, that patients are offered a full and transparent choice of available NHS/Private options to allow patients to make an informed choice of care.
- Health Education England set national strategy regarding numbers and distribution of dentist and dental workforce student numbers and training places and manage and deliver local dentist and dental workforce student training including EU / Overseas dental workforce entry working with Educational Providers e.g. UCLAN, Newcastle University.
- Since the onset of the COVID-19 pandemic there have been a small number of NHS contracts handed back - Curzon Street Dental Practice (Maryport) closed 31.8.21, Harley House Dental practice (Carlisle) closed 30.9.21. In addition a provider in Carlisle reduced their NHS contract with effect from 1.4.21.
- In 2019-20 (pre-Covid) approximately 95% of the total commissioned capacity in North Cumbria has been utilised. However, we acknowledge the historic and continuing access problems experienced by patients in North Cumbria and would like to provide reassurance that we have been and continue to explore all options available to increase capacity and improve access for patients.

Current Commissioned Capacity



Geography	NHS GDP Practices	Of which Very Small or Child Only Contracts (<3,000 UDA's)	UDA Capacity Commissioned	£ Funding Commitment
North Cumbria	39	17 (44%)	434,709	£11,384,676
Carlisle	15	6 (38%)	143,824	£3,713,609
Allerdale	10	4 (40%)	142,301	£3,682,975
Copeland*	4	0 (0%)	83,920	£2,204,901
Eden	10	7 (70%)	64,664	£1,783,191

*South Copeland e.g. Millom practices are commissioned by L&SC and not shown in this summary.

Dental Workforce – Recruitment & Retention

A significant risk to both sustaining existing or improving levels of NHS Dentistry access and Oral Health is dental workforce recruitment and retention (dentists and more recently dental nurses) due to a range of reasons including but not limited to:

- Younger dentists seeking a better work life balance – working part time only
- Dentists preferring to work in city regions to avoid travel, particularly to remote / rural locations
- COVID-19 Pandemic impact

This is a national problem but is creating significant pressures in an increasing number of local North Cumbria and North East localities with North Cumbria being of particular concern.

COVID-19 Pandemic

The COVID Pandemic has created a range of risks and pressures for NHS dentistry that are not too dissimilar to those being faced by the wider NHS.

- NHS dental sector in particular has faced significant challenges during the pandemic due to the proximity between a dental professional and a patient's airways and the relatively high proportion of aerosol generating procedures (AGPs) undertaken that increase the likelihood of COVID-19 infection spread.
- To ensure the safety of patients and staff all NHS dental practices are required to comply with a national standard operating procedure and infection prevention control measures, the impact of which has and continues to result in NHS dentistry operating at significantly lower levels of capacity during 2020 and 2021-22 than would normally be available.
- In view of this reduced capacity and in line with the national standard operating procedures, dentists are required to prioritise patients based on clinical need and urgency into their available treatment capacity, ie
 - Patients seeking urgent or emergency dental care.
 - Patients with greatest oral health needs - attending to incomplete care plans and reaching out to high needs dental patients and vulnerable groups most at risk of avoidable dental disease including children.
- This likely means a delay for patients seeking non-clinically urgent and more routine dental care such as check up's.
- Progression to resume the full range of routine dental being risk-managed by individual practices and this position is likely to continue until at least the end of March 2022.

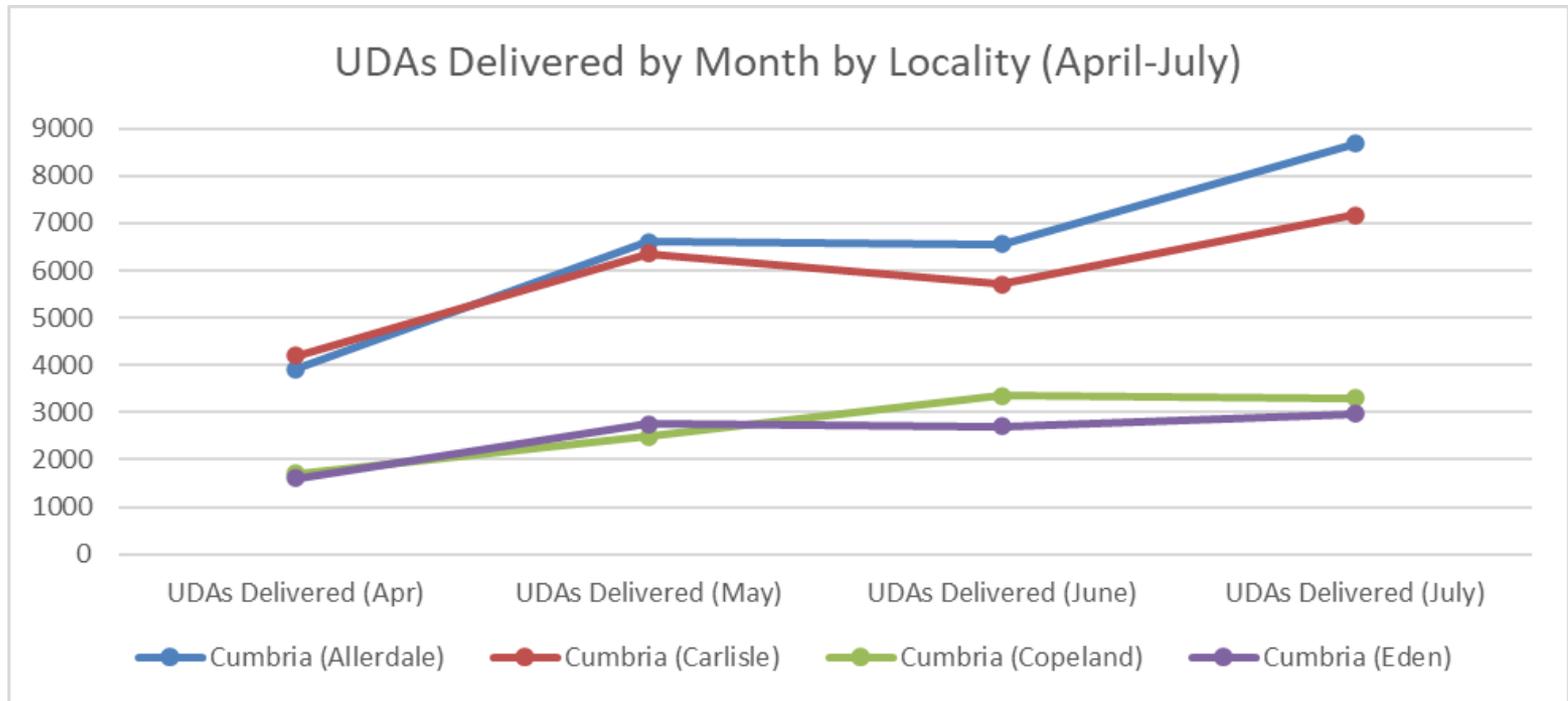
Safely Restoring Access



- The contractual arrangements for NHS dentistry through the pandemic have reflected the need to prioritise patient safety, patient access and practice sustainability.
- During the first wave of the pandemic in the interest of patient and dental staff safety, routine dental services were paused and urgent dental care centres (UDCs) were established to provide access to urgent care.
- In the second phase of the response, as infection rates dropped, all practices re-opened for face to face care and have steadily increased activity.
- Practices were required to meet a set of limited conditions in return for income protection, including a requirement they deliver at least 20% of normal activity volumes for the period July to December 2020 and 45% for the period January to end of March 2021.
- A revised set of contractual targets have been introduced from April 2021 with a requirement to deliver at least 60% of normal activity volumes in return for income protection.
- Whilst restoration of NHS dental activity continues, a return to full capacity will be dependent on the further easing of COVID-19 infection prevention control measures.
- Work is on-going to explore opportunities to increase the clinical treatment capacity available within the constraints outlined.

- Establishment of a small number of urgent dental care centres accepting referrals from dental practices and NHS 111 which supplements the existing urgent/unscheduled care services delivered from Cleator Moor, Carlisle Dental Access Centres and the supporting practices with commissioned urgent dental care slots;
- Incentives for ALL North Cumbria NHS dental practice to prioritise patients who have not been seen in the practice within the previous (24 months) adults and 12 months (children) who require urgent dental care;
- Investment in additional clinical triage capacity within the out of hours integrated NHS111 North East and North Cumbria Dental Clinical Assessment Service;
- Increased investment into the new Dental Out of Hours Service contract (from 01 Oct 2021) to ensure we have sustainable capacity available to treat 'clinically confirmed' urgent and emergency patients that present via NHS 111. This includes significantly enhanced out of hours capacity for West Cumbria over weekend and bank holiday periods.

Dental Activity trend – April to July 2021



Access – Next Steps



- Plans are being finalised to re-commission the NHS dental capacity that has been lost since the start of the COVID pandemic as well as starting to address some of the historic capacity gaps highlighted as part of the Cumbria Access Review (re-procurement process expected to commend in the Autumn of 2021) offering enhanced UDA rates to support the recruitment and retention of dentists.
- Subject to a successful outcome to the procurement process this would provide the following general access capacity in 2022-23 which is in excess of the contract hand back capacity.

Area	UDAs proposed	Indicative annual patient treatment capacity *	Cost
Carlisle	22,494	11,247	£674,820
Allerdale	11,000	5,500	£330,000
Copeland	7,332	3,666	£219,960
TOTAL	40,807	20,413	£1,224,780

* Based on historic UDA per patient delivery patterns

- Discussions on-going to finalise the additional capacity that is likely to be required to fully address the historic gaps in provision identified by the North Cumbria Access Review.
- Continue to engage with Health Education England and their delivery partners in the development of initiatives/opportunities to improve recruitment and retention of dentists and dental team staff in North Cumbria.

Summary – key points to note



- All NHS dental practices still operating at significant reduced capacity due to requirement to continue to adhere to national infection control guidance.
- It is therefore necessary for dental practices to triage patients who contact them to ensure that patients with the greatest clinical need, ie those requiring urgent dental care and vulnerable patients are prioritised, which likely means a delay for patients seeking non-clinically urgent and more routine dental care such as check's ups.
- Progression to resume the full range of routine dental care is being risk-managed by individual practices.
- This position is likely to continue until at least end of March 2022.
- Plans are urgently being progressed to increase the clinical treatment capacity available.
- In the interim we are asking patients for their understanding and co-operation during this unprecedented and difficult time for the NHS.

THANK YOU