Appendix 1: Additional Information

1. Dental services commissioned by SY ICB in Doncaster

- **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 37 general dental practices in Doncaster.

- **Community Dental Services (CDS)** – Community & Special Care Dentistry (within) The Rotherham Hospital NHS Foundation Trust provides special care dentistry in Doncaster and is also a 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.

- **Orthodontics** – There is 1 specialist NHS orthodontic practice in Doncaster providing this service by referral, plus 3 general dental practices delivering orthodontic services as well as GDS services. 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 3 service providers for IMOS in Doncaster. IMOS services treat patients aged 16 years and over who are referred by their regular dentist for specific oral surgery treatment. When the treatment has been undertaken, patients return to their regular dentist for ongoing care.

- **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 Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

2. Oral Health in Doncaster

2.1 **By the age of 5, a third of children in Doncaster had tooth decay** in 2022, with each of those children having a round 4 teeth affected (OHID, 2023). Although there has been improvement in the last few years, Doncaster has higher levels of tooth decay than other South Yorkshire LA areas, Y&tH and England (*Table 1*). Tooth decay was significantly higher amongst the more deprived and non-white ethnic groups.

Many children end up having to have multiple teeth extracted under general anaesthetic, which is an unpleasant experience for the family and not without risk. Almost 9 out of 10 hospital tooth extractions among children aged 0 to 5 years are due

to preventable tooth decay, and tooth extraction is still the most common hospital procedure in 6 to 10 year olds (OHID, 2022), leading to missed education, and time off work for parents/carers.

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**
2021/22	**29.4**	**32.7**	**23.5**	**30.8**	**27.0**	**23.7**

Source: OHID, 2023 https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022

2.2 Doncaster, along with the other South Yorkshire LA areas experiences some of the highest levels of hospital extractions seen nationally. *Table 2* shows the pre- pandemic (2019-20), during pandemic (2020-21) and most recent (2021-22) hospital extraction data for South Yorkshire. There was a significant reduction in tooth extraction rates between 2019-20 and 2020-21, reflecting the limited access to hospital lists for dental extractions due to the COVID-19 pandemic, which is now improving. Nationally, there has been an 83% increase in the number of episodes of tooth decay -related tooth extractions in hospital for 0 to 19 year olds in 2021-22 compared to the previous year. This increase is likely to reflect a partial recovery of hospital services following the COVID-19 pandemic.

The costs to the NHS of hospital admissions for tooth extractions in children aged 0 to 19 years in England have been estimated based on the latest NHS national cost collection data. The costs were £50.9 million for tooth decay-related tooth extractions in the financial year 2021 to 2022.

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**	**21-22**	**19-20**	**20-21**	**21-22**	**19-20**	**20-21**	**21-22**
Barnsley	825.2	413.1	837.3	1936.0	896.1	1582.7	889.2	427.4	769.6
Doncaster	1028.6	230.2	612.4	2800.8	535.2	1631.5	1172.8	245.9	713.7
Rotherham	1243.7	381.6	846.5	2488.3	803.0	1794.4	1167.4	367.0	792.6
Sheffield	916.4	677.4	1019.6	2095.5	1390.2	1959.8	943.0	620.2	882.2
Yorkshire and the Humber	**630.4**	**231.3**	**403.7**	**1265.3**	**441.3**	**812.8**	**595.7**	**212.2**	**378.0**
England	**265.1**	**113.0**	**201.7**	**526.6**	**214.7**	**416.4**	**264.9**	**109.9**	**205.1**

Sources: OHID 2022 and 2023
Hospital tooth extractions of 0 to 19 year olds 2021 - GOV.UK (www.gov.uk)
Hospital tooth extractions in 0 to 19 year olds: 2022 - GOV.UK (www.gov.uk)

2.3 **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.

2.4 The last Adult Dental Health Survey in 2009 demonstrated that 30% of adults in Yorkshire and the Humber had tooth decay, yet 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 since the introduction and widespread use of fluoride toothpaste. 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.

2.6 The incidence and mortality of oral cancer for Doncaster appears to be lower than both regional and national levels (*tables 3 and 4*), yet it has been increasing over the years. Oral cancer disproportionately affects males and its incidence and mortality increase with deprivation and age. 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: PHE, 2020 https://www.gov.uk/government/publications/oral-cancer-in-england

2.7 **The population of Doncaster is increasing, which will increase demand on dental services**. In particular, the predicted 35% increase in the population of older adults (65+ years) and 65% 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 5% in Doncaster are likely to need domiciliary dental care. This survey also found that over 25% of those surveyed in Doncaster had full dentures needing replacement, and 7% reported current pain. The World Health Organisation recognises that good oral health is an essential part of active ageing.

3. Key Challenges to dental access

Historic and ongoing contractual factors - The current primary care dental contract, was rolled out in 2006 is held by a general dental practice in perpetuity (subject to any performance concerns), with limited flexibility for change and viewed as a barrier to delivering better care. Dental practices are paid on units of dental activity (UDAs) which has variability across/within places, which can disincentivise the provision of NHS dentistry and hinder access. The focus on and remuneration for individual treatments and patient throughput challenges the ability to treat patients with complex needs. There is no consideration of or weighted funding to account for practices delivering care in areas of most inequality and deprivation.

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 though 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.

4. Maintaining and improving oral health and reducing oral health inequalities through SY ICB-commissioned dental services

Pre-pandemic, around 66% of adults and children who live in Doncaster 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 is encouraging that the latest figures for access up to 30th June 2023 indicate that access levels in Doncaster amongst adults have returned to pre-pandemic levels (68%) and are almost restored for children (64%). There is significantly better access in Doncaster than in England overall.

Table 5: 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	
	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	51.4	59.6
Doncaster Council	66.2	66.0	58.7	31.6	53.3	32.7	45.6	45.6	47.6	50.4	66.4	63.6
Rotherham Metropolitan Borough Council	59.6	61.7	55.7	28.7	51.4	32.3	44.8	42.9	46.8	46.8	54.5	58.2
Sheffield City Council	59.4	68.0	55.2	32.8	52.5	36.4	46.3	49.6	48.6	54.1	51.6	62.7
England	**49.6**	**58.4**	**44.3**	**29.6**	**40.8**	**32.5**	**35.5**	**42.5**	**36.9**	**46.2**	**43.0**	**55.8**

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

4.1 Dental Initiatives

- The flexible commissioning programme - There are currently 13 NHS dental practices in Doncaster involved in this programme, which aims to deliver: 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; utilisation of skill mix within the dental team.

  Practices may twist up to 10% of their contracted units of Dental Activity (UDA's) and they must have a dedicated Oral Health Champion who leads the practice in delivering both in-house preventive programmes and Making Every Contact Count through signposting to other health and wellbeing support such as Stop Smoking Services, alcohol services, mental health services and weight management services. In Doncaster, they also accept referrals for children at high risk of poor oral health who do not have their own NHS dentist from health visitors, the Single Point of Contact (SPOC), the looked after children's team, former community dental services patients who are now in a position to accept care in a general practice and signposted from the urgent dental treatment provider for children assessed as having wider clinical dental needs with no regular dentist. This pathway is also being extended to receive referrals from the school nursing team, and recent feedback suggests flexible commissioning is positively supporting many families to access dental care.

  An evaluation by NHS England 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 ICB now has an opportunity to learn for the current scheme and be more creative and work around some of the rigidities of the national contract and making the programme work better to meet local needs. Current arrangements for the programme are in place until March 2024. A review across the 3 ICBs in Y&H is now underway with plans to:
  - Consider an expansion to the programme to support a more ambitious approach; review the current 10% twist of the contract. A significant increase (25%) on the 'twist' is being considered which will allow practices to expand the offer to patients/provide more scope for innovation.
  - Target practices in areas of high need that don't currently have flexible commissioning practices.
  - Review entry criteria for practices in identified areas, opportunity for the ICB to review this and develop measures that will consider outcomes rather than a focus on the target. The specification of the scheme will be revised to pick up the targeted approach for hard to reach / hard to engage patients, and to also address the issue of practices holding large waiting lists.

- Urgent access sessions for patients experiencing poorest oral health – These sessions are in addition to the commissioned urgent care treatment services and contribute to improved access to urgent dental care for those patients in greatest

need, through offering a number of sessions per week. The practice in Doncaster is providing 4 sessions per week with each session providing on average 7 appointments. The benefit of these access session is that patients can have their urgent needs met and can also return for completion of treatment plans and ongoing care.

Benefits have been seen with the targeted urgent access sessional approach such as:

- Enabled more patients with high dental needs to access dental treatment, some of which may have previously accessed GPs for pain medication or antimicrobials (which are often not recommended).
- Patients have been offered the choice of engaging within a phased treatment plan where high oral health needs have been identified and the opportunity to also become a known patient to the practice.
- Reduced demand on the NHS111, as definitive and stabilising dental care can be provided for more patient – patients can have their urgent needs met, but also return for completion of treatment plans and ongoing care.

- Improving access to Community Dental Services - A review of Community Dental Services has been undertaken and has proposed a number of recommendations for service development to improve access to services and care pathways.

- One-off payments to incentivise recruitment (Golden Hello) **-**There was a commitment from NHS England in Y&H in 2022/23 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 was to ultimately increase local NHS dental access for patients in the targeted areas. 16 practices in Doncaster were invited to apply, 8 applied which resulted in 1 application being submitted through the practice recruitment process, unfortunately the practice was unable to secure the performer.

- Waiting list initiative - There has been a project to determine numbers of patients on waiting lists and waiting times helped by NHS dental practices, and how these could be managed. Additional funding would need to be identified to support further work in South Yorkshire.

5. Maintaining and Improving Oral Health

5.1 Rotherham Doncaster and South Humber NHS Foundation Trust provide the 0-19 Healthy Child Programme, which includes oral health improvement through health visiting teams and school nurses.

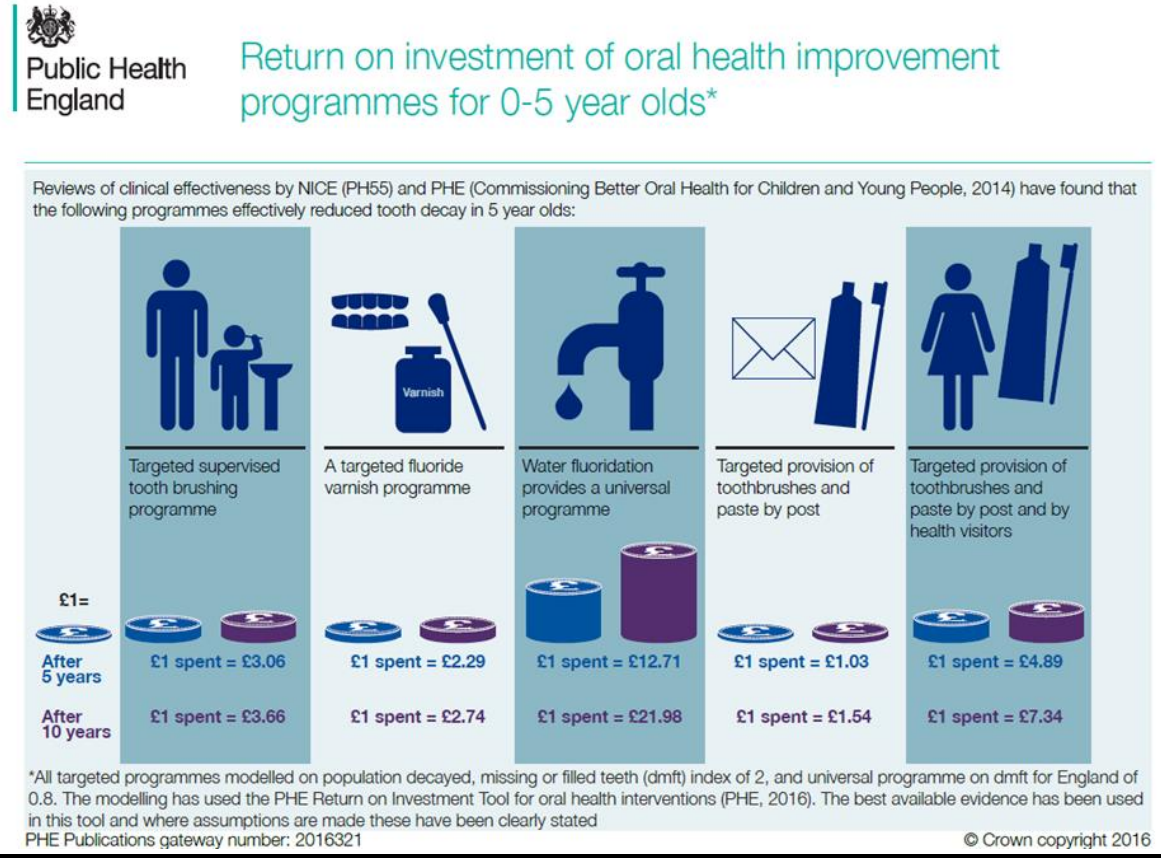
- The Children and Young People and Families Public Health team manage both the 0-5 and 5-19 contract:-

- Oral health specific KPIs are part of 0-5 contract specification but not in 5-19 contract specification.

- The 0-5 service distributes oral health packs containing toothbrush, fluoride toothpaste, leaflet with key oral health messages and Tommee Tippee (free flow cup) through health visitors to every baby at their 6-8 week assessment.
- Health visitors also provide an additional oral health pack (containing toothbrush, fluoride toothpaste and oral health leaflet) at 2-2.5 year assessments.
- There is also a Doncaster oral health conversation guide for health visitors and nursery nurses, to help them to support families.

5.2 Water Fluoridation - Figure 1 shows the return on investment of evidence-based oral health improvement programmes.

Figure 1: Return on investment of oral health improvement programmes for 0-5 year olds (PHE, 2016 https://www.gov.uk/government/publications/improving-the-oral-health-of-children-cost-effective-commissioning)



6. Dental contract system reforms in England

The 2022/23 Dental contract negotiations represent the first significant change to the contract since its introduction in 2006. They follow 12 months of engagement with stakeholders and the profession, and in recent months, a set of more focused

conversations with the British Dental Association after NHS England was asked by the government to lead on the next stage of dental contract system reform in March 2021.

For national contract reform to be viable, 6 aims must be met.

Contract changes must:

- be designed with the support of the profession
- improve oral health outcomes
- increase incentives to undertake preventative dentistry, prioritise evidence-based care for patients with the most needs and reduce incentives to deliver care that is of low clinical value
- improve patient access to NHS care, with a specific focus on addressing inequalities, particularly deprivation and ethnicity
- demonstrate that patients are not having to pay privately for dental care that was previously commissioned NHS dental care
- be affordable within NHS resources made available by the government, including taking account of dental charge income

For further information, NHS England » Dental contract reform