



City of  
Doncaster  
Council



South Yorkshire  
Integrated Care Board



# Oral Health Improvement & Dental Services in Doncaster

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# Public perceptions of dental services

- **‘Registered’ lists** –patients are not registered with a dentist as they are a GP - only deliver a course of treatment to an individual, not ongoing regular care. Patient records are not automatically transferred between practices.
- **NHS Services being free at the point of delivery** – Dental services are subsidised with fee paying, non-exempt adult patients contributing towards cost of treatment, determined by course of treatment
- **Practices accepting new patients for regular dental care** - [www.nhs.uk](http://www.nhs.uk) is the digital platform. Dental practices are now required to regularly update their profile page but accepting new patients does not necessarily mean they won't have to sit on a waiting list. Variability in how practices manage these waiting lists
- **Private dental care:** Most dental practices offer both NHS and private dental care, which, as independent contractors, are at liberty to do

# Dental Commissioning Challenges

- **Access & inequalities:** NHS England and now ICBs have inherited a range of contracts – there is inconsistent and often inequitable access to dental services, both in terms of capacity in primary care and of complex and inconsistent pathways.
  - Patients waiting to access regular care, often on long lists. The Covid pandemic has created a backlog which has compounded existing challenges.
- **Dental Workforce:** availability of clinical workforce, practices experiencing recruitment and retention issues, not just dentists but wider clinical team. Impacts of funding.
- Limitations of the 2006 **NHS dental contract** and progress of the national contract reform programme

# Dental Contract Limitations

- **Primary Care national contract** – rolled out in 2006, held by provider in perpetuity (subject to any performance concerns), with little flexibility for either commissioner or provider unless there is an opportunity to rebase.
- **Primary Care** 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.
- **UDA (tariff) variance** - Each practice has an historical UDA value and target, if target not achieved it results in 'clawback', but little incentive to see patients with greatest the needs. Expectation of delivery is minimum of 96% UDAs.
- **Contract/UDA Handbacks** - providers handing back UDAs or contracts due to performance issues, where they have not been able to remedy reoccurring problems such as workforce, recruitment and retention, low level patient access;
  - contract is no longer viable for provider,
  - the provider intends to move to private provision only.

# The Position in Doncaster

- **Since April 2021** – 2 practices were rebased totalling a return of 2,820 UDAs (this equates to less than 50% of a dental chair) These will be offered to other practices in the same constituency areas, those being Don Valley and Doncaster North.
- Due to historic contracting arrangements in **Doncaster** the **UDA rate per practice are above the Y&H average.**

# Access Comparisons

**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>

# Initiatives to strengthen and improve access to dentistry

- **Innovation** - transformational commissioning approach, considering improved outcomes to drive evidence based prevention, quality, skill mix, meet population need. The Oral Health Needs Assessments place-based profiles identify priority areas to support investment to meet population need/deprivation.
- **Flexible Commissioning** - currently have 13 dental practices in Doncaster providing targeted prevention for specific groups, access to care, utilisation of skill mix by twisting upto 10% of the TCV. In place to 31 March 2024.
  - Review taking place with commitment to consider expansion and support more ambition and scope for innovation.
    - Ambition to twist more than 10% TCV moving away from a UDA focussed model of delivery,
    - Target areas of high need,
    - Review entry criteria for practices in identified areas and develop measures that are based on outcomes and not focus on UDA targets,
    - Opportunity to target approach for hard to reach/hard to engage patients, practice waiting lists to increase access.
- **Pilot approaches** – eg. Improving access for those experiencing homelessness – pilot due to start in Doncaster at the Flying Scotsman
- **Collaborative working** - SYB Acute Federation Paediatric Innovator Programme (Dental) – transform care and pathways for C&YP by improving access for paediatric dental services.

# Oral health in Doncaster

- Good oral health is essential for good general health and wellbeing.
- Tooth decay is a progressive disease which is largely preventable.
- Doncaster has some of the highest levels of tooth decay than those seen in other South Yorkshire local authority areas
- By the age of 5 years, 1/3<sup>rd</sup> of children in Doncaster were found to have experience of tooth decay
- Tooth decay amongst 5-year-olds in Doncaster is the highest in other South Yorkshire LA areas, Y&tH and England (2021/22).
- Tooth extraction is still the commonest reason for a child to attend hospital.



# Oral Health Improvement Programmes

- Doncaster Oral Health Needs Assessment (2018) recommendations delivered through the Oral Health Advisory Group Action Plan
- Supervised toothbrushing clubs
- Provision of oral health packs
- Oral health care ‘in house’ training programmes
  - Introduction of a ‘free drinking water’ scheme
  - Links with flexible commissioning practices re MECC
  - Oral Health Survey
  - Water fluoridation

# WHAT NEEDS TO HAPPEN?

- Working together
- Dental system reforms
- Commitment to further engagement
- Continued development of community oral health improvement programmes
- Oral Health improvement to be part of the Health & Wellbeing Strategy
- Continued support for water fluoridation