



# City of Doncaster Council

## Report

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8<sup>th</sup> February 2024

To the Chair and Members of the Health and Adult Social Care Overview and Scrutiny Panel

Update from Integrated Care Board (ICB)

Relevant Cabinet Member(s)	Wards Affected	Key Decision?
Councillor Sarah Smith - Portfolio Holder for Adult Social Care and Chair of Health and Wellbeing Board	All	None

### EXECUTIVE SUMMARY

1. The Panel is asked to give consideration to information provided in this report and at Appendix A (briefing paper) and presentation and discussion with Anthony Fitzgerald, Executive Place Director NHS South Yorkshire Integrated Care Board on the following areas:
  - Primary Care Access recovery plan for Doncaster area.
  - Pharmacy access, demands and national position
  - Oral health to include Dentistry access, demands and national position

### EXEMPT REPORT

2. The report is not exempt.

### RECOMMENDATIONS

3. The Panel is asked to give consideration to the information provided by Anthony Fitzgerald, Executive Place Director NHS South Yorkshire Integrated Care Board.

## WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Reviewing such issues ensures the Panel is responding to and highlights the importance of areas which ultimately have an impact on its residents across the borough.

## BACKGROUND

5. NHS South Yorkshire ICB was identified as a key partner that the Panel wished to invite to a meeting as part of its 2023/24 Scrutiny workplan and this report provides an opportunity as part of an annual update on identified areas (as outlined in paragraph 1 of this report).

## OPTIONS CONSIDERED




6. There are no specific options to consider within this report as it provides an opportunity for the Panel to consider the appendices to the report.






## REASONS FOR RECOMMENDED OPTION

7. There is no recommended option.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

8. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough. The Panel will receive information on a range of issues detailed at paragraph 1. There will be an opportunity for Members to consider the information received and impacts on our key priorities at the meeting. It is expected there could potentially be a mix of positive and negatives, this is reflected in the table below.

Great 8 Priority	Positive Overall	Mix of Positive & Negative	Trade-offs to consider – Negative overall	Neutral or No implications
 Tackling Climate Change				✓
 Developing the skills to thrive in life and in work				✓
 Making Doncaster the best place to do business and create good jobs				✓

 <b>Building opportunities for healthier, happier and longer lives for all</b>				✓
 <b>Creating safer, stronger, greener and cleaner communities where everyone belongs</b>				✓
 <b>Nurturing a child and family-friendly borough</b>				✓
 <b>Building Transport and digital connections fit for the future</b>				✓
 <b>Promoting the borough and its cultural, sporting, and heritage opportunities</b>				✓
<b>Fair &amp; Inclusive</b>				✓

### **Legal Implications**

9. No Legal Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Panel.

### **Financial Implications**

10. No Financial Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Panel.

### **Human Resources Implications**

11. No Human Resource Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Panel.

### **Technology Implications**

12. No Technology Implications have been sought for this report. Further specific advice can be provided in relation to any issues raised by the Panel.

### **RISKS AND ASSUMPTIONS**

13. There are no risk and assumptions associated with this report.

### **CONSULTATION**

14. No consultation was required for the report.

## **BACKGROUND PAPERS**

None

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

ICB – South Yorkshire Integrated Care Board

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# Primary Care Access Recovery Plan for Doncaster

## Introduction

On 9<sup>th</sup> May 2023 NHS England and the Department of Health and Social Care published a Delivery Plan for recovering access to primary care available here:

<https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf>

The main purpose of the plan is to prevent patients having to ring at 8am to get an appointment and to make it quicker and easier for patients to get the support they need. It also aims to ensure that those patients attending the practice on the day are clear how their case will be managed.

The plan covers four key areas which are replicated in the Doncaster plan:

- Empowering patients
- Implementing Modern General Practice Access
- Building capacity
- Cutting bureaucracy

This briefing covers each key area in turn.

## Empowering Patients

It is really important to make sure that patients who need to access general practice are able to do so and to support those people who need better access to information to manage their own care or to find support from other providers.

Demand for appointments in primary care is extremely high with over half of the Doncaster population accessing booking appointments every month. Unfortunately consistently around 10% of those appointments are not used each month either because patients do not turn up (DNA) or for reasons unknown. The table below shows this in more detail and the impact of the pandemic can clearly be seen.

MM/YY	Appts booked	% population booking	% appts used	% appts face to face	% appts telephone
Oct 2018	177,117	55	90	89	7
Oct 2019	178,564	55	89	88	7
Oct 2020	154,218	47	90	69	27
Oct 2021	166,404	51	90	71	25
Oct 2022	184,152	56	90	77	19
Oct 2023	194,858	58	88	74	21

The appointments above are those provided in GP practices both during core practice hours and in the extended hours period it does not cover appointments provided at the same day health centre or through the out of hours provider which are additional to this.

Key actions to empower patients are:

- Promoting the use of the NHS app
- Increasing self referral pathways and home monitoring services
- Expanding community pharmacy provision (see pharmacy section)

### Implementing Modern General Practice

The modern general practice model allows patients needs to be captured in one place whether they call on the phone, walk in or put in an online request. A care navigator then directs the request to the most appropriate services or team and deals with the associated administrative requirements. This will mean the patient is quickly seen by local services, advised on self care or assessed further by one of the practice team which is overseen by a GP.

This section also includes:

- Better digital telephony
- Simpler online requests
- Faster navigation, assessment and response

#### *Digital telephony*

All practices on analogue phone systems with a limited number of lines and no call management system are to move to digital telephone systems by March 2025. 19/37 practices are moving to digital systems by March this year. The remainder are already with an approved supplier but may need to make an adjustment to their contracts to achieve full functionality. National funding has been provided to Doncaster to enable these upgrades to happen. This means that patients should no longer get engaged tones when they phone their practice and will know how far in the queue they are as well as having the call back functionality

#### *Simpler online requests*

This includes better websites that are easily accessible and usable for each practice. Easier ways of booking appointments, ordering repeat medication and contacting the practice by email as well as accessing their medical records on line. In Doncaster we have secured support from Redmoor Health to encourage digital champions in our practices and networks to support the move to more digital options.

We are also acutely aware that not everyone has access to digital tools and the traditional ways of accessing general practice will remain however there is a huge digital inclusion project which is underway which has since 1<sup>st</sup> July 2024 enabled over 400 local people to undertake training in digital skills and 170 devices including phones to be provided to groups and individuals.

#### *Faster Navigation, assessment and response*

Care navigation training has been provided to all Doncaster practices. It is anticipated that around 15% of current GP appointments could be navigated out of the practice to self care, community pharmacy, to admin teams or other more appropriate local services.

National funding has been made available for practices to have some dedicated time to work up a modern general practice access model based on their individual needs

and the needs of their patients. This involves for example looking at capacity and demand and moving appointments around so that the busiest times of the week have the most appointments available. 10 practices have expressed interest so far in taking this forward.

### Building Capacity

This includes work to:

- Develop larger multidisciplinary teams
- Provide more new doctors
- Retain experienced GPs and enable them to return
- Give higher priority for primary care in new housing developments

### *Teams*

There are over 20 new types of roles working in primary care from clinical pharmacists to mental health co-ordinators, nurse associates to physicians associates and GP assistants and personalised care staff providing care co-ordination, health and well being and social prescribing support. PCNs have workforce plans in place which collectively will result in over 200 additional staff working in primary care in Doncaster.

It is planned that this national funding will continue to enable the workforce to be sustained there is a challenge in Doncaster that the funding available is less than the national calculation indicates it should be but we are working with NHS England to ensure that this is rectified.

We already have a good track record of partnership working in service delivery and multi-disciplinary teams already exist in a number of areas including care homes services this will be further expanded to maximise care and avoid duplication and silo working.

### *Doctors*

There are a number of actions being undertaken nationally to increase the GP workforce. A national workforce strategy has been published <sup>1</sup> [NHS England » NHS Long Term Workforce Plan](#) and the SY Strategic Plan for primary care sets out how the South Yorkshire Workforce and Training Hub will help in this area. The work programme for the hub for the next year includes supporting people new to general practice and supporting supervision as well as the development of rotational and hybrid roles.

In Doncaster we have a local GP retention scheme whereby doctors who would otherwise have left general practice are supported to remain in primary care with additional support and education being provided. The pandemic has enabled more flexible working for some doctors too so that they can undertake remote consultations for example from home to enable a better work life balance

### *Estates*

With the increasing workforce becomes an issue of adequate space to house all of the staff. Developments are underway to build new primary care hub facilities in Bentley and Rossington and two practices have been supported to extend their existing premises the Petersgate practice in Scawthorpe and the Scott practice in Balby.

We are supporting PCNs to develop their estates strategies to ensure all space is utilised and integration between different providers is maximised. A Strategic Estates Group brings all providers together including planning teams so that there is early warning of new housing developments and the impact that this will have on local services is better understood.

### Cutting Bureaucracy

This has included national work to reduce the number of targets that practices and networks have to deliver. A national consultation exercise has commenced on getting the balance right between incentivising practices to improve quality through the ongoing provision of targets to providing enough time for clinical care.

About 30% of GP time is spent on administrative functions and part of this plan is to reduce the burden particularly at the secondary to primary care interface

- to reduce the number of referrals back to a GP to make a referral into another specialty for the same patient
- hospitals to provide fit notes for patients they discharge
- hospital call and recall systems for follow up tests and appointments
- improve communication routes

There are also further national plans to reduce the burden on GPs having to provide evidence of illness for people called for jury service unless asked for by the court and updating guidance on when people wishing to access social housing need to seek medical advice.

### How we will deliver this

NHS England is providing funding for high quality digital tools to enable the shift to online.

NHS England has provided on average £13,500 per practice to support practices that commit to transforming the way they work.

All five PCNs have developed robust capacity and access plans which take forward the recommendations of the Delivery Plan. These are monitored quarterly by the ICB and payment will be made on achievement of key deliverables.

Funding has continued to expand the workforce in primary care in a number of roles including pharmacists, physiotherapists, health and well being coaches and other staff to take the pressure off the GP. For Doncaster this will have increased the primary care workforce by over 200 whole time equivalent staff by end March 2024.

We will continue providing evening and weekend appointments in our practices, patients can book these through their GP practice and be directed as to where to attend. The local health bus will also continue to deliver services to our most



vulnerable communities as part of this initiative. The Same Day Health Centre will continue to provide more urgent appointments to patients 7 days per week if they cannot get in to see healthcare professionals at their usual practice.

For those patients who attend the emergency department but are better seen in primary care, our out of hours provider is working closely with hospital colleagues to redirect patients into the urgent treatment centre instead (it is in the hospital close to the emergency department so patients can be seen and if appropriate treated quickly).

We are on a mission to move more services from the hospital out into the community so that they are accessible to our populations. As a first step a community diagnostic centre has been developed on the Mexborough Montague site to enable a one stop shop for checks scans and tests and will include facilities for CT scans, MRI scans, ultrasound and endoscopy significantly increasing the number of patients that can be seen.

Our practices routinely declare their capacity and demand pressures through a primary care capacity and demand tool so that the ICB can quickly see where practices may require additional support and resource. Primary Care Doncaster the local federation is working with local practices to ensure their ongoing resilience and engaging practices in structured support level framework discussions. Practices can also seek help from the national general practice improvement programme to better improve the way they work reducing pressure and increasing capacity at the right time to meet demand.

Primary Care Doncaster led a practice improvement week exercise with the Burns practice in September 2023 which provided the opportunity to look in detail at presentations in a primary care setting as to their appropriateness by collecting live data about demand across a week. This was done not only from a patient's point of view but also from the practice referring patients on to other services or patients being referred back into practice to identify any issues and put mitigations in place to reduce inappropriate attendances, processes and procedures and remove any obstacles. We are discussing with the Federation how this learning can be shared.

Continue to engage with our localities in the development of integrated neighbourhood teams to respond to our local residents needs and ensure that services are provided as close to home as possible with the right care providers. Workshops will continue into 2024/25 to further develop our integration plans.

We will supplement any national campaigns with local communications around digital access and the promotion of the NHS app, promotion of the wider primary care team and signposting patients to the right care (example winter leaflet posted to peoples homes which includes right care information)

We will also use our contract review meetings with practices to ensure that the contract is being delivered particularly around the contact with the practice clauses to remove the ongoing requests to patients to ring again at 8am the following day.

## **Community Pharmacy Access**

Through active leadership within our ICB Primary Care Provider Alliance and through our Community Pharmacy Forum, we are developing our collective understanding of the opportunities for Community Pharmacy, our aim being to strengthen the foundations for a more integrated, consistent, clinically focused offer in community pharmacies across South Yorkshire, recognising the potential for pharmacies to do more to support patients and local communities.

Locally commissioned services provided by Community Pharmacy are already in place across Doncaster, these are currently being reviewed to establish an up-to-date baseline of current services, to review the service specifications, digital platforms and funding model for current services and to make recommendations to the South Yorkshire Primary Care Provider Alliance about opportunities to achieve consistency and efficiency across South Yorkshire.

NHS South Yorkshire ICB is part of the NHS England Independent Prescribing Pathfinder programme for Community Pharmacy and will be hosting 10 pathfinder sites across our four Places, taking the opportunity to work together to redesign pathways and increase the use of the clinical skills within community pharmacy. The work to develop the South Yorkshire IP Pathfinder programme is underway, working with each of the South Yorkshire Local Medical Committees (LMCs), Community Pharmacy South Yorkshire (CPSY) and other stakeholders in the development of our clinical models and the required governance.

The outcome of the South Yorkshire pathfinder sites will be to share learning with the national NHS England programme and to inform the future of Community Pharmacy commissioning and ensuring that Pharmacists will be able to utilise their prescribing qualification whilst working in the Community Pharmacy sector.

Nationally there have been changes to the Community Provider landscape and this is reflected in Doncaster. The following information provides a summary of changes to Community Pharmacy provision in Doncaster since 1 January 2023.

<b>Pharmacy Type</b>	<b>No at 01/01/2023</b>	<b>No at 01/01/2024</b>
40 hour	60	59
100 hour	10	8
DSP	2	3
DAC	1	1
<b>Total</b>	<b>73</b>	<b>71</b>

### **Definitions:**

**40-hour** – Pharmacies that have 40 core opening hours per week. The contractor may choose to open the pharmacy for more than 40 hours; these are known as supplementary opening hours and can be removed by the contractor with five weeks' notice.

**100-hour** – Pharmacies that were subject to a 100-hour condition although they may now be opening fewer than 100 hours per week following changes to the pharmaceutical regulations which came into effect on 25 May 2023.

**DSP** – Distance Selling Pharmacy. There are specific conditions that apply to this type of pharmacy. A DSP must not provide essential services to a person who is present at the pharmacy, or in the vicinity of it. The pharmacy procedures for the premises must be such as to secure the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services, and the safe and effective provision of essential services without face-to-face contact between any person receiving the services, whether on their own or on someone else’s behalf, and the applicant or the applicant’s staff.

**DAC** – Dispensing Appliance Contractor

The following data shows the reduction to the total number of Community Pharmacy opening hours in Doncaster. However, it is important to note that loss of opening hours does not necessarily create a gap in service if there is alternative local provision that patients can access and also provision might not be inadequate if there is no alternative provision as it might be that there is no demand for pharmaceutical services during those hours that a contractor has chosen to reduce hours.

<b>Total opening hours per week 01.01.2023</b>	<b>Total opening hours per week 01.01.2024</b>	<b>Reduction in opening hours per week</b>
4056.83	3622.08	434.75

The table below sets out the changes to late night and Sunday opening of Community Pharmacies across Doncaster.

	<b>01/01/2023</b>	<b>01/01/2024</b>
<b>Number of pharmacies open later than 21:00 Monday to Friday</b>	10	0
	<b>01/01/2023</b>	<b>01/01/2024</b>
<b>Number of pharmacies open on Sunday</b>	12	10

The reduction in opening hours has resulted from:

- Closures, where the Pharmacy Contractor has determined that the Pharmacy is no longer viable;
- Closures as part of a consolidation, the ICB having determined that granting the application would not create a gap in pharmaceutical services provision that could be met by a routine application;
- Reductions to the core opening hours of 100-hour pharmacies. With effect from 25 May 2023, the Pharmaceutical Regulations were amended so that a pharmacy contractor can now apply to the ICB to reduce the total core opening hours of their 100-hour pharmacy to at least 72 core opening hours

per week, which must include core opening hours between 5pm and 9pm Monday to Saturday and core opening hours on a Sunday between 11am and 4pm, if the pharmacy currently has core hours at these times.

- Reductions to the supplementary opening hours of 40-hour pharmacies.

The above information has been shared with Doncaster Health and Wellbeing Board to inform work on reviewing the current Pharmaceutical Needs Assessment (PNA), which will identify whether there are any gaps in provision as a result of these changes. This piece of work is currently ongoing.

## **Demands on Community Pharmacy**

A wide range of services are delivered by Community Pharmacy. In addition to the essential services, including dispensing of medication, support for self-care, disposal of unwanted medicines and support to patients following discharge from hospital with new medications, Community Pharmacy also provides a range of advanced services, including Blood Pressure checks, Flu vaccinations, COVID vaccinations and Contraception Services.

One of the biggest challenges for Community Pharmacy, as with other healthcare services, is to recruit and retain its workforce. The South Yorkshire Workforce Board is in the final stages of developing a South Yorkshire Pharmacy Workforce Strategy, structured around four themes:

- Ensuring a sustainable workforce for today's demand.
- Building a sustainable workforce for the future.
- Improving retention of existing staff.
- Creating opportunities for expanded roles.

## **National Position on Community Pharmacy**

As part of the NHS England Primary Care Access Recovery Plan, the new Pharmacy First scheme is due to launch from the end of January 2024 and will enable Pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP. In Doncaster and across South Yorkshire there have been Minor Ailments schemes in operation, which will provide a helpful foundation for implementing this more wide-ranging service.

To date, 70 pharmacies across Doncaster have signed up to confirm they are able and willing to deliver this new service from 31<sup>st</sup> January 2024. The ICB is working with Doncaster Local Medical Committee to support building strong working relationships between GP Practices and Community Pharmacies to enable effective implementation of this new service and to maximise its benefits for patients, GP Practices and Community Pharmacies.

## **Oral Health in Doncaster**

Oral health and access to dental services is a significant concern for the people we serve with Doncaster experiencing high levels of poor oral health. Improving dental

services is a priority for the ICB.

Good oral health is essential for good general health and wellbeing, yet Doncaster residents experience some of the highest levels of tooth decay, gum disease, and mouth cancer which can have a negative impact throughout life and can cause pain and infection, leading to difficulties with eating and drinking affecting nutrition, sleeping, communicating, socialising and quality of life.

Oral diseases are largely preventable and share common risk factors (e.g. dietary sugars, tobacco, alcohol, poor oral hygiene) with other health problems such as obesity, diabetes, stroke, heart disease and aspiration pneumonia.

Oral diseases place significant costs on the NHS and also have a wider social impact, and as with other conditions, poor oral health disproportionately affects the most vulnerable and socially disadvantaged individuals and groups in society.

A health equity audit approach has been developed to produce a profile for Doncaster (NHSE, 2022 – see Appendix 1). This has identified areas which experience the highest levels of poor oral health yet have no NHS dental services or insufficient services to meet the need and will be referred to by the ICB guide future commissioning of services in Doncaster.

### **Dental Access / Demands / National Position**

There are 37 dental practices in Doncaster providing mandatory dental services with a total of 1,448.20 opening hours between Monday – Friday and with 2 practices opening on a Saturday morning totalling 8 hours. The distribution of dental practices across Doncaster is good with practices focused in areas of population density including deprived areas.

Access rates for both adults and children in Doncaster are higher than the national rates. 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 shows that Doncaster has 63.4% of adults and 60.5% of children seen to June 2023. This remains slightly lower than pre covid levels (66.2% and 66.0% respectively) but has been steadily rising year on year and compares favourably to the other 3 Local Authority areas in SY. Access includes those appointments for regular access aswell as urgent care.

There is no simple formula for estimation of unmet need in an area. Dental needs can be unmet due to a variety of reasons such as:-

- Waiting lists/volume commissioned
  - Cost
  - Physical access to premises, ability to travel
  - Opening hours/ability to take time off work/caring responsibilities
- Physical Access in more deprived neighbourhoods - The local place profile for Doncaster has indicated that in future the ICB may consider that any investment to focus on need and addressing inequalities should be on the following areas:

<b>Reallocation of resources to existing practices (within year / small numbers of Units of Dental Activity)</b>	
Wards with the highest level of deprivation (IMD 1) in the first instance	Adwick le Street & Carcroft Conisbrough Hexthorpe & Balby North Mexborough Town
<b>Commissioning in a new location/recommissioning in an existing location/retaining an existing practice</b>	
IMD 1 – NO GDS services	Balby South
IMD 4 – NO GDS services	Edenthorpe & Kirk Sandall
IMD 5 – NO GDS services	Roman Ridge
IMD 1 – GDS services	Adwick le Street & Carcroft Conisbrough Hexthorpe & Balby North Mexborough Town

- National position - Dental System Reforms - The outcome of the national 2022/23 dental contract system reform negotiations were confirmed by NHS England; this represents the first significant change to the contract since its introduction in 2006. These initial reforms seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care. Not all changes are yet in place, some are dependent on the timescale for legislative changes.

Stage 2 – scoping discussions are taking place with relevant professionals led by the national team focusing on further regulatory and other changes.

- Dental funding – The dental budget, under national direction is ringfenced from 1<sup>st</sup> April 2024 which includes clawback funding from those contracts which have not met their contractual obligations. This will allow the re-investment of funding (non recurrently) to maximise patient access. Funding in 2023/24 has been used to fund additional urgent access sessions to target those patients in greatest need.

### **Initiatives to Strengthen and Improve Access and Reduce Inequalities**

Examples of specific programmes of work which focus on improving access to reducing oral health inequalities are:

- 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.

In Doncaster, these practices 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 and former community dental services patients who are now in a position to accept care in a general practice setting. 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.

This programme has also been extended to address an unmet need where children with high dental needs with no regular dentist and have accessed urgent care allowing them to be signposted to a flexible commissioning practice to have their wider clinical dental needs assessed and an appropriate treatment plan put in place which may include onward referral to specialist services.

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 commissioning approach to 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 a targeted approach such as for hard to reach / hard to engage patients, supporting practices with large waiting lists to increase access for patients.
- Improving access for those experiencing homelessness - A dental service for those experiencing homelessness in Doncaster is also in place, this is based on a successful pilot in Leeds. This involves partnership working with local homeless charities/organisations which support clients 'on the ground' with a centrally-located dental practice based in the Flying Scotsman Health Centre. Clients will be supported by the charities/organisations to make appointments and be chaperoned to dedicated treatment sessions. The dental practice will also have an oral health champion who will support the charities and do outreach oral health promotional work. This is in the early stages of operation and is being closely monitored and supported during its mobilisation.
- Urgent access sessions for patients experiencing poorest oral health – SY ICB has been supporting the continuation of these sessions which originally started in November 2022 by NHS England to support the patient pathway due to the demand in the system for patient access. The current arrangement is due to end in March 2024. There are currently 24 practices providing urgent access sessions across SY with just 1 of these in Doncaster supporting the urgent care patient pathway. This scheme also provides access to routine dentistry and complete courses of treatment for patients.

Options to continue to commission these sessions are to be considered by the ICB and may be continued if deemed a priority and funding is identified via the funding plan for 2024/25.

If the scheme is to continue all eligible practices (to be determined) will be contacted to submit an expression of interest, this will also allow an opportunity to target any identified areas of need in Doncaster.

- SYB Acute Federation Paediatric Innovator Programme (Dental) – dental is one of 4 clinical specialities with the biggest waiting lists. Work is underway to work collaboratively to transform care and pathways for children and young people living in South Yorkshire. The aim is to improving access for paediatric dental services. This isn't without challenge, there is high demand, limited capacity and high waiting lists particularly for specialist/consultant led care and a limited workforce.
- Improving access for the housebound - With the aging population, there are increasing needs for dental care for older people. Provision of domiciliary care for the housebound of all ages who still live in their own homes is still a challenge.

In Doncaster there is one dental practice which provides two dedicated sessions per week to provide domiciliary care either in the patients own home or within a care home. This is a reactive service but is working well.

A review on a wider footprint across Yorkshire and the Humber on domiciliary care is also underway and within South Yorkshire the Local Dental Network will be comparing provision across the ICB.

- Workforce- the recruitment, retention, training and education and development of the whole dental workforce is a key area and one in which the ICB is keen to support. The dental workforce needs to be suitably trained and educated to be able to deliver evidence-based patient care, given the challenges of the burden and complexity of oral and general health.

Workforce challenges are a key issue for local practices with a number of providers including corporate organisations, struggling to recruit to vacant positions resulting in a negative effect on access for patients, this includes practices in Doncaster. The Covid-19 pandemic and Brexit have both impacted on dental workforce recruitment and retention. An option being explored and one in which will be presented to the ICB is an innovative approach using flexible commissioning to recruit and retain overseas dentists.

- Interpretation Services - To support access to care for all, practices may need to use translators and interpreters for patients who require support with communication. Dental practices and urgent care providers have arrangements in place. Arrangements in Doncaster are in place for practices to use The Big Word and funded by the ICB for interpreting services; face to face and telephone, language and British Sign Language.

The Oral Health Needs Assessment (OHNA) identified high levels of poor oral health amongst asylum seekers and refugees, who may also face language



barriers in accessing dental care. Migrants do not require proof of address or proof of immigration status in order to access NHS dental care, refer to <https://www.gov.uk/guidance/dental-health-migrant-health-guide>

- **Mental Health** - The Community Dentistry Service provides special care dentistry and paediatric dentistry 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 and those patients who have a medical condition which compromises dental care provision. Patients are referred into the service by a health care professional, this does not have to be a dentist. Patients do need to meet eligibility criteria to be able to access CDS.

The development of two information leaflets, one for people with additional needs (and those who support them) and the other for organisations and health professionals. These have been developed initially in Sheffield with oral health promotion teams and the CDS service. Work is underway with the ICB communications team for these to be tailored and produced for the rest of South Yorkshire areas with input from the local place stakeholders.

## Urgent Care

Patients in pain should have access to urgent dental care and treatment (UDT), regardless of whether they have access to a regular dentist. Where a patient has access to a regular dentist, then they should access in-hours urgent dental care through their regular dentist.

Urgent care for dentistry is commissioned as a stand-alone service for patients calling NHS111. The South Yorkshire urgent care treatment provider delivers appointments from two sites in Doncaster the predominant one is the Flying Scotsman, the other being Field Side Dental, Thorne. Other sites in South Yorkshire are in Rotherham and Sheffield. Patients accessing urgent care via NHS111 are clinically triaged and if deemed appropriate are offered an UDT appointment with a provider nearest to where they live, however some patients may find it more convenient to attend at another location.

The Urgent Care appointments are available across South Yorkshire 365 days a year with the Flying Scotsman providing the majority of appointments, however patients may choose to attend at other sites.

The NHS111 UDT appointments for SY are part of a Yorkshire & the Humber appointment book and data shows that the demand from Doncaster residents whose calls were answered was slightly less than the available appointments, resulting in a stable position with 0.94 patients per appointment in December 2023 compared to 0.92 in December 2022. It is recognised that not all calls are answered due to demands on NHS111 vs call handlers.

	Dec. 2022	Dec. 2023
No. appointments required	1159	1348

No. appointments available	1259	1441
No. patients per appointments	0.92	0.94

The urgent care appointments available for patients since November 2022 also included additional urgent access appointments in primary care across a number of practices as described above.

In addition to the above, commissioners are including the need for practices to provide NHS111 appointments as part of contractual terms and condition changes when appropriate, e.g. service reviews, business case submissions to relocate premises.

### **Fluoridation**

By far, the most cost-effective means of improving oral health, with the lowest carbon footprint would be to introduce water fluoridation. Although previously LAs were responsible for investigating the feasibility of new water fluoridation schemes and proposing new schemes, this responsibility has recently moved to the Secretary of State for Health and Social Care in line with the Health and Care Act 2022.

Benefits of fluoridation include:

- Reduces prevalence and severity of tooth decay in adults and children
- Adults living in fluoridated areas may retain more teeth when compared to adults living in non-fluoridated areas.
- 5 year olds in fluoridated areas have less tooth decay than those in non-fluoridated areas.
- People in deprived areas benefit the greatest from water fluoridation.
- No behaviour change required to reap the benefits.
- Cost effective oral health programme.