

Dental Locality Profile – Doncaster

March 2023

Overview

- Doncaster is a unitary authority in West Yorkshire (population 312,785) which in common with the remainder of the region has an **increasing and ageing population**.¹
- There is a relatively small ethnic minority population¹.
- Doncaster is one of the 20% most deprived districts/unitary authorities in England². Deprivation is strongly correlated with experience of dental disease for both children and adults.
- The rate for alcohol-related harm hospital admissions, estimated levels of excess weight in adults (aged 18+) and smoking prevalence in adults (aged 18+) are worse than the England average². These conditions share common risk factors (tobacco, alcohol and sugar) with oral diseases.

Positives

- Distribution of practices across Doncaster is good with practices focussed in areas of population density and includes more deprived areas (see maps).
- Access rates for both adults and children in Doncaster are higher than the national rates.
- UDAs commissioned per capita in Doncaster is higher than WY ICB and YH
- Primary care specialist orthodontic and IMOS practices.
- Good local engagement with YH developments (transitional / flexible commissioning, access programme).
- Local development of level 2 paediatric services in NHS dental practice (pilot imminent)
- Access to data – the local authority has the commissioning responsibility for the epidemiology fieldwork and they have a provider. It is essential that epidemiological surveys continue to be commissioned to enable identification of oral health inequalities.

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Challenges

- In Doncaster the average levels of dental decay are above the national average for 5-year-olds in England. Within Doncaster, the highest levels of experience of dental decay can be found in the Central locality.^{3,4}
- Relatively high delivery of commissioned UDAs but less than 96% (91% in 2019/20).
- **Poor oral health is largely preventable.** Oral disease developed in childhood has lifelong consequences. Access to timely prevention and care needs to adopt a **life course approach** and should include increasing access to fluorides, dietary control of sugars and reducing tobacco and alcohol use.
- There is no simple formula for **estimation of unmet need** in an area. Dental needs can be unmet due to a variety of reasons (waiting lists/volume commissioned, cost, physical access to premises, ability to travel, opening hours/ability to take time off work/caring responsibilities). Most patients would like a relationship/registration with a named practice of the type that exists for general medical services and to access those services as they choose (either regularly or

only occasionally or when they have an urgent need). GP practices have patient lists whilst dental practices are contracted to delivery activity. Dental practices are obliged only to deliver a course of treatment to an individual, not ongoing regular care however many practices do tend to see patients regularly.

- **Expectations of retaining some or all dentition for life** will be resource intensive. Maintenance of a heavily restored dentitions is complex potentially requiring specialist skills and often compounded by medical complexity, polypharmacy and the ability to self-care as an individual ages.
- Local engagement has highlighted poor oral health of communities living in Hexthorpe ward (including those from Eastern Europe), as well as dental access for individuals residing in Hexthorpe and asylum seekers as areas of concern. Also highlighted were concerns of the oral health of prisoners/prison leavers and dental access once they leave prison.

Current workstreams

- Review of YH **Community Dental Services** which has led to focussed work on recovery of dental GA services, workforce development (including level 2) and development of dental sedation services.
- NHSE YH accreditation of **level 2 paediatric practitioners** from the 1st cohort of the 2yr training programme developed by HEE YH. 3rd training cohort currently being recruited.
- **Level 2 Special Care** Dentistry training programme has also been developed and the 1st cohort are being recruited.
- **Transformational commissioning** – review and further development / merging of flexible commissioning and access programmes focussed on need and addressing inequalities.
- **Waiting list validation** – seeking to understand how practices record and manage waiting lists.
- **Domiciliary care** – access to dental care for those patients who are for housebound and unable to access local dental practices.

In the future we need to consider....

- **Access to prevention** interventions for all ages (life course), including expansion of delivery of prevention focussed practices (transformational/flexible commissioning)
- Patient facing **communications** – NHS dentistry how and when to access, recall intervals based on need (NICE guidance)
- Development of pathways that meet the **needs of an ageing population** - not just domiciliary services. Integration of pathways with the wider system (eg. post diagnosis), development of the dental team (level 2 SCD etc), estate/physical access.
- **Investment** – focussed on need and addressing inequalities. The OHNA assessment and commissioning data leads to the identification of the following areas:

Reallocation of resources to existing practices (within year / small numbers of UDAs)	
Wards with the highest level of deprivation (IMD 1) in the first instance.	Adwick le Street & Carcroft Conisbrough Hexthorpe & Balby North Mexborough

	Town
<i>Commissioning in a new location/recommissioning in an existing location/retaining an existing practice</i>	
IMD 1- no GDS services commissioned	Balby South
IMD 4 – no GDS services commissioned	Edenthorpe & Kirk Sandall
IMD 5 – no GDS services commissioned	Roman Ridge
IMD 1 – GDS services commissioned	Adwick le Street & Carcroft Conisbrough Hexthorpe & Balby North Mexborough Town

Investment decisions should also consider:

- Population distribution – see maps.
- Accessibility / transport links
- Contract delivery – poorer delivery may have underlying factors that investment may mitigate, for example opportunities for career/practice development/specialisation
- Contemporary intelligence from key local stakeholders

Population and their oral health needs

	Doncaster	SY ICB	Yorkshire & the Humber	England
Population¹	312,785			
Predicted change in population (2020-2040) -All ages	7%	8%	6%	
0-19 years of age	-5%	1%	-2%	
20-64 years of age	2%	4%	0%	
65+ years of age	35%	32%	33%	
85+ years of age	65%	60%	66%	
Epidemiology				
5-year-olds (2019)^{3,4}				
% with experience of decay	37.2%	N/A	28.7%	23.4%
Mean number of teeth affected in those with decay (mean dmft (dmft>0))	3.7	N/A	3.8	3.4
% with sepsis	3%	N/A	1.4%	1%
Mildly dependant older (2016)⁵				
Edentulous (no teeth)	53.8%	N/A	32.4%	27%
Of those with teeth - reporting pain in mouth	7%	N/A	9.7%	9.5%
% evidence of infection/sepsis	11.6%	N/A	10.7%	7.8%
Oral cancer⁶Standardised rate per 100,000				
Incidence - lip, oral cavity and pharynx (C00-C14)	14.36	N/A	15.26	14.55
Incidence - oral cavity (C00- C06)	8.04	N/A	8.7	8.36
Mortality - lip, oral cavity and pharynx (C00-C14)	4.14	N/A	4.7	4.54
Mortality - oral cavity (C00- C06)	2.1	N/A	2.18	2.19

Red - worse than YH and England; **Amber** -worse than YH but better than England; **Green** – better than YH and England

Commissioned dental services

	Doncaster	SY ICB	YH	England
Primary Care Services				
Numbers of GDS providers	40	173	611	
Wards in Doncaster with an NHS dental practice	17 wards. 18 practices in IMD decile 1- (most deprived)			
Wards without an NHS dental practice in Doncaster	Balby South (IMD 1) Edenthorpe and Kirk Sandall (IMD 4), Roman Ridge (IMD 5)			
UDAs commissioned (2019-20)	632,540	2,515,632	8,665,024	
UDAs delivered (2019-20)	572,487	2,375,214	8,003,442	
Total value of commissioned UDAs	£19,848,693.21	£80,834,070.25	£279,907,703.56	
UDAs commissioned per capita	2.02	1.78	1.6	
Specialist primary care services				
Orthodontic providers	8 (4 north and 4 south)	28	75	
IMOS providers	3	7	19	
CDS providers	1 (RFT)	2	9	
Dental Access⁷				
Adult (% pop ⁿ in 24 months to 30 th June '22)	47.6%		41.8% (NHS NEY)	36.9%
Child (% pop ⁿ in 12 months to 30 th June '22)	50.4%		48.9% (NHS NEY)	46.2%
Oral Health Prevention				
Fluoride varnish - (0-17yrs) ⁸ - FP17 forms (Nov 2021-Oct 2022)	61.7%	65%	59.5%	54.6%
Innovation in primary care				
Flexible commissioning practices	15	57	152	
Practices in Access scheme	0	15	55	
Practices providing additional urgent access sessions (to end March 2023)	4	34	106	
Practice locations prioritised under 'Golden Hello' scheme (IMD 1)	8	19	120	

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Figure 1: NHS GDS providers in Doncaster superimposed on deprivation (IMD, 2019) (darker = more deprived).

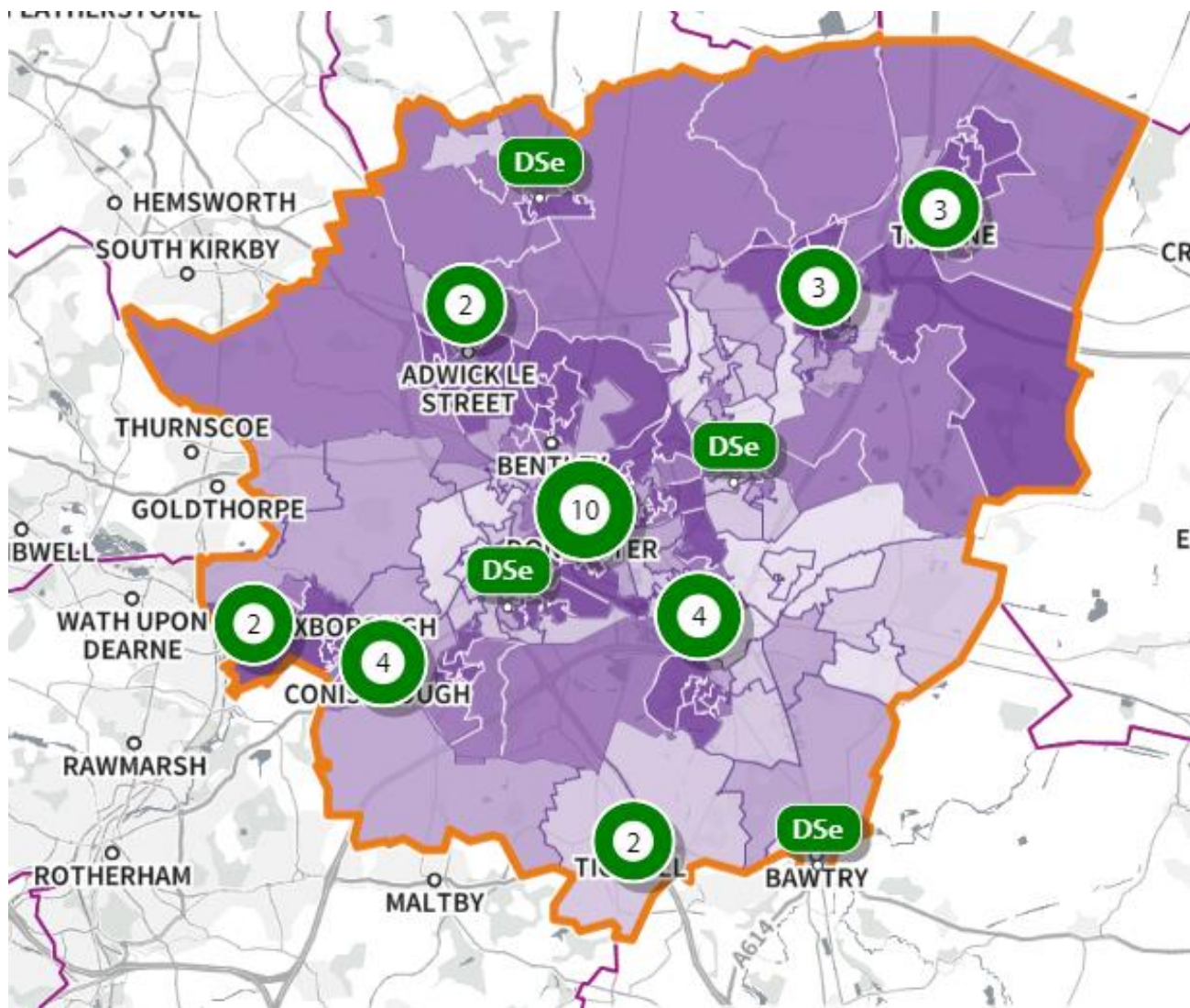
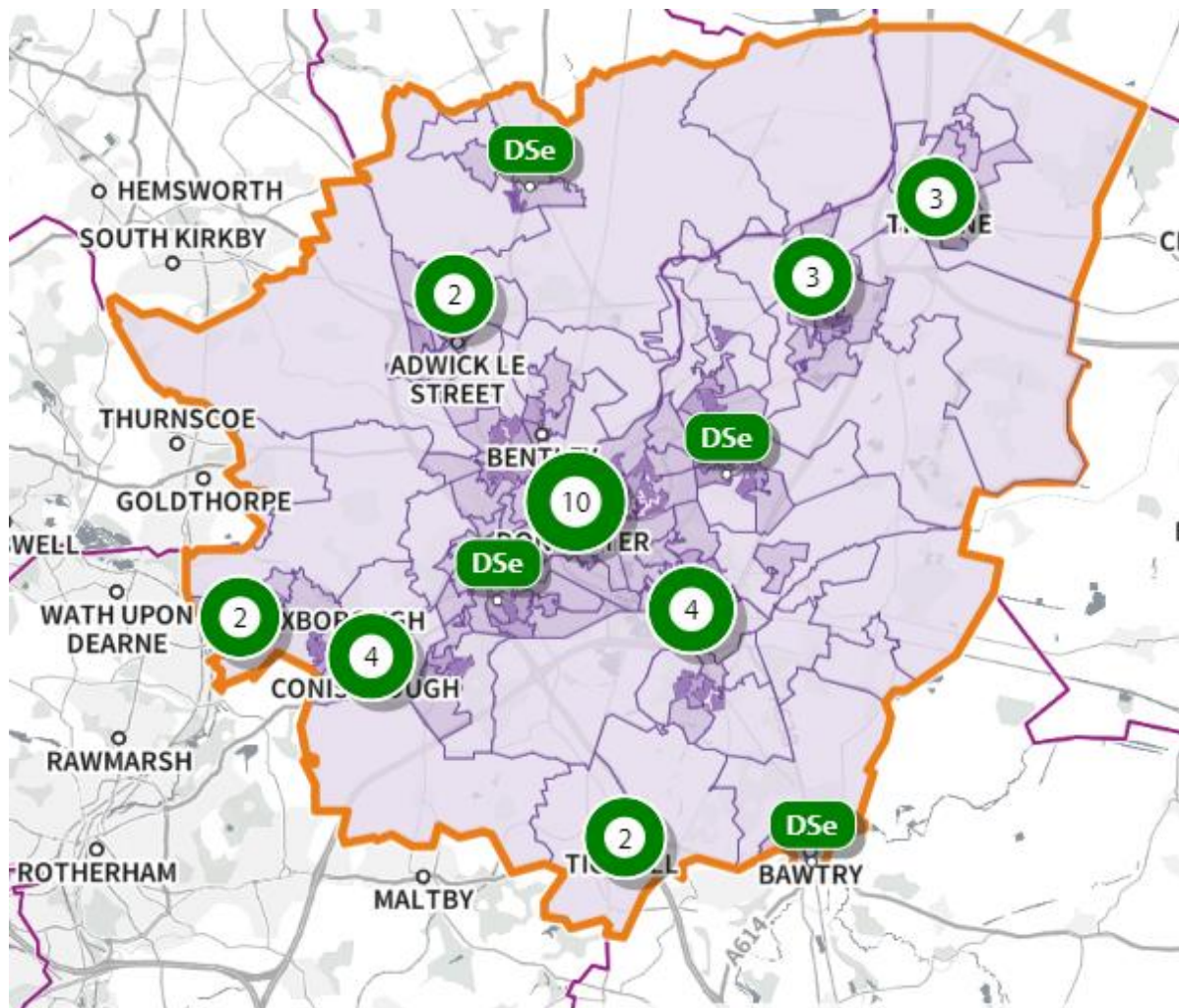


Figure 2: NHS GDS providers superimposed on population density (mid-2020) for Doncaster (darker = greater population density) with mapped (source NHSBSA)



References

1. Oral Health Needs Assessment, NHS England YH, May 2022
2. Local Authority Health Profile 2019 <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E08000017.html?area-name=Doncaster>
3. Doncaster oral health profile of 5-year-old children, PHE, revised April 2021. [Public library - UKHSA national - Knowledge Hub \(khub.net\)](#)
4. Oral health survey of 5-year-old children 2019. PHE, 2020 <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019>
5. Oral health survey of mildly dependent older people 2016. PHE, 2019. <https://www.gov.uk/government/publications/oral-health-survey-of-mildly-dependent-older-people-2016>
6. Oral cancer in England Incidence, survival, and mortality rates of oral cancer in England from 2012 to 2016, PHE, 2020. <https://www.gov.uk/government/publications/oral-cancer-in-england>
7. Access data; Annex 2; Table 1 (e and f). NHS BSA <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-annual-report>
8. Fluoride varnish data download. NHS BSA, November 2022.