

Dentistry update paper for Portsmouth City Council

July 2024

Context:

On 1 July 2022 NHS Hampshire and Isle of Wight (NHS HIOW), took on delegated responsibility for dentistry, pharmacy and optometry.

NHS HIOW has an explicit purpose to improve health outcomes for their whole population and the delegation will allow us to integrate services to enable decisions to be taken as close as possible to our residents. We are working to ensure residents can experience joined-up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care.

The organisation covers Portsmouth as well as Southampton, Isle of Wight and Hampshire.

The Covid-19 pandemic caused NHS dental providers to close for routine care, causing backlogs in routine dental treatment. In time dental practices restarted their routine treatment but with new safety controls in place, limiting the capacity for dental providers to see as many residents as before.

We know our residents continue to struggle to access dental services and we continue to work towards new procurement and an increase in Units of Dental Activity (UDA) that will lead to better access for patients. Access continues to improve and additional contracts to increase availability of NHS dentistry continue to be implemented, where the workforce can be found to take this on.

Workforce and the national NHS dental contract's complexities continue to be the biggest barriers to increasing capacity.

Background:

Primary dental care is commissioned as UDAs, with a number of UDAs allocated to each course of treatment, dependent upon the treatment delivered. A UDA is a unit of payment given to providers to reimburse them for the treatment provided. More complex dental treatments use more UDAs than simpler treatments. For example, an examination is one UDA whereas dentures equate to 12 UDAs. The number of UDAs a patient will need in a year will depend upon their oral health.

NICE guidelines suggest recalls for treatment range from three to twelve months for children and three to 24 months for adults. There is a direct correlation between deprivation and oral health, patients who live in more deprived areas have a higher dental need due to increased health inequalities they may experience which makes gum disease more likely. However, these groups are less likely to access a dentist, which further impacts their dental fitness. The most deprived communities in HIOW are nearly four times as likely to require tooth extraction when compared to the least deprived communities. When patients do access a



dentist they often use more UDAs a year, as they may require more complex treatment and have shorter recall period, resulting in frequent check-ups all of which utilise more UDAs compared to patients who live in a less deprived area.

The model of existing primary dental care was introduced in 2006 when the General Dental Services (GDS) Contract and Personal Dental Services (PDS) Agreement were introduced. Under that arrangement, which remains in place, contracts specify a defined number of UDAs for a defined contract value, with those issued in 2006 based on treatment provided during a 12-month test period in 2004/5. This period, now almost twenty years ago, was during the time when a dental practice could set up where they wished and deliver as much or as little NHS care as they chose. The current dental contract framework and legislation no longer allow practices to set up or provide as much as they wish; for existing practices this is limited to their contracted activity and new NHS practices can only be established after an open procurement process.

GDS contracts exist in perpetuity unless they are voluntarily terminated by the provider or the commissioner as a result of contractual breaches.

Currently a commissioner is not able to reduce contracted activity in one area and move this activity to an area it considers of greater need. There have been annual increases in dental budget allocations as agreed nationally, but this does not take into account increases in population size.

Current circumstances:

Dental services are commissioned through a variety of contracts depending on the services provided. High street dental practices are commissioned via contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005.

These dental practices are independent contractors who receive predefined funding each month from the NHS in line with contractual obligations. Practices who provide NHS services can also deliver private dental care from the same location. Due to different types of contracts being offered to Providers back in 2005 when the contract was introduced, some practices provide NHS services to all groups of patients, some are for children and charge exempt patients only and some may see children only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices; Band 1= 1 UDA, Band 2= 3 UDAs and Band 3= 12 UDAs.

NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not to services provided under NHS standard contracts for service delivered in acute hospital settings. The patient charges relate to the bands of treatment delivered in primary care. Services are delivered under treatment Bands 1, 2 and 3. Currently the charges for treatments are defined as:

- Band 1 charge is £26.80
- Band 2 charge is £73.50
- Band 3 charge is £319.10



The link below provides more details of which treatment is within which band:

<https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

Patients are not registered with dental practices as they are with a GP practice and a dentist has no obligation to see a patient in the same way a GP does. Patients do not register with a dentist. Patients are however encouraged to attend at regular intervals (recall) with the regularity of attendance based upon their assessed oral health needs which can be from every 3 months to 2 years. It is not necessary to see a dentist every 6 months unless this recall period has been identified by a dentist. Details of practices providing NHS dental care in Hampshire can be found on: <https://www.nhs.uk/service-search/find-a-dentist>

In addition to the services delivered in primary care there are other NHS dental services. They are:

- **Unscheduled Dental Care (UDC)** – most ‘urgent’ treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- **Orthodontics** - these services are based in ‘primary care’ but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- **Special Care Dentistry and Paediatrics** (also known as Community Dental Services) – services for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.
- **Hospital services** – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.

The tables below detail NHS Dental services available in Portsmouth for the 2024/25 financial year. Southampton and Isle of Wight has been included as a comparison, alongside other local authority data for Hampshire.

Primary Care services:

Local Authority	No. of Contracts	Units of Activity (UDAs)
Portsmouth	23	359,480
East Hants	7	103,501
Eastleigh	11	202,967
Fareham	13	142,625



Gosport	11	145,027
Havant	21	181,763
New Forest	21	273,441
Test Valley	7	127,728
Winchester	9	172,853
Basingstoke & Deane	17	222,645
Southampton	24	427,204
IOW	12	179,876

Onward referral services:

Service	Provider	Area covered
Orthodontics	19 Providers	Across all areas other than Gosport; <i>Hart area covered in NHS Frimley paper</i>
Oral Surgery (complex extractions)	6 Providers	Test Valley, Basingstoke & Dean, Southampton, New Forest, Havant, Eastleigh, Fareham, IOW
Community Dental Services	Solent NHS Trust	Hampshire and the Isle of Wight
Hospital services	Hampshire Hospitals NHS Foundation Trust	Choice applies

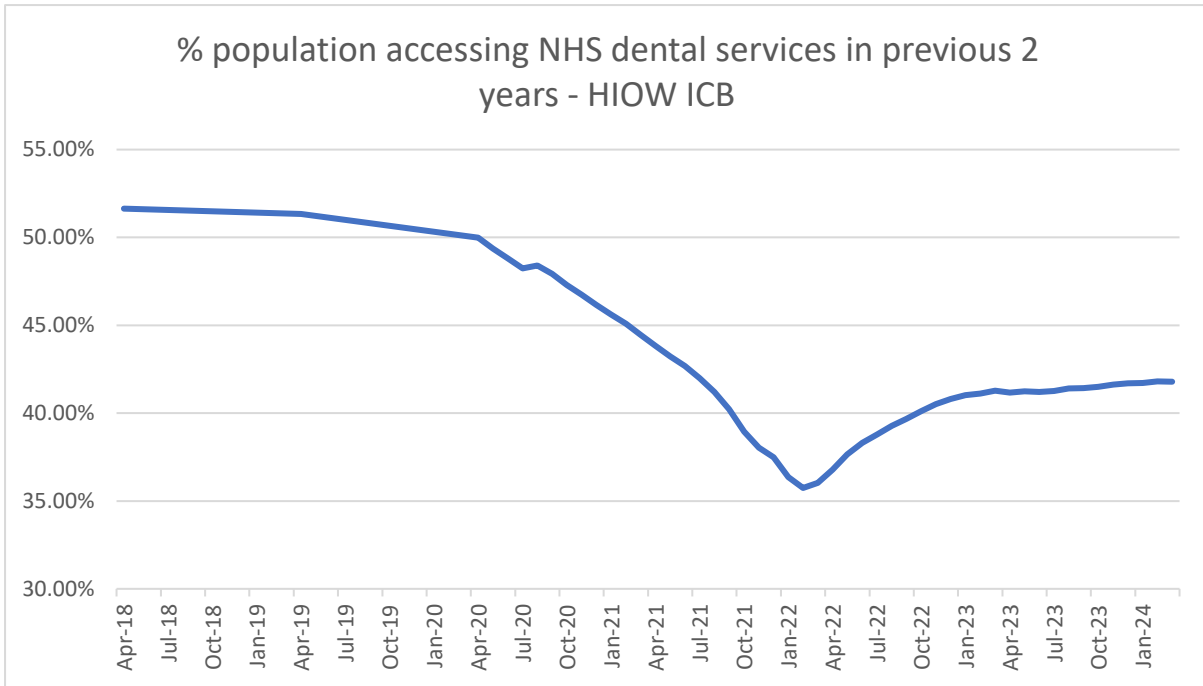
Access:

In April 2018, 938,883 people (51.64 per cent of the population) accessed NHS dental services in the previous 2 year period. In April 2019, prior to the pandemic 933,361 people (51.34 per cent of the population) accessed an NHS Dentist attendance within a 2-year period. This is based on the recorded population of 1,831,473 living in Hampshire, Portsmouth and Southampton.

However, this fell significantly during the pandemic where practices had to close for 3 months between March and June 2020 and operated at reduced capacity until July 2022. In early 2022 the percentage of patients attending dental practices fell to **35.74 per cent in February 2022**. Access has however started to improve with **41.21 per cent** of the population (754,33 people) attending by June 2023.



This trend continues to rise, with 41.8 per cent of the population in Hampshire seeing a dentist on a regular basis as of February 2024, which can be seen via the chart below.



The table below shows the number of patients attending a dentist in February 2022 compared with February 2024:

Patient group	Number attending Feb '22	Number attending Feb '24	Increase	% increase
Adults	470,040	541,446	71,406	15.19%
Children	184,614	224,130	39,516	21.40%
Total	654,654	765,576	110,922	16.94%

The recovery of dental services has been different across each ICB and Hampshire has unfortunately experienced high numbers of contract hand-backs; these begun prior to the pandemic. Although there has been recommissioning of services across the region, this has had little impact on activity levels as other providers have handed back contracts in the time it has taken to start the new services.

Challenges faced:

While access continues to improve, much of the difficulty around increasing this capacity surrounds workforce and the national dental contract, formed in 2006. These issues feed each other, causing long waiting times and difficulties in finding a dentist who accepts NHS patients.

Dental practices are independent businesses, with those who choose to, commissioned to undertake NHS activity for patients. However, many choose to operate privately as it may suit their business model, work balance and finances.

Under the terms of the contract, if a patient needs a filling correction, root canal treatment and a crown under their treatment plan, the dentist will be paid for the crown only as this is the highest level of activity. It is also only what the patient will be charged for.

However a private dentist can choose to charge for all the work under the treatment plan. These complexities can make NHS work less appealing for dental practices, with anecdotal evidence informing us of this. Having a shortage of workforce willing to take on NHS work means that there is less availability for the general public. The government's recent dental recovery plan cites that coastal communities face further workforce challenges due to geography, meaning that Hampshire and Isle of Wight is a particularly challenged area to commission NHS activity for dental services, with the Isle of Wight specifically facing difficulties.

It also means that many practices do not fulfil their contract in full, with the highest delivery rate for all commissioned work at 60 per cent, in Basingstoke. Portsmouth has a delivery rate of 38.3 per cent, which reflects the workforce challenges currently facing the city and coastal communities more widely, which was cited in the government's recent dental recovery plan. By comparison, the Isle of Wight delivery rate is 36.1 per cent, Southampton is 54.3 per cent and Fareham is at 44.1 per cent.

Recruiting and retaining dentists, as is the case with other healthcare professions, is difficult. Even where it has been possible to procure additional services, we can find that providers take dental professionals from existing NHS practices especially where they are in close proximity. The differential in UDA rate allows providers to use differing pay rates, which is why NHS Hampshire and Isle of Wight is seeking to intervene to create equity and, we hope, improve access to services for local people. Fortunately the key responsibility that has come to Integrated Care Boards is the ability to impact the UDA rate locally. This helps us to make local interventions and ensure we create equity across dental providers in our area, which may help to mitigate the workforce challenges we face. We also have the opportunity to use patient feedback to understand local issues and where we can make targeted interventions.

It is also worth noting that providers are advising the commissioning/contracting team that the pandemic has changed how dentists are choosing to work with many now working fewer hours/days within the NHS and therefore delivering less activity. Some are choosing to leave the NHS to undertake private work or, in some cases, opting not to join an NHS practice at the start of their dental career and instead going into private practice. This change in workforce dynamics has meant that activity levels are not returning in line with capacity requirements throughout the South East region.

Across the South East region, dentists and practices cited several reasons for leaving the NHS. In the last report dated September 2023, these included:

- The focus on treatment with limited focus on oral health improvement, with implications this has on time to be made available to patients.
- Delays in proposed changes to the contract at national level.
- The level of nationally implemented annual financial uplifts to the contracts when compared to the costs of running their services.

- The limited flexibility within the contract to use greater skill mix to deliver care.
- The extent of patient dissatisfaction with access to care.

It is unfortunate that these reasons are still relevant today even with the implementation of further national contractual changes.

Actions and next steps:

Hampshire and Isle of Wight Dental Strategy and Dental Implementation Plan 2024/25

The dental strategy was approved at the Primary Care Committee on 17 January 2024, increasing the momentum to deliver on the following strategic priorities: Access, Oral Health Promotion and Stabilisation all of which will start to build a stable foundation to increase dental capacity in the system, increasing education opportunities and access for patients. The priorities will be focused on the following groups initially: children including Looked After Children, pregnant and post-natal people, care home residents and those with dementia and patients experiencing Health Inequalities.

Targeted support

While mainly benefitting practices on the Isle of Wight, targeted support has been commissioned on the island with NHS Hampshire and Isle of Wight temporarily increasing the UDA rate. It is likely that patients on the Isle of Wight travel over to the mainland to receive dental care on the NHS. By increasing capacity on the island, it will free up capacity in Portsmouth.

In addition, the ICB are undertaking local rapid commissioning processes in Portsmouth, as well as Havant and the Isle of Wight. As patients can access treatment at any dental practice, regardless of distance from their address, this rapid commissioning will further support the NHS Dental system in the city.

Requesting reform of the national dental contract

NHS Hampshire and Isle of Wight would welcome contract reform, a point which was made directly to the Health and Social Care Select Committee in parliament. This formed part of their report that made a number of recommendations to the government. The committee published its [findings and recommendations on 14 July 2023](#).

The government's dental Recover and Reform plan, launched in February 2024, stated it would set the trajectory for longer-term reforms of the NHS dental contract. At an evidence session, former minister Andrea Leadsom MP said that reform on the contract could be seen in January 2025 under the previous government.

Mobile dental units

In February 2024, NHS Hampshire and Isle of Wight launched a partnership with dental charity, DentaId, to deliver dental care via the NHS to communities who are experiencing health inequalities. Patients including families experiencing poverty, people at risk of homelessness, children, and new and expectant mothers in areas at highest risk of poor dental health can make appointments to see the dentist on a mobile dental unit. Emergency



appointments are also available for eligible patients who are suffering acute pain and have no other access to dental care.

Dentaid's mobile dental units work with partner organisations such as family hubs, community centres, public buildings and sports facilities across Hampshire and the Isle of Wight. Eligible patients are then invited to make appointments to see the dentist onboard who will provide check-ups, oral cancer screening, oral health advice and a full course of treatment if required. Emergency care is also including extractions and fillings via referral from 111. All treatment is free of charge, with the service commissioned and paid for by NHS Hampshire and Isle of Wight.

The use of mobile units was mentioned as a possible solution to capacity issues in the government's dental recovery plan, meaning Hampshire and Isle of Wight is ahead of the curve in implementing this innovative measure. The mobile unit has been utilised in Portsmouth for much of its time so far. The current locations are targeting areas of greatest need and include many coastal communities, such as the city, Gosport, Havant and the Isle of Wight. Areas of use will continue to be reviewed throughout the duration of the scheme.

Supporting practices

A proactive approach is always taken when practices need support or are at risk of handing back a contract or facing estate issues. We will continue to meet with dentists to find out how we can best support them, previously this has prevented multiple practice closures, which would have exacerbated existing accessibility problems for patients.

Commissioning additional activity

Since April 2023, several dental practices have been undertaking temporary additional activity, which will continue until October 2026, giving each dental practice that is involved, assurances for stability to employ staff on a longer-term contract. The temporary activity provides access and supports providers whilst the Mandatory Dental Services full procurement process is undertaken. The additional UDAs commissioned via temporary additional activity is 115,852 UDAs at a cost of £3,636,597.42.

Commissioning additional hours schemes

Since 2020, Additional Access sessions have been commissioned across the region with three practices currently taking part in the scheme in Hampshire. The Additional Access sessions will see patients who need urgent dental care, those who have received urgent treatment elsewhere, but it was not possible to obtain ongoing care to achieve dental fitness.

The current sessions are however limited in appointment availability as there are only three practices offering appointments at this current time, with one based in Portsmouth. Practices however are able to join the additional access session scheme at any time if they feel they have additional capacity to offer sessions.

Practice Name	Address			Telephone number
Smile Dental Care	2 Hanway Road	Portsmouth	PO1 4ND	023 9323 3177



Twenty Dental Care	20 The Avenue	Gosport	PO12 2JR	023925 89055
Smile Dental Care Eastleigh	40 Chamberlayne Road	Eastleigh	SO50 5JH	02381 781496

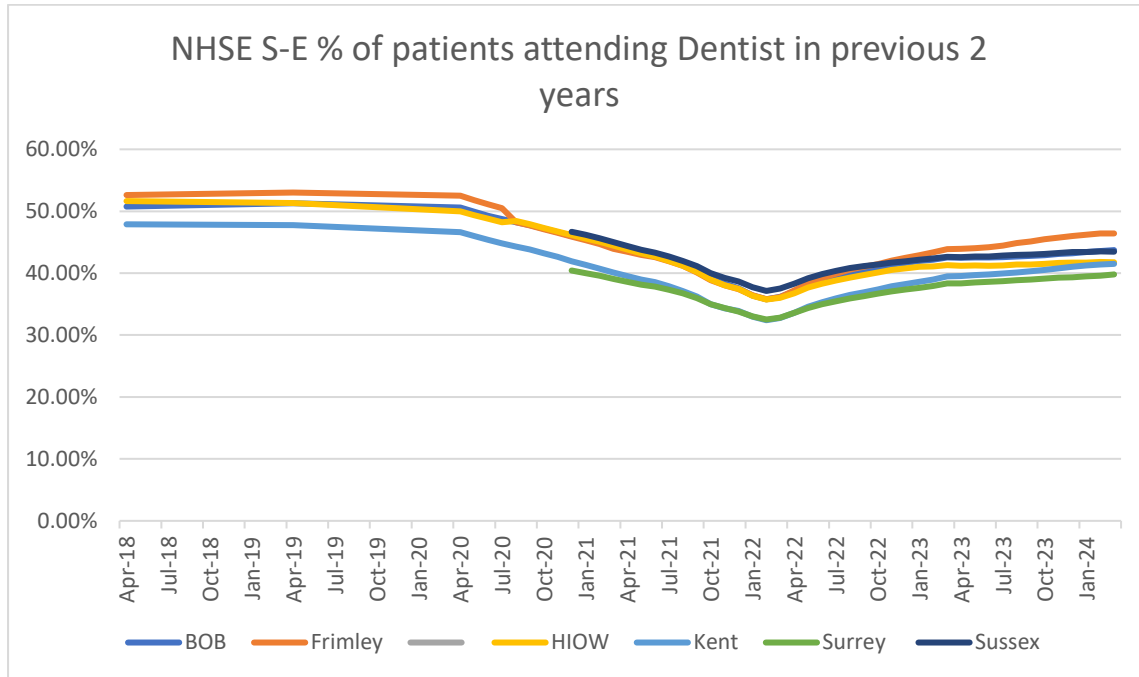
Enabling additional capacity

NHS Hampshire and Isle of Wight implemented a Flexible Commissioning arrangements in 2023/24 whereby practices can convert up to ten per cent of their contract value from delivery activity targets to increase access for patients.

Comparison of performance

As previously advised, dental services are recovering from the impact of the Pandemic at different rates across the country. The information below is therefore shared to give an indication as to where Hampshire currently sits in its recovery in comparison to other ICBs in the South East region.

The graph and table below compares NHS Hampshire and Isle of Wight with the other ICBs across the region:



Access to NHS dental Services						
% attending in previous 2 years						
	BOB	Frimley	HIOW	Kent	Surrey	Sussex
February -2022	35.78%	35.79%	35.74%	32.40%	32.52%	37.13%



February -2024	43.59%	46.39%	41.80%	41.41%	39.60%	43.51%
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