NHS Dental Services in Nottinghamshire

NHS England and NHS Improvement

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Report to Nottinghamshire's Health Scrutiny Committee

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1 Background to NHS Dentistry:

Prior to the introduction of the new dental contract in 2006, any dentist (who was qualified to do so) could set up a practice and provide NHS dentistry. They could treat as many patients as presented themselves and claimed for each element of the treatment carried out under the old 'Items of Service' contracting arrangements; e.g. if a patient had two fillings, the dentist was paid twice the unit cost of a filling etc. However, due to NHS budget constraints, it became necessary to limit the national spend on NHS dentistry. Therefore, there was a reference period in 2005 which determined how many Units of Dental Activity (UDAs) each *existing* NHS dental practice would be allocated per annum and it was no longer possible for dentists to set themselves up as an NHS provider on an ad hoc basis. Any new services had to be specifically commissioned by the PCT, within their capped financial envelope.

In effect, the PCTs, and subsequently NHS England, 'inherited' those practices that were already in existence and who wished to continue to carry out NHS dentistry under the new contracting arrangements. Sadly, a number of practices opted to become fully private at this time as they did not feel that the new UDA system would adequately recompense them for their work. This had a significant impact on the number of NHS appointments available. The PCT had no control over where these 'inherited' services were situated, or over the number of UDAs commissioned in each geographical area. Hence capacity did not, and in some areas continues to not, necessarily meet demand. There have been significant population changes across Nottinghamshire in subsequent years, but the number of UDAs commissioned (which is set contractually and cannot be amended without the agreement of both parties) has not always increased/decreased accordingly to meet the changing demand.

Unlike with some other healthcare funding streams, such as general practice, funding does not follow a dental patient from their previous place of residence should they relocate to another area. Nor do the existing dental contracting arrangements/budgets allow for population growth. More and more people are keeping their own teeth into old age, many of whom have heavily restored teeth, which creates extra pressure on the historic dental budgets. It is estimated that around 57% of the population regularly attend an NHS dentist. The remaining 43% comprises of those who have a private dentist, those who only access services when they have a need, those who have been unable to find an NHS dentist and those who do not wish to attend the dentist.

NHS England currently has a statutory duty to commission and manage all NHS dental services, excluding services provided in a prison setting. This includes general dentistry, orthodontics, Community Dental Services and secondary care dentistry e.g. oral surgery, restorative dentistry and more complex orthodontics.

Dentistry is one of the few NHS services where patients pay a contribution towards the cost of their care. Any treatment that a dentist believes is clinically necessary to

achieve and maintain and individual's good oral health should be made available to patients on the NHS. Dental treatments are split into one of the following four treatment Bands:

- **Emergency dental treatment – £22.70.** This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
- **Band 1 course of treatment – £22.70**. This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £62.10.** This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £269.30.** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

Fee paying adults contribute the above charges towards the cost of NHS dental treatment. Charges are not incurred for individual items within an NHS course of treatment. Depending on what treatment is required, a patient will only be asked to pay one charge for each completed course of treatment, even if more than one appointment is required to finish it.

1.1 General dental practices accepting new patients

Dental practice registration was abolished with the introduction of the new contract in 2006, however most practices continue to hold practice lists and recall their regular cohort of patients.

Patients wishing to find an NHS dentist can visit the NHS Choices website (www.nhs.uk). It is the responsibility of each individual dental practice to ensure that their entry is kept up-to-date, however as this is not a contractual requirement many practices neglect to do so. Therefore, NHS England North Midlands – Derbyshire & Nottinghamshire, conduct a monthly Dental Access Survey to establish which practices are currently taking on new NHS patients. At the time the last survey was conducted (April 2019), 62 general dental practices in Nottinghamshire were accepting new NHS patients.

2 Local Picture

2.1 General Dental Contracts

In Nottinghamshire, there are 78 NHS dental contracts with 1,070,954 UDAs commissioned worth around £27 million. This is split between general dental services and general dental services that also have an orthodontic element to their contract.

The average price per UDA in Nottinghamshire is £25.10 compared to the Derbyshire and Nottinghamshire average of £27.83. The average UDA per head of population in Nottinghamshire is 1.31 compared to the Derbyshire and Nottinghamshire average of 1.49. However, please note that many patients prefer to attend dental practices in the city, close to where they work or shop etc.

2.2 Orthodontics

Orthodontic services are commissioned under a Personal Dental Services Agreement with Units of Orthodontic Activity (UOAs) – this is a time limited agreement.

There are currently two fully orthodontic providers in Nottinghamshire who deliver a total of 35,500 UOAs per annum, but there is also some orthodontic provision delivered from seven general dental services practices amounting to a further 5,053 UOAs. A full case of orthodontic treatment generally equates to 21 UOAs.

2.3 Unscheduled/Urgent Dental Care

There are currently several dental practices that offer local urgent care slots during the week, over weekends and at bank holidays across mid-Nottinghamshire. Patients can also access two services based in Nottingham City; Nottingham Emergency Dental Services (NEDS) and the Integrated Dental Unit (IDU).

The Urgent and Emergency Care Review and Five Year Forward View; Next Steps emphasise the need to change the way unscheduled care is offered, in order that everyone can receive the most appropriate care, in the most appropriate place, first time around. This includes equitable access to access to high quality unscheduled dental services that are integrated with the wider urgent care system. Therefore, the Dental Team is in the process of procuring a new and consistent Unscheduled Dental Services model across the whole of Derbyshire and Nottinghamshire.

The aims of the new Unscheduled Dental Service (UDS) will be:

• To deliver unscheduled dental care services providing assessment and treatment for patients with a variety of non-life-threatening dental conditions to the population of Derbyshire & Nottinghamshire (excluding Bassetlaw).

• To reduce inappropriate attendances at A&E.

• To ensure services are provided in a safe, caring, appropriate and accessible environment.

The Unscheduled Dental Service will complement the services provided by other primary dental care services and work in parallel with rather than duplicating existing services. The UDS will be flexible and responsive, adapting to the individual needs of patients.

2.4 Community Dental Services

Nottinghamshire Healthcare NHS Foundation Trust delivers a broad range of community and special care dentistry services at a number of sites across Nottinghamshire including, but not exclusively, IV and inhalation sedation services, domiciliary provision, out of hours and unscheduled dental care, referral advice, continuing care for patients who meet the acceptance criteria, Oral Health Promotion and outreach services for homeless and substance misuse.

NHS England recently conducted a review of the Community Dental Services across Derbyshire and Nottinghamshire and are in the process of procuring them. The new Community Dental Services will be expected to provide patient centred clinical services in a primary care setting for patients who are unable to access and obtain routine dental care in a general dental practice setting because of some impairment, disability and/or complex medical condition.

The aim of the service will be to improve oral health and reduce the oral health inequalities of people in Derbyshire and Nottinghamshire who have a physical, sensory, intellectual, mental, medical, psychological and/or emotional or social impairment or disability or more often a combination of these through:

• Providing high quality consultant-led paediatric and special care dentistry to children and adults. This will include children with more complex dental needs.

• Providing high quality dental care to people from vulnerable groups whose needs may not be accommodated in NHS general dental services.

In addition the service will:

• Deliver the fieldwork for Public Health England's Dental Public Health Epidemiology Programme where commissioned for local authorities

2.5 Secondary Care Dental Services

In Nottinghamshire, there is one acute trust; King's Mill Hospitals provided by Sherwood Forest Hospitals NHS Foundation Trust. The Trust undertakes a variety of treatments including orthodontics and oral & maxillofacial surgery. Many Nottinghamshire patients also attend Nottingham University Hospitals, based in Nottingham City.

3 Epidemiology

3.1 Oral disease

There has been a significant decline in tooth decay and improvements in oral health over the past 40 years. However, a substantial proportion of the population experiences high levels of oral disease, particularly within disadvantaged and vulnerable groups. The following describes the common oral diseases in children, adults and vulnerable people using national and local oral health survey data.

The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children. In the public health outcomes framework one of the indicators is the proportion of children aged five-years free from dental decay. In the 2015 National Dental Epidemiology Programme survey, 2,160 children were sampled in Nottinghamshire of whom 1,413 (66.9%) parental consent was provided to take part in the survey and were clinically examined at school by trained and calibrated examiners, who used the national standard method.

3.2 Dental decay affecting Nottinghamshire's children

Tooth decay is the main oral disease affecting children. It has significant impacts on the daily lives of children and their families including pain, sleepless nights and time missed from school and work. The main risk factors for tooth decay are diets high in sugars and lack of exposure to fluoride therefore **tooth decay is almost always preventable**.

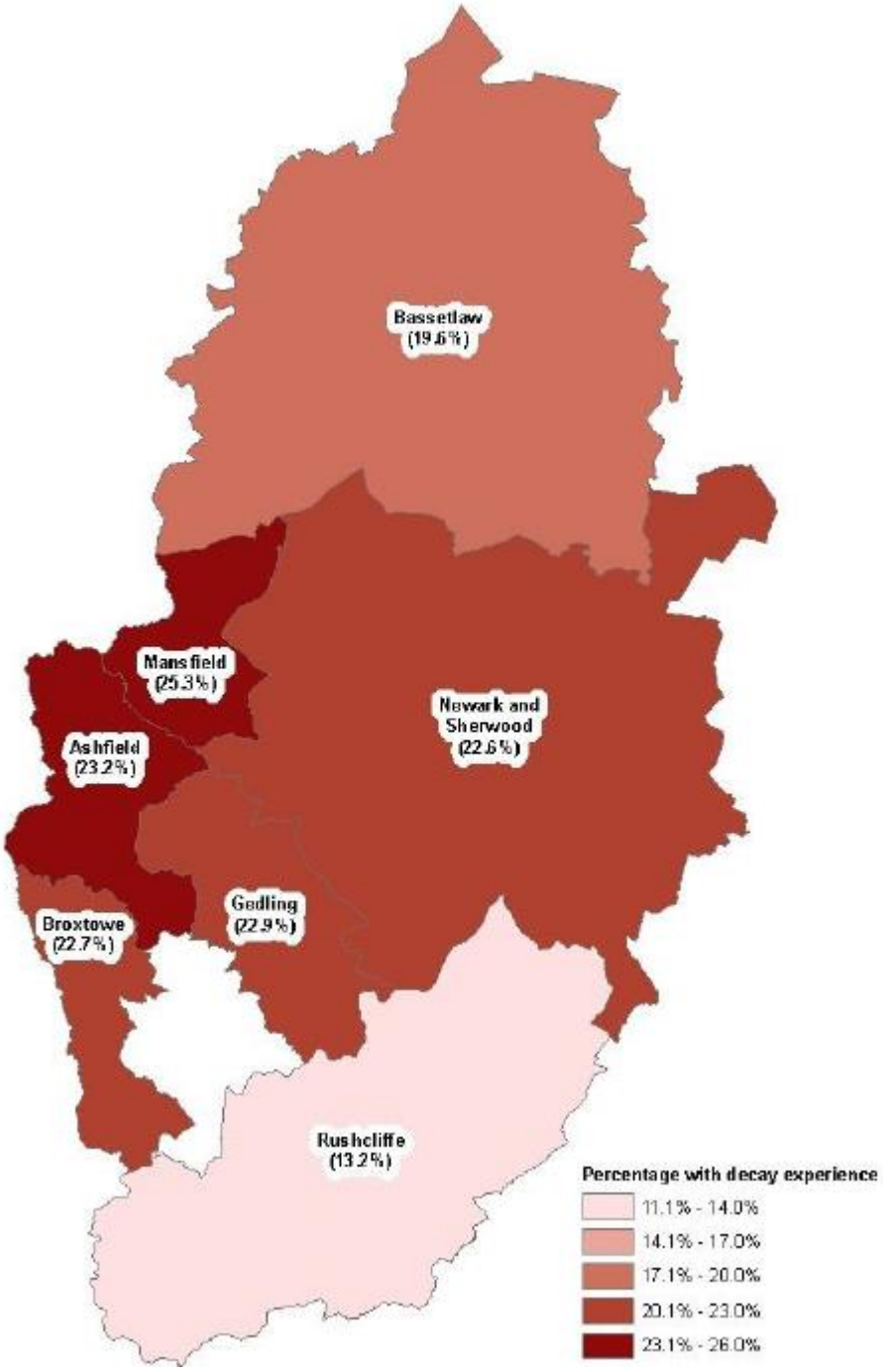
A commonly used indicator of tooth decay and treatment experience, the 'dmft index', is obtained by calculating the average number of decayed (d), missing due to decay (m) and filled due to decay (f) teeth (t) in a population. In five-year-old children, this score will be for the first (primary) teeth and is recorded as dmft. In 12-year-old children it reports the adult teeth in upper case (DMFT). The average (mean) dmft/DMFT is a measure of the severity of tooth decay experience.

3.3 Summary of findings:

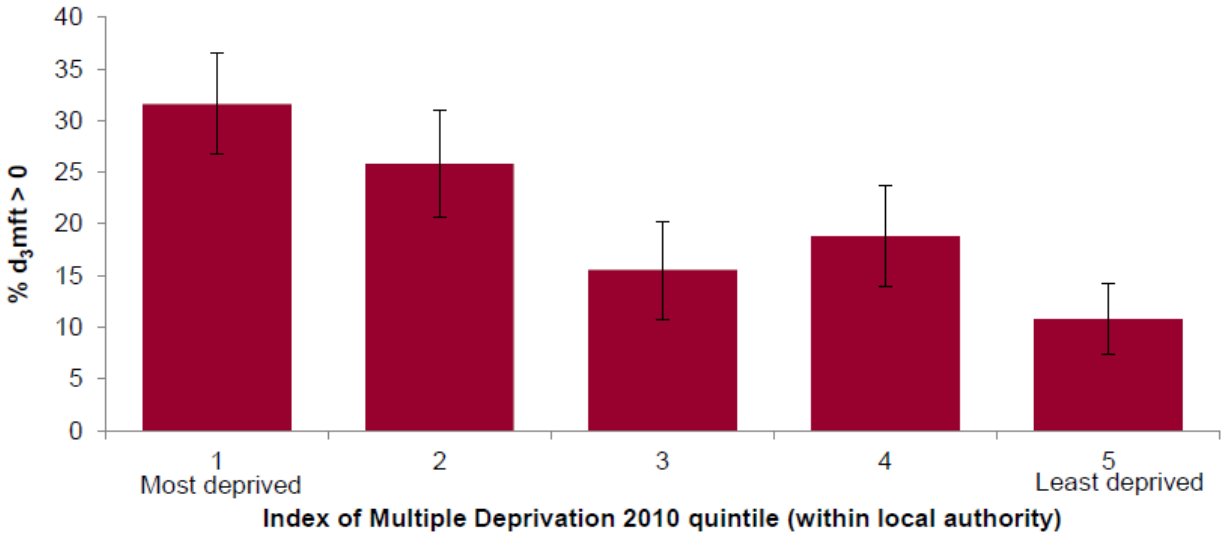
Nottinghamshire local authority has levels of decay that are lower than the average for England.

However, there are some marked inequalities within the county with higher levels of decay experience are spread across Mansfield and Ashfield lower-tier local authorities, where around a quarter of all children have experienced tooth decay (see map below). This indicates that efforts to improve oral health and reduce inequalities should be targeted at these areas.

The prevalence of decay that is related to long term bottle use is lower than the national level.



Prevalence of decay by Index of Multiple Deprivation 2015 quintiles for Nottinghamshire local authority (including 95% confidence limits shown as black bars).



3.4 Epidemiology of oral diseases in adults

Information on the oral health of adults has been collected nationally through the Office for National Statistics co-ordinated socio-dental surveys on a decennial basis since 1968. The survey consists of an interview schedule and a dental examination performed by trained and calibrated dental examiners. The most recent survey was undertaken in 2009. No local clinical surveys of adult oral health have been undertaken therefore much of the following summary is national or presented for the county as a whole.

Summary of adults' oral health

• the oral health of adults has improved significantly over the last 40 years with more of the population retaining their natural teeth throughout life
• in Nottinghamshire 27% of adults had tooth decay and 2% had severe gum disease
• men from materially deprived backgrounds were more likely to experience higher levels of tooth decay and gum diseases but least likely to visit a dentist

3.5 Epidemiology of oral diseases in vulnerable groups

Vulnerable groups are those people whose economic, social, environmental circumstances or lifestyle place them at high risk of poor oral health or make it difficult for them to access dental services. This includes people who are old and frail, have physical or mental disabilities, homeless, children who are, or who have been in care.
These groups often require special treatment or treatment in a special setting to accommodate their needs. The 2015/16 Oral Health Survey of Older People presented the results of a questionnaire and standardised dental examination of older people (aged 65 years and older) with mild dependency who live in "extra care" housing establishments. This is the first oral health survey of this population group and the method was implemented as a pilot. There is therefore no directly comparable data to use which could help to show trends.

Summary of vulnerable groups' oral health

• 34% of those older vulnerable adults surveyed in Nottinghamshire reported having not visited a dentist in the last two years, with 19% saying they have difficulty getting travelling to and from a dentist compared with 13% nationally.
• children with learning disabilities are more likely to have teeth extracted than filled and have poorer gum health
• adults with learning disabilities are more likely to have poorer oral health than the general population
• adults with learning disabilities living in the community are more likely to have poorer oral health than their counterparts living in care
• homeless people are more likely to have greater need for oral healthcare than the general population