

Report to the Reading Adult Social Care, Children's and Education (ACE) Committee

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Title: NHS Dental services in Reading

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1. Introduction

On 1st July 2022 the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board took on delegated responsibility for Dentistry, alongside Pharmacy and Optometry. Integrated Care Boards (ICBs) have an explicit purpose to improve health outcomes for their whole population and the delegation will allow the ICB to integrate services to enable decisions to be taken as close as possible to their residents. The ICB is working to ensure their residents can experience joined up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care and advice.

The ICB discharges its responsibility for dental commissioning in partnership with NHS Frimley who host a Commissioning hub for Pharmacy, Optometry and Dental Services, providing operational leadership within ICB governance structures.

Clinical engagement is achieved via a Local Dental Network (LDN) covering the Thames Valley area (Buckinghamshire, Oxfordshire, Berkshire West and Berkshire East). This is a clinically led group involving Dentists, Dental Public Consultants, representatives from Health Education England and the Local Dental Committees and service commissioners. Reporting to the LDN are specialist led Managed Clinical Networks for Oral Surgery, Orthodontics, Restorative Dentistry and Special Care and Paediatrics.

Patients are not registered with a dentist in the same way as they are with a GP. A dental practice is only responsible for a patient's care while in treatment, although many will maintain a list of regular patients so may only have the capacity to take on new patients when patients do not return for scheduled check-ups or advise they are moving away from the area.

Dental practices deliver services via cash limited contracts with the NHS in which they are required to deliver agreed levels of activity each year.

Since the onset of the pandemic dental services have faced major challenges. Enhanced infection control procedures, necessitated by the types of procedures carried out in dental surgeries, led to reduced dental capacity. Their capacity has been very gradually increased as infection rates have dropped, under strict guidance aimed at keeping patients and staff safe.

It is only since July 2022 that practices have returned to full capacity. Although the gradual increase has improved access to dental care there remains backlog of care from earlier in the pandemic that will take some considerable time to address. The rate of recovery is being impacted by the greater oral health needs of patients due to gaps in their attendance with treatment plans taking longer to complete and some practices have decided to cease NHS provision. This has impacted primary care dental services and referral services including hospital and a range of community-based services.

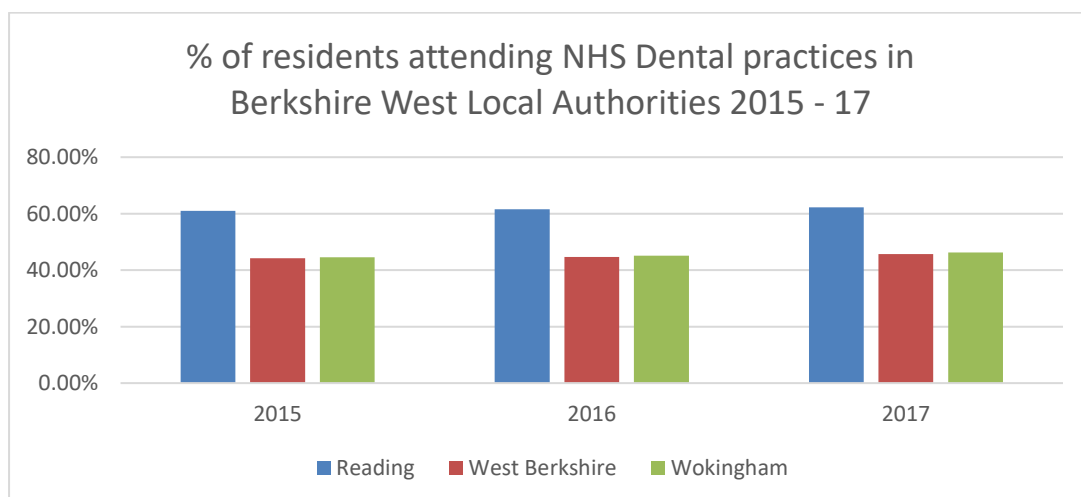
This paper provides an update regarding access to services and the actions being taken to address challenges.

2. Updates on dental services

2.1 Primary Care services

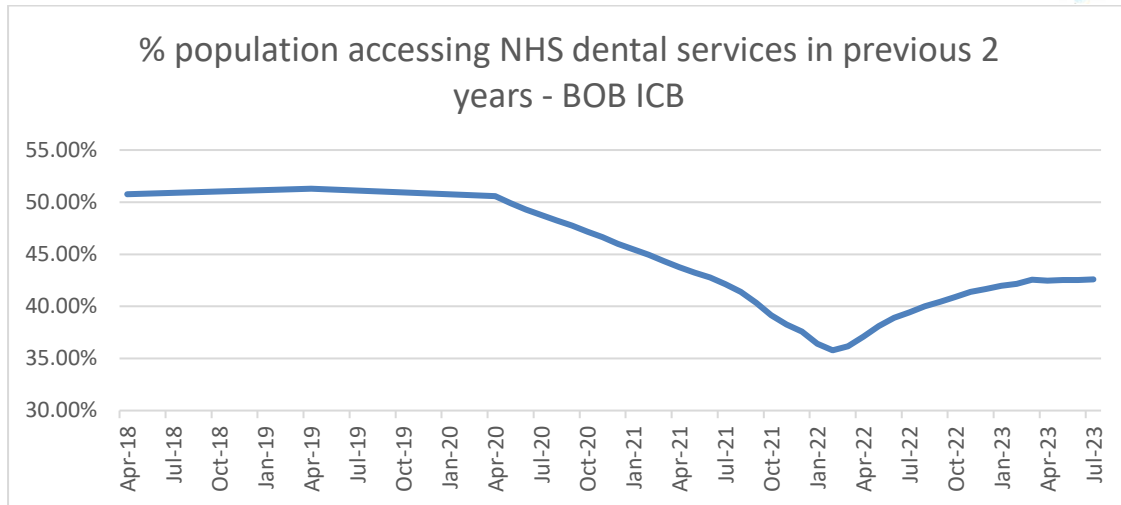
2.1.1 Access

Access to primary care dental services is measured on the basis of the number of unique patients attending over a 2-year period. The introduction of the current dental contract in 2006 was accompanied by a programme of ringfenced financial investment under the Dental Access Programme designed to recover NHS dental access, which had fallen significantly following the previous introduction of the 1992 contract. Access to NHS Dentistry in the Thames Valley increased from about 43% of the population in 2008 to about 51% in 2019 (an increase of about 250,000 people). The table below describes access in the Berkshire West local authorities in the period 2015 – 17.



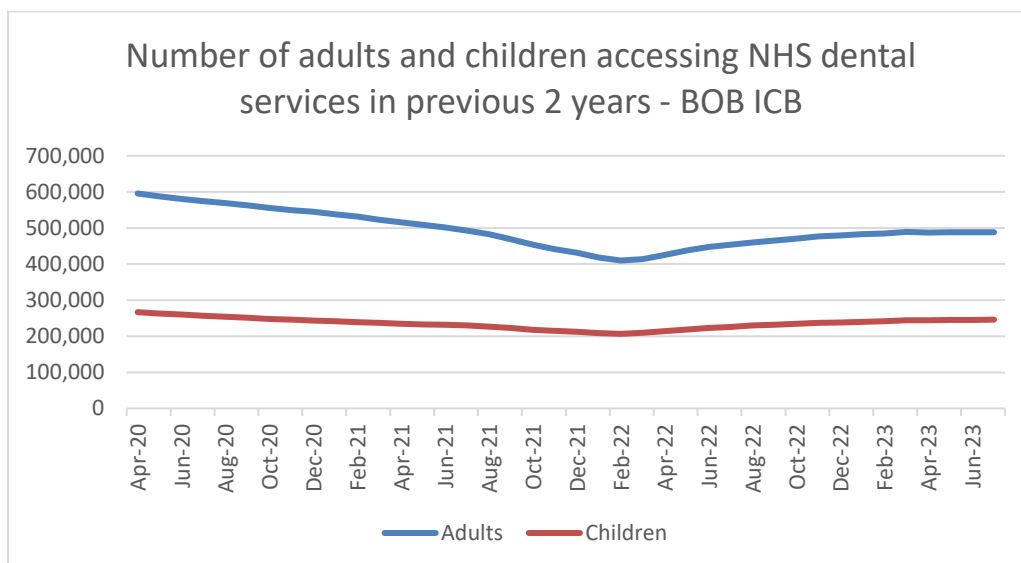
In the Berkshire West area, resident attendance at the Reading practices was the highest at about 60% (*note: this data has not been available at local authority level since 2017*).

Due to the coronavirus pandemic, all dental practices (NHS and private) had to close between March and June 2020 and were then required to operate at significantly reduced capacity until July 2022. This was for safety reasons. Practices returned to full capacity in July 2022. In early 2022, the number of patients attending BOB ICB dental practices in the previous 2 years fell below 36%. Since then, there has been a recovery in access. In July 2023, 42.59% of the BOB ICB population (733,967 people, an increase of 117,359 compared to February 2022) had attended an NHS dental practice in the previous 2 years.



The rate of increased access has been similar for adults and children. The table and chart below detail the numbers of adults and children in BOB accessing NHS dental services in this period:

Patient group	Number attending Feb '22	Number attending Jul '23	Increase	% increase
Adults	409,943	488,226	78,283	19.1%
Children	206,665	245,741	39,076	18.9%
Total	616,608	733,967	117,359	19.0%



However, the number attending is still some way below the pre-pandemic figures of 51.29% attending pre-pandemic.

As capacity has been increased practices have been able to deliver more of their contracted activity. Practices are required to deliver an agreed number of Units of Dental Activity (UDAs) each year. The UDA payment bands relate to the patient treatment bands under the NHS Patient Charges Regulations 2005.

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

2.1.2 Contract Delivery

The table below describes the level of activity commissioned in Reading.

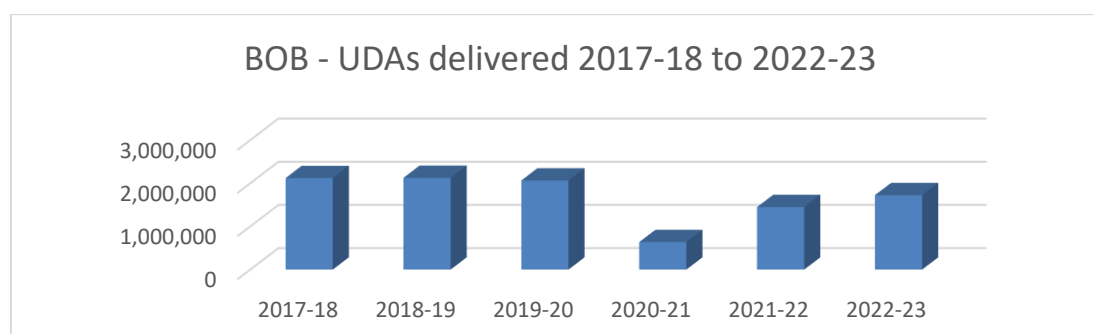
Service	Number	Units of Activity	Contract value 2022-23
GDS contracts	17	243,454	£7.2m

The table below compares UDAs commissioned per head with other parts of the BOB ICB:

Local Authority	UDAs commissioned	Population 2019	UDAs per head
Reading	243,454	161,780	1.50
West Berkshire	171,711	158,450	1.08
Wokingham	182,513	171,119	1.07
BOB	2,178,067	1,723,447	1.26

The higher number of UDAs per head in Reading means that there is a comparatively higher number of dental appointments available for, and being accessed by, the population of Reading.

Practices are paid on the basis of delivery an agreed level of activity each year. If they fall below a certain threshold financial recovery will be made. Prior to the pandemic the average annual delivery in the BOB area was about 95%. Contract delivery requirements were relaxed during the pandemic as the practices operated at below 100% capacity between 2020 -22. Since the peak of the pandemic contract delivery has been increasing and this has supported increased access. In 2022-23, about 80% of contracted activity was delivered in BOB (87.5% in Reading)



Whilst this is significant increase on the peak pandemic year of 2020-21 (28% of UDAs delivered) it is still some way below pre-pandemic levels.

2.1.3 Access challenges

There are a number of challenges that continue to face access to NHS services. Many of the patients who have attended dental practices since the pandemic have increased treatment needs due to increased gaps in attendance. This means their treatment plans are taking longer to complete. For some patients who had previously attended local practices prior to the pandemic it has been difficult to access care, and that challenge has been even greater for people who have not attended a local service for a number of years and/or who have relocated to the area.

The ICB as commissioner of these services has received high numbers of queries, complaints, and MP letters as a result.

Dental practices are not obliged to provide NHS treatment, and post-pandemic some Dentists are reconsidering whether they wish to continue providing NHS services. To seek to retain Dentists, many practices have increased their pay but if many patients have increased treatment needs this may impact on the practices' ability to achieve contracted activity targets. Annual financial uplifts to dental contracts are set nationally and local data suggests that these are falling below the additional costs being incurred. This combination of factors has two main effects. It can make practices reluctant to take on new patients (due to likely additional treatment need and costs of treatment) and the NHS element of their business being potentially non-financially viable. This has meant that some practices have decided to either hand back their contracts or reduce their NHS commitment.

Since 2021, 15 practices in BOB have handed back their contracts and 4 have reduced their NHS commitment. A total of 93,367 UDAs have been lost as a result of this, which is about 4% of the total. In Reading 3 practices have left the NHS since 2021 with a total of 9,888 UDAs being handed back (about 4% of the total).

When contracts are handed back, other local practices are approached about replacing the lost activity on a temporary basis. A total of 3,500 UDAs have been offered and commissioned from other practices in Reading until 31st March 2024 (35% of the lost capacity). The ICB will continue to seek to replace this activity on a permanent basis from April 2024.

2.1.4 Actions to address the challenges

Helpful changes to the National Contract

National changes were made to the dental contract in late 2022 with practices able to deliver higher levels of activity each year; receive higher payments for more complex treatments and use greater skill mix in delivering services. A minimum UDA price of £23 was introduced; practices were reminded of the need to follow national guidance on recall intervals; they were required to update information about patient acceptance status on <https://www.nhs.uk/service-search/find-a-dentist> and ICBs could unilaterally rebase contracts for persistent underperformance from 2024-25 onwards.

Action taken across the South East of England

The South-East ICBs have arrangements in place for practices to provide Additional Access sessions for patients who struggle to access care and need urgent dental treatment, but the take

up for the scheme in BOB has been low. There are 2 practices currently involved in the scheme; one in Reading and the other in Buckinghamshire. The challenge around workforce has meant that it is difficult for more practices to provide additional sessions.

In addition, the BOB ICB has also commissioned a Flexible Commissioning scheme. This allows dental practices to convert up to 10% of their contract value from delivering activity targets to providing access sessions for patients who have struggled to access dental care. This allows more time for practices to treat patients with more complex needs.

The following patient groups have been identified in priority groups for the scheme:

- Patients who have not attended a local dental practice for more than 2 years
- Patients relocating to the area
- Looked After Children
- Asylum seekers and refugees
- Families of Armed Forces personnel
- Other groups as identified by the practice

This is a pilot scheme for the period 1st June 2023 to 31st March 2024. 30 practices in BOB are taking part with plans to deliver nearly 3,000 ‘access sessions’ across the year. In the 3 months between June and August 2023, about 640 Flexible Commissioning sessions were delivered (i.e. time slots blocked out for this purpose) and about 2,500 patients attended the practices during these time slots.

There are four practices taking part in the scheme from the Berkshire West area with plans to deliver 221 sessions:

Practice Name	Address	Planned number of sessions June 2023 to March 2024
Gentle Dental	6 Chapel Hill, Tilehurst, Reading, RG31 5DG	23
Newbury Dental Practice	4 London Road, Newbury, RG14 1JX	50
Winnersh Dental Practice	410 Reading Road, Winnersh, Wokingham, RG41 5EP	90
Smile Dental Care Twyford	8 – 10 High Street, Twyford, RG10 9AE	58

The aim is to test this approach with the pilot practices to assess whether it should be continued beyond March 2024 and possibly widened to other patient groups.

2.2 Community Dental Services (Special Care and Paediatric Dentistry)

This is a pivotal service for treating patients on referral and on a continuing care basis, for those residents who have needs that mean they aren’t able to access dentistry in a traditional dental practice and need a more specialist environment. There are 3 providers of these services in BOB, including the Berkshire Healthcare NHS Foundation Trust (BHFT).

Significant backlogs of patients had built due to the reduced levels of activity between 2020 and 2022, which included patients awaiting treatment in clinic and in hospital for treatment under general anaesthetic.

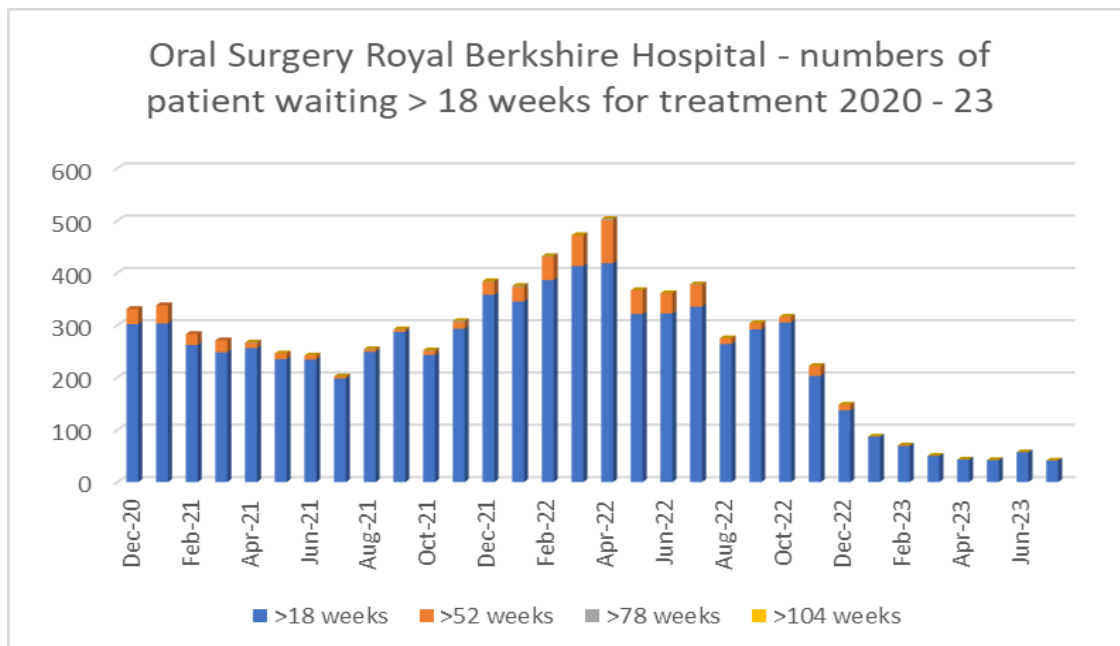
Restoration and Re-set monies have been invested with BHFT which has helped the service achieve significant improvements in waiting times.

Month	Number of pts assessed and awaiting treatment	% Pts treated <18 weeks Routine	% Pts treated <18 weeks Sedation	% Pts treated <18 weeks GA	Number of children awaiting treatment under GA
April 2021	1,556	21%	15%	1%	478
April 2023	707	93%	70%	95%	124

2.3 Oral Surgery services

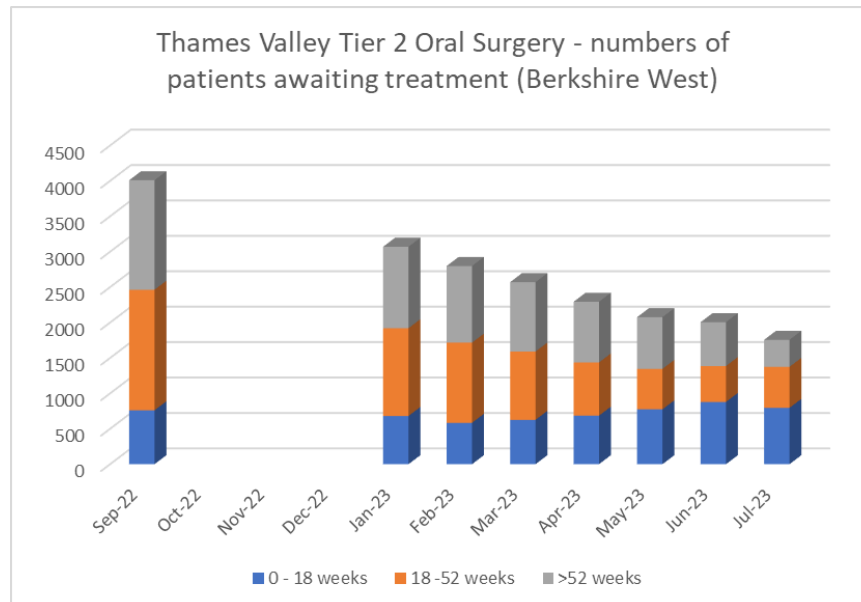
Oral Surgery refers to the more complex techniques required to extract patients’ teeth. In terms of numbers of referrals to specialist services this is the highest volume specialty with about 20,000 referrals made to tier 2 (community specialist) and tier 3 (hospital) services per annum in the Thames Valley area (about 4,400 per annum in Berkshire West). Nationally, Elective Recovery Fund monies have been allocated to support recovery of waiting lists in hospitals.

The Royal Berkshire Hospital NHS Foundation Trust has managed to reduce the number of patients waiting more than 18 weeks from 503 in April 2022 to 42 in July 2023.



About 65% of Oral Surgery referrals go to the community-based tier 2 specialist service. This service has been in receipt of local Restoration and Re-set monies and in Berkshire West, has

managed to reduce the number of patients waiting more than 18 weeks from 3,248 in September 2022 to 961 in July 2023.



3. Summary

Improving access to dentistry services is a priority for BOB ICB and we continue to take positive actions to improve the current situation for our residents.

There have been a number of significant improvements in access to and delivery of dental services since the peak of the coronavirus pandemic. Dental services only returned to full capacity in July 2022 and the levels of provision in primary care are now moving back towards pre-pandemic levels. More treatments are also being provided in community-based referral and hospital services. The number of patients accessing NHS dental care is increasing and the number of long waiters for specialist referral services is falling. Changes have been made to the national dental contract with the aim of increasing support to the profession and improving access for patients. More changes are due to follow. The ICB has recently implemented a Flexible Commissioning scheme to support patients who have faced challenges accessing care. There are also plans to permanently re-commission activity that has been lost from 1st April 2024, where capacity allows.

However, significant challenges remain. Practices are still working through backlogs of patients built up as a result of the pandemic which is impacting the rate of growth in access. For patients who have not attended local services, access is still a challenge. Workforce issues remain with contract handbacks and reductions continuing.

The ICB is working with a range of local stakeholders to develop a primary care strategy, which includes dental services, with the aim of commissioning services to meet local needs in ways that are sustainable. The ICB is also working in partnership with other ICBs across the South-East Region to re-commission, particularly referral, services where there are benefits in joint commissioning programmes. It will be important to continue work collaboratively and innovatively to maintain progress.