

<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 9
<b>17 September 2024</b>	<b>PUBLIC REPORT</b>

Report of: Dental Commissioning Update	Cambridgeshire & Peterborough Integrated Care Board
Contact Officer(s):	Nicci Briggs, Chief Finance Officer

**THE PROVISION OF NHS DENTAL SERVICES IN PETERBOROUGH**

<b>RECOMMENDATIONS</b>
It is recommended that Peterborough Adults and Health Scrutiny Committee:
<ol style="list-style-type: none"> <li>1. Are asked to note the content of the report.</li> <li>2. Cambridgeshire &amp; Peterborough Integrated Care Board want to assure members that we are working closely with Dental Providers who deliver an NHS dental contract in Peterborough to continue to recover and restore effective dental services, since the delegation of the commissioning of these service since 1 April 2023, whilst also exploring a longer-term strategy to support a model of sustainable NHS Dental service provision in Cambridgeshire and Peterborough.</li> </ol>

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Adults and Health Scrutiny Committee following a request from the Committee for a further update regarding the current provision and access to NHS dental services in Peterborough.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to

- (a) Provide an update regarding current dental provision.
- (b) Provide performance against local targets (where possible)
- (c) Signal the ICB's intention to develop a dental strategy that delivers a longer-term sustainable solution for NHS dental services in Cambridgeshire and Peterborough

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

**3. BACKGROUND AND KEY ISSUES**

**3.1 Background**

3.1.1 Cambridgeshire and Peterborough Integrated Care Board (ICB) took on full delegated responsibility for NHS dental contracting, commissioning and performance on the 1 April 2023 and there are currently 75 General Dental Service (GDS) contracts and Personal Dental Agreements (PDA) delivering mandatory NHS dental services within

the C&P ICB system. 18 of these contracts cover Peterborough but for some of these contracts, services are delivered from main and branch sites.

- 3.1.2 Primary dental services are one of the four pillars of the primary care system in England, along with general practice, primary ophthalmic services (eye health) and community pharmacy. These services use a 'contractor' model of care, which means that almost all NHS primary care services are delivered by independent providers contracted to the NHS.
- 3.1.3 Dental practices are classed as independent contractors who can choose whether they wish to hold a contract to provide NHS dental services or not. Dental providers manage their own practice and can determine their own capacity to take on NHS work. This also means they can decide whether they are able to retain existing patients and/or accept new patients and therefore their lists can open and close on a frequent basis.
- 3.1.3 NHS Dental Services are provided through a national Dental Contracting Framework. This framework determines how services are commissioned and delivered which is largely based around units of dental activity (UDAs) linked to treatment bands. Sign up to deliver NHS dental services by an independent contractor is entirely voluntary, but performers who deliver this service, must be registered on the NHS England Performers List for England.
- 3.1.4 There is a long history of dissatisfaction with contracting in dentistry dating back to the inception of the NHS. Most of the dissatisfaction stems from the scraping of capitation-based approach due to unforeseen increase in demand and thus cost resulting in a fee cut of 7% in 1992/93. This has had a knock-on effect with dentists now moving to more private work. As concerns grew around access and waits for NHS treatment this led to a reform in contract 2006. The 2006 contract aligned NHS dentistry to other parts of the NHS and moved from a fee-for-service model to an activity targeted model.
- 3.1.5 The current funding model relies heavily on patient charges and contract-based payments to dental practices. This model presents several challenges, including limited financial incentives for preventative care, insufficient funding for complex treatments, and disparities in reimbursement rates between different types of treatments.
- 3.1.6 High Demand for NHS dental services frequently outstrips the supply of available appointments, resulting in prolonged waiting times for routine check-ups and treatments. This imbalance compromises access to care, impacting patient outcomes.
- 3.1.7 Against the backdrop of rising demand for dentistry, evolving patient needs, and resource constraints, the NHS dentistry sector grapples with complex challenges that span access barriers, workforce, funding discrepancies, and quality of care concerns. These challenges are exacerbated by socioeconomic disparities, geographic variations, and systemic inefficiencies. Being a sole NHS dental provider is no longer viewed as being a long term sustainable or financially viable option
- 3.1.8 Cambridgeshire and Peterborough Integrated Care System inherited a number of NHS Dental contracts that have not been fully delivered since at least 2018/19, against the National General Dental Services contract that has been in place since 2006 and is activity driven. The pandemic exacerbated the under delivery and NHS Dental Services have been slow to recover, largely as a result of the pricing structure of this contract.
- 3.1.9 Since taking on the delegation of dental functions, Cambridgeshire & Peterborough Integrated Care Board has commissioned a full in-depth analysis of dental provision within the C&P System from IQVIA Connected Intelligence, to help us to better understand our population health and to take stock of the current level of access to NHS dental services, to determine a local solution for our population.

3.1.10 The insights and data report that was produced following the in-depth analysis highlighted key areas of concern, including access barriers, workforce shortages, and funding challenges, and builds on the initial scoping exercise undertaken by our Public Health and strategic commissioning colleagues.

3.1.11 All of the above information contributed to the development of a number of local schemes, supported by £6.1m of local investment, that sit alongside the national initiatives to help address the immediate access issues, whilst the ICB continue to scope a longer-term strategy to secure a sustainable solution for NHS dental services in Cambridgeshire and Peterborough.

## **3.2 National Dental Recovery Plan**

3.2.1 On 7 February 2024, NHS England published a joint NHS and Department of Health and Social Care (DHSC) plan to recover and reform NHS dentistry resulting in a number of nationally funded initiatives being introduced.

3.2.2 The national dental recovery plan sets out how the NHS and government will drive a major new focus on prevention and good oral health in young children and deliver an expanded dental workforce.

### ***New Patient Premium***

3.2.3 In 2024/25, supported nationally by £200m of government funding, NHS dentists are being given a 'new patient' premium payment of between £15 - £50 (depending on treatment need) to treat around a million new patients who have not seen an NHS dentist in two years or more.

3.2.4 In C&P we have seen 69 NHS Dental Contractors opting in to deliver this programme, and to date (September 2024) we are predicting that an additional 12,625 eligible new patients will have been seen in Cambridgeshire and Peterborough, but are waiting on the official data to confirm this.

### ***Smile for Life Programme***

3.2.5 The plan sees the government roll out a new 'Smile for Life' programme which will see parents and parents-to-be offered advice for baby gums and milk teeth, with the aim that every child will see tooth brushing as a normal part of their day by the time they go to school.

### ***National Dentist incentivisation scheme***

3.2.6 To attract new NHS dentists and improve access to care in areas with the highest demand, around 240 dentists nationally will be offered one-off payments of up to £20,000 for working in under-served areas for up to three years. This is intended to support the recruitment and retention of dental workforce to deliver the NHS dental contract to patients.

3.2.7 The Cambridgeshire and Peterborough share of this funding allocation is for 12 dentists and will be allocated in areas of Cambridgeshire and Peterborough where access is the most challenging. The ICB is in the process of reviewing the expressions of interest that have been received from local providers and will prioritise based on areas of greatest need. The insights report suggests that these areas are in the Peterborough and Huntingdon localities.

3.2.8 Depending on the entry level of the dentist recruited, there will be an expectation that this additional workforce will individually deliver up to 6,000 units of dental activity against the contract, for the provider that they have been recruited to.

### **Raise the minimum UDA Activity tariff price**

- 3.2.9 In an attempt to make NHS work more attractive to dental teams the UDA Tariff price will increase to £28 (from £23).
- 3.2.10 This has affected a small number of contracts across Cambridgeshire and Peterborough and has been implemented from 1 April 2024. However, it is recognised that this will not solve the overall funding gap that is contributing to the financial viability of NHS dental services.

### **Dental Vans**

- 3.2.11 The government's plan to recover and reform NHS dentistry explicitly addresses geographical disparities in dental service provision (Department of Health and Social Care, 2024). Mobile dental units have been proposed to bring essential dental care directly to underserved communities, whilst longer-term solutions are established. Mobile dental vans can offer valuable access to care and promote equity in access in underserved areas.
- 3.2.12 C&P ICB was identified as an area that would benefit from a dental van, however deploying dentistry vans can risk diverting staff away from practices to operate these vans, potentially impacting overall service provision (Oral Health Foundation, 2024). More clarity is needed regarding funding and staffing details to understand how the initiative will create additional appointments in the C&P System.

## **3.3 Tackling Health Inequalities**

- 3.3.1 Ensuring equitable access to dental care within the C&P area is paramount for promoting overall health and well-being.
- 3.3.2 Geographical disparities in NHS dental service provision are important to consider because they can lead to unequal access to dental care based on where people live. Factors such as population density and urban-rural divide can affect the distribution of dental practices and availability of services. Neglecting these disparities can result in underserved communities, with limited access to essential dental care, leading to an exacerbation of inequalities in access.
- 3.3.3 According to the '*Great British Oral Health Report 2021; Oral Health Foundation*':
- Oral health inequalities between children is widening with decay among children 3.8 times higher in the most deprived communities.
  - The My Dentist oral health survey found that 34% of respondents with a household income less than £20,000 has seen a dentist for a routine check-up within the last year relative to 46% of those with a household income greater than £20,000. This increased to 59% in households with incomes greater than £60,000.
  - This with household income less than £20,000 were three times more likely to have extracted one of their own teeth.

Study on survival after mouth cancer was diagnosed showed significant social inequalities with a 50% higher relative risk of death for those residents in the most deprived quartile (IMD) compared to least deprived.

## **3.4 Local context**

- 3.4.1 The Dental Insights and Data Report for Cambridgeshire and Peterborough, compiled by IQVIA Connected Intelligence, identified the following key factors impacting access to sustainable NHS dental services across the system.

- **Geographical barriers** – disparities in dental service provision with rural and remote areas experiencing limited access to dental practices
- **Financial barriers** – barriers to access, overall costs to patients can pose significant barriers to access particularly for low-income households
- **Supply and demand imbalance** – 52 practices on NHS find a dentist webpage but 71% not accepting new patients. 6.1% of total referrals to NHS 111 (2,512 each month) relate to dental care with 6–17-year-olds the most underrepresented age group accessing NHS services
- **Socioeconomic factors** – poorer health outcomes among patients living in most deprived areas, data shows they needed more complex treatment
- **Workforce** – national shortage of dental professionals

3.4.2 Cambridgeshire and Peterborough ICB has taken the initial findings from this report to implement a number of locally funded initiatives to help address some of the immediate dental access issues.

### **3.5 Local Dental Access Improvement Investment Plan**

3.5.1 NHS Cambridgeshire & Peterborough has implemented a Local Dental Access Improvement Plan, against the backdrop of constraints of the National General Dental Services contract, which sets out the interim measures that are being / have been implemented, with additional investment, to aid improved access and capacity:

3.5.2 The ICB secured £6.1m of local discretionary non-recurrent funding and engaged with local NHS Dental providers and the Local Dental Committee (LDC) to develop and implement a number of local initiatives to help improve access to NHS Dental Services for all patients across the area.

3.5.3 The ICB used the IQVIA insights and data report alongside population health and health inequalities data, to identify those geographical areas of Cambridgeshire and Peterborough where the majority of additional resource should be focused.

3.5.4 Peterborough was highlighted as one of the areas of need, where there are the highest levels of health inequalities and therefore will benefit from a larger proportion of this additional resource.

3.5.5 A summary of these local initiatives and benefits realised to date are set out below.

#### ***Additional Mandatory Sessions***

3.5.6 This initiative was offered to all C&P ICB NHS dental providers and is intended to increase capacity and appointment availability to improve access for patients. Seven contractors signed up to the scheme.

- Four contracts in Huntingdonshire and Cambridge city delivering 8 sessions a week. Approx. 56 patients a week = 2,912 for the year
- Three contracts in Fenland (Littleport and March) and Peterborough delivering 30 sessions a week. Approx. 210 patients a week = 10,920 for the year
- Supporting approx. an additional 13,832 patients

3.5.7 Total number of patients seen to date (September 2024) under this scheme is 2,134.

### ***Orthodontic waiting list support***

3.5.8 This initiative will help to increase orthodontic capacity to reduce the waiting time for patients on orthodontic waiting lists.

- Four contractors expressed an interest, all were approved.
- Will support 260 patients waiting for treatment

### ***Special Care Dental Service to our most Vulnerable Patients***

3.5.9 This initiative will be implemented imminently and is intended to support legacy patients with Special Care needs that no longer meet the criteria for special care dental

services and are unable to access routine dental care (approx. 500 patients).

- Funding has been made available to enable the employment of 0.80 Dentist, 0.20 Therapist, 1.00 Dental Nurse and 0.22 Admin resource for 3 years to offer 2,000 appointments per year as each patient will have 4 appointments a year due to their complexity.
- To support wider dental provision recovery and upskilling of clinicians to support these patients longer term.

### ***New Paediatric pathway***

3.5.10 This initiative is intended to support and treat paediatric patients in a timely manner. It will also help ease the pressure on special care dental services and support the ICB's Core25Plus 5 ambition to reduce the number of children aged 10 years and under admitted as inpatients in hospital

- The ICB has commenced a pathway review by Task and Finish Group made up of a number of system stakeholders
- Review of prevention initiatives to support Local Authority, Public Health responsibility, under the Health and Social Care Act
- Agreeing best approach to offering additional sessions for paediatrics, to current dental providers e.g. Children in Care or other paediatrics identified through prevention as requiring an appointment
- The establishment of Child Focussed Dental Practices, in the form of additional sessions being delivered from current dental contracts. Clinicians will be up skilled to deliver this level of care

## **3.6 Next Steps**

3.6.1 The ICB will continue to engage with local providers and monitor the effectiveness of the national and local schemes in our system.

3.6.2 The ICB will continue to work with IQVIA Connected Intelligence, to further determine the mechanisms that need to be put in place to enable NHS dental services to be more sustainable in the future across the system.

3.6.3 Phase 2 of the IQVIA initiative focuses on developing a longer-term proposal to address the inequalities that exist in accessing NHS dental services through a four-pillar strategy which aims to revitalise dentistry in Cambridgeshire and Peterborough.

The four pillars are:

- Raise the reimbursement rates
- Increased Commissioned Units of Dental Activity (UDAs)

- Workforce Distribution and Skill Mix and
- Prevention and Stabilisation through Capitation

3.6.4 The financial data, treatment time and qualitative research will enable Dental Providers to pilot a newly modelled proposal of delivery of service. The pilot stage can be extended to a longer period. It can be calibrated and scrutinised in greater depth to create an evidence base for change.

3.6.5 It is envisaged, that these measures to improve dental access will reduce inappropriate presentations of dental problems to General Practice and Emergency Departments. This will in turn increase access to those services for more appropriate support meaning patients are more likely to get definitive treatment of their dental issues from a dental professional rather than 'first aid' from a medical practitioner in those other settings.

#### **4. CONSULTATION**

4.1 There are currently no dental related consultations live in our area.

#### **5. ANTICIPATED OUTCOMES OR IMPACT**

5.1 The improvement plan aims to achieve the following outcomes:

- Increase dental capacity and improve access and patient experience in areas of high need across Cambridgeshire and Peterborough.
- Increase the capacity within the Special Care Dental Service, who support vulnerable patients across the system.
- Help reduce the waiting list for young people requiring NHS Orthodontic Treatment.
- Improve the paediatric pathway, to provide access to NHS Dental Services.

#### **6. REASON FOR THE RECOMMENDATION**

6.1 This paper provides the Committee with an update regarding NHS Dental Service provision in Cambridgeshire and Peterborough and the impact to date of the local investment plans that have been put in place to address the access challenges that our resident population are facing.

#### **7. ALTERNATIVE OPTIONS CONSIDERED**

7.1 The system is operating in an environment where sign up to deliver NHS Dental services by independent contractors is voluntary. Dental Practices that do deliver the NHS contract, do not believe the NHS dental prices are sustainable and many have chosen to reduce NHS dental activity or hand back their NHS contracts.

The Committee is asked to note that NHS prices are set nationally and not locally determined, hence we welcome the national raising of the minimum value of activity, however as stated above, we are also looking at local financial initiatives and championing a piece of work to look at how we can achieve a sustainable NHS dental service across Cambridgeshire and Peterborough.

#### **8. IMPLICATIONS**

##### **Financial Implications**

8.1 The ICB has opted to invest additional local discretionary non-recurrent funding to support dental access across the system.

##### **Legal Implications**

8.2 N/A

## **Equalities Implications**

- 8.3 Our plans have been developed with significant consideration of health inequalities and how we can address them in our local area.

## **Rural Implications**

- 8.4 *N/A*

## **9. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 9.1 Joint NHS and Department of Health and Social Care (DHSC) plan

[Our plan to recover and reform NHS dentistry - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/our-plan-to-recover-and-reform-nhs-dentistry)

NHS England's Dental Recruitment incentive scheme 2024/25

[guidance on the Recruitment Incentive Scheme](#)

Great British Oral Health Report 2021; Oral Health Foundation

[the-great-british-oral-health-report-2021.pdf \(dentistry.co.uk\)](#)

## **10. APPENDICES**

- 10.1 None