

Dental Access for Adults and Children in Devon

March 2021

1. Background

NHS England and NHS Improvement is responsible for the commissioning of dental services across England, having taken this function over from Primary Care Trusts when the NHS was reorganised in 2013. NHS England and NHS Improvement's offices in the South West region manage these contracts locally.

Dental services are provided in Devon in three settings:

1. Primary care – incorporating orthodontics
2. Secondary care
3. Community services – incorporating special care

2. Primary care (high street dentistry)

The dental practices are themselves independent businesses, operating under contracts with NHS England and NHS Improvement. Many also offer private dentistry. All contract-holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract.

Domiciliary treatment is provided by a small number of contractors who provide treatment for people who are unable to leave their home to attend a dental appointment either for physical and/or mental health reasons, including people in care homes.

Dental contracts are commissioned in units of dental activity (UDAs). To give context the table below sets out treatment bands and their UDA equivalent:

Band	Treatment covered	Number of UDAs
1	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.	1
2	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3.	3



3	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.	12
4	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

Covid Impact 2020/21

At the end of March 2020 under direct instruction of the Chief Dental Officer for England, face to face dentistry ceased. Dental practices were asked nationally to cease provision of face to face care, and with immediate effect to move to a model of remote triage of dental emergencies, and to provide access to treatment either by advice and guidance and issue of prescription of antibiotics as necessary. Urgent dental care hubs were established at pace to accommodate dental emergencies. The original purpose of these hubs altered as dentists were permitted to return to face to face dental care from the 8th June 2020 and remain focused on providing care for those patients who do not identify with a regular dentist. Practices are working under strict Public Health guidance on infection protection control and Government guidance on social distancing. This has led to a reduction in the number of patients that can be treated on any one day in practice. The Chief Dental Officer has outlined the patient groups for clinical priority as those that are currently mid treatment, children and vulnerable groups and urgent care. Between 8th June and 31st December 2020 practices were expected to achieve 20% of their usual patient volume, based on their previous year's delivery. This activity is a combination of both face to face care and remote triage as per national guidance.

From 1st January to 31st March 2021, practices are expected to deliver 45% of their normal annual target (pro-rata). The Chief Dental Officer continues to work with the BDA and national commissioning team to confirm expected activity levels from 1st April 2021 onwards.

Access Rates to High Street Dentistry

Over recent years there has been a steady fall in the number of patients in Devon who have been able to access an NHS dentist.

The total number of adults seeing an NHS dentist in Devon has decreased from 492,932 (50.2% of the population) in June 2019 to 473,956 (48.8% of the population) in June 2020. This is a drop of 18,976 patients (3.85%) over the past year.

Even so, the access rate for the adult population of Devon (48.8%) remains marginally above the access rate for England as a whole (47.7%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 24 months. The diagram below shows the detail for the Devon Clinical Commissioning Group (CCG) area.



Patients Seen in Clinical Commissioning Groups

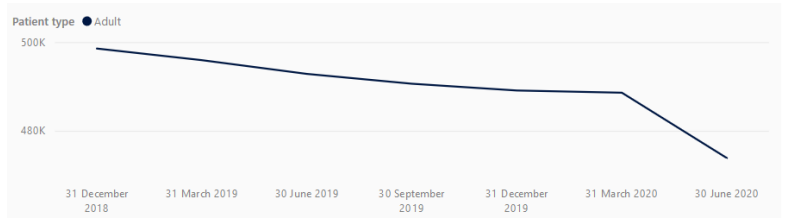
Patients seen data are published a quarter ahead of activity data. To coincide with NICE guidelines on intervals between oral health reviews.



Patient type: Adult Child
 Quarter end date: 30 June 2020
 Region name: South West
 CCG name: NHS Devon CCG

Adults refers to the number who received NHS dental care in the preceding 24 months of the quarters end date. Child relates to the preceding 12 months.

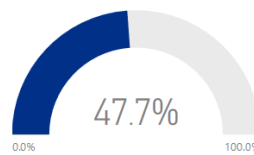
Data are mapped to CCGs although practices are not being contractually associated to them. Unmapped practices are shown as Unallocated.



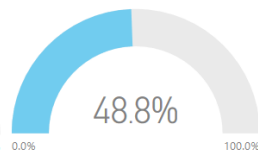
Percentage of population seen in CCGs for selected patient type and date



England population seen



Population seen for selected geography



Number of patients seen

The number of children who have seen a dentist in Devon in the last 12 months has also decreased from 136,916 (61.5%) in June 2019 to 124,753 (55.7%) in June 2020. This is a drop of 12,163 patients (8.9%) in the last 12 months.

The proportion of children in Devon accessing a dentist (55.7%) also compares favourably when viewed against the rate for England (52.7%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 12 months.

The diagram below shows the breakdown of children treated in the last 12 months in Devon by age.

Child Patients Seen in Clinical Commissioning Groups

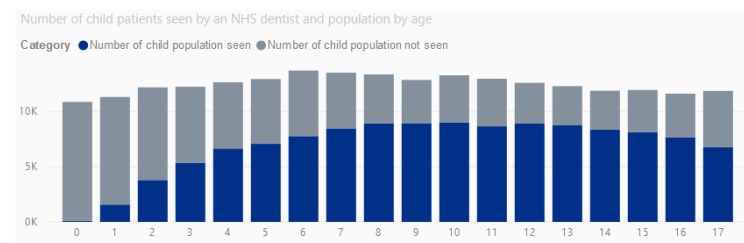
Patients seen data are published a quarter ahead of activity data. To coincide with NICE guidelines on intervals between oral health reviews.



Age: 0 to 17
 Quarter end date: 30 June 2020
 Region name: South West
 CCG name: NHS Devon CCG

This shows the number of children who have received NHS dental care in the 12 months preceding the quarters end date.

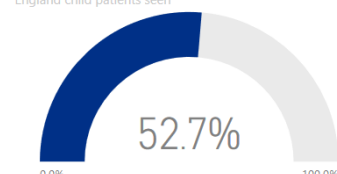
Data are mapped to CCGs although practices are not being contractually associated to them. Unmapped practices are shown as Unallocated.



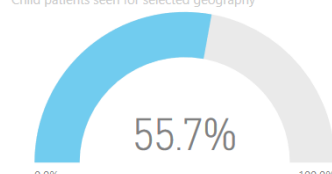
Percentage of child patients seen in CCGs for selected age and date



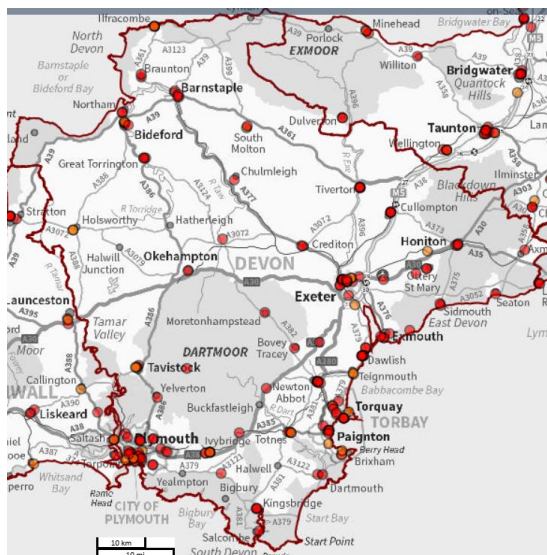
England child patients seen



Child patients seen for selected geography



Commissioned Dental Activity



There are 132 providers in Devon who provide general dental services, as indicated in the above map.

In 2019/20, NHS England commissioned 1,916,801 UDAs from these providers.

The number of UDAs delivered by providers in 2019/20 was 1,624,877, which is a shortfall of 291,924 UDAs.

For planning purposes, we allow for three UDAs per patient per annum. If all contracted activity had been carried out, it is estimated that 97,300 additional patients would have been able to access an NHS dentist in Devon. This is almost three times as many people as are currently on the waiting list in Devon for NHS dentistry (38,394 in Devon).

Money is clawed back at year-end from practices that underperform on their contracts by more than 4%. If they deliver between 96 – 100% of their contracted activity, we allow them to carry forward the un-delivered activity to be delivered in the following financial year in addition to their annual contracted activity.

In 2019/20, non-recurrent increases of activity totalling 29,972 UDAs were awarded to practices with sufficient capacity. At the same time, non-recurrent in-year reductions were made totalling 30,805 UDAs. The reductions were made at the request of the providers, due to the difficulties they were experiencing in recruitment and retention of clinical staff.

In addition to this commissioned activity, there are 24 Foundation Dentists (FDs) working in practices across Devon. Each FD delivers approximately 1,875 UDAs per annum, which equates to approximately 15,000 patients.



The Peninsula Dental School's education facilities in Plymouth and Exeter also provide one-off courses of treatment to patients who do not have an NHS dentist. These patients are allocated by the Dental Helpline team (see below) and treated by dental students under supervision.

Devon and Cornwall Dental Helpline

While NHS primary care dentistry is not a universal service, available to all, maximising access to NHS dental services is limited by the ability of dental practices to deliver their full contract activity; this has been challenging both nationally and locally

It is this background that prompted the creation of a dedicated helpline for Devon and Cornwall. This remains unique in England which means that no comparative figures are available from elsewhere in England.

The helpline provides two main functions:

- to assist patients in finding an NHS dentist for routine care; and
- arrange urgent NHS dental treatment for people who do not have a dentist, (these people may also appear on the helpline numbers below, requiring urgent dental treatment while on the helpline list).

The system also helps NHS England and NHS Improvement understand and respond to variations in demand in different parts of Devon and Cornwall, tracking where each patient lives.

Practices are encouraged to point prospective new patients towards the helpline, so they can be added to a central waiting list rather than being taken on directly. As a result, people are sometimes under the impression that no practices are taking on new NHS patients. This is not correct.

Instead, patients are allocated in batches as capacity becomes available, so those who have waited longest are prioritised. People who are prepared to travel further are likely to be found a place sooner than those who are not.

The number of people being added to the list to be allocated to a dental practice for ongoing routine care has been climbing steadily.

The table below shows data for Devon for the last 12 months, covering:

1. the number of patients who have been added to the list each month
2. the number allocated to a practice each month
3. the total number of patients who have been waiting for a dentist

In some months, the number of people being allocated exceeds the number of people who are added onto the waiting list. The overall trend is upwards.

In reading the table, it is important to bear in mind that:



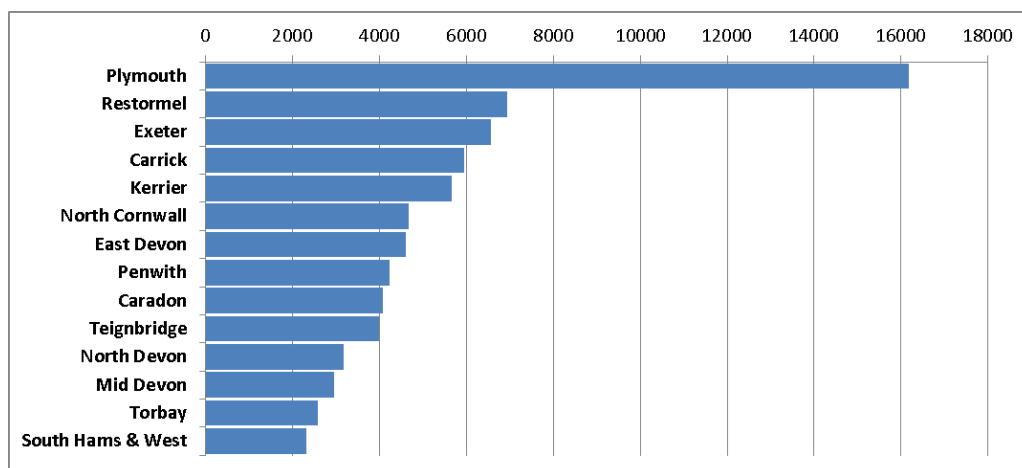
- Many people will be under the care of a private dentist or another NHS dentist, even while registering with the helpline to find a place
- Some people will have found an NHS dentist but not informed the helpline

Month	Patients added	Patients allocated	Total number of patients on the list
January 2020	4196	2502	59160
February 2020	3371	1554	62015
March 2020	1733	1896	63004
April 2020	391	138	63235
May 2020	514	8	63863
June 2020	1040	2	65085
July 2020	1421	23	66655
August 2020	1543	11	67864
September 2020	1876	58	69669
October 2020	1876	368	71477
November 2020	1424	639	72129
December 2020	1412	645	72918
January 2021	1016	102	73872
Total	21,813	7,946	

The number of patients waiting for ongoing routine NHS dental care demonstrates an increase in demand, with 21,813 being added to the list over the last 12 months, whilst only 7,946 patients were allocated to an NHS dentist in the same period.

A breakdown of the waiting list by area is provided below by each patient's home area, as at 1st February 2021.





Orthodontics

Orthodontic treatment, usually with braces, is most often used to improve the appearance and alignment of crooked, protruding or crowded teeth, and to correct problems with the bite.

A procurement exercise to secure new contracts was completed in 2019. Access to services has been improved as a result of an increase in the number of local dental practices beginning to provide the service by extending their opening hours.

The overall number of units of orthodontic activity (UOAs) commissioned has increased slightly, reflecting the needs analysis underpinning the procurement. Most importantly, access should be improved for most patients, in terms of both travel distance and opening hours.

Orthodontic services have also been impacted by the pandemic. Between 8th June and 31st December 2020 practices were expected to achieve 20% of their usual patient volume, based on their previous year's delivery. This activity is a combination of both face to face care and remote triage as per national guidance.

From 1st January to 31st March 2021, practices are expected to deliver 70% of their normal annual target (pro-rata). The Chief Dental Officer continues to work with the BDA/BOS and national commissioning team to confirm expected activity levels from 1st April 2021 onwards.

Urgent Dental Care

Plymouth Community Dental Service provides and manages in-hours appointments for patients with an urgent dental need who do not have access to an NHS dentist for patients in Plymouth. Torbay Community Dental Service offer the same service for patients in the Torbay area and the Dental Helpline manages the booking of appointments which are provided in practices throughout the rest of Devon. This service is for patients in need of relief from acute dental pain; acute infection; and bleeding or trauma.

Access to urgent dental care would normally be expected to be available within 24 hours of someone making contact with the service. Appointments are provided at a range of sites and



practices across Devon. The practices are contracted to hold an agreed number of appointments on agreed days and times which are then booked for patients by the relevant community service or the Dental Helpline.

Only those people with a significant dental emergency, such as rapid facial swelling, uncontrolled bleeding or facial trauma, would be expected to be treated at accident and emergency departments.

The Dental Helpline also manages out of hours appointments for the whole of Devon. They provide appointments at the weekends and Bank Holidays in clinics across Devon.

The South West dental commissioning team have recently launched an initiative to increase the number of urgent care treatment slots by asking practices to provide additional urgent care sessions. Four practices in Devon have been involved in providing urgent care sessions since December 2020 and have treated an additional 145 patients throughout December and January.

Workforce

As indicated above, the key issue affecting access to NHS dentistry is workforce. The lack of dentists in the area undermines the ability of high street practices to meet their contracts.

If practices had been able to fulfil their contracts during 2019/20, there would have been sufficient capacity not just to eliminate the waiting list, but to offer care to around 97,000 additional patients.

As NHS England and NHS Improvement does not employ dentists directly, the size of shortfall is difficult to know exactly. However, based on the scale of UDA underperformance and the expected capacity of a dentist, we would conclude that Devon is short of around 42 full-time equivalent dentists.

The reasons for the unwillingness of dentists to come to Devon are not necessarily different to those affecting other sectors of the health and social care system. Devon is viewed as a lifestyle choice by both the medical and dental profession and, due to the poor transport links and limited training opportunities, the younger generation often tend to favour the larger cities.

Further training opportunities tend to be aligned with the big teaching hospitals. While we do have a very successful dental school in the peninsula with education facilities in Exeter and Plymouth, the need to train and retain dentists in the area outstrips its capacity.

Foundation dentists, who are undergoing further training for a year after graduation, tend to relocate at the end of their foundation year; very few of the annual cohort remain in practice in the South West. Many move out of the area to follow training pathways or to take hospital-based jobs.



It is difficult to determine why established dentists leave. Factors include the challenges of working in pressurised NHS practices and the opportunities in private care. Anecdotally, it also seems that some EU dentists are leaving, and fewer are arriving.

Improving Access to Primary Care for People in Devon

Although dental access for people in Devon is at or above national levels, NHS England is seeking to improve the position by:

- Supporting recruitment, as we do with GPs. We are looking at running a South West recruitment day supported by the British Dental Journal and dental providers to try and attract dentists. Innovation in commissioning will also mean that contracts are more attractive to an associate or dentist with additional skills.
- Engaging with the national NHS England and NHS Improvement dental workforce team to look at more innovative ways to attract dental staff to Devon and to other parts of our geography where it is hard to recruit. We intend to have firm plans later in the year.
- Working with dental providers to ensure existing contracts are delivering to their maximum potential. We review the under- and over-performance of dental contracts on a regular basis and, as part of reconciling activity to contract payment, explore with those contractors with the most variance what they are doing to address under-performance.
- While we are able to issue new contracts for NHS primary care dental activity in areas of greatest need, we can only do so when existing contractors renegotiate their contracts down as the dental budget is set.
- Commissioning additional NHS work from dental practices that have capacity. We review this aspect as part of the above contract review activity and have identified some additional capacity in Devon. Pre-Covid-19, we were in discussion with contractors to agree short term non recurrent increases to their current contracts to create additional interim capacity in areas of need.
- Encouraging practices to work with the Dental Helpline to ensure that, as NHS places become available, they are allocated to those patients who are on the helpline's list. The team are able to help individual patients identify the dental practices which they would be able to travel to according to their location and ability to travel, continuously review where and when places are becoming available, and ensure patients are allocated to a practice as quickly as possible when places become available.
- Developing plans to commission dental services to meet those areas of demand within available resources. We have a Local Dental Network and a number of Managed Clinical Networks for dentistry through which we work with dentists, public health and



the dental school to develop referral pathways and identify initiatives to increase dental capacity in the community.

- Working with practices as part of the dental contract reform programme to test an alternative contract model. We have a small number of practices piloting a new prototype contract model as part of national work looking at contract reform, as it is considered that the current contract disincentives dentists from undertaking NHS dental work. The outcome of this work will feed into a national contract review process.
- In collaboration with Health Education England and the Universities of Plymouth and Bristol, we are able to offer funding to dentists working in the South West who are undertaking post-graduate courses in Restorative; Periodontal; Endodontal and Oral Surgery. We expect this work to increase the number of specialists working in the South West and improve access to NHS treatment for patients.
- Working towards further innovation with existing providers to address regionalised concerns. This includes rebasing contract activity, allowing for reinvestment. Any schemes will take into account what flexibility is available as a result of national initiatives, targeting those localised areas of need.

Work is also under way at a national level to identify solutions to the dental recruitment and retention pressures in NHS dental services, and to understand and address the constraints of the current national NHS dental contract mechanisms. The local NHS England dental commissioning team will work with local partners in the council and Peninsula Dental School, accessing any additional support available nationally, to help address the challenges in NHS dental services in Devon.

3. Secondary Care Provision

In Devon, NHS England contracts with Royal Devon and Exeter NHS Foundation Trust, Northern Devon Healthcare NHS Trust, Torbay and South Devon NHS Foundation Trust and University Hospitals Plymouth NHS Trust to provide secondary care including oral surgery and orthodontic treatments. Oral surgery is also provided at Mount Stuart Hospital, Torbay, under a secondary care contract with Ramsay Healthcare.

Secondary care has been impacted greatly by the pandemic as services initially ceased to allow additional capacity to treat Covid patients in hospitals. All services have now been resumed but in some cases, the frequency of clinics has been reduced due to capacity at the hospital sites. This has led to an increase in waiting list sizes for some treatments.

4. Community Services

Plymouth Community Dental Service (Livewell), Northern Devon Healthcare NHS Trust, Torbay Community Dental Service (South Devon and Torbay NHS Foundation Trust) are



commissioned by NHS England and NHS Improvement to provide a range of community services. They each operate from a range of sites across Devon.

Special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability; or, more often, a combination of these factors.

Some of the people using the services include:

- People suffering from anxiety and/or extreme phobia of dental treatment
- People with learning difficulties and/or autism
- People with physical disabilities
- People suffering from dementia
- Patients needing bariatric equipment
- People undergoing chemotherapy
- Some homeless people

People are referred to the service from a number of routes including:

- High street dentists
- GPs
- School nurses
- Social workers
- Care workers
- Voluntary organisations

Special care dental services provide urgent care, check-ups and treatment. Some are also linked to other services such as oral surgery. Some, but not all, provide general anaesthetic for patients who cannot be treated by local anaesthetic.

Special care dental providers are currently experiencing difficulties in recruiting to specialist posts. Measures are in place, supported by the Special Care Managed Clinical Network, to provide cover from out-of-county specialists.

We know that our special care dental services provide an invaluable service to some of our most vulnerable people. Our ambition is to ensure that the services are as good and as accessible as possible.

For this reason, we ran an engagement exercise from August to October 2019 to reach as many patients and carers as possible in Devon, Cornwall and other parts of the South West, to understand their experience of current services.

The other community services are:

- Children's General Anaesthetic
- Adult General Anaesthetic
- Orthodontics (complementing high street orthodontics)

The community dental providers were rapidly reassigned as Urgent Dental Care Hubs when the pandemic started in March 2020. They were able to quickly adapt to ensure that patients



with urgent dental needs were still able to be seen and treated, at a time when all other dental providers were only able to provide telephone advice and antibiotics. Although they have now resumed their normal service provision, they are still covering some urgent care provision for non-registered patients as demand for this service is still high.

Oral health promotion is delivered via the community dental provider and consists of oral health education and fluoride varnish application.

We are running two supervised toothbrushing scheme pilot projects, covering nurseries and schools across Devon. The scheme targets children in the most deprived areas of Devon.

The aim of the supervised tooth brushing scheme is to reduce children's experience of tooth decay and its associated treatment needs. Evidence shows this can be achieved by brushing daily in the learning environment, with fluoride toothpaste, under the supervision of trained staff.

5. Current Dental Provision

The Covid pandemic has drastically changed NHS dental service provision in Devon. From the end of March until 7th June 2020, urgent care was the only treatment available to patients, from nominated urgent dental care centres across Devon. From 8th June, dental practices started to resume NHS services, prioritising urgent care and continuation of treatments for their patients. Routine care, such as check-ups, are not currently being offered as capacity has been greatly reduced due to the increase in infection prevention and control measures required to ensure safety for staff and patients during this time. All practices have now resumed face to face treatments. We expect practices to be able to see and treat approximately 45% of their normal patient activity between 1 January and 31 March 2021. Further increases in capacity will be dependent on national guidance relating to infection prevention and control.

Practices are responsible for managing and prioritising their patients' treatment needs. Although many have been unable to resume routine care, they continue to monitor and screen high risk patients to avoid complications or deterioration.

We are working with our dental providers to improve urgent care access, specifically for patients who do not have an NHS dentist for routine care, to ensure that there is capacity.

6. Urgent Dental Care Centres

Urgent dental care centres were established in April 2020 to provide urgent treatment to patients who met the criteria for urgent care. Initially there were three centres across Devon, in Exeter, Torquay and Plymouth. A further nine sites were mobilised across Devon during May and June. Out of the 12 sites, ten are still accepting urgent care referrals. The level of referrals has reduced as practices are now able to see their own patients for urgent care. There remains high demand from patients who do not have a regular NHS dentist.

