

Health Scrutiny Committee: Access to oral Health in Nottingham City

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Purpose

As requested, this report primarily covers the commissioning of dental services in Nottingham City by NHS England. However, it also includes a description of local data and the Oral Health Function of Local Authority in a prevention capacity. The work will be jointly presented by Public Health (Nottingham City Council) and NHS England to provide a complete picture of Oral Health in Nottingham City.

SECTION 1

Oral Health in Nottingham City: Local picture and prevention activity

Introduction

Oral health affects your overall health with links between poor oral health and health problems in other parts of the body including stroke, diabetes and heart disease. Nationally, despite improvements, significant inequalities in oral health remain.

Poor oral health can affect Children and Young People's ability to sleep, eat, speak, play and socialise with other children. The impacts can be seen educationally with children missing school and in addition can affect parents/carers who would need to take time off work. Tooth decay remains the most common reason for hospital admissions in children aged five to nine years old in 2014 to 2015. Furthermore, it is a sign of neglect and significant decay may be considered a safeguarding concern for Children and Young People.

While we have more robust data on the oral health of children, it is important to recognise that older adults and vulnerable groups are also at risk of poor oral health with impacts on nutritional status and physical illness that ultimately place pressure on social care.

Local Picture

In Nottingham, children and young people's oral health is below the national average on many indicators. Surveys of child dental health are undertaken as part of the Dental Public Health Intelligence Programme.

A 2017 **Joint Strategic Needs Assessment Chapter on Children's Oral Health**¹ utilised the results from surveys conducted in 2012/13 (Three year old children) and 2014/15 (Five year old Children). The findings included:

- Children in Nottingham City have a significantly higher average number of teeth affected by dental decay than the East Midlands and England for both 3 and 5 year olds.
- In Nottingham City, 17% of 3 year olds (2012/13) and 35% of 5 year olds experienced dental decay with an average of 3.05 and 3.4 teeth affected, respectively.
- For Children aged 5 years, Nottingham City is ranked 27th worst of 150 upper tier local authorities for dental decay.
- The number of decayed missing or filled teeth is also linked to deprivation within the City. Particularly amongst 5-year olds where the most deprived areas have the highest percentage of children with tooth decay.
- City dental practices have been mapped and 'black spots' in Clifton North, Clifton South, Dunkirk and Lenton, East of Dales, Bulwell, North of Bilborough and parts of Wollaton which are further than 1km from any dental practices.

¹ <https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/children-and-young-people/children-and-young-people-s-oral-health-0-19-years-2017/>

- The proportion of children (under 18 years), and particularly very young children living in Nottingham and accessing dental services is low compared to the Midlands and England. Furthermore, there is anecdotal evidence that their first dental attendance is frequently symptomatic and not preventive.
- There is persisting belief amongst the population that access to dental services is poor; despite evidence to the contrary. This together with poor rates of patient satisfaction with NHS Dental Services and the reasons for this dissatisfaction are unclear and warrant further investigation.
- Please refer to the full JSNA Chapter for a full analysis of local data and a review of evidence including recommendations for future action (See link above and APPENDIX 2).

Local Authority oral health function

Local authorities have a statutory responsibility to provide or commission oral health improvement programmes to improve the health of the local population, to the extent that they consider appropriate in their areas. Local authorities have the power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals, and powers to make decisions about such proposals.

In Nottingham, oral health promotion is commissioned to promote good oral health to Children and Adults and aims to encourage identified individuals, groups and communities to maintain and improve their oral health by:

- increased use of fluoride;
- reducing the frequency of sugar consumption;
- effective daily oral hygiene;
- seeking regular dental care;
- smoking cessation awareness campaigns; and
- oral cancer awareness campaigns.

This contains:

- **Supervised Tooth Brushing Programme.**
This programme facilitates daily supervised tooth brushing for children from their time in nurseries through to primary school (Reception and Year 1). It targets schools in the most deprived wards.
- **Training of key health, social care and education professional**
The training of health and social care professionals ensures that oral health messages are appropriate, evidence-based and consistent.
- **Distribution of Oral Health Resources**
Tooth brushes and toothpaste (purchased within the cost envelope) are distributed at key child development checks by Health Visitors to encourage the adoption of good oral health practices and start tooth brushing as soon as first teeth erupt.
- **Participation in national oral health awareness campaigns** and related national and local health awareness campaigns
e.g. National 'Smile Month' and local campaigns including an upcoming Christmas Smile for Santa campaign.

Early evaluation indicated wider benefits within the school setting and families which has taken place outside of the contract:

- **Delivery of the dental access programme**

The health promotion team have encouraged dental practices to link up with schools and families. Currently, the team have paired a dentistry practice with all participating schools. This relationship is set up differently in each school to offer both the school and dental practice flexibility. The arrangement looks to create sustainable partnerships.

Case Study: Dental practices in Bulwell and Bilborough have provided dental vouchers and goody bags to local primary school to encourage families (children and adults) to visit for a mouth check.

Performance of the oral health function

- The team has engaged 3,830 children across 25 schools and of these 20 delivering tooth brushing in 3 year groups- Pre-school, Reception and Year 1.
- Crude estimates from PHE suggest that for the 3,830 children receiving supervised tooth brushing there is the potential to save 1,254 missed days of school and 514 missed days of work for carers (est. £44,759) over 5 years. In addition to preventing 147 children and young people hospital admissions for tooth extraction over 5 years.
- The team has a high approval rating demonstrated by 99.9% positive parental consent; the UK's highest consent rate.
- In the 9-12 month review, 3,830 children had been given oral health resources and signposted to a dentist.
- In 2016, the service won a national award for its Smile Month campaign. They have also been finalists for Health Promotion Team of the Year at the 2015 and 2016 National Dental Awards.

SECTION 2

NHS Dental Provision in Nottingham City

Background to NHS Dentistry

Prior to the introduction of the new dental contract in 2006, any qualified dentist could set up a practice and provide NHS dentistry. They could treat as many patients as presented and claimed for each element of the treatment carried out under the old 'Items of Service' contracting arrangements. However, due to NHS budget constraints, it became necessary to limit. The Department of Health introduced the new contract in an attempt to manage the national spend on NHS dentistry and to give local control over the delivery of NHS dentistry to Primary Care Trusts, including the opportunity to determine the location of new dental provision. Following a reference period each *existing* NHS dental practice was allocated a number of Units of Dental Activity (UDAs) per annum based on their activity over the preceding three years and it was no longer possible for dentists to establish an NHS practice on an ad hoc basis. In effect, the PCTs 'inherited' those practices that were already in existence and who wished to continue to carry out NHS dentistry under the new contracting arrangements and are still dealing with the impact of these legacy arrangements to this day..

NHS dental Providers are given an annual allocation of Units of Dental Activity (UDAs) which they are expected to manage so that access to their services is available throughout the course of the year. Practices will therefore open and close their books to manage their activity throughout the year and ensure that patients under treatment are able to complete their treatment within a reasonable timeframe without excessive waits between appointments.

Dentistry is unlike other healthcare contractor groups, such as general practice, in that funding does not follow a dental patient from their previous place of residence should they move. Under the current contract there is also no registration. A practice's obligation to that patient ceases 8 weeks after completion of a course of treatment.

Additionally, the existing dental contracting arrangements/budgets do not allow for population growth.

NHS Dental Provision in Nottingham City

Primary Care

NHS primary care dental provision in Nottingham City includes; there are 44 practices that provide ***general dental services***, and 1 'mixed' contract that provides both general dentistry and orthodontics. Access to NHS dentistry in Nottingham City has been good over the last few years and this continues to be the case. When the Dental Contracts Team conducted their last dental access survey in September 2017, all but 7 of the 44 general dental practices were accepting new NHS patients at that point in time (see earlier note about how practices manage their access and diaries).

The ***Community Dental Service***, currently provided by Nottinghamshire Healthcare NHS Trust, provides dental care services for adults and children with special needs and those who for various reasons are unable to access care through the general dental services. They provide care under general anaesthesia and sedation, domiciliary care, out of hours and unscheduled dental care. They also undertake the fieldwork for the dental epidemiology programme.

Specialist services – Orthodontics

NHS England commission primary care based specialist orthodontic services from 4 specialist practices and one mixed GDS and orthodontic practice. These services are accessed via referral from general dental practices and there are nationally agreed criteria for receipt of treatment according to need.

Secondary care orthodontic services are provided at Queens Medical Centre.

Oral Surgery

NHS England has recently re-commissioned Intermediate Minor Oral Surgery (iMOS) contracts across Derbyshire and Nottinghamshire. This has introduced equitable access to these services across Derbyshire and Nottinghamshire as all providers are now accepting patients to an agreed standard referral criteria based on the NHS England Commissioning Guidance. It has also increased access, significantly reduced waiting times for patients and increased access to sedation for those who need it. There 5 providers in Nottingham City.

Oral and Maxillo facial surgery and secondary care oral surgery services are provided at Queens Medical Centre.

Restorative

The consultant led specialist restorative service has been closed to new referrals since August 2017 following the resignation of the consultant. Patients under treatment are currently being managed by the consultant from Leicester Royal Infirmary and NHS England continues to work with the provider Trust to support recruitment of a new consultant.

Recent developments

E-referral

Following a successful pilot NHS England have recently commissioned an Electronic Referral Management system, which has already resulted in a substantial reduction in the number of inappropriate referrals to our hospital OMFS and OS services that were previously under immense pressure. In Nottingham City this replaces a paper-based system. The algorithms that underpin the system have been developed in line with the NHS England commissioning guidance and local service providers. E-referral will be extended shortly to include orthodontics and it is anticipated that this will see reduced waiting times in this specialty as well as offering patients a broader choice of provider in a location that suits their needs.

Care Home Pilot

Our Local Dental Network, which is clinically led and works closely with NHS England to improve dental health outcomes for our population, identified concerns about access to dental care for care home residents. They have developed a new model of care and will be launching the pilot imminently to provide oral health provision to a number of care homes within Derbyshire and Nottinghamshire. The aim of the pilot is to deliver innovative provision of better quality of care for this vulnerable group, with a focus on prevention and proactive care rather than the traditional reactive domiciliary care which is limited in terms of the type and quality of care it can provide.

It is hoped, after successful completion of the pilot, that this new model can then be rolled out across the whole of Derbyshire and Nottinghamshire.

Service reviews and procurement

Work has also been ongoing over recent months to review our existing Community Dental Services and Unscheduled Dental Care services in line with NHS England commissioning guidance and to develop consistent models for the delivery of these vital services across Derbyshire and Nottinghamshire in the future. It is NHS England's intention to recommission these services over the coming months with a view to having new equitable and innovative services in place for patients by the start of April 2019.

NHS England North Midlands is also currently working with Public Health England to produce an oral health needs assessment to inform all future local NHS dentistry commissioning decisions. The needs assessment will help to identify priority areas for investment across the area should any additional funding become available.

Looking Forward – National Initiatives

Starting Well

The 'Starting Well' campaign is currently being developed by NHS England, the Office of the Chief Dental Officer and the British Society of Paediatric Dentistry (BSPD), and in collaboration with the e Child Oral Health Improvement Programme Board, where Public Health England (PHE) brings together the stakeholder organisations for oral health improvement for children.

In response to a ministerial pledge, Starting Well (levels 1&2) has been launched in thirteen areas of England with the worst dental health in children (In the East Midlands – Leicester City). However, recognising the need to engage the families of young children with dental practice from an early age to institute preventive care, Starting Well (Core) will be launched next year. Dental practitioners will be at the heart ensuring that all children in England have a dental check by the age of one and funding streams will be put in place by NHS England to allow them to do this. It is the aim to increase access for children by 11% over the term of the campaign with dentists then continuing to adopt the practice of seeing younger children.

Dental Contract Reform

Recognising the issues with the current dental contract, NHS England and the Department of Health are working towards the introduction of a new contract. The design of this contract will be underpinned by evidence based preventive care and the principle of remunerating dentists for improving their patients' dental health and critically maintaining it, rather than just treatment provided.

Three contract models have been piloted and currently 82 practices are taking part in the Associated Dental Prototype Agreement Scheme testing one of two capitation based models.

Although there is as yet no date for implementation of the new contract, unlike 2006, it is known that its implementation will be phased.

APPENDIX 1: SELECTION OF LOCAL DATA

Table 1: Oral Health of Three Year Old Children 2012/13

	Nottingham City	East Midlands	England
Percentage with decay experience	16.6%	15.3%	11.7%
Percentage with active decay	16.1%	14.7%	11%
Percentage with one or more fillings	4.2%	3.7%	3.9%

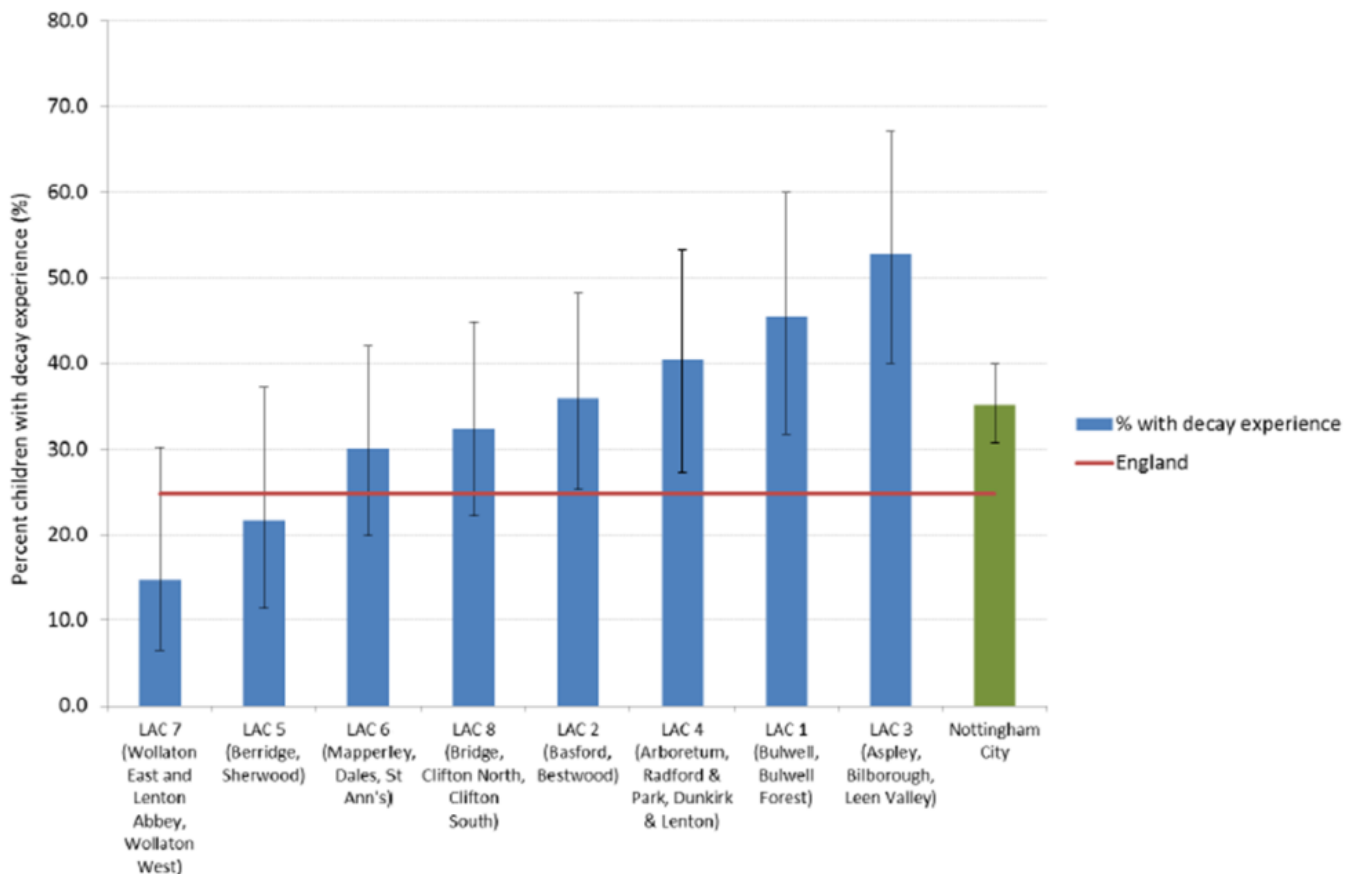
Source: PHE, 2014

Table 2: Oral Health of Five Year Old Children 2014/15

	Nottingham City	East Midlands	England
Percentage with decay experience	35.6%	27.5%	24.7%
Percentage with active decay	33.4%	24.3%	21.5%
Percentage with one or more fillings	13.8%	11.9%	12.0%

Source: PHE, 2016

Figure 1: Percentage of children (5y) experiencing decay by Local Area Committee



APPENDIX 2: Extract from JSNA Chapter: Children and young people’s oral health (0-19 years) (2017)

Source: <https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/children-and-young-people/children-and-young-people-s-oral-health-0-19-years-2017/>

Recommendations for consideration by commissioners

1. As responsibility for commissioning for oral health is shared between local authorities and NHS England, commissioners should work together collaboratively, with support from PHE and other stakeholders to improve the oral health of the population of Nottingham.
2. Ensure that opportunities to ‘Make Every Contact Count’ with children, young people and their families are maximised by collaborative working across health, social care and education, which is underpinned by co-ordinated training to ensure delivery of consistent evidence based oral health promoting messages.
3. Consider continued commissioning of a supervised tooth brushing programme for nurseries/primary schools with possible expansion of the service to further early-years settings, taking in to account current financial pressures and budget cuts.
4. Explore the feasibility of a water fluoridation scheme as one of a range of interventions to improve oral health in Nottingham City.
5. Give consideration to commissioning a targeted fluoride varnish application programme, drawing on the experience of other programmes and previous local experience.
6. Explore appropriate incentives to encourage dental services to contribute to both oral health and wider health and well-being by shifting their focus from being primarily treatment focussed to a preventive focus.
7. Explore the development of an accreditation programme for local NHS dental practices to encourage provision of child-friendly preventive focussed services.
8. Encourage parents in the City to attend a dental practice with their child before their first birthday, followed by regular visits to help children familiarise well with the environment and maintain good oral health.
9. Through their commissioning decisions commissioners should ensure equitable access to NHS dental services within reasonable travel time for every citizen in the City. This should include access to urgent care and out of hour’s dental services.
10. Ensure that information about how to access NHS Dentistry is easily available to all sectors of the community, including new residents, through a wide range of agencies.
11. Explore the perception of lack of access to NHS Dental Services and the reasons for the poor level of patient satisfaction reported by City residents, then using this information to support future commissioning decisions.

12. Develop commissioning of consultant led paediatric dental services, care pathways and managed clinical network based on the NHS England Paediatric Dentistry Commissioning guidance (NHSE, in draft).
13. Develop local pathways and protocols to ensure appropriate information sharing occurs between agencies involved in the care of children and young people, including dental practices, to identify children for whom dental neglect may be part of wider neglect / child protection concerns.
14. Review current protocols and procedures for ensuring that all looked after children who are the responsibility of the local authority have access to appropriate dental care.
15. Where resources dictate that programmes or services need to be targeted the focus should be on the provision of services for children and young people and families especially those living in local areas that are the most deprived.
16. Ensure access to appropriate resources to support promotion of good oral health and access to services. This should include working collaboratively with the population groups themselves and services they are in contact with together with interpretation and translation Services. This may include the translation of oral health promotion materials for non-English speaking parents/careers, but may also include the provision of pictorial resources.
17. Encourage the use of protective sports equipment, for example gum shields, and safe physical environments where children play to reduce the risk of dental injuries.
18. Encourage the prescription of sugar free medicines for children and those with special needs who are at higher risk of dental caries (decay).