

# Nottingham City Health Overview and Scrutiny Committee

17<sup>th</sup> November 2022

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## 1. Background and Information

- 1.1 The Nottingham City Health Overview and Scrutiny Committee (HOSC) has requested a report on access to NHS Dental Services, with particular focus on provision and recovery plans as services emerge from the COVID-19 pandemic, including a wider context of oral health prevention and the transition of NHS England (NHSE) Commissioning services to NHS Nottingham and Nottinghamshire Integrated Care Board from 1 April 2023. This report also includes oral health improvement initiatives and activities, which is the statutory responsibility of Nottingham City Council's Public Health team.
- 1.2 The Nottingham City HOSC is asked to note that NHS England is currently responsible for the commissioning of all NHS dental services, but local responsibility will be delegated to NHS Nottingham and Nottinghamshire ICB on 1 April 2023.
- 1.3 This report has been developed by:
  - NHSE Commissioning Team Senior Managers
  - NHSE Consultant in Dental Public Health
  - Public Health colleagues at Nottingham City Council
- 1.4 Representatives from NHSE will be present at the Nottingham City HOSC meeting.

In addition, the Acting Consultant in Public Health from Nottingham City Council will also be in attendance.

## 2 National NHS Dental Contract

- 2.1 NHSE is responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g. Intermediate Minor Oral Surgery (IMOS) and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility for NHSE.
- 2.2 Although NHSE is responsible for commissioning all NHS general dental services, there are certain limitations of the current national contract. However, flexible commissioning can be utilised where a percentage of the existing contract value is substituted (up to 10%) to target local needs or meet

local commissioning challenges. This approach requires a balance to ensure dental access is maintained.

- 2.3 The current NHS dental contract for primary and community dental care was introduced in 2006. Prior to that, dentists could choose to set up a dental practice anywhere in the country. They could also see and treat as many patients who attended, and they claimed for each element of the dental treatment that was 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, the old dental contract did not work for various reasons, therefore, there was a reference period in 2005 which determined how many Units of Dental Activity (UDAs) each NHS dental practice that existed at that time 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 NHS dental service had to be specifically commissioned by the then Primary Care Trusts (PCTs) within their capped financial envelope.
- 2.4 In effect, the former 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, as it was based on historical activity. Hence capacity did not, and in some areas continues to not, necessarily meet demand. Although there has been significant population changes in subsequent years, 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 in order to meet the changing population need and demand.
- 2.5 Unlike General Medical Practice (GMP), there is no system of patient registration with a dental practice and patients are free to choose to attend any dental practice, regardless of where they live. Although dental practices are aware of this, there is still some misconception amongst the public regarding patient registration with dental practices. Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from repairs and replacements that are guaranteed for 12 months and can be replaced with the same treatment), the practice has no ongoing responsibility. However, people often associate themselves with a specific dental practice. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GMP practices and patients are theoretically free to attend any dental practice that has capacity to accept them.
- 2.6 Prior to the pandemic, patients would often make their 'dental check-up appointments' at their 'usual' or 'regular dental practice'. During the pandemic, contractual responsibilities changed, and practices were required to prioritise:

- urgent dental care
- vulnerable patients (including children)
- those at higher risk of oral health issues

For many practices, there has not been sufficient capacity to be able to offer routine dental check-up appointments. The contract reform will seek to clarify the NICE recall guidelines. Patients may find in the future that they are offered personalised recall intervals depending on an assessment of their oral health risk.

### 3 NHS dental services across Nottingham City

#### 3.1 NHS General Dental and Orthodontic Services

Nottinghamshire has 109 general dental practices which offer a range of routine dental services. 35% (n=38) of general dental practices are located within Nottingham City. None of the general dental practices within Nottingham City also provide orthodontic services, however there are 4 specialist orthodontic practices within Nottingham City.

#### 3.2 Extended hours, urgent dental care and out of hours

- 3.2.1 There is an extended NHS urgent dental care contract within Nottingham City which provides access to patients: Monday to Friday 08:30 – 21:15, Weekends 09:00 – 21:00, Bank Holidays 09:00 – 21:00.

Following re-procurement of the current urgent dental care contract. A new 8-8 NHS unscheduled dental care contract will be in place from 1 January 2023 within Nottingham City providing urgent dental care from 8am to 8pm every day of the year (365 days).

- 3.2.2 At times of peak demand, patients may have to travel further for urgent dental treatment depending on capacity across the system. There is also an additional 8-8 NHS dental contract in Rainworth for urgent dental care.

- 3.2.3 Out of hours dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

**Table 1: Timelines in accordance to dental need**

Triage Category	Time Scale
Routine Dental Problems: <ul style="list-style-type: none"> <li>• Mild or moderate pain: that is, pain not associated with an urgent care condition and that responds to pain-relief measures</li> <li>• Minor dental trauma</li> </ul>	Provide self-help advice and access to an appropriate service within 7 days, if required.

<ul style="list-style-type: none"> <li>• Post-extraction bleeding that the patient is able to control using self-help measures</li> <li>• Loose or displaced crowns, bridges or veneers</li> <li>• Fractured or loose-fitting dentures and other appliances</li> <li>• Fractured posts</li> <li>• Fractured, loose or displaced fillings</li> <li>• Treatments normally associated with routine dental care</li> <li>• Bleeding gums</li> </ul>	<p>Advise patient to call back if their condition deteriorates</p>
<p>Urgent Dental Conditions:</p> <ul style="list-style-type: none"> <li>• Dental and soft-tissue infections without a systemic effect</li> <li>• Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice</li> <li>• Fractured teeth or tooth with pulpal exposure</li> </ul>	<p>Provide self-help advice and treat patient within 24 hours.</p> <p>Advise patient to call back if their condition deteriorates</p>
<p>Dental Emergencies:</p> <ul style="list-style-type: none"> <li>• Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth</li> <li>• Oro-facial swelling that is significant and worsening</li> <li>• Post-extraction bleeding that the patient is not able to control with local measures</li> <li>• Dental conditions that have resulted in acute systemic illness or raised temperature as a result of dental infection</li> <li>• Severe trismus</li> <li>• Oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that is lead to acute decompensation of medical conditions such as diabetes)</li> </ul>	<p>Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition</p>

- 3.2.4 If a person has a regular dental practice and requires urgent dental care:
- During surgery hours, they should contact their dental practice directly
  - Out of hours, they should check their dental practice's answer machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available). For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay). There is also an online option for contacting NHS 111 that will often be quicker and easier than phoning.

3.2.5 If a person does not have a regular dental practice and requires urgent dental care, they can contact:

- any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the [Find a Dentist](#) facility on the NHS website
- NHS 111, either [online](#) or on the phone (interpreters are available). For deaf people, there is also the [NHS 111 BSL Service](#) (alternatively, they can also call 18001 111 using text relay)
- Healthwatch Nottingham / Healthwatch Nottinghamshire for signposting
- NHS England's Customer Contact Centre on 0300 311 2233

3.2.6 Patients with dental pain should not contact their GP or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service.

### 3.3 Community (Special Care) Dental Service

3.3.1 The Nottinghamshire Community (Special Care) Dental Service provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental care due to their complex medical, physical, or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer into the service. There is one dental provider (Community Dental Service (CDS) CIC) treating children and adults from clinics across the Nottinghamshire system: there are 7 dental clinics, with 3 located in Nottingham City. The service is commissioned across the Nottinghamshire system footprint and although there are 3 clinics located in Nottingham City, patients do have the choice to attend the alternative clinics in the county. In addition, the provider is looking to deploy a mobile dental surgery which will further help to reach vulnerable groups and provide a treatment option where attendance in a clinic setting may be more challenging. The new Nottinghamshire Community Dental Services contract commenced on 1 April 2020.

3.3.2 The GA pathway for children and special care adults is managed between CDS-CIC and Nottingham University Hospitals (NUH) which is commissioned on a system area footprint.

3.3.3 CDS-CIC are also commissioned to provide NHS dental care and treatment for those who are unable to leave their own home or care home (triaged against special care criteria). Some limited dental care can be provided in a person's own setting such as a basic check-up or simple extraction, but patients may still need to travel into a dental surgery (as this is the safest place) to receive more complex dental treatment. If such patients require a dental appointment, they or their relative/carer can contact the local domiciliary provider via NHS 111.

### 3.4 Domiciliary Care (for patients unable to leave their own home or care home)

3.4.1 For residents of Nottingham City, there is also a dedicated General Dental Practitioner who is commissioned to provide dental care and treatment for care home residents and also for those who live in their own home. If they need more specialist dental care, they will generally be referred on to the Community (Special Care) Dental Service after this initial contact.

### 3.5 Intermediate Minor Oral Surgery (IMOS) Service

3.5.1 The IMOS service is a specialist referral service in primary care providing complex dental extractions for residents in the Nottinghamshire system. This service is for patients over the age of 17 years who meet the clinical criteria. There are 9 IMOS providers across the Nottinghamshire system with 4 located in Nottingham City.

### 3.6 Maps of location of dental providers

3.6.1 A map of the location of NHS dental practices or clinics (including orthodontic and community sites) in Nottingham City is in Appendix 1. In some cases, there are practices in close proximity and the numbers on the map reflect this as the scale does not permit them being displayed individually.

### 3.7 Hospital dental care

3.7.1 Secondary care dental services e.g. Orthodontics, Oral Surgery, Oral Medicine, Maxillofacial Surgery and Restorative services are commissioned from NUH to deliver complex dental (often multi-disciplinary) treatment to patients who meet the clinical criteria in line with the NHSE Commissioning Guides. Activity and contract values are agreed annually with acute trusts.

## **4 Nottingham and Nottinghamshire Integrated Care Board (ICB)**

4.1 Nottingham and Nottinghamshire ICB assumed delegated responsibility for Primary Medical Services from 1 July 2022 and for Dental (Primary, Secondary and Community), General Optometry and Pharmaceutical services (including Dispensing doctors) from 1 April 2023, subject to formal sign-off by NHSE.

4.2 The Midlands Primary Care Operating Model has been co-designed to provide an approved framework for the delegation of the function to each Integrated Care Board (ICB). The Operating model provides an overview of the functions and sets out the key design principles that support the transition in 2022/23. Nottingham and Nottinghamshire approval of the model is one of the necessary gateways in the national NHSE delegation assessment framework

4.3 The Operating Model sets out the principles, pathway, key governance, workforce, and financial information that will be co-designed with Nottingham

and Nottinghamshire during the transition period for the safe and effective delegation of these functions. The transition process will:

- provide the detail that enables ICBs to undertake the workforce and contract due diligence as well as setting out the key financial principles for delegation of the commissioning budgets.
- manage the risk of moving from a regional budget to splitting across eleven systems.
- be transparent and ordered through finance governance groups to complete the due diligence and safe transfer to ICBs from April 2023.

4.4 A Governance structure has been proposed that enables ICBs to set the annual plan and strategic direction of the Pharmacy, Optometry and Dental functions and make localised decisions where possible, whilst the current team are enabled to deliver day to day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.

## 5 NHS Dental Charges

5.1 Dentistry is one of the few NHS services where patients pay a contribution towards the cost of NHS care. The current charges are:

- **Emergency dental treatment – £23.80** This covers emergency dental care such as pain relief or a temporary filling.
- **Band 1 course of treatment – £23.80** 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 – £65.20** 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 – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

More information is available [here](#). All NHS dental practices have access to [posters](#) and leaflets that should be displayed prominently.

5.2 Exemption from NHS charges is when patients do not have to pay these costs, for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription. Financial support is also available for patients on a low income through the [NHS Low Income Scheme](#).

## 6 Impact of the pandemic

6.1 The ongoing COVID-19 pandemic has had a considerable impact on dental

services and the availability of NHS dental care; the long-term impact on oral health is as yet unknown but it is a cause for concern. All routine dental services in England were required to cease operating when the UK went into lockdown on 23 March 2020. A network of Urgent Dental Care centres (UDCs) was immediately established across the Midlands in early April 2020 to allow those requiring urgent dental treatment to be seen.

The UDCs have remained in operation since the height of the pandemic and referral numbers were very low volume, therefore in line with the Governments Living with COVID-19 strategy dental referral system pathways were closed from 24<sup>th</sup> August 2022. The UDCs remain on standby in case of future uncontrolled issues that may affect delivery of NHS dental services (such as staff shortages due to sickness – for example as a consequence of a COVID-19 outbreak). There were two UDCs located within Nottingham City.

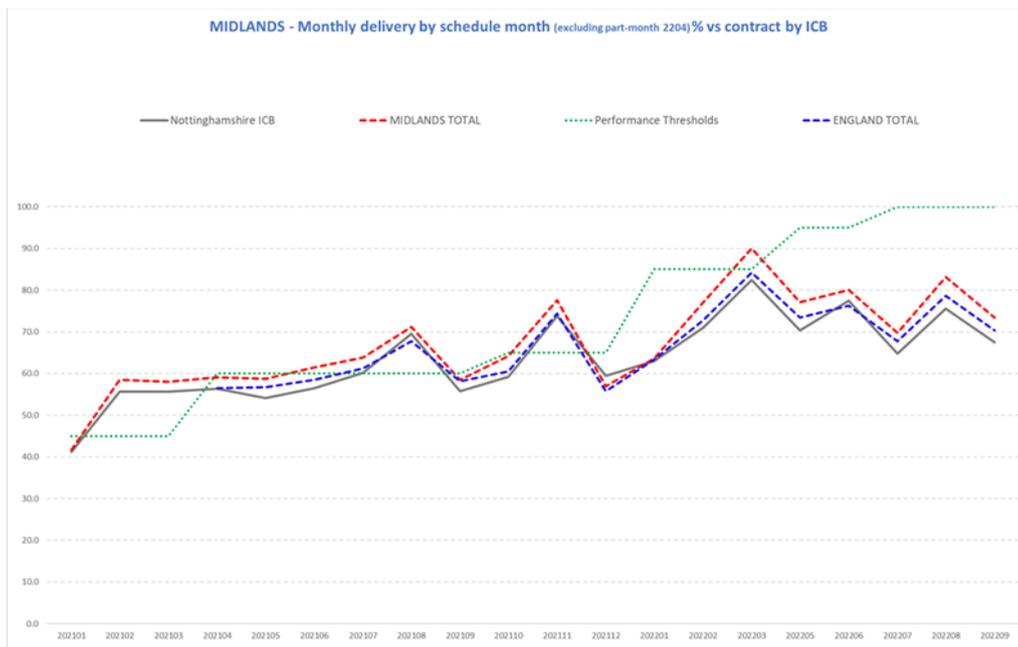
- 6.2 From 8 June 2020, dental practices were allowed to re-open however additional infection prevention and control measures were needed to be implemented as well as social distancing requirements for patients and staff. A particular constraint was the introduction of the so-called ‘fallow time’ – a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high-speed drills or instrument which would include dental fillings or root canal treatment. This has had a marked impact on the throughput of patients and the number of appointments that could be offered. For a large part of 2020, many practices were only able to provide about 20% of the usual number of face-to-face appointments and relied instead on providing remote triage of assessment, advice, and antibiotics (where indicated). The situation improved in early 2021, with reductions in fallow time requirements and since then practices have been required to deliver increasing levels of dental activity.
- 6.3 NHS dental practices are currently required to offer dental services to patients throughout their contracted normal surgery hours (some practices are offering extended opening hours to better utilise their staff and surgery capacity). They are also required to have reasonable staffing levels for NHS dental services to be in place. Increases in capacity have been gained in line with subsequent changes to national protocols for infection prevention and control such as reducing social distancing requirements and the introduction of risk assessments for patients who may have respiratory infections.
- 6.4 All NHS dental practices are required to maximise capacity and also to prioritise urgent dental care for:
- their regular patients
  - patients without a regular dental practice referred via NHS 111
  - all vulnerable patients
- 6.5 Infection prevention and control measures have been regularly reviewed and the following minimum requirement for the recovery of dental activity has been imposed on NHS general dental contracts:
- Q3 2021/22: 65% of contracted activity
  - Q4 2021/22: 75% of contracted activity

- Q1 2022/23: 95% of contracted activity
- Q2 2022/23: 100% of contracted activity

6.6 Figure 1 shows the level of NHS dental activity delivered across the Nottinghamshire system during the pandemic against the minimum threshold activity set by the national team and against the Midlands total. It can be seen that lower levels of activity have been delivered across the Nottinghamshire system as a whole when compared against the minimum thresholds set and the total Midlands activity. Unfortunately this data is only available at an ICS level, therefore data cannot be reported for Nottingham City.

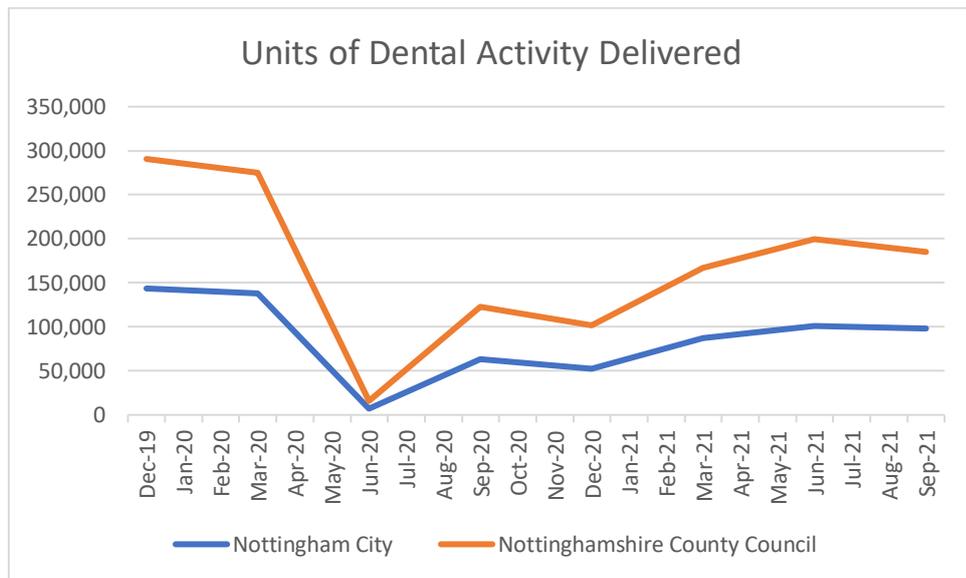
**Figure 1: Nottinghamshire Primary Care Dental Activity vs Minimum Thresholds**

- - - - - Midlands Total  
 . . . . . England Total  
 ——— Nottinghamshire  
 . . . . . Minimum Thresholds



6.7 Figure 2 shows the Units of Dental Activity (UDAs) delivered by NHS dental practices located in Nottingham City Council and Nottinghamshire County Council during the pandemic (although NHS dental practices are not contractually associated to them). By 30 September 2021, NHS dental practices in Nottingham City had recovered 68.5% of pre-pandemic dental activity, compared to NHS dental practices in Nottinghamshire at 63.7%.

**Figure 2: UDAs delivered by local authority during the pandemic**



6.8 The national minimum requirement for all NHS dental contracts was set at 65% for Q3 and 85% for Q4 2021/22. Tables 2 and 3 show Nottinghamshire dental practices achievement in comparison to Midlands' performance.

**Table 2: Proportion of UDA delivery in Q3 and Q4 of 2021/22 by NHS General Dental Practices across the Nottinghamshire system**  
*(unfortunately this information is not available at a lower level and we are therefore unable to report data for Nottingham City)*

	Period	Threshold	Nottinghamshire system performance
Nottinghamshire	Q3	65%	62.3%
Nottinghamshire	Q4	85%	73.1%
Midlands	Q3	65%	66.2%
Midlands	Q4	85%	76.9%

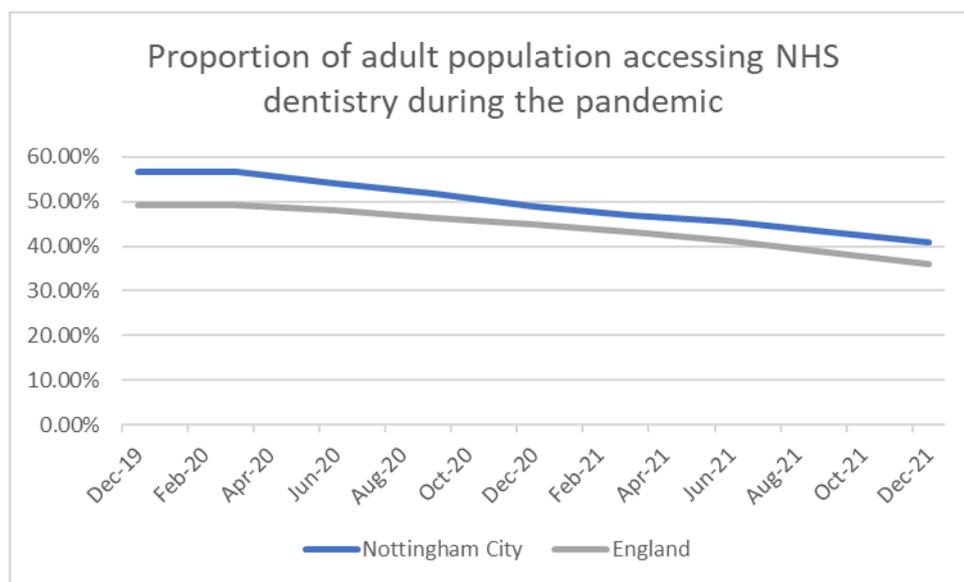
**Table 3: No. of NHS dental contracts meeting / exceeding national minimum performance requirements during Q3 and Q4 of 2021/22 across the Nottinghamshire system**  
*(unfortunately this information is not available at a lower level and we are therefore unable to report data for Nottingham City)*

	Period	Outcome – number meeting or exceeding thresholds
Nottinghamshire	Q3	64 out of 117 (54.7%)
Nottinghamshire	Q4	44 out of 117 (37.6%)
Midlands	Q3	718 out of 1,181 (60.8%)
Midlands	Q4	452 out of 1,181 (38.3%)

## 7. NHS Dental Access

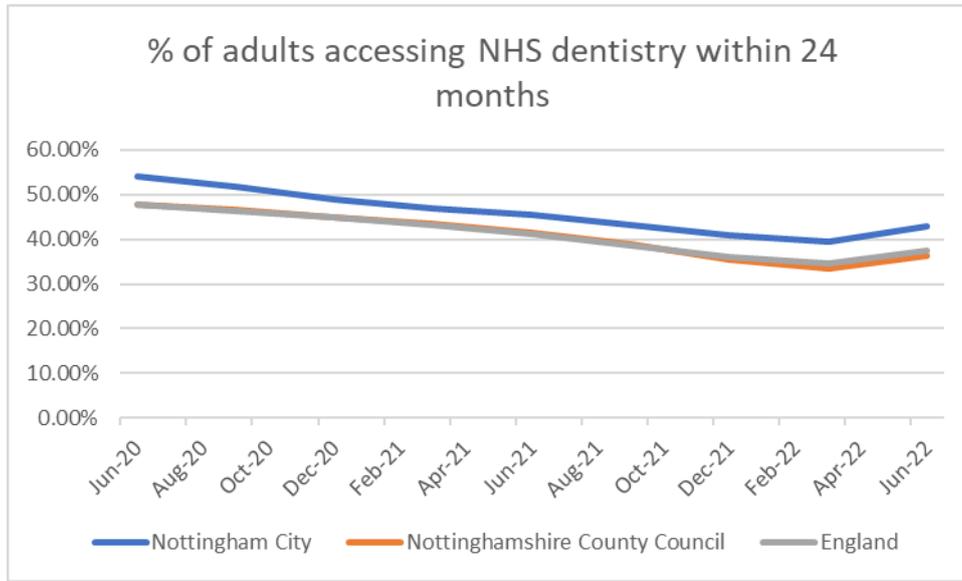
- 7.1 Figure 3 shows the percentage of adults accessing NHS general dental practices during the pandemic by local authority. It can be seen the proportion of adult residents in Nottingham City accessing NHS dental services has constantly been higher than England averages, prior to and during the pandemic.

**Figure 3: Proportion of adults accessing NHS dentistry during the pandemic**



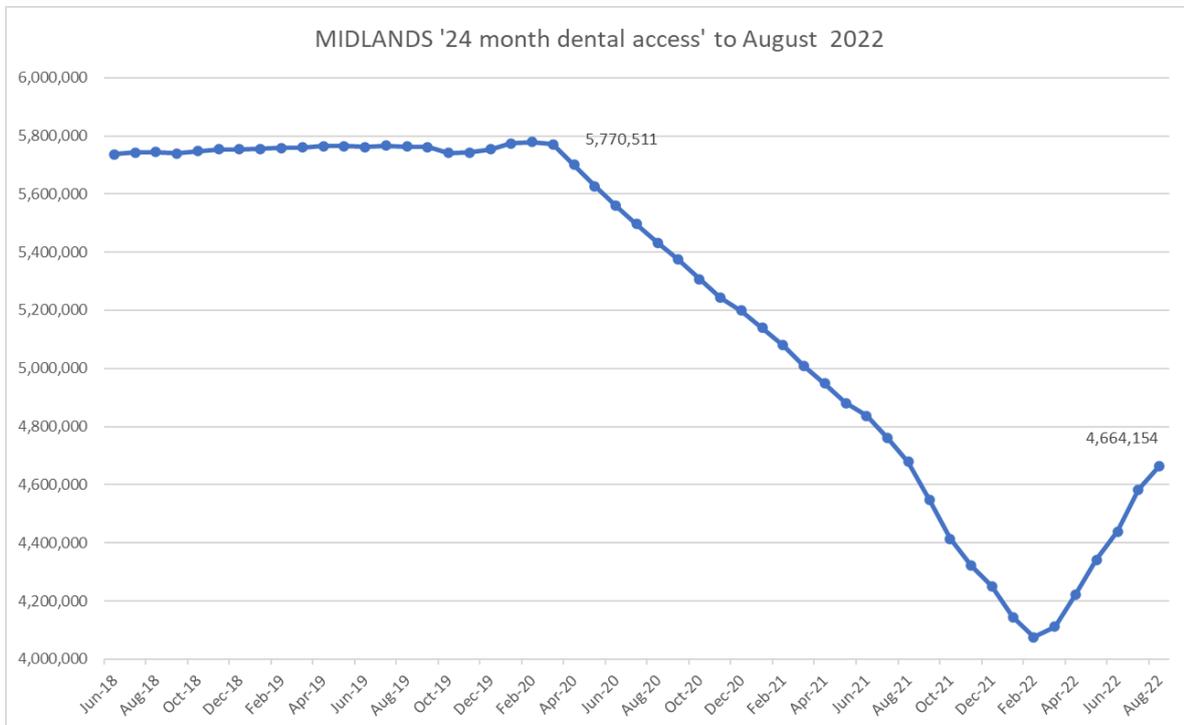
- 7.2 The National Institute of Health and Care Excellence (NICE) does not support routine 6-monthly dental check-ups universally for all patients. It recommends that dentists should take a risk-based approach to setting the frequency of dental check-ups and that the longest gap between dental check-up appointments for every adult (over 18 years) should be 24 months. Figure 4 demonstrates that the proportion of Nottingham City adults accessing NHS dentistry within 24 months (as per NICE recommendations) was higher than both the County (Nottinghamshire) and National (England) averages prior to and during the pandemic. However, when making comparisons of proportionate loss between June 2020 and June 2022, Nottingham City saw a loss of 11%, compared to Nottinghamshire at 11.6% and England at 10.5%.

**Figure 4: Proportion of adults accessing NHS dentistry within 24 months**



7.3 Figure 5 below demonstrates recovery access to NHS Dentistry since the covid-19 pandemic across Midlands.

**Figure 5: 24-month unique patient count (NB: from July 2022, approx. 68,000 added by boundary changes (ICB))**



7.4 It is estimated that across the Country there has now been the equivalent of a years' worth of appointments lost in primary care dentistry since the start of the pandemic. The effects have been similar in community and hospital care

due to restricted capacity from staff absences or re-deployment to support Covid-19 activities.

- 7.5 A strategic review of dental access is planned for 2022/23 and NHSE anticipate having access shortly to a mapping tool which will help to identify local areas which may have specific issues in order to assist with a more targeted approach in tackling them.
- 7.6 NHSE are aware that information provided by local dentists on the NHS website may not always be up to date, but it is unfortunately at present not a contractual requirement for dental providers to do so, however going forward as part of the new NHS Contract reform it will be a requirement for dental providers to update their information. NHSE are continuously working with all local dental providers to improve the accuracy of this information for the public. The Nottinghamshire Local Dental Network Chair has also engaged with [Find a dentist - NHS](#) (www.nhs.uk) regarding improvements to dental practice profiles planned for September/October 2022 which will assist for all users of the platform.
- 7.7 NHSE also recognise the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity. Many NHS dental contractors are already delivering over 100%, and it is critical for those providers who are not to make progress as quickly as possible. Unfortunately, many practices are struggling to recruit staff (both dentists and nurses) and this is having an impact on capacity. Nevertheless, NHSE are expecting all NHS general dental practices to reach a minimum of 95% of contracted activity during Q1 of 2022/23 with full (100%) delivery of contracted dental activity from July 2022.

## **8 Private Dentistry**

- 8.1 Private dental services are not within the scope of responsibility for NHSE. Therefore, NHSE are unable to provide any information on activity uptake within the private dentistry sector.
- 8.2 It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHSE during the pandemic, the private element of their business may have been adversely affected.
- 8.3 The Chief Dental Officer for England set up a time limited working group who undertook an investigation into the resilience of mixed economy practices. They concluded that whilst there would have been an interruption of income, the risk of a large number of dental practices facing insolvency over the next 12 to 18 months was low.

- 8.4 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the pandemic or due to the additional Personal Protective Equipment (PPE) charges that have apparently been levied by some private dental practices. This is putting additional pressure on NHS services at a time when capacity is constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.
- 8.5 There have been anecdotal reports of some practices' reluctance across the Midlands region in offering NHS appointments (particularly routine) and are offering the option to be seen earlier as a private patient instead. NHSE does not support any stances of pressurising patients into private dental care. NHSE will investigate any report of this nature but will need detailed information so that this can be raised with the practice for a response. Any such concerns can be raised via a complaint about any specific practice/s by contacting the NHS England Customer Contact Centre on 0300 311 22 33 or [www.england.nhs.uk/contact-us/](http://www.england.nhs.uk/contact-us/).

## **9. Dental contract hand-backs**

- 9.1 Since the start of the pandemic, one NHS general dental contract from Nottinghamshire has been handed back to NHSE. The dental activity from the terminated contract was not lost as NHSE undertook a review of dental access data within the surrounding area of the terminating dental contract hand-back to recommission the activity by dispersal to surrounding local dental practices in the area.
- 9.2 As part of the dental activity dispersal process, the NHS dental practice that is handing back their NHS activity must agree a communication letter for their patients with NHSE. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate sign posting on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to NHSE that there is no inappropriate/forced signup to private dental services and enables informed patient choice.

## **10. Restoration of NHS Dental Services**

- 10.1 NHSE is working with the local dental profession to restore NHS dental services and to deal with the inevitable backlog of patients that has built up since the COVID-19 pandemic. In line with national guidance issued, all NHS dental practices in England are currently working towards providing routine dental care in the same way as they were prior to the pandemic, with the expectation of full (100%) delivery of contracted dental activity from July 2022.
- 10.2 Reduced access to NHS dental care over the course of the pandemic will have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention may have struggled to gain access to NHS dental care.

Some who were part way through dental treatment will undoubtedly have suffered and may have lost teeth they would not have otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out causing deterioration in outcome.

- 10.3 Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term impacts on oral and general health due to changes in nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar) coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar and alcohol intake could have a detrimental effect on an individual's oral health. Those impacted to the greatest extent by this are likely to be vulnerable population groups and those living in the more deprived areas, thus further exacerbating existing health inequalities.
- 10.4 It is important to note that some of the most vulnerable in the population, whose oral health may have been affected by the pandemic as described above, could also be at greater risk of contracting COVID-19 and of experiencing worse outcomes due to risk factors linked to other long term health conditions.
- 10.5 For those in the vulnerable or shielded categories due to age or underlying health conditions, special arrangements have been made to ensure they are able to access NHS dental care safely. Some patients may be seen by their usual practice but will usually be offered an appointment at the beginning or end of a session.
- 10.6 In addition, there are groups of patients particularly those experiencing Severe Multiple Disadvantage who are less likely to engage with routine dental services and likely to experience worse oral health. NHSE are working with the Nottingham and Nottinghamshire Oral Health Steering Group to address this inequality, with work on undertaking an options appraisal currently underway.
- 10.7 NHSE is also aware that other vulnerable groups are also finding it harder than usual to access services. We are continuing to review pathways and treatment arrangements for these patients to ensure that they can continue to access urgent dental care, should they need to. Primarily, this has been facilitated through NHS 111. The special care dental provider has also been ensuring access for vulnerable patients through their network of local clinics and dental access centres.
- 10.8 The Nottingham and Nottinghamshire Oral Health Steering Group is also looking at new ways of collaborative working with primary care networks to strengthen support to care homes in improving the oral health of their residents and also access to NHS dental services as a priority agenda.

## 11. NHS Dental Services recovery initiatives

- 11.1 A large additional financial investment has been made to facilitate initiatives designed to increase access across primary, community and hospital dental care, as follows:

### 2021/2022

- Weekend Sessions – General Dental Services  
Across the Nottinghamshire system, 8 NHS general dental practices have been contracted to provide 64 additional sessions at a cost of £25,600. Out of the 8 practices, 4 practices are within Nottingham City providing 36 additional weekend sessions.
- Weekday Sessions – General Dental Services  
Across the Nottinghamshire system, 5 NHS general dental practices have been contracted to provided 100 additional sessions at a cost of £40,000. Out of the 5 practices, no practices offered additional sessions within Nottingham City.
- Additional NHS dental sessions – 8-8/Extended Access NHS Dental Providers  
Across the Nottinghamshire system, 1 NHS 8-8/Extended Access dental practice has been contracted to provide 144 sessions at a cost of £94,176. This practice is located within Nottingham City.
- Dedicated Urgent Care slots during surgery opening hours – General Dental Services  
Additional NHS dental capacity has been contracted in order for NHS 111 to be able to signpost patients who do not have a regular dental practice requiring urgent dental care. Five practices across the Nottinghamshire system are taking part and providing extra appointments. Two practices are within Nottingham City offering 14 additional urgent care appointments per week.
- Oral health improvement funding for local authorities
  - £150,000 recurrent for 2 years (21/22 and 22/23) to support oral health improvement initiatives and activities
  - £40,000 non-recurrent to support purchase and distribution of toothbrushing packs to food banks and other venues
  - £5,000 non-recurrent to support Oral Health Promotion training resources to improve delivery of services

The above funding has been jointly allocated between Nottingham City and Nottinghamshire County Councils. Agreement on the spending of the funding is being discussed and agreed at the Nottingham and Nottinghamshire Oral Health Steering Group to ensure alignment with oral health needs of the area.

- Support Practices - Community Dental Service:  
NHSE have commissioned a number of dental practices across the Midlands to work collaboratively with local dental providers delivering special care dental services. This pilot is intended to provide additional capacity to assist in routine review and support the management of special care dental patients who are in the system. Unfortunately, there was no uptake from NHS dental providers in Nottinghamshire system, however NHSE have secured additional funding to re-run the pilot for financial year 2022/23 and hope to encourage uptake from NHS dental providers within the Nottinghamshire system and Nottingham City. NHSE has been trying to understand the reasons for the lack of interest and at present the main reason appears to be the lack of practice capacity.
- Waiting list initiative - Community Dental Service:  
Non-recurrent investment of £56,562 was secured for the Nottinghamshire system Community (Special Care) Dentistry provider in reducing the waiting list in 2021/22. The waiting list initiative has been running additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment. Furthermore, additional dental hand pieces (dental drills) were also purchased to support improving efficiency of dental clinics resulting in reduced fallow time between patients. Prior commitment of £38,899 has been secured for 2022/23 to support the on-going reduction of waiting lists and NHSE is currently in discussion with the provider on the allocation and delivery of additional clinical sessions during this year.
- Waiting list initiative - Intermediate Minor Oral Surgery (IMOS)  
Non recurrent investment in 2022/23 was introduced to support IMOS providers in reducing waiting times for patients to be seen within 18 weeks of referral into the specialist service. At August 2022, there were 878 Nottinghamshire patients accepted onto the IMOS pathway and 48 (5%) had been waiting over 18 weeks to be treated. This has been reduced from 221 as at June 2021 when the original waiting list initiative was launched. The Nottinghamshire system has one of the lowest IMOS waiting lists for patients waiting over 18 weeks to be treated across the East Midlands. As this is a specialist service commissioned on a system area footprint, data for Nottingham city residents is unfortunately not available.
- Waiting list initiative – Hospital Dental Care  
Trusts are currently monitored on referral to treatment (RTT) times within 18, 52, 78 and 104 weeks, due to the impact of the pandemic. All Trusts are required to clear any 104 week waits by July 2022 and 78 week waits by March 2023. As at July 2022, there were zero patients waiting over 104 week waits and 16 patients waiting over 78 week waits for Oral and Maxillofacial Surgery at NUH. Please see Appendix 3 for Midlands Oral Surgery RTT trends but as this service is commissioned on a system area footprint, data for Nottingham City residents is unfortunately not available. Referrals into secondary care have started to recover (Appendix 4), however, these remain lower than previous levels due to the reduction in

routine appointments in primary care. There has been a non-recurrent investment of £36,934 to address the 104, 78 and 52 week waits across the secondary care dental specialities e.g. Orthodontics, Oral Surgery and Maxillofacial. Prior commitment of £35,076 has also been secured for 2022/23 to continue to support the waiting list initiatives.

## **2022/23**

- Weekend Sessions – General Dental Services  
Across the Nottinghamshire system, 2 NHS general dental practices have been contracted to provide 140 additional sessions at a cost of £70,000. Out of the 3 practices, 1 practice is within Nottingham City providing 40 additional weekend sessions.
- Dedicated Urgent Care slots during surgery opening hours – General Dental Services  
Additional NHS dental capacity has been contracted in order for NHS 111 to be able to signpost patients who do not have a regular dental practice requiring urgent dental care. Five practices across the Nottinghamshire system are taking part providing an extra 39 appointments. Two practices are within Nottingham City offering 14 additional urgent care appointments per week.
- Oral health improvement funding for local authorities  
As mentioned above, this funding is recurrent for 2 years.
  - £150,000 recurrent for 2 years (21/22 and 22/23) to support oral health improvement initiatives and activities

The above funding has been jointly allocated between Nottingham City and Nottinghamshire County Councils. Agreement on the spending of the funding is being discussed and agreed at the Nottingham and Nottinghamshire Oral Health Steering Group to ensure alignment with oral health needs of the area.

- Support Practices - Community Dental Service  
NHSE have secured additional funding to re-run the pilot for financial year 2022/23, where 3 practices within Nottinghamshire have been approved providing 6 sessions per week. One of the three practices is within Nottingham City providing 2 sessions per week.
- Golden Hello Scheme  
NHSE have secured additional funding to assist local NHS dental providers in the recruitment and longer-term retention of dentists in targeted areas where the recruitment of additional dentists is most challenging. The overarching aim of the scheme is to increase the number of dentists in targeted areas and ultimately increase local NHS dental access for patients. Under the terms of the scheme, a lump sum Golden Hello payment of up to £15,000 will be available for each eligible new full-time NHS dentist recruited within the target area from non-targeted areas.

The targeted area within the Nottinghamshire system is East Bassetlaw. There are currently no applications received for Nottinghamshire.

## 12 Oral Health and Inequalities

12.1 Whilst NHSE is responsible for commissioning NHS dental services, local authorities have a dental public health function as per [Statutory Instrument 2012 No. 3094 The NHS Bodies and Local Authorities \(Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch\) Regulations 2012:](#)

*“(1) Each local authority shall have the following functions in relation to dental public health in England.*

*(2) A local authority shall provide, or shall make arrangements to secure the provision of, the following within its area –*

*(a) to the extent that the authority considers appropriate for improving the health of the people in its area, oral health promotion programmes;*

*(b) oral health surveys to facilitate –*  
*(i) the assessment and monitoring of oral health needs,*  
*(ii) the planning and evaluation of oral health promotion programmes,*  
*(iii) the planning and evaluation of the arrangements for provision of dental services as part of the health service, and*  
*(iv) where there are water fluoridation programmes affecting the authority’s area, the monitoring and reporting of the effect of water fluoridation programmes.*

*(3) The local authority shall participate in any oral health survey conducted or commissioned by the Secretary of State under paragraph 13(1) of Schedule 1 to the 2006 Act (powers in relation to research etc.)(49) so far as that survey is conducted within the authority’s area.”*

12.2 In addition, Local Authorities and ICBs have [equal and joint duties](#) to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) through the health and wellbeing board. Oral health is one of the health needs that may be assessed. The responsibility falls on the health and wellbeing board as whole and so success will depend upon all members working together throughout the process. In Nottingham City the oral health needs assessments are available [here](#) and were published in 2020

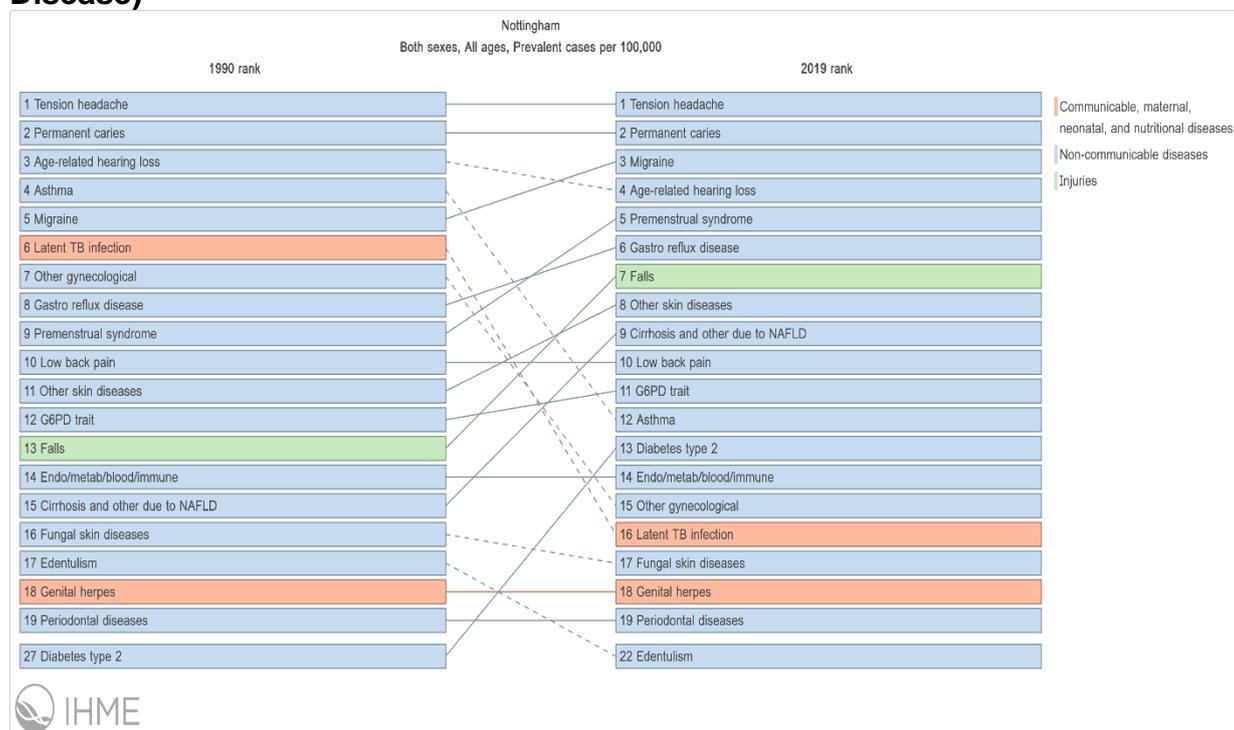
12.3 Oral diseases continue to be a leading public health problem with significant inequalities. Those living in more deprived areas and vulnerable individuals are more at risk, both of and from, oral diseases. Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health and reduce inequalities. Over a third of children in Nottingham have visible dental problems by the age of 5 years This is significantly worse than England and is preventable. This will mean pain and often expensive treatments, including General Anaesthetic, and may result in

time off school This is likely to have worsened during the pandemic, and is worse in some areas of the city- we have undertaken a larger survey this year and await results

- 12.4 Figure 5 shows that oral health remains in the top 20 rankings of the most common health problems affecting the overall health and wellbeing of people living in Nottingham City from 1990 to 2019:
- staying at rank 2 – dental decay (caries)
  - staying at rank 19 – periodontal (gum) disease)
  - down 5 ranks from 17 to 22 – edentulism (no teeth)

In most cases these problems are preventable.

**Figure 5: Ranking of prevalent cases per 100,000 affecting overall health and wellbeing of people living in Nottingham City (Global Burden of Disease)**



- 12.5 In 2017/18, the National Dental Epidemiology Programme undertook an oral health survey of adults attending general dental practices in England. It provided data to inform joint strategic needs assessments and oral health needs assessments to plan and commission oral health improvement interventions and services for adults. Adults attending general dental practices for any reason, aged 16 years and over, were recruited to take part in the survey. The survey consisted of a questionnaire on the impact of oral problems on individuals, use of dental services and barriers to receipt of care and a brief clinical examination conducted by trained local epidemiology teams under standardised conditions. Only 9 people in Nottingham City participated in this survey and therefore no local summary of findings can be reported.

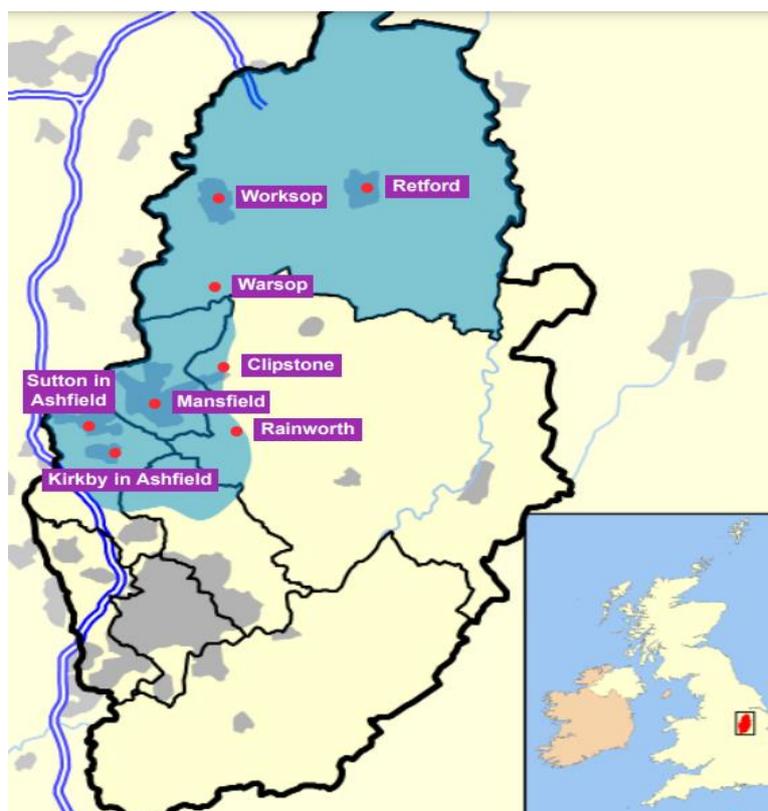
12.6 Vulnerable groups are those people whose economic, social, environmental circumstances place them at high risk of poor oral health or make it difficult for them to access dental services. This includes people who are old and frail, have physical or mental disabilities as well as the homeless. These groups may 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 was the first and only oral health survey of this population group and the method was implemented as a pilot. At the time of this survey of those taking part in Nottingham, 59% of participants had not seen a dentist within the last two years, 7% reporting being able to find an NHS dentist and 9.5% reporting difficulty getting to and from the dentist. 8.5% of those surveyed reported that their oral health often adversely impacts their quality of life, 5% reported being in pain with their mouths, and 4% requiring domiciliary treatment. 14.3% reported being unable to afford NHS dental charges.

12.7 Overall, national surveys have demonstrated that:

- The oral health of adults has improved significantly over the last 40 years with more of the population retaining their natural teeth throughout life
- Poorer oral health disproportionately affects older people and those living in more deprived areas
- Men from materially deprived backgrounds are more likely to experience higher levels of tooth decay and gum diseases but least likely to visit a dentist
- 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

12.8 Water fluoridation is an effective and safe public health measure to reduce the frequency and severity of dental decay, and narrow oral health inequalities. Fluoridated water is currently supplied to ten percent of the population in England and this includes some parts of Nottinghamshire (Figure 6). There are no water fluoridation schemes benefitting residents of Nottingham City.

**Figure 6: Water fluoridation in the Nottinghamshire system**



12.9 The responsibility for water fluoridation has recently changed from being the responsibility of Local authorities to resting with the Secretary of State as a result of the Health and Care Act 2022. This will include responsibility for public consultation on proposed new schemes, which may in future be developed at larger footprints than Local Authorities. As confirmed by the UK [Chief Medical Officers](#), water fluoridation is a safe and evidence based approach to reduce dental decay at population level, with the greatest potential benefit in the most deprived communities.

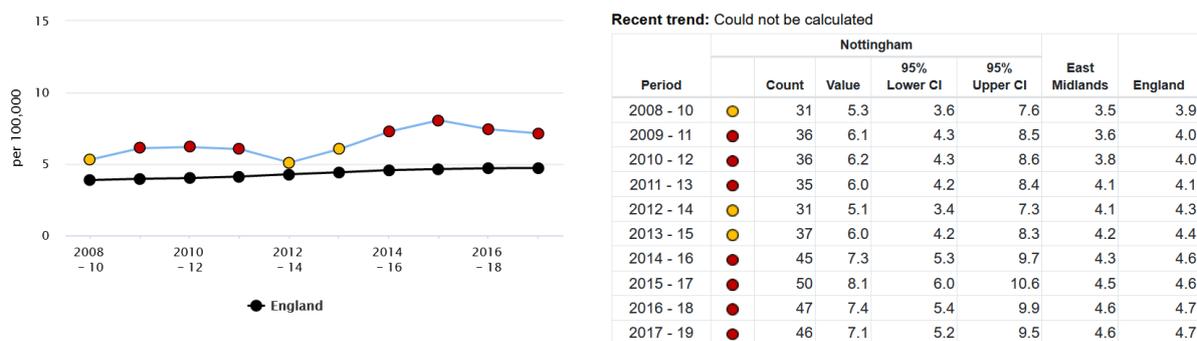
Recent analysis by the [Office for Health Improvement and Disparities](#) identified that the risk of dental decay in children living in deprived areas was 25% less in areas with fluoridation, and up to 56% of child hospital admissions to have decayed teeth removed could be avoided in more deprived areas through water fluoridation schemes.

12.10 Nottingham City has a higher incidence (18.09 per 100,000) of oral cancer over 5-years (2012-2016) relative to the national average (14.55 per 100,000) and a higher mortality rate (6.35 per 100,000) from oral cancer relative to the England average (4.54 per 100,00).

Nottinghamshire has a comparable incidence (13.69 per 100,000) and mortality rate (4.09) relative to the England average.

Figure 7 shows that mortality rates from oral cancer in Nottingham City (Red and yellow dotted line) have been increasing over the years at a faster rate than observed nationally and in the county. In 2015/17 period there were 8.1 deaths from oral cancer per 100,000 people in Nottingham. Although this has fallen slightly since then, it is still far higher than the national rate of 4.7 oral cancer deaths per 100,000 population across England.

**Figure 7: Oral cancer mortality rates**



Recent trend: Could not be calculated

Period	Nottingham				East Midlands	England
	Count	Value	95% Lower CI	95% Upper CI		
2008 - 10	31	5.3	3.6	7.6	3.5	3.9
2009 - 11	36	6.1	4.3	8.5	3.6	4.0
2010 - 12	36	6.2	4.3	8.6	3.8	4.0
2011 - 13	35	6.0	4.2	8.4	4.1	4.1
2012 - 14	31	5.1	3.4	7.3	4.1	4.3
2013 - 15	37	6.0	4.2	8.3	4.2	4.4
2014 - 16	45	7.3	5.3	9.7	4.3	4.6
2015 - 17	50	8.1	6.0	10.6	4.5	4.6
2016 - 18	47	7.4	5.4	9.9	4.6	4.7
2017 - 19	46	7.1	5.2	9.5	4.6	4.7

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Registrations Extract and ONS Mid Year Population Estimates

Oral cancer disproportionately affects males and its incidence and mortality increase with deprivation and age. The reasons for these increases are poorly understood but may be partially explained by trends in risk factors linked to social determinants.

Known risk factors for oral cancer linked to social determinants include smoking, other ways of using tobacco such as chewing, drinking alcohol and infection with the human papilloma virus (HPV). Where oral cancer is suspected on the basis of clinical examination or symptoms, the diagnosis is confirmed by biopsy.

The data and trends in this report identifies the geographic areas (Nottingham City) and population groups (especially men living in areas of high deprivation) most at risk to facilitate the planning of health improvement initiatives for prevention and clinical services for early diagnosis and treatment.

12.11 The Local Dental Network publicised Mouth Cancer Awareness month in November 2021 and distributed a set of key messages to dental practices to help them raise awareness, identify patients with symptoms, and ensure they are aware of how to refer patients quickly to the appropriate services. This was a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021 <https://bit.ly/3vK70Ez>.

## 13. Collaborative working

- 13.1 NHSE works collaboratively with Public Health colleagues in Nottingham City Council around prevention initiatives linked to oral health improvement and in amplifying key oral health messages. Further information has been provided by the Council's public health team on the local oral health improvement initiatives across Nottingham City in Appendix 5.
- 13.2 There have been regular meetings with the profession via the Local Dental Committee. NHSE are grateful for the co-operation received from the dental profession across the Nottinghamshire system in mobilising local Urgent Dental Care Centres and co-producing solutions to help manage the restrictions in NHS dental services during the pandemic which included joint working between the local Community (Special Care) Dental Service and General Dental Practices.
- 13.3 NHSE has appointed a Nottinghamshire Local Dental Network (LDN) Chair who is currently involved in working with the Local Dental Committee to address challenges that practices are facing to improve access for patients experiencing Severe Multiple Disadvantage. Furthermore, the LDN is working to improve the links between the Special Care Dental Service and local dental practices in order to improve access for children.
- 13.4 The NHSE commissioning team have also been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services. These have been distributed to local authorities, Directors of Public Health and CCGs. Examples of tweets that have been shared on Twitter are given in Appendix 6.
- 13.5 NHSE have also engaged with Healthwatch Nottingham and Nottinghamshire and they have shared intelligence on local concerns or on difficulties people may be having accessing NHS dental services. Following feedback from Healthwatch regarding the confusion for patients on the '*accepting new patients on referral*' category of each dental practice profile, a decision has been made to remove this as part of updates planned for September/October 2022.

## 14 Supporting Information

- Appendix 1 - Location of dental practices or clinics
- Appendix 2 - Activity Trends in Primary Care
- Appendix 3 – Midlands Oral Surgery Referral to Treatment (18 week and 52-week Waiters)
- Appendix 4 – Midlands Secondary Care Dental Referral Trends
- Appendix 5 – Nottingham City (Public Health led) Oral Health Promotion Activity Briefing
- Appendix 6 - Examples of tweets shared by the NHS England Communication Team

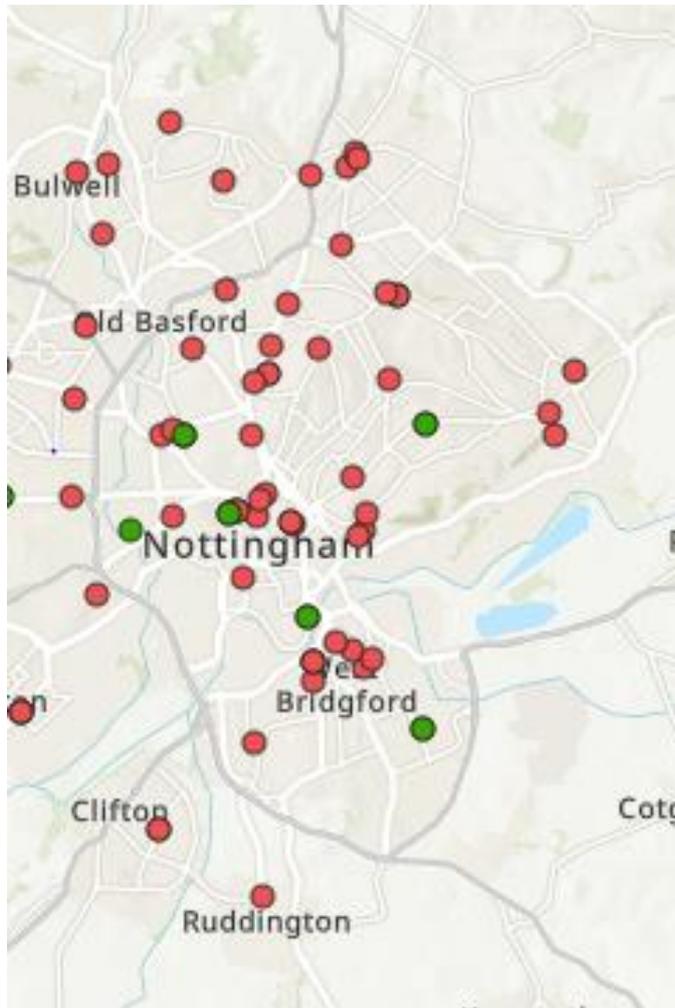
## 16 Contact Points

Jane Garrard, Democratic Services Officer,  
Email: [Jane.Garrard@nottinghamcity.gov.uk](mailto:Jane.Garrard@nottinghamcity.gov.uk)

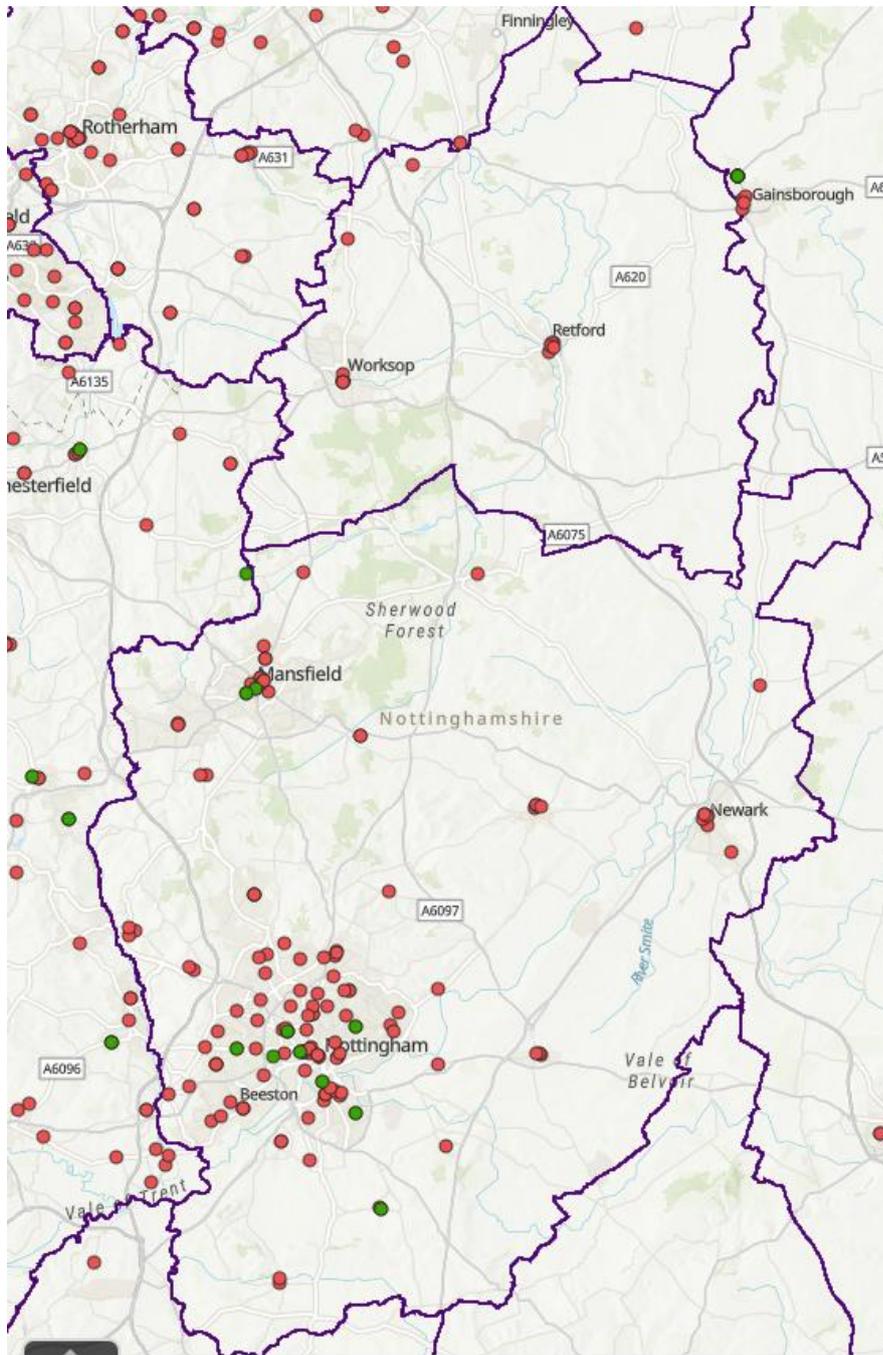
Rose Lynch – Senior Commissioning Manager, NHS England Midlands (East)  
Email: [rose-marie.lynch@nhs.net](mailto:rose-marie.lynch@nhs.net)

## Appendix 1: Location of dental practices or clinics including orthodontic and community sites

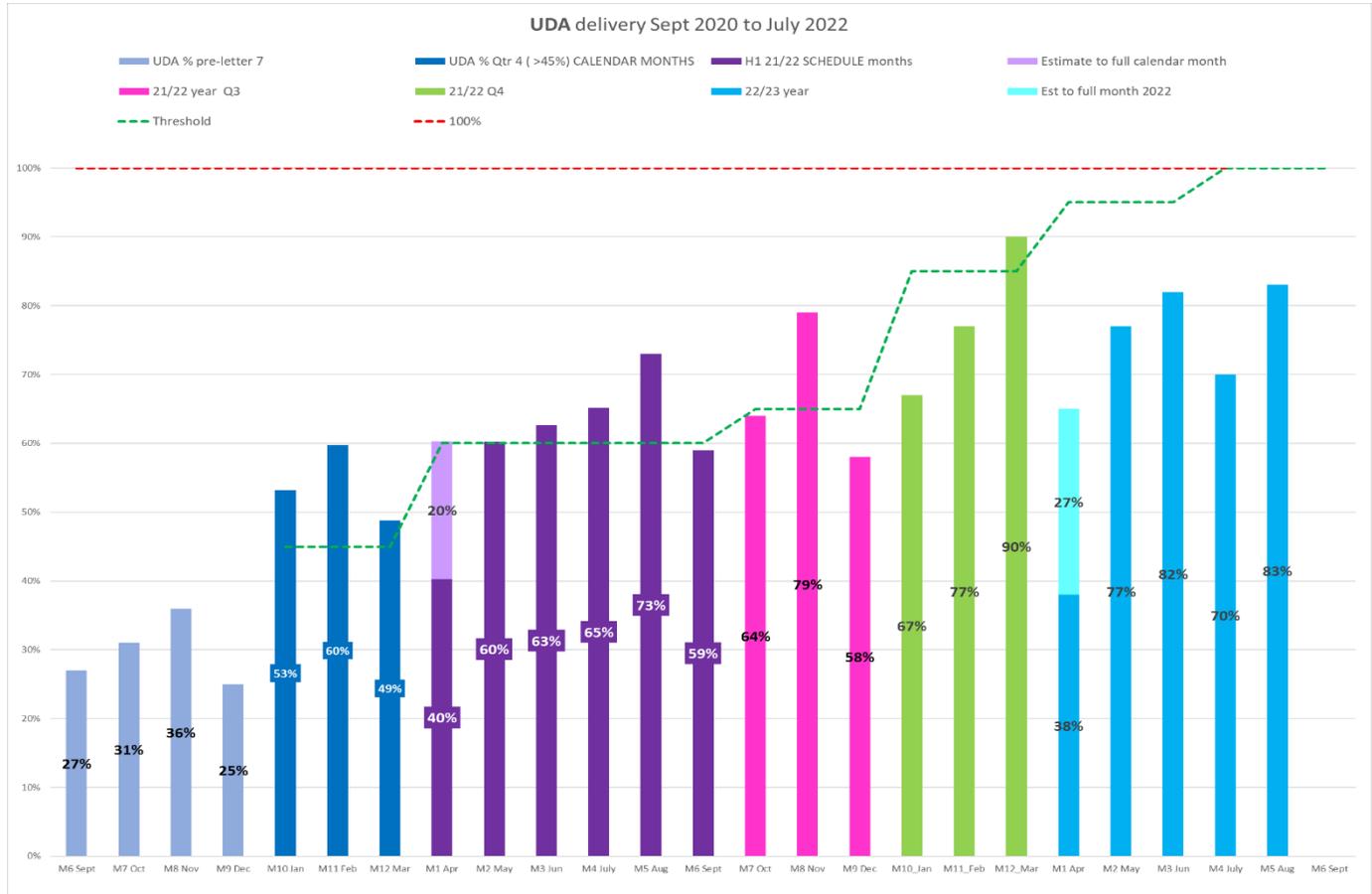
Map 1: Location of NHS dental practices and clinics (including orthodontics and community sites) in Nottingham city



**Map 2: Location of NHS dental practices and clinics (including orthodontics and community sites) in Nottinghamshire**



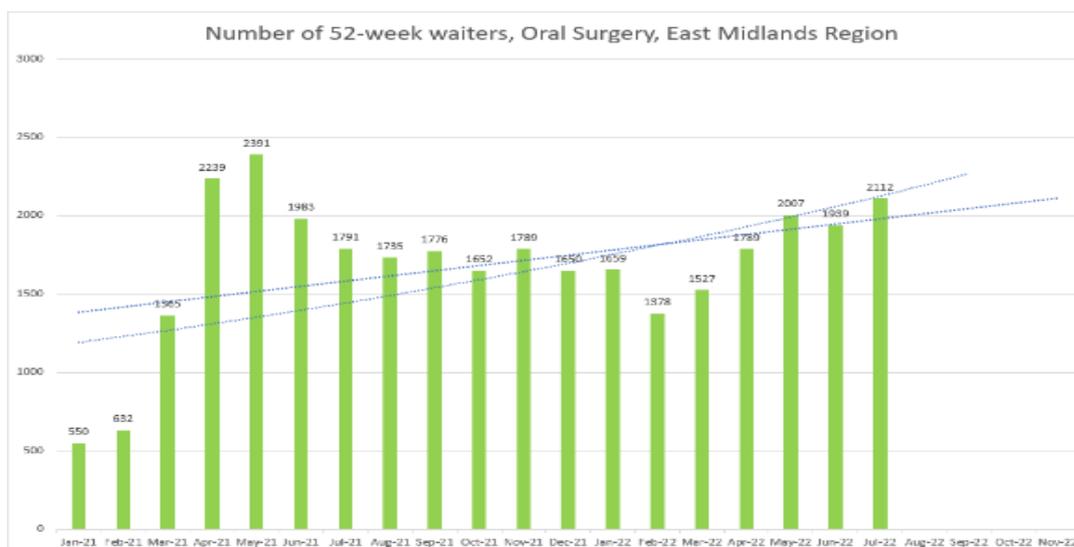
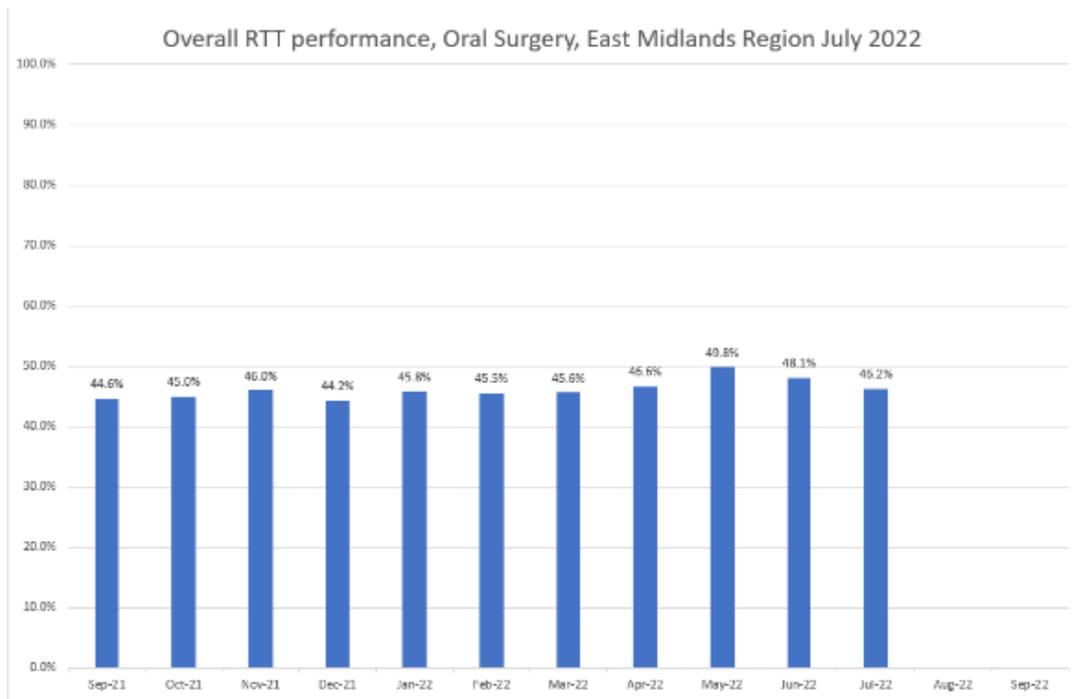
## Appendix 2: Activity Trends in Primary Care for Units of Dental Activity (UDA) - Midlands



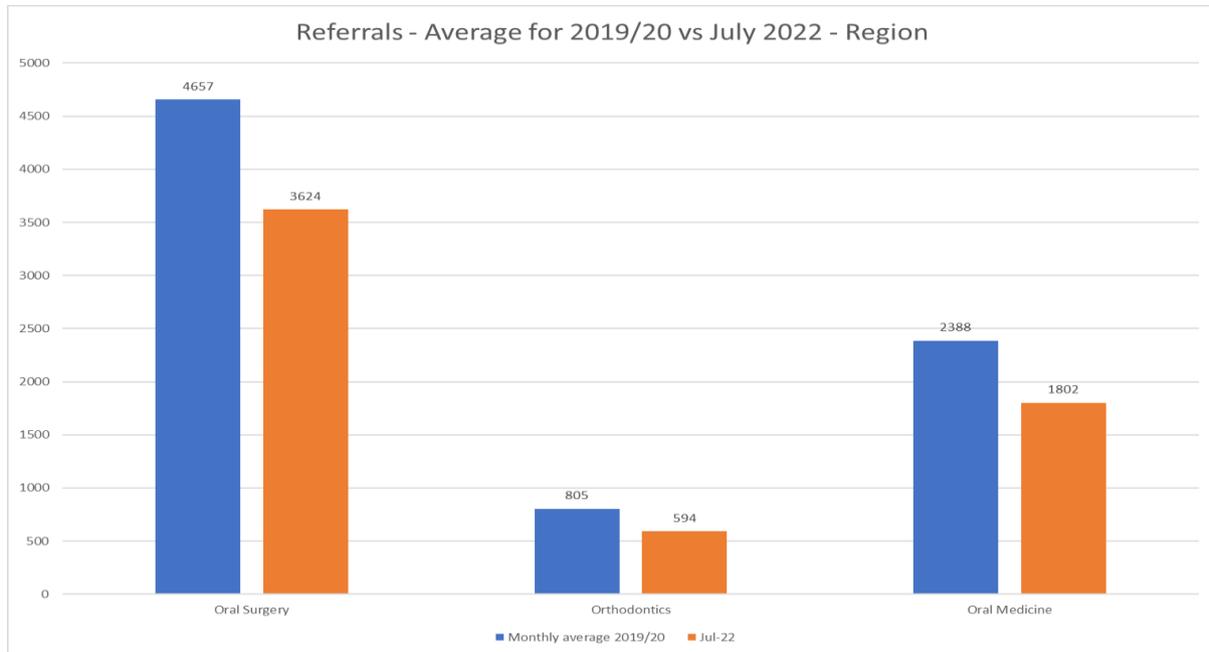
### Appendix 3: East Midlands Oral Surgery Referral to Treatment (people waiting 18 week and 52 weeks)

Note – The updated July RTT position for Oral Surgery shows that the recovery in respect of the performance against the 18-week standard remains plateaued between 45 and 50 percent. (The figure for July is 46.2%, a decrease from 48.1%). The number of 52-week waiters has increased from 1,939 to 2,112. The proportion of the total waiting list that has been waiting 52 weeks decreased to 10% for July from 11% in June 2022.

Data cannot be split to report for Nottingham City.



## Appendix 4: Midlands Secondary Care Dental Referral Trends



## Appendix 5: Nottingham City (Public Health led) Oral Health Promotion Briefing

### 1. Oral health strategic approach

**Aim:** To improve oral health and reduce inequalities in oral health in Nottingham City

Taken forward across 3 'pillars

- **Evidence based.** This includes needs assessment, dental epidemiology and understanding evidence of effectiveness
- **Prevention and reducing inequalities** Plan for services and actions to reduce inequalities and improve oral health, particularly in children and vulnerable adult populations
- **In partnership** work to build shared understanding across system partners and advocate for action on improving oral health

### 2. Nottingham and Nottinghamshire Oral Health Steering Group

Public Health coordinate and chair this multi agency group which brings together commissioners, providers and Healthwatch. The group has recently received reports on dental access, on oral health for children in care, on antibiotic resistance and oral health promotion.

### 3. Oral health surveys and needs assessment

In 2022 Nottingham City funded an enhanced dental survey of 5 year old children to better monitor changes to oral health after the pandemic. The results will be published and will allow comparison with other areas. The next survey planned is of 11 year old children. Oral health needs assessments were published in 2020 and are available on Nottingham Insight [here](#). These describe inequalities in oral health and trends over time. They describe oral health needs in children and in vulnerable adults. They will be refreshed after the children's epidemiology survey data is published.

### 4. Oral health promotion service

Nottingham City currently has an oral health promotion service which covers the Small Steps Big Changes wards and is delivered by Nottinghamshire Healthcare Trust. Nottingham City Council Public Health plans to commission an oral health promotion service focussed on children and vulnerable adults which will be procured shortly.

### 5. Examples of recent partnership work

- With funding provided by NHS England, and in partnership with Nottinghamshire County Council, oral health products and information were distributed to food banks, food clubs and other community services across the City and County. In total 25,512 toothbrushes, 18,864 tubes of toothpaste and 3800 leaflets were received by 51 food banks and 5016 toothbrushes, 3696 tubes of toothpaste and 1200 leaflets were delivered to 22 food clubs across Nottingham and Nottinghamshire.

Materials circulated with tooth brushing packs to foodbanks:



- As part of the work to support people in severe and multiple disadvantage a survey of dental health needs was undertaken by community dentistry and in partnership with local support services. This illustrated high levels of unmet need. For example over half had dental pain at the time of the examination, almost all needed dental treatment, and almost a third had done 'DIY dentistry'. The information has been used to advocate for an adapted service to support this group further in meeting oral health needs which is being planned at present.

## Appendix 6: Examples of tweets shared by the NHS England Communication Team

