

Nottingham City Council Health and Adult Social Care Scrutiny Committee

Access to NHS Dental Services

14 March 2024

1 Background and information

- 1.1 The Nottingham City Health Overview and Scrutiny Committee (HOSC) received a report for the meeting held on 17th November 2022. The report provided information on access to NHS Dental Services with a particular focus on provision and service recovery plans as services emerged from the COVID-19 pandemic, including a wider context of oral health prevention and the transition of NHS England Commissioning services to NHS Nottingham and Nottinghamshire Integrated Care Board on 1 April 2023. The report also included 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 requested a further briefing update to provide:
 - An update on current NHS dental access position
 - How specific communities access dentistry such as Looked After Children and Community Dental Services
- 1.3 Further to the last update in November 2022, the commissioning of all NHS dental services was fully delegated to Nottingham and Nottinghamshire Integrated Care Board (ICB) on the 1st April 2023.
- 1.4 A governance structure has been agreed that enables the ICB to set the annual plan and strategic direction of the Dental function and make localised decisions where possible, whilst the current dental commissioning team (who are hosted by Nottingham and Nottinghamshire ICB on behalf of the 5 ICBs in the East Midlands) 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.
- 1.5 The Nottingham and Nottinghamshire ICB recognises the importance of understanding the need of the local population. To enable robust commissioning plans to be developed, Dental Public Health Consultants are developing the Oral Health Needs Assessment for Nottinghamshire. This will be completed by end of March 2024 and will inform future commissioning and procurement plans going forward.
- 1.6 An Equality, Health Impact Inequality and Risk Assessment will be undertaken to consider the impact on the population including the protected characteristics, as part of commissioning and procurement plans.

- 1.7 Nottingham City Public Health Team will be providing a separate briefing note to the Committee on the local oral health work that the Local Authority is undertaking.
- 1.8 NHS England have advised that planning guidance for 2024-25 will be published in the new calendar year to support ICBs develop their annual plan. It has been confirmed the published 2023-24 priorities and recovery plans on urgent and emergency care, primary care access, elective and cancer care will not fundamentally change for 2024-25. The planning priorities, process, timeline, and performance expectations will be published separately. Whilst waiting for the publication of the planning guidance, the ICB has commenced considerations to develop the proposed annual plan for 2024-25. It is anticipated that Nottingham and Nottinghamshire ICB will provide an update to the Nottingham City Health Overview and Scrutiny Committee on the 2024-25 annual plan, commissioning intentions and mitigations on identified risks in the new financial year.
- 1.9 On 7 February 2024, the NHS and Department of Health and Social Care (DHSC) published [a joint plan](#) to recover and reform access to NHS dental care. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity.

2 National NHS dental contract

- 2.1 Nottingham and Nottinghamshire ICB 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 Nottingham and Nottinghamshire ICB.
- 2.2 Although Nottingham and Nottinghamshire ICB is responsible for commissioning all NHS general dental services, there are limitations arising from the current national contract which impacts on the level of local flexibility which can be applied.
- 2.3 Challenges with access to NHS dental services are fully recognised, with dental access being a key priority for all Integrated Care Boards. The lack of new registrations to NHS dentists is a common challenge across all Regions, with the most critical issue being gaining access to NHS Dentistry. We are aware that people are reporting that no dentists are taking on NHS patients.

Challenges include:

Nationally and Nottingham and Nottinghamshire ICB:

- Challenges for NHS Dentistry existed prior to the pandemic.
- Workforce/Recruitment of Dentists and wider clinical dental team.
- Access issues.
- Profession discontent with current national contract.

- 2.4 NHS Dental Practices are independent contractors who are having to adjust their work balance to remain viable and thus moving towards more private provision (please see section 3.4 for further information on private dentistry).
- 2.5 Dental practices are responsible for patients who are undergoing dental treatment under their care. All completed courses of treatment within the same treatment band have a 12-month guarantee. This means that repairs and replacements can be replaced within the 12 months as long as it falls within the same band of treatment or lower. Should further treatment be required, this must take place within two months of when the course of treatment was completed. After the two months, the practice has no on-going responsibility as the patient would not be deemed to be undergoing current dental treatment under their care.
- 2.6 It is common that people associate themselves with a specific dental practice and are seen as “regular” patients of a 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 General Medical Practices and patients are theoretically free to attend any dental practice that has capacity to accept them for a course of treatment.
- 2.7 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 to all those seeking access.

3 NHS Dental Services across Nottingham City

3.1 NHS Dental Access - Overall

- 3.1.1 Restoration and recovery of NHS dental services since the COVID-19 pandemic has enabled dental practices to deliver increasing levels of dental activity, however the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity is widely recognised.
- 3.1.2 The tables on the next page shows the latest dental access data from NHS Business Services Authority (July – December 2022) and latest population data from ONS (mid-year 2021) within Nottingham City.

Nottingham City Access Data (July to December 2022) – BSA data

Group	Pop. Accessing NHS Dentistry	Total Pop.	Access Rate	Comparison to National Average
All	71,148	323,627	21.98%	Lower than national average of 23.97%
Adults	47,681	257,652	18.51%	Lower than national average of 20.75%
0-17	23,488	65,975	35.60%	Lower than national average of 35.84%

Nottingham City Population Data (mid-year 2021)(ONS mid-year 2021 data)

Group	Access Rate Jul-Dec 2019	Current Access Rate
All	26.36%	21.98%
Adults	23.05%	18.51%
0-17	39.05%	35.60%

3.1.3 Figure 1 chart on the next page shows a snapshot of the monthly contract delivery since the pandemic (April 2021) in comparison to the data shared at the previous Nottingham City HOSC meeting in November 2022 with the latest monthly activity up to January 2024. The graph indicates dental activity as follows:

Date	Nottingham and Nottinghamshire ICB (%)	Regional Position (%)	England Total Position (%)
April 2021	56.4	59.1	56.5
November 2022	86.1	95.2	93
January 2024	80.1	89.2	89.6

It is to note that there have been 2 contract terminations within Nottingham City since November 2022.

- Eastwood – general dental services

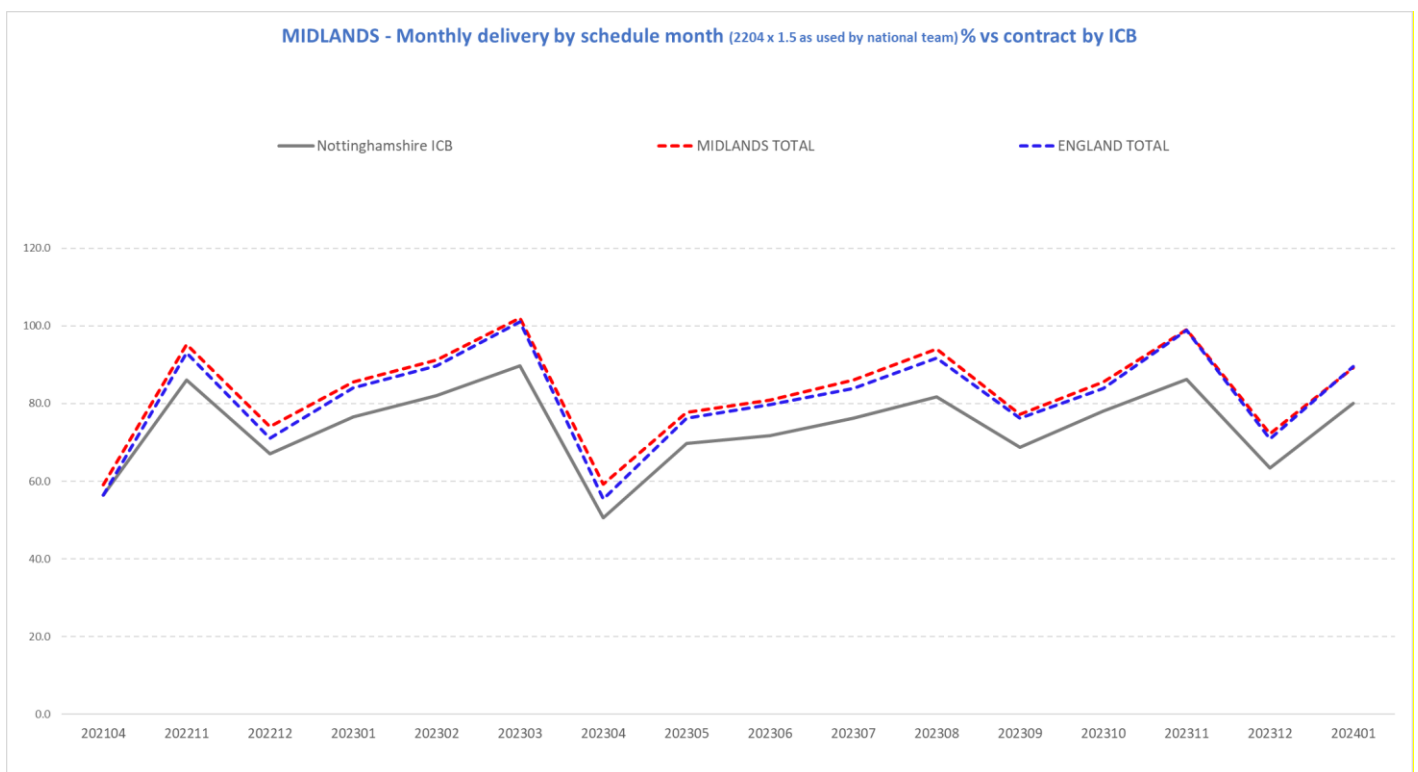
The dental activity from the terminated contract is reinvested back within the surrounding area via a dispersal exercise to maintain NHS dental access.

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 Nottingham and Nottinghamshire ICB. 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.

- Nottingham - domiciliary provider across Nottingham and Nottinghamshire ICB.

The domiciliary dental care service provides dental care to individuals who are confined to their place of residence and are unable to visit a dental practice. The ICB have commissioned a new interim provider for domiciliary services which went live on Friday 1 December 2023. This initiative is part of Nottingham and Nottinghamshire ICBs commitment to enhance healthcare accessibility in our community, focusing on providing both urgent and routine care for our vulnerable patients.

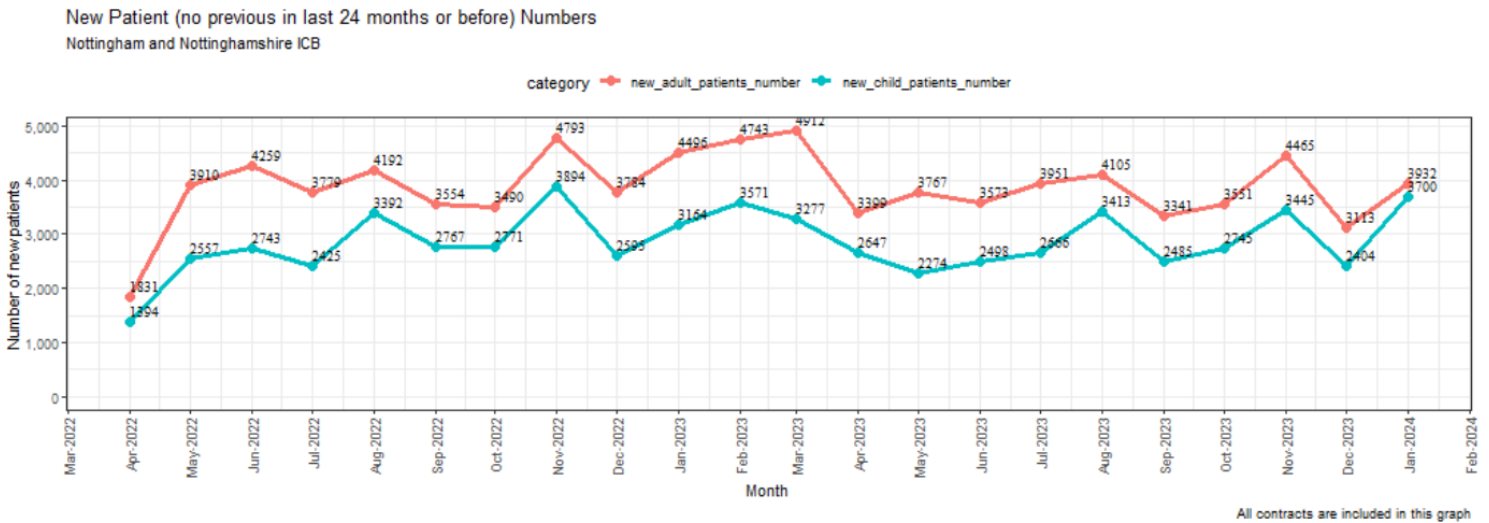
Figure 1 – snapshot of monthly contract delivery since the pandemic April 2021 in comparison to November 2022 to January 2024.



3.1.4 As of January 2024, it is estimated that around 631,000 appointments have been lost across the Midlands in primary care dentistry since March 2020 (start of the pandemic). It is to note that this data is currently not available at a lower level. . 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.

3.1.5 Figure 2 below shows the count of new patients seen (not been seen previously in the last 24 months) between April 2022 to December 2023 for adults and children in Nottingham and Nottinghamshire ICB (data currently not available at a lower level).

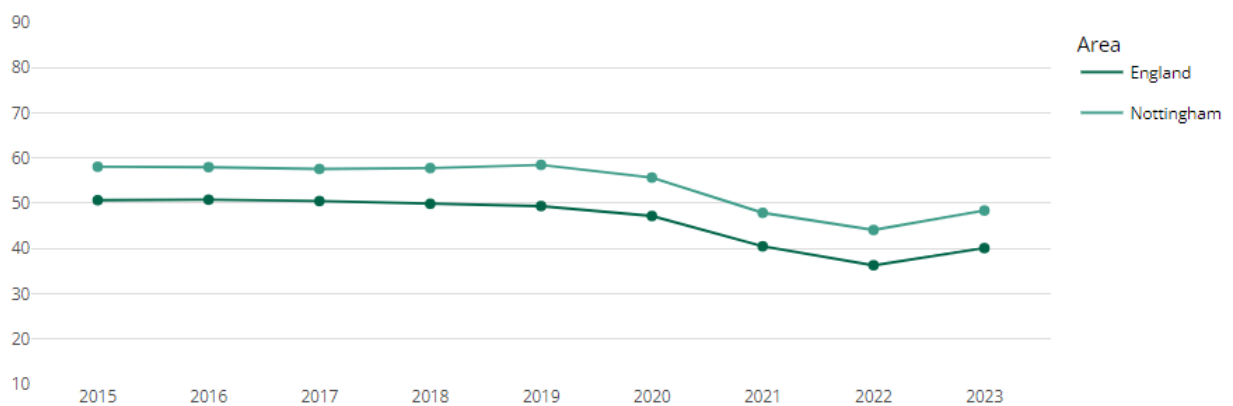
Figure 2 – Number of new patients seen (April 2022 – January 2024)



3.1.6 Figure 3 below shows the percentage of adults seen by a dentist pre and post pandemic (2015 – 2023) in Nottingham City. The table and chart show data as of June of each year.

It is to note that the data is published a quarter ahead of activity data to coincide with [NICE guidelines](#) on intervals between oral health reviews.

Figure 3 - Percentage of adults seen by a dentist pre and post pandemic (2015-2023) in Nottingham City



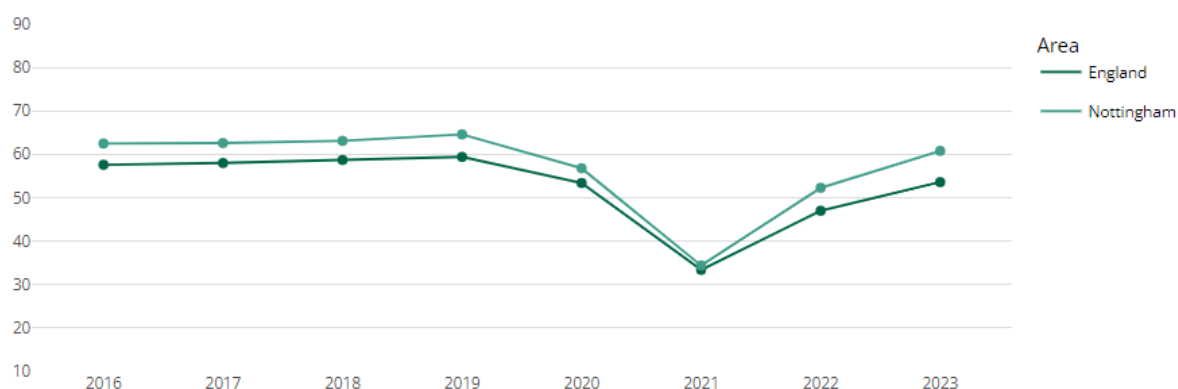
Area name	2015	2016	2017	2018	2019	2020	2021	2022	2023
Nottingham	58.1%	58.0%	57.6%	57.8%	58.5%	55.7%	47.9%	44.1%	48.4%
East Midlands	50.9%	50.4%	49.9%	49.5%	49.2%	47.6%	41.3%	36.7%	40.0%
England	50.7%	50.8%	50.5%	49.9%	49.4%	47.2%	40.5%	36.3%	40.1%

3.2 NHS Dental Access - Children and Young People

3.2.1 It became apparent early in the COVID-19 pandemic that NHS dental access for children and young people had been particularly badly affected. This was both due to dental practices focusing on urgent dental care and on parents being hesitant (or reluctant) to take children to medical and dental appointments – this pattern was consistent across other services too.

3.2.2 Figure 4 below shows the percentage of children and young people seen by a dentist pre and post pandemic (2015-2023) in Nottingham City. The table and chart show data as of June each year. It is to note that the data is published a quarter ahead of activity data to coincide with [NICE guidelines](#) on intervals between oral health reviews.

Figure 4 - Percentage of children and young people seen by a dentist pre and post pandemic (2015-2023) in Nottingham City



Area name	2016	2017	2018	2019	2020	2021	2022	2023
Nottingham	62.5%	62.6%	63.1%	64.6%	56.8%	34.4%	52.3%	60.8%
East Midlands	58.4%	58.4%	59.0%	60.1%	55.4%	33.8%	47.9%	54.0%
England	57.6%	58.0%	58.7%	59.4%	53.4%	33.4%	47.0%	53.6%

3.2.3 Looked After Children / Community Dental Services

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. Please visit the [Community Dental Services website](#) which details further information on the service. The acceptance criteria can be viewed on the website link above but is additionally extracted within Appendix I.

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.

- 3.2.4 CDS-CIC additionally deliver, promote and support oral health improvement programmes and education services within Nottingham City and Nottinghamshire County via their Oral Health Promotion (OHP) contracts.

The OHP team co-ordinate, facilitate and support a range of evidence-based interventions to reduce oral health inequalities and promote better oral health within the communities. Please refer to Appendix II for further information outlining the work of CDS-CIC's Oral Health Improvement Team.

- 3.2.5 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.

- 3.2.6 Prior to the pandemic, the local NHS England Team had been working on encouraging parents to take young children to the dentist early. However, as capacity was restricted this meant that where children's appointment should have been prioritised, it became apparent that this was not entirely possible for very young children to be seen in the way that was originally promoted. Nevertheless, NHS England had been working on a new scheme (CDS support practices) to encourage child friendly practices locally to provide support to the local Community (Special Care) Dental Services to work in a shared care model thus freeing up capacity for specially trained staff to focus on tackling backlogs of patients requiring complex treatment.

- 3.2.7 The CDS support practices access scheme was commissioned in 2021/22 and remains operational to date. Nottingham and Nottinghamshire ICB recognise the challenges in NHS dental access for Looked After Children (LAC). Conversations are underway with LAC Designated Nurses to explore how a LAC pathway can be integrated into this initiative thus supporting access for these vulnerable cohort of patients.

3.3 Secondary Care: Referral to Treat (RTT) and Referrals

- 3.3.1 The table below shows the latest position of Oral Surgery in November 2023 for Nottingham City and the overall RTT position for the Nottingham and Nottinghamshire ICB.

- 3.3.2 The updated November 2023 RTT position for Oral Surgery (in respect of the East Midlands) shows performance against the 18-week standard remains between 45-50%. The performance within Nottingham City is at an average of 44%.

3.3.3 52 week waits (November 2023)

Across East Midlands the number of 52-week waiters has increased from 1,227 to 1,399 patients. The data for Nottingham City is at 110 patients.

The proportion of the total waiting list across East Midlands that has been waiting 52 weeks is at 7%. The data for Nottingham City is at 4%.

3.3.4 65 and 78 week waits (November 2023)

There are 376 patients waiting over 65 weeks, and 26 patients waiting over 78 weeks, up from 270 and 11 respectively across East Midlands. The number of patients reflective within Nottingham City are 27 patients over 65 weeks (decrease of 24 patients) and 4 patients waiting over 78 weeks (decrease of 2 patients).

Over 65-weeks wait (November 2023) have been built into the Trusts Pricing Activity Matrix for 2023/24 to ensure sufficient activity to support meeting the target to eliminate over 65 and over 78 week waits by 31 March 2024.

Oral Surgery RTT Data November 2023	% waiting at month end			Over 52 weeks	18+ week backlog	Total Waiting List	% of waiting list that is 52-week waiters	Over 104 weeks	Over 78 weeks	Over 65 weeks
	Sep-23	Oct-23	Nov-23							
Provider				Nov-23	Nov-23	Nov-23	Nov-23	Nov-23	Nov-23	Nov-23
Nottingham University Hospitals	44.9%	44.9%	42.3%	110	1,697	2,940	4%	0	4	27
East Midlands Oral Surgery Total	45.3%	46.1%	47.9%	1,399	11,138	21,374	7%	0	26	376
* Trust have provided own data, not submitted Nationally/may not be accurate										

3.4 Private Dentistry

3.4.1 Private dental services are not within the scope of responsibility for Nottingham and Nottinghamshire ICB, therefore, the ICB are unable to provide any information on activity uptake within the private dentistry sector.

3.4.2 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.

3.4.3 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the current economic situation. This may place additional pressure on NHS services at a time when capacity is still 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.

3.4.4 There have been anecdotal reports of some practices reluctance across Nottingham and Nottinghamshire in offering NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. Nottingham and Nottinghamshire ICB do not support any stances of pressuring patients into private dental care. Any such concerns can be raised via a complaint about any specific practice/s by contacting the ICB via email nnicb-nn.patientexperience@nhs.net or telephone 0115 8839570.

3.5 NHS Dental Services Recovery Initiatives

3.5.1 As shared in the previous Nottingham City HOSC November 2022 report; a number of access initiatives (including patient facing) have been undertaken for 2021/22 and 2022/23 to support access to NHS dental services within Nottingham and Nottinghamshire ICB (extract available under Appendix III).

3.5.2 Access initiatives continued into 2023/24 from 2022/23 are:

- IMOS Waiting List initiative
 - to support lengthy waiting times that have been exacerbated due to the COVID-19 pandemic. This enables patients to be seen within 6 weeks of referral into the specialist service. As of November 2023, there were 633 patients accepted onto the IMOS pathway by the Nottinghamshire system providers and 162 (26%) had been waiting over 6 weeks to access treatment. The Nottinghamshire system has the lowest IMOS waiting lists 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.
- Support Practices – Community Dental Services
 - To relieve pressure on Community Dental Services by securing additional capacity in child friendly CDS Support Practices, thus freeing up the specially trained staff in the CDS so that they can focus on using the skills to deal with the most complex cases and increase access for children. One provider from Nottingham City expressed an interest; unfortunately, they did not commit.
 - Discussions continue within the Commissioning Team to review how this service can be expanded to include Looked After Children.
- Vulnerable people and SMD groups
 - Delivery of dental treatment and care specifically to individuals who are vulnerable due to multiple deprivation and/or homeless via a mobile dental unit. The service commenced on 1st July 2023. During the period 13th September to 2nd November, 13 sessions have been delivered and 21 people were seen within Nottingham and Nottinghamshire ICB.
 - Discussions continue within the Commissioning Team to review how this service can be expanded to include Women in refuges and children.
- 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.

- 3.5.3 Commissioning objectives, priorities, and investment plan for the financial year 2023/24 was shared with all 5 East Midlands ICBs with governance approval granted in August 2023. The recommendations within the investment plan contained patient facing initiatives to improve dental access for all patients including vulnerable groups. Access initiatives include some of the investment schemes detailed within the previous paper plus some new investment schemes (extract from previous paper available under Appendix II).
- 3.5.4 To manage the current challenging financial position, Nottingham and Nottinghamshire ICB are committed to continuing with 2023/24 investment schemes that have already commenced to support with improving access to NHS dental services. In addition, any availability of underspend funding will be reviewed for commissioning of additional NHS dental activity.

3.6 Health Inequalities / Prevention – Water fluoridation

- 3.6.1 Children living in the more deprived local authority of Nottingham City experience a higher prevalence of dental decay (34.2%) when compared with regional local authorities and the national picture (England prevalence 23.7%).
- 3.6.2 National data shows there are inequalities in the prevalence of dental decay experience by ethnic group. Child dental decay experience is higher in the Other ethnic group (44.8%) and the Asian or Asian British ethnic group (37.7%).
- 3.6.3 Nottingham City has a higher prevalence of homeless and Severe and Multiple Disadvantage (SMD) population when compared with the England average.
- 3.6.4 Nottingham City appears in the top 10 local authorities (8) for homelessness and SMD in the country.
- 3.6.5 Nottingham City has the **highest** rates of homelessness in the country (Shelter, 2021).
- 3.6.6 Inclusion health groups are also likely to experience greater levels of oral cancer with poorer survival due to delayed presentation. Oral cancer five-year survival rates can improve from 50% to 80% with early diagnosis. Dental access (with opportunistic mouth screening by GPs) can improve oral cancer survival rates. Nottingham has the second highest rates and mortality of oral cancer in the East Midlands.
- 3.6.7 Child dental decay is highly polarised with the disease largely concentrated in those living in the most deprived areas. Although tooth decay is not wholly explained by deprivation.

- One in four children experience dental decay (23.6%) (OHID, 2022)
- Children living in the more deprived areas such as Nottingham City are three times more likely to be affected than those in the more affluent areas in the East Midlands.
- There are also inequalities in the prevalence of decay experience by ethnic group. Child dental decay experience is significantly higher in the Other ethnic group (44.8%) and the Asian or Asian British ethnic group (37.7%) (National data).
- Children living in the more deprived areas are nearly 3 ½ times more likely to have their decayed teeth extracted under a general anaesthetic (National data).

3.6.8 Factors affecting dental decay include a high sugar diet and access to fluoride

Healthcare services can influence dental decay by:

- application of fluoride varnish twice a year in all children, and four times a year for vulnerable children. This can reduce dental caries substantially - by up 43% in permanent teeth and 36% in primary teeth ([Delivering Better Oral Health](#)).
- Treatment of dental decay, thereby reducing hospital extractions.
- Prevention and early intervention can influence CORE20PLUS5 Children and Young Persons (CYP) oral health (waiting lists for child dental extractions under GA).
- Prevention and early intervention can also influence CORE20PLUS CYP mental health due stigma and bullying caused by decayed front teeth.

3.6.9 Oral cancer risk factors include tobacco (smoked and smokeless) and alcohol use and the human papilloma virus (HPV) (types 16 and 18)

Healthcare services can improve oral cancer incidence and outcomes by:

- Providing opportunistic cancer screening, MECC for oral health preventative advice and subsequent fast tract referral.
- Early diagnosis; can improve 5-year-survival from 50% to 80%.
- Improve uptake for HPV vaccines.

3.6.10 Water fluoridation schemes involve increasing the level of fluoride to community drinking water supplies in areas of low natural fluoride, increasing the level to that known to reduce tooth decay.

3.6.11 The findings of the 2014, 2018 and 2022 health monitoring reports are consistent with the view that water fluoridation is an effective and safe public health measure to reduce the prevalence and severity of dental caries and reduce dental health inequalities.

- 3.6.12 The Office for Health Improvement and Disparities compares data on the health of people living in areas of England with varying concentrations of fluoride in their drinking water supply, every 4 years. Along with global studies it confirms that water fluoridation is an effective, safe public health measure that is associated with lower levels of tooth decay amongst 5-year-olds; fewer teeth extractions due to decay; and a reduced tooth decay in adults. It supports previous findings that these benefits are greatest in the most deprived areas, thereby contributing to reducing dental health inequalities.
- 3.6.13 Secretary of State took the decision in January 2020 to centralise water fluoridation functions through the Health and Care Bill which received Royal Assent on 28th April 2022. This will be the first-time central Government has had responsibility for bringing forward new schemes.
- 3.6.14 The Act removes all Local Authority responsibilities for water fluoridation, maintains a duty to consult, and transfers funding responsibilities (for operational costs) to central Government (capital costs remain central Government responsibility). The first public consultation on fluoridation is expected in north east England in 2024.

3.7 Commissioning and Procurement Plans

3.7.1 National Dental Contract Reform

The [National dental contract reform](#) changes announced in July 2022 has provided an initial start to the shift in the emphasis of financial rewards and the re-orientation of clinical activity to those patient who need it most, whilst increasing access to NHS dental care.

- 3.7.2 Where changes from the National dental contract reform have made some impact, it is recognised that there is still more work to do. This includes [further change](#) to boost dental workforce and increased access to NHS dentistry which is currently on-going with the Government.
- 3.7.3 A [framework](#) was published on 9th October 2023 by NHS England on the opportunities for flexible commissioning in primary care dentistry which provided an outline to ICBs of the legal requirements of the national dental contractual framework whilst highlighting the key considerations associated with procuring additional and further services which were previously termed 'flexible commissioning'.
- 3.7.4 Nottingham and Nottinghamshire ICB are currently reviewing this framework, whilst awaiting further supplementary guidance from NHS England. The review of this framework will include working collaboratively with Dental Public Health Consultants and the East Midlands Primary Care Team to determine how best to commission additional NHS dental access within the framework guidance. This review is expected to complete by late Winter 2024.

- 3.7.5 A strategic review of dental access is underway for 2023/24 and the East Midlands Primary Care team have access to a new 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 issues identified. This review will additionally include collaborative working with our Consultants in Dental Public Health.
- 3.7.6 This review will also incorporate the findings from a Rapid Oral Health Needs assessment which is currently being developed in conjunction with the Dental Public Health consultant and Local Dental Network (LDN) chair to understand the impact post the pandemic.
- 3.7.7 The review recommendations are expected late March 2024 and will inform the general dental services procurement programme and commissioning requirements for Nottingham and Nottinghamshire ICB. The East Midlands Primary Care Team are working collaboratively with all ICBs within East Midlands to develop a procurement plan for early 2024/25 financial year to support the difficulties in accessing NHS dentistry.
- 3.7.8 As part of the NHS England Workforce, Training and Education (WTE), the School of Dentistry is currently working on different strategies to improve workforce recruitment, retention, training and development. This includes expanding training numbers within the East Midlands, increasing numbers of international dental graduates, expansion of specialist training posts and workforce development. Please see Appendix IV for further information.
- 3.7.9 Procurement of public sector services are due to change in 2024. The [Provider Selection Regime \(PSR\)](#) regulations will come into force on 1 January 2024. This means that NHS services will be decoupled from the existing Public Sector Procurement Regulations 2015 in favour of a more flexible and pragmatic approach.
- 3.7.10 The PSR is intended to remove unnecessary levels of competitive tendering, removing barriers to integrating care and promote the development of stable collaborations.
- 3.7.11 On 7th February, the NHS and Department of Health and Social Care (DHSC) published [a joint plan](#) to recover and reform access to NHS dental care. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity.

Supported by £200m of new government investment, the plan sets out how the workforce will grow, including providing targeted funding for dentists to work in areas that have historically struggled to recruit and retain staff, raising the minimum Unit of Dental Activity value to £28 to help make NHS work more attractive to dental teams, and offering dental practices a new patient premium payment to treat patients who have not been seen for over two years.

This builds on the work as part of the [NHS Long Term Workforce Plan](#), where the NHS investing in training, support, and contract reform to attract more

talented professionals to join the dental team. Action on this front includes increasing dental undergraduate training places to a record-breaking level and expanding dental therapy and dental hygiene undergraduate training places by up to 40%.

4 Supporting Information

- Appendix I
Extract of Nottinghamshire Community Dental Services Acceptance Criteria
- Appendix II
Further information outlining the work of CDS-CIC's Oral Health Improvement Team
- Appendix III
Extract from previous Nottingham City HOSC report (November 2022): Access initiatives (including patient facing) undertaken for 2021/22 and 2022/23 to support access to NHS dental services within Nottingham and Nottinghamshire ICB.
- Appendix IV
NHS England Workforce, Training and Education – Workforce

5 Contact Points

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Appendix I:

Extract of Nottinghamshire Community Dental Services Acceptance Criteria



Referrals to Nottinghamshire Community Dental Services

We are pleased to receive referrals from:

Hospital Doctors	General Dental Practitioners (GDP)
Specialist Nurses	General Medical Practitioners
Care Homes	Community Learning Disability Teams
Health Visitors	Community Mental Health Teams
Social Care Teams	Practice Nurses
School Nurses	

Referrals will only be accepted for Patients living within Nottinghamshire (excluding Bassetlaw) who meet the acceptance criteria

Referrals must be made on grounds of clinical need, NOT for example:

- Patient / Parent's request
- If requirement for wheelchair access, or an interpreter, is the sole reason for referral.

Referrals can be made regarding any of the following client groups whose needs significantly affect the provision of dental care and who cannot be treated in General Dental Practice. This may mean that clients move in and out of eligibility (and as such would be shared care cases) or are only eligible once they reach a certain stage in the progress of their condition.

Acceptance Criteria

Client Group	Details
Children with complex dental anomalies including complex dental trauma	Severe molar incisal hypomineralisation, suspected amelogenesis or dentinogenesis imperfecta, hypodontia, cleft lip and palate causing long-term sequelae. Trauma to teeth involving avulsion / luxation / pulpal involvement
Adult/Child with complex medical conditions	For example: Multiple Sclerosis, Motor Neurone Disease, Parkinson's, Blood Dyscrasia, Autistic Spectrum Disorder Patients due to start haematological oncology treatment
Adult/Child Moderate to Severe learning disabilities	Significantly affecting ability to attend appointments and to co-operate. Would need at least one designated carer / family member to accompany to appointments Needing additional communication skills such as Makaton – specific holding skills and adjuncts to achieve dental treatment.
Adult/Child Mental Health (under mental health team or with moderate to severe dementia)	Must significantly affect provision of dental care. Patients will be under the current care of a registered mental health care practitioner.
Adult Unable to Leave Home	For example, patient is confined to bed, on home oxygen, or for whom leaving the home would be too distressing- eg very advanced dementia or severe agoraphobia. Patients who can transfer to a wheelchair using a rotunda / hoist would preferably be seen in clinic- using EMAS transport if required.
Child Behavioural/Anxiety (single course of treatment)	Single course of treatment only Up to the age of 16 yrs: <ul style="list-style-type: none"> Referrals will be accepted for a single course of treatment for those who require treatment but are unable to cope with local anaesthetic alone and who fall into the following groups: pre-school

	<p>children AND children with behavioural issues, moderate anxiety or phobia</p> <ul style="list-style-type: none"> • LA must have been considered. • Details of treatment already attempted must be included in the referral. • All patients will be assessed, and care will be offered in the way considered most appropriate; this may be behaviour management, inhalation sedation or general anaesthesia. • Following specific treatment, the patient will be returned to the referring GDP or supported to find a GDP for routine care including provision of dentures if needed. We will not accept these patients for regular care in the service. • General anaesthetic is not offered for orthodontic extractions
Adults with severe dental phobia or dental anxiety	All patients will be triaged to assess their eligibility to access care within CDS-CIC.
Children involved with children's services e.g. looked after children	Whilst the children are in care and until we can support them to find a family dentist. Please provide details of their social care team / specific worker
Other vulnerable groups e.g. substance misuse/homeless	Cases will be assessed on an individual basis and we will place services where these patients can access us directly
Adult/Child with moderate/severe physical and/or communication impairment	Would require a hoist / rotunda for transfer Use a personal moulded wheelchair Require a specific carer to help them to communicate
Severely obese with complex co-morbidities	Please include weight, height and details of compounding factors
Severe frailty (scoring 8 or 9 on the Clinical Frailty Scale) https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/frailty-risk-identification/	<p>8 : Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p> <p>9: Terminally Ill - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.</p>

Referral / Patient Journey

1. Referral Received	
2. Referral Assessed by Clinician	
If fits criteria patient will be sent an invite for assessment	Referral doesn't fit criteria- referrer notified
If the patient doesn't respond to the invite within 3 weeks the referrer will be notified and a subsequent referral will be required should care still be needed	
3. Assessment visit	
Assessments are carried out in local clinics. However, some services are only available at specific locations and patients will need to travel to access this	If the patient is deemed manageable within General Dental Practice (i.e. not requiring our specialist services) they will be returned with appropriate advice and/or a treatment plan. Patients without a dentist will be advised how to access care.
4. Treatment	
If patients are accepted for treatment, it is on the understanding (of the patient and/or parent/carer and the referring dentist) that a single item of treatment or a complete course of treatment will be undertaken and then the patient will be discharged back to their referring GDP for review and continuing care.	
For some patients, at the discretion of CDS-CIC, it may be appropriate for continuing care to be provided within CDS-CIC because of the patient's additional needs.	
It is recognised that patients' needs do change with time, and the appropriateness of their care within CDS-CIC will be reviewed. Patients may be discharged after receiving care from CDS-CIC for a period of time if their ongoing dental needs can be provided by a GDP.	
A shared care model may also be adopted whereby routine examination, oral health assessment and preventative care is provided by a GDP whilst clinical interventions are provided by CDS-CIC.	
5. Patients that fail to attend/ are not brought to appointments	
Patients who fail to attend their initial assessment appointment will not normally be offered a further appointment. The referrer will be informed that they have not attended and be asked to re-refer them if they still require treatment. Subsequent to the initial assessment, patients will be discharged following either two missed appointments or two short notice cancellations. Such patients will not be offered further appointments without re-referral and reassessment against the acceptance criteria. Safeguarding concerns will be managed in accordance with CDS-CIC policies	



Accessibility

If a patient cannot manage stairs at an existing GDP practice, and does not have any other special needs requiring specialist care, the patient should be directed to call NHS England's Customer Contact Centre on 0300 311 2233 or visit the NHS England website (www.england.nhs.uk/contact-us/) to find a more accessible GDP.

Referrals should be made as follows:

All General Dental Practitioners must refer via REGO

Paper referrals will be accepted from non-dental referrers if they do not have access to REGO.

Please send to:

Dental Referrals Administrator
Dental Department
Park House Health and Social Care Centre
61 Burton Road
Carlton
Nottingham
NG4 3DQ

If you are unsure if a patient is a suitable candidate for referral to the Community Dental Service or would like some advice on a particular issue, please ring the office on 0333 207 9956 and one of our senior clinicians will contact you to discuss the case.

NHS Dental Patient Charges when referred from a GDP

Referrals for courses of treatment that include IV sedation, GA, inhalation sedation and domiciliaries are defined as 'additional service contracts'. In this case, all treatment is carried out as two separate courses of treatment.

The referring dentist carries out the work they are doing e.g. exam, completes the course of treatment at that point and only charges the patient for what they have done. They will receive the appropriate number of UDA's for the work they have carried out.

As the second dentist carrying out treatment under 'additional services', we would then charge the patient separately for the treatment we carry out and receive the appropriate number of UDA's for this work.



www.communitydentalservices.co.uk

Providing NHS Dentistry



Registered Office: Community Dental Services CIC, Colworth House, Colworth Park, Sharnbrook, Bedfordshire MK44 1LZ
Reg.no.7476618

See NHS BSA Dental Division home page, click on 'Ask Us', type in 'additional services' in the search criteria box and then click on 'Additional services referral-what is this and how do I claim for it?', or the web address is as follows:

<https://nhsuk.epticahosting.com/selfnhsukokb/template.do?name=Additional+services+referral+-+what+is+this+and+how+do+I+claim+for+it%3F&id=16363>

Appendix II:

Community Dental Services CiC provide a referral only dental service in Nottingham City and Nottinghamshire County to give access to dental care to people who cannot be treated in general dental practice. Patients referred typically have learning disabilities, mental health issues or severe anxiety.

CDS-CIC receive the majority of referrals from General dental practitioners (GDPs), but have noticed an upward trend in the numbers of referrals received from school nurses, hospital consultants, health visitors and support workers. CDS-CIC are also beginning to see more referrals from Level 3 care workers and care home staff, and a large increase from GPs. This increase in non-GDP referrals is likely because patients are struggling to access an NHS dentist so are seeking help from medical professionals and other health care professionals who can refer into the service.

CDS-CIC have 6 dental clinics located around Nottingham City and Nottinghamshire County:

- Mary Potter Health Centre (Hyson Green)
- Clifton Cornerstone (Clifton)
- Meadows Health Centre (Meadows area)
- Mansfield Community Hospital (Mansfield)
- Parkhouse Health and Social Care Centre (Carlton)
- Newark Health Centre (Newark)

CDS-CIC also provide general anaesthetic services for their patients at the Queens Medical Centre.

For the patients seen and treated within the service, CDS-CIC follow the advice in [Delivering Better Oral Health \(Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK \(www.gov.uk\)\)](https://www.gov.uk/government/publications/delivering-better-oral-health), and have oral health prevention information that is given to their patients and carers, verbally and via leaflets.

CDS-CIC also deliver, promote and support oral health improvement programmes and education services within Nottingham city and Nottinghamshire County via Oral Health Promotion (OHP) contracts.

The OHP team co-ordinate, facilitate and support a range of evidence-based interventions to reduce oral health inequalities and promote better oral health within the communities.

The following information outlines the work CDS-CIC's Oral Health Improvement Team have been undertaking around prevention and education. It covers delivery between October and December 2023 under the Nottinghamshire County contract. The team are currently working on these same programmes for Nottingham City (contract commenced 15th January 2024).

Training of child related services frontline staff.

The training is delivered using a blended approach. Offering online webinars, a toolkit as well as face to face sessions. The training is for professionals and volunteers working or caring for children including but not restricted to teachers,

childminders, nurseries, nursing teams, healthy teams, foster carers, and midwives. The aim of the training is to increase the participants knowledge, skills, and confidence in delivering oral health advice and care to those they work with and support. The training covers key messages from delivering better oral health toolkit aimed at those 0-11 years old. As well as key messages the training also offers ideas, activities, and resources to be used within the settings.

Training of frontline staff who care for the elderly or vulnerable adults.

The training is delivered using a blended approach. Offering online webinars, a toolkit as well as face to face sessions. The aim of the training is to increase the participants knowledge, skills, and confidence in delivering oral health advice and care to those they work with and support. The training covers key messages from delivering better oral health toolkit aimed at the elderly and vulnerable adults with additional needs. As part of this target group the team also delivers further information on palliative care and to those who are homeless and experience alcohol and substance use.

Supervised toothbrushing programme.

CDS-CIC's programme is a preventative toothbrushing programme given in targeted settings and is designed to address oral health inequalities by helping young children develop positive oral health skills. The team train staff on how to implement the programme, gain consent, manage resources, follow cross infection protocol, and ensure staff understand good toothbrushing technique. The setting is funded with all resources and paperwork needed. Quality assurance visits are undertaken by the team biannually.

Lifelong smiles accreditation programme to support care homes to implement NICE and CQC recommendations.

CDS-CIC has developed an accredited programme called 'Lifelong Smiles' (LLS). This is available to care home settings in Nottinghamshire County and now Nottingham City. By agreeing to participate, the care homes would need to meet a set of 6 standards based on the NICE guidelines for oral health in care homes. The team support the home to work towards achieving the standards and monitor good practice. Once all evidence is collected and the standards have been met, the homes will then receive their award certificate to be displayed in the home. If care homes are unable to partake in the accreditation, they can nominate a person who is taking the oral health responsibilities in their setting to attend Oral Health champion training. The team will train the oral health lead with the knowledge and provide/ signpost to the resources needed to fulfil their role.

Delivering oral health resources to health teams to be distrusted at a child's universal health check.

The team provide toothbrushes, toothpaste and literature to healthy teams which are then distributed to children when attending their universal health check.

Campaigns and resources.

The team promote national campaigns using newsletters, leaflets, social media content and posters. These are distributed to all settings to help promote oral health awareness,

Appendix III:

Extract from previous Nottingham City HOSC report (November 2022): Access initiatives (including patient facing) undertaken for 2021/22 and 2022/23 to support access to NHS dental services within Nottingham and Nottinghamshire ICB.

2021/2022

- Weekend Sessions – General Dental Services
Across the Nottinghamshire system, 8 NHS general dental practices were 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 were 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 were 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 was 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:
NHS England (NHSE) commissioned a number of dental practices across the Midlands to work collaboratively with local dental providers delivering special care dental services. This pilot was 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 secured additional funding to re-run the pilot for financial year 2022/23 and hoped to encourage uptake from NHS dental providers within the Nottinghamshire system and Nottingham City. NHSE tried to understand the reasons for the lack of interest; this was mainly due to 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 had 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 was secured for 2022/23 to support the on-going reduction of waiting lists.
- Waiting list initiative – Hospital Dental Care
Trusts are monitored on referral to treatment (RTT) times within 18, 52, 78 and 104 weeks, due to the impact of the pandemic. All Trusts were 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. As this service is commissioned on a system area footprint, data for Nottingham City residents was unfortunately not available. Referrals into secondary care had started to recover, however, these remained lower than previous levels due to the reduction in routine appointments in primary care. There had 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 was also 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 were 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 was 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 took part providing an extra 39 appointments. Two practices are within Nottingham City who offered 14 additional urgent care appointments per week.
- 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.

- 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 was jointly allocated between Nottingham City and Nottinghamshire County Councils. Agreement on the spending of the funding was 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 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 who provided 2 sessions per week.
- Golden Hello Scheme
NHSE 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 was 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 was 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 were no applications received for the Nottingham and Nottinghamshire ICB.

Appendix IV:

NHS England Workforce, Training and Education (WTE): School of Dentistry

Foundation Training – This is an expanding area for both dentist and therapists. For dentists, WTE are expanding training numbers in the East Midlands to accommodate for ICB redistribution, COVID bulge years in 2025/2026, increasing numbers of international dental graduates and starting to plan for wider expansion under the NHS Long Term Workforce Plan. The focus is firmly on East Midlands to address areas of recruiting difficulty. Therapy foundation training is proving to be very popular with a full scheme running 2023/24 in the WM. WTE are planning a second scheme for 2024/25 dedicated to the East Midlands with a plan to recruit 10 therapists who will work in pairs across 5 practices – 2 days each in clinic, 1 study day and 2 other days when they can source work elsewhere.

Core Training – There are approximately 80 Dental Core Training (DCT) trainees across the Midlands at DCT 1, 2, and 3 levels. The focus has been on developing the East Midlands with a better working relationship with the respective unit leads in each Trust. This strategy will help with recruiting in 2024 ready for the start of the next training year in September.

Specialist Training – Another growth area with additional posts across the East Midlands in oral surgery and special care dentistry.

Dental Workforce Development – Development of generic and bespoke training for all dental registrants across the Midlands. A major part of this is the Postgraduate Virtual Learning Environment (PGVLE) which is online learning platform that hosts both courses and a wide range of resources. A training pathway is currently being developed for dental nurses to support training to be Oral Health Practitioners via an apprenticeship pathway.

International Dental Graduates – Under NHS England, the process to support international dentists who wish to join the National Dental Performers List and work in an NHS practice has been simplified. This has enabled over 50 dentists to come and work across the Midlands. The new Dental Reform Plan has proposals to support new international dentists with a provisional registration scheme that will enable them to work under supervision in primary care whilst they prepare to take the ORE examination for full General Dental Council (GDC) registration. This is a significant change as currently international dentists who are not on the GDC register can only work in secondary care as temporary registrants.