



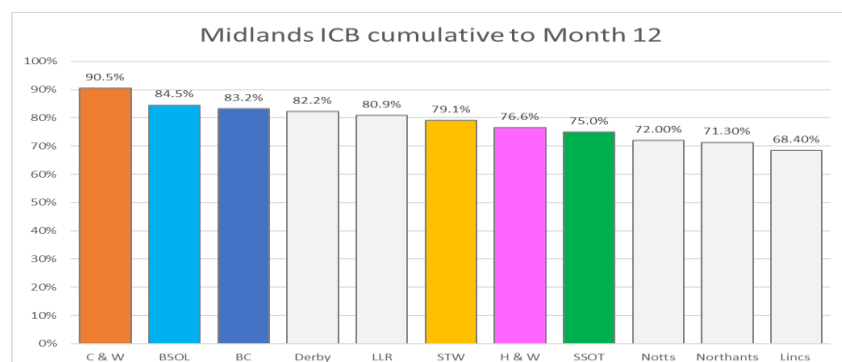
Staffordshire and Stoke on Trent (SSOT) ICB Primary Care Dental Overview

Context

Dental Commissioning was delegated to Integrated Care Boards from 1st April 2023 which creates opportunity in providing better support our populations in ensuring dental services meet their needs. The following paper outlines the current position and puts into context the challenges around dental access and includes the national and local actions being taken.

Contracted dental activity

During 2022/23, SSOT achieved 75% of contracted dental activity. Under delivery of activity via national corporate dental contracts such as Bupa, 'Mydentist' and Rodericks) is significantly impacting this overall performance position.



The table below outlines the contracted and scheduled activity across corporate dental contracts and other dental contracts. There are 20 national corporate dental practices in the ICB footprint. For example, if the corporate dental contracts had matched the performance of all other dental contracts in the ICB of 79.8% then the scheduled activity would be **increased** by 75,271 Units of dental activity (UDA). For context, UDAs are a measure of the amount of work done during dental treatment. More complex dental treatments count for more UDAs than simpler ones. For example, an examination is 1 UDA, fillings are 3 UDAs, and dentures are 12 UDAs.

| SSOT Contract type | Contracted | Scheduled | Percent of contracted activity achieved |
|---|------------|-----------|---|
| Corporate dental contracts (26.7% of ICB) | 493,486 | 318,531 | 64.5% |
| Other dental contracts | 1,351,908 | 1,078,210 | 79.8% |

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Subject to regulation changes, from 2024, commissioners will be able to unilaterally re-base a contract that has under-delivered over a three-year period. This will release funding to enable the commissioning of replacement dental activity through a procurement or by increasing the contract values of existing well performing contracts that have plans in place to be able to meet increases activity levels. This equates to an estimated c. £1.74m potentially available from March 2024.

Challenges to access to dental care

During Covid, the numbers of unique patients accessing a dentist in the last 24 months declined due to the challenges that covid presented in accessing dental care (e.g. infection control). Whilst this position started to increase from March 2022, SSOT are now seeing smaller increases in the numbers of unique patients seen in the last available month of data and are struggling to recover to pre pandemic levels for several reasons.

The main issues preventing recovery in terms of access to dental care are:

- National shortage of performers – recruitment and retention challenges (dentists are choosing not to work in the NHS and instead choosing to practice privately).
- Contract hand backs by providers unwilling to continue to provide NHS services (relating to dissatisfaction with the dental contract).
- To date, there has been inability to rebase contracts unilaterally, where there has been historical under delivery and therefore funding is unable to be targeted to direct patient dental care where this is most needed.

National Initiatives – Dental Contract Reform (requires regulatory change)

National contract changes have been implemented to date with the aim of improving access for those most in need.

These include:

- Improved payment to encourage dentists to take on more complex cases
- Flexibility about which dental professionals will be able to provide treatment, freeing up dentists' time
- Renewed guidance and monitoring of patient recall periods.
- Where dentists do not deliver as many units of dental activity (UDAs) as their contract allows, the funding for unused capacity may be transferred to other dental practices that can provide additional appointments.

The focus of the next phase of national contract reforms is under consideration and is expected to include supporting patients who don't currently have access to an NHS dentist to improve access, further improved changes to the UDA system, prevention and improvement on the nations oral health and professional development of dental teams to make the NHS a rewarding place to practice dentistry.

Local Actions

As part of SSOT ICB's commitment to improve access, we are looking to support a range of initiatives to improve dental access along with our other West Midlands ICBs (subject to final sign off). This includes:

- Children's Community Dental Services (CDS) Support Practices, to support the management of children within a local dental practice, but with expert advice provided by the CDS service. This supports managing patients closer to home and relieves pressure from the CDS service, 111 and

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A&E.

- Weekend access scheme, to commission additional routine activity
- Infrastructure investment scheme for dental practices to reconfigure premises to enable contractors to deliver additional NHS activity (part of future proofing in terms of potential redistribution of dental activity).

Further work the dental commissioning team is undertaking to help retain access includes:

- Redistribution of handed back activity to other providers who achieve key criteria (re-procure as a last resort option where this is not possible) ensuring patients can continue to access the dental care they need determined through the outputs of the Health Equity Audit
- Extended repayment plans to support contractors in financial difficulty and prevent further contract hand backs which impacts on access.

The 6 West Midlands ICBs have also commissioned a review of dental provision across the West Midlands to help to understand the current position within ICBs (including gaps in service) to support future decision making and dental access improvement. The outputs will be available in June and will be reviewed to determine short-, medium- and long-term plans to support further improvements in dental access. The ICB we are absolutely committed to improving access to dental care as we recognise this is currently a significant challenge.

The above demonstrates the commitments we can make immediately to support addressing the access challenges and once the review of the gap analysis has been completed, this intelligence will be used to develop further initiatives to improve access.