

Access to dental services in Leicester City

Public Health and Health Integration Scrutiny Commission

Date of meeting: 16/04/2024

Lead director/officer: Dr Sulaxni Nainani, Deputy Chief
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Integrated Care Board

Useful information

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■ Report version number:

1. Summary

The purpose of this report is to provide information on dental services and future plans to improve access within Leicester City.

It is important to note that the Leicester, Leicestershire and Rutland Integrated Care Board is committed to improving access to dental services. A Dental Access Plan will be developed as set out in our LLR ICB 5-Year Plan. The initiatives and work areas set out within the main body of this paper are intrinsic to the development of the plan.

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission are invited to:

- Not the content of this report and provide feedback accordingly.

3. Detailed report

The Dental Recovery Plan published on 7th February 2024 announced plans to improve access to NHS Dentistry. Nationally, the plan could see up to 2.5 million additional NHS dental appointments delivered for patients over the next 12 months, including up to 1.5 million extra treatments being delivered, referenced in sections 9 and 10.

Background

NHS England was responsible for commissioning of NHS dental services until the end of March 2023. Since 1 April 2023, the East Midlands Integrated Care Boards (ICBs) have taken on the responsibility for commissioning NHS dental services e.g., primary, community and secondary dental care to meet the local population needs as part of delegation arrangements.

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 five 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.

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.

On 7th February 2023, the government published The Dental Recovery Plan, proposing a variety of initiatives to increase access to NHS dentistry. More recently on 7th February 2024, further Dental Recovery plans were announced to ensure easier and faster access to NHS dental care across England.

Current Service Provision

1. NHS General Dental and Orthodontic Services

There are currently 68 general dental contracts across Leicester City. This includes 2 Specialist Orthodontic Practices, 7 GDS Practices that provide orthodontics and 2 Specialist Orthodontic Pathway Providers.

Extended hours, urgent dental care and out of hours

There are 2 contracts in Leicester City. The 8-8 NHS dental service provides access to patients from 8am to 8pm every single day of the year (365 days) and delivers both routine and urgent dental care.

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: Triage category and associated timescale in relation to dental need

Triage Category	Timescale
Routine Dental Problems	Provide self-help advice and access to an appropriate service within 7 days, if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies	Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

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.

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).

- 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. At times of peak demand, patients may have to travel further for treatment depending on capacity across the system.

Community (Special Care) Dental Service

Community Dental Services provide dental treatment to patients whose oral care needs cannot be met through NHS primary dental services 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 patients into the service. There are 2 Community Dental Service sites within Leicester City at: Merlyn Vaz and Westcotes Health Centre.

Intermediate Minor Oral Surgery (IMOS) Service

The IMOS service is a specialist referral service in primary care providing complex dental extractions for residents in the LLR system. This service is for patients over the age of 17 years who meet the clinical criteria. There are 10 IMOS providers located across LLR. There is also 1 Acute Trust providing Orthodontics / Oral and Maxillofacial surgery.

NHS Dental Charges

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 – £25.80 which covers emergency dental care such as pain relief or a temporary filling.
- Band 1 course of treatment – £25.80 which 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 – £70.70 which 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 – £306.80 which covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.
- More information on understanding NHS dental charges is available here (enter website details). All NHS dental practices have access to posters and leaflets that should be displayed prominently.

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.

The tables below show the latest dental access data from NHS Business Services Authority (July – December 2022) for LLR, further broken down by local authority, including a comparison to access rates from July – December 2019.

Group	Pop. Accessing NHS Dentistry	Total Pop.	Access Rate	Comparison to National Average
All	302,637	1,121,932	26.97%	Higher than national average of 23.97%
Adults	200,374	885,873	22.62%	Higher than national average of 20.75%
0-17	102,375	236,059	43.37%	Higher than national average of 35.84%

NHS BSA data

LAD_Name	Group	Pop. Accessing NHS Dentistry	Total Pop.	Access Rate July-Dec 2022	Access Rate July-Dec 2019	Current Comparison to National Average
North West Leicestershire	All	31,208	104,706	29.81%	36.11%	Higher
Charnwood	All	48,075	183,978	26.13%	32.88%	Higher
Hinckley & Bosworth	All	33,628	113,640	29.59%	38.88%	Higher
Melton	All	11,504	51,751	22.23%	27.51%	Lower
Rutland	All	7,577	41,050	18.46%	29.06%	Lower
Harborough	All	30,075	97,631	30.80%	37.73%	Higher
Oadby & Wigston	All	18,630	57,753	32.26%	37.97%	Higher
Blaby	All	32,342	102,933	31.42%	38.83%	Higher
Leicester	All	89,925	368,569	24.40%	30.14%	Higher

NHS BSA data

Figure 1 - Delivery trend for LLR ICB since the pandemic (April 2021 to February 2024)

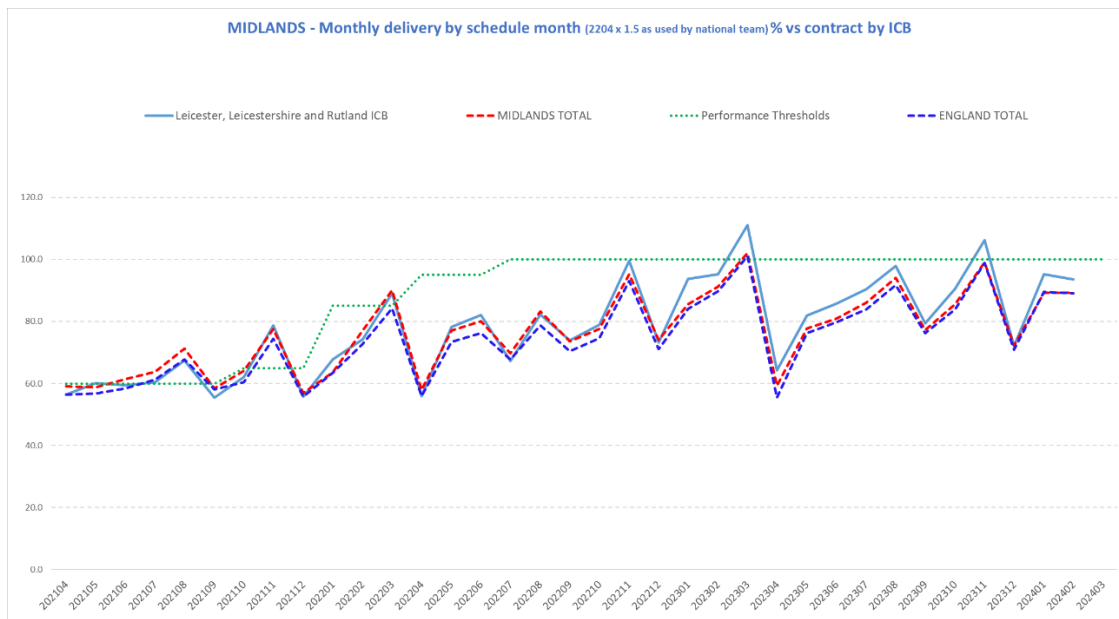


Figure 1 shows the percentage of contracted dentistry delivery per month across LLR. As shown above there has been a gradual increase in the average monthly delivery since the pandemic.

Figure 2 The Number of Unique Dental Patients Seen (March 2018 – January 2024)

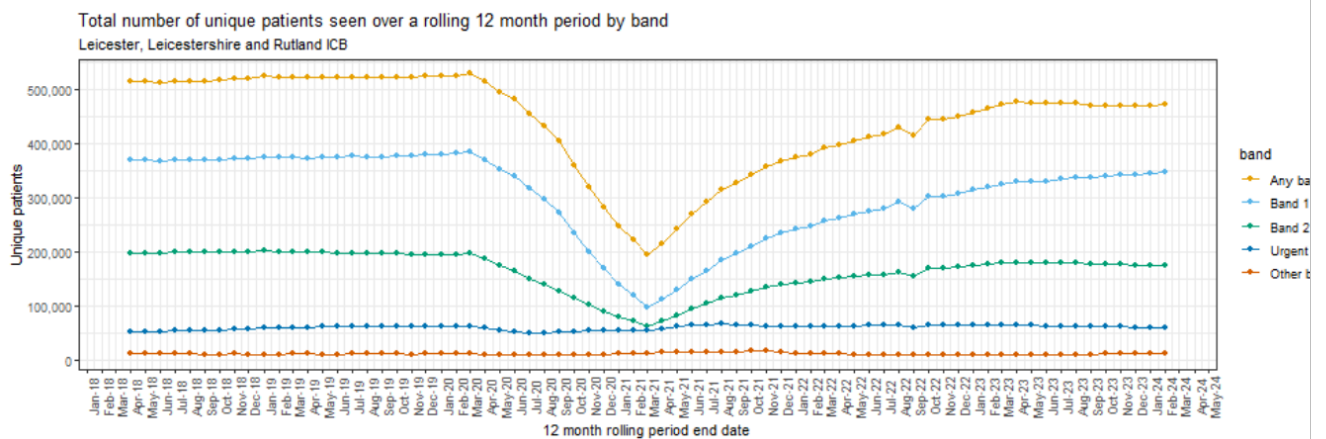


Figure 2 shows the number of unique patients seen over a 12-month rolling period which currently stands at around 89% of pre-pandemic levels. A unique patient refers to if a patient is seen more than once during the reporting period, then for purposes of measurement that patient is only counted once.

Figure 3 The Number of New Patients Seen (April 2022 – February 2024)

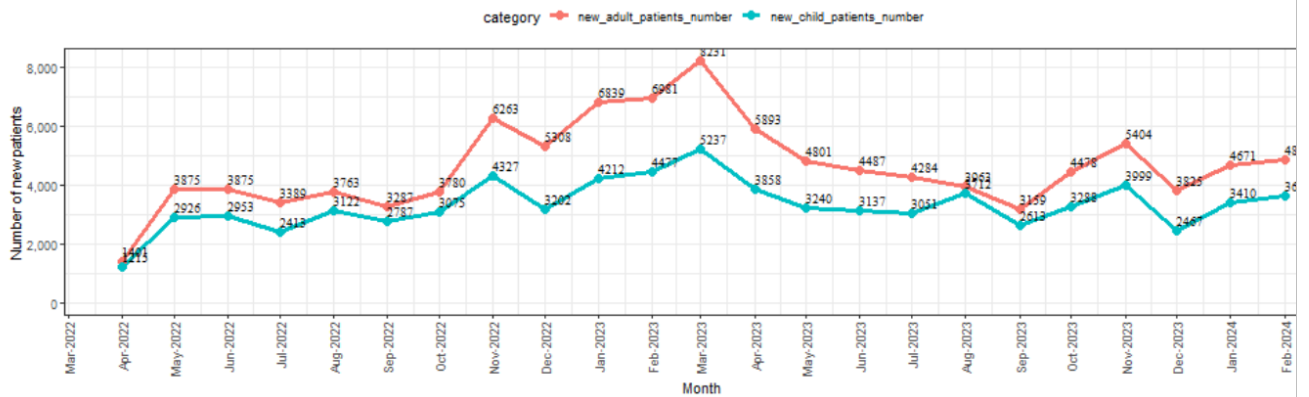


Figure 3 shows the number of new adult and child patients attending dental appointments who previously had no attendance in the last 24 months. For both adults and children, since April 2022, each month, the number of new patients seen has increased with 4859 new adult patients and 3619 new child patients seen in February 2024.

Private Dentistry

Private dental services are not within the scope of responsibility for the LLR ICB. Therefore, the ICB is unable to provide any information on activity uptake within the private dentistry sector.

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.

Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the cost-of-living crisis. This may place additional pressure on NHS services at a time when capacity is remains 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. Section 10 below highlights some of the ways we are looking to improve access to NHS dentistry.

Dental contract hand-backs

Since February 2021, across Leicester City there have been (enter number) contract terminations.

As part of the dental termination process, any NHS dental practices that are handing back their NHS activity must agree a communication letter for their patients with the commissioner. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate signposting to other nearby practices who are able to take on new patients, to continue gaining access to NHS dental care. This provides assurance to the commissioner that there is no inappropriate/forced sign-up to private dental services and enables informed patient choice.

Any dental activity from a terminated contract will not be lost. The ICB, East Midlands Primary Care Team and Dental Public Health colleagues continue to review the

dental access data and understand the impact for patients. The normal process for terminations is to undertake a review and recommission the dental activity by dispersal to local dental practices surrounding the terminated contract or via a full procurement process. Any dental activity that has not currently been able to be dispersed will form part of a wider procurement exercise in 24/25, informed by an Oral Health Needs Assessment due to be released as detailed in section 10 below.

Future Plans to Improve Access/Oral Health

2. Work is underway nationally to transform the NHS Dental contract with the aim of ensuring patients most in need can access NHS dentistry, as set out in the Dental Recovery Plan. 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.

Measures include:

- NHS dentists will be given a ‘new patient’ payment of between £15-£50 (depending on treatment need) to treat patients who have not seen an NHS dentist in two years or more. This commenced in March 2024 and is time limited to the end of financial year 2024/2025.
- Targeted funding to encourage dentists to work in areas which historically have been difficult to recruit to.
- A further increase in the minimum indicative UDA value from the £23 announced in July 2022 to £28 from April 2024.
- Improving access in underserved areas through the use of dental vans.

In addition to these activities, the plan announces a range of government-delivered public health initiatives to improve the oral health of children and recommits to the workforce growth and development outlined in the Long-Term Workforce Plan.

Further to the measures above, a water fluoridation programme will be rolled out by government, the aim of which is to reduce the number of tooth extractions due to decay in the most deprived areas of the country. Subject to consultation, the programme would enable an additional 1.6 million people to benefit from water fluoridation.

The East Midlands Primary Care Team, working on behalf of the five East Midlands NHS Integrated Care Boards have worked swiftly to meet national timeframes to enact the required changes to support contractors and patients through the new measures announced within the Dental Recovery Plan:

New Patient Premium

In accordance with the issued guidance criteria, the East Midlands Primary Care Team have identified LLR contracts and corresponded with contractors to advise them of their eligibility for the scheme between 1st March 2024 and 31st March 2024.

ICB	Number of Contracts Eligible for the Scheme (1st March 2024-31st March 2024)
LLR	96

All eligible contractors (111) have been opted into the scheme for 2024/25, with none choosing to opt out.

Increase in the minimum indicative UDA value

On 12th February 2024, guidance to commissioners were issued for the national process required to be undertaken to introduce the minimum indicative UDA value of £28 from 1st April 2024. This can be achieved through either:

1. A reduction to the number of a contractor's commissioned UDAs; or
2. An increase to a contractor's Negotiated Annual Contract Value (NACV).

LLR ICB assessed the East Midlands Primary Care Team recommendations for contract eligibility and made decisions on whether to reduce activity or invest more money for all impacted contracts.

Table 2: Contracts identified to receive change to NACV

ICB	Number of contracts identified to receive change to NACV (option 2)	£ Increased investment required
LLR	38	£564,294.80

22 of these providers who received an uplift to their minimum UDA rate are based in Leicester City.

Table 3: Contracts identified to receive a change to annual commissioned UDAs

ICB	Number of contracts identified to receive change to NACV (option 1)	Number of UDAs reduced per annum
LLR	8	10,969

2 of the 8 providers choosing option 1, a reduction in their commissioned UDA target, were based in Leicester City, totalling a reduction of 10,969 UDA's across LLR and a reduction of 525 UDA's in Leicester City.

Flexible Commissioning

The flexible commissioning scheme aims to make NHS dental contracts more adaptable by allowing a proportion of UDAs to be filled through locally agreed schemes. Flexible Commissioning aims to refocus a section of existing commissioned activity to increase capacity to deliver specific programmes or incentivise activity.

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'.

LLR ICB is currently reviewing this framework, whilst awaiting further supplementary guidance from NHS England. The review 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.

Levelling Up UDA Rates

Work is currently underway to explore the levelling up of UDA rates to the East Midlands average to further support providers to deliver NHS Dentistry.

ICB Area	ICB Average	Highest UDA Rate	Lowest UDA Rate	Average East Midlands UDA Rate
Leicester, Leicestershire and Rutland	£30.20	£58.31	£25.33	£31.06

This would require a further investment of £2.3m per annum.

Oral Health Needs Assessment (OHNA)

An Oral Health Needs Assessment (OHNA) is set to be published in March 2024, looking to identify local groups of people who are at high risk of poor oral health, and to determine their likely needs. This has been developed in conjunction with the Dental Public Health Consultant and Local Dental Network (LDN) chair.

The review recommendations will inform the general dental services procurement programme and commissioning requirements for LLR ICB which will need to be incorporated into a workplan for 2024/25. This will support evidence-based commissioning decisions regarding future NHS dental provision.

Leicester City Oral Cancer Campaign

An investment of £10k was made to support an oral cancer campaign. Details of the project include:

- A social marketing campaign to raise awareness of the symptoms of oral cancer.
- Messages that reach those at high risk of oral cancer
 - People living in Leicester City, especially in high incidence areas such as Belgrave, Beaumont Park and Rushey Mead.
 - Males and females, especially males aged 40-70
 - Those who smoke or drink heavily (and especially those who do both)
 - People of all ethnic backgrounds and people who speak English as a first language and those who speak Gujarati or Punjabi as a first language.

The campaign is due to commence Autumn 2024.

Investments 2024/25

A 2024/25 dental contract baseline review has been undertaken and identified unallocated units of dental activity and non-recurrent funding available for 2024/25 from terminations along with recurrent funding available from 2025/26. The 2024/25 planning guidance is still awaited. ICBs are currently planning based on the assumption the full dental budget allocation will be ring-fenced to support with commissioning plans for 2024/25.

Individual ICB meetings were held in February 2024 to support with agreeing plans for 2024/25. A commissioning plan on a page will be developed and informed by the Oral Health Needs Assessment due at the end of March 2024. The ICBs are also reviewing the national Dental Recovery Plan announced on 7th February 2024 to ensure that this is incorporated into the 2024/25 investment and commissioning plan.

A review of the 2023/24 investment schemes due to expire is being undertaken and will be discussed with LLR ICB regarding whether they wish to support extending schemes into 2024/25.

Procurement Regulations

The Provider Selection Regime (PSR) regulations came into force on 1st January 2024. This meant that NHS services were decoupled from the existing Public Sector Procurement Regulations 2015 in favour of a more flexible and pragmatic approach.

The PSR is intended to remove unnecessary levels of competitive tendering, removing barriers to integrating care and promote the development of stable collaborations.

Training and Education

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.

Future Plans Timeline Summary

- New Patient Premium – 23/24 complete, 24/25 to be completed March 2024
- Increase in the minimum indicative UDA value – completed
- Flexible Commissioning – to be completed Winter 2024
- Levelling up UDA rates – Ongoing
- Oral Health Needs Assessment – to be completed March 2024
- Leicester City Oral Cancer Campaign - to begin Autumn 2024
- Investments 24/25 – Ongoing
- Training and Education – TBC following national guidance

*Timelines may be subject to change.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

These are being taken into consideration as part of the development of the commissioning intentions for 2024/25.

4.2 Legal Implications

None in the context of this report.

4.3 Equalities Implications

Equality Health Quality Impact Assessments are completed as part of pre-procurement planning process. Due consideration has been undertaken as part of developing commissioning intentions. This will be revisited and refreshed where required prior to relaunching the procurement process.

4.4 Climate Emergency Implications

4.5 Other Implications

Health Implications

As part of pre-procurement planning processes an Equality Health Quality Impact Assessment is completed.

4. Background information and other papers:

[Dental recovery plan: everything you need to know. - Department of Health and Social Care Media Centre \(blog.gov.uk\)](#)