


# Agenda Item 9

 <b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i>		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

## Open Report on behalf of NHS England and NHS Improvement (Midlands)

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>15 June 2022</b>
Subject:	<b>NHS Dental Services in Lincolnshire</b>

### Summary

This report invites the Health Scrutiny Committee for Lincolnshire to consider a report from NHS England and NHS Improvement (Midlands) on NHS dental services in Lincolnshire. This topic was previously considered by this Committee in November 2021. This report includes the information requested at that meeting, as well as a series of questions submitted by members of the Committee in advance of the publication of this report.

### Actions Required:

- (1) To note the information presented by NHS England and NHS Improvement (Midlands) on NHS Dental Services in Lincolnshire.
- (2) To consider the timing of any further updates on NHS dental services in Lincolnshire.

## 1 Background and information

1.1 The Health Scrutiny Committee for Lincolnshire received a report on access to NHS Dental Services in November 2021 and requested a further briefing to provide:

- an update and comparable position on NHS dentistry access for Lincolnshire
- detailed oral health data for the East Coast
- understanding activity uptake within the private dentistry sector.

- 1.2 This report also includes oral health improvement initiatives and activities which are the statutory responsibilities of the local authority Public Health team.
- 1.3 For the Health Scrutiny Committee for Lincolnshire is requested to note that NHS England and NHS Improvement (NHS E/I) is currently responsible for the commissioning of all NHS dental services, but this responsibility will be delegated to the Lincolnshire Integrated Care Board (ICB) on 1 April 2023.
- 1.4 The report has been developed by:
- NHS E/I commissioning team senior managers
  - NHS E/I Consultant in Dental Public Health
  - Public Health colleagues at Lincolnshire County Council
- 1.5 Representatives from NHS E/I will be present at the Lincolnshire HOSC meeting. In addition, the Consultant in Public Health and Chair of the Lincolnshire Oral Health Alliance Group and representative for NHS Lincolnshire CCG for the Lincolnshire ICB have also been invited to attend the meeting.

## **2 National NHS Dental Contract**

- 2.1 NHS E/I is currently 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 NHS E/I.
- 2.2 Although NHS E/I is responsible for commissioning all NHS general dental services, the limitations of the current national contract does not allow for any local flexibility.
- 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 existing 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 that wished to continue to provide NHS dentistry under the new contracting arrangements. Sadly, a number of dental practices opted out of the NHS 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 dental appointments available. The PCT had no control over where these ‘inherited’ dental practices were situated or over the number of UDAs commissioned in each geographical area. 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 demand and need.
- 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. Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from repairs and replacements), 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.

### **3 NHS Dental Services across Lincolnshire**

#### **3.1 NHS General Dental and Orthodontic Services**

##### **3.1.1 There are 61 NHS dental practices spread across Lincolnshire as follows:**

- North Kesteven: 4
- South Kesteven: 13
- Lincoln: 13
- East Lindsey: 14
- West Lindsey: 5
- Boston: 7
- South Holland: 5

3.1.2 Fifteen of these also provide NHS orthodontic services:

- North Kesteven: 1
- South Kesteven: 7
- Lincoln: 3
- East Lindsey: 2
- West Lindsey: 1
- Boston: 0
- South Holland: 1

There are also 2 specialist NHS Orthodontic practices based in:

- Boston
- Spalding

3.2 Extended hours, urgent dental care and out of hours

3.2.1 Extended or out of hours cover is provided by three 8-8 NHS dental contracts:

- Lincoln
- Sleaford
- Spalding

These are NHS dental services which provide access to patients from 8am to 8pm every single day of the year (365 days) and provide both routine and urgent dental care.

3.2.2 There are an additional 7 NHS dental contracts which offer extended or out of hours cover during weekdays, weekends and certain bank holidays for both routine and urgent care:

- Boston
- Gainsborough
- Louth
- Lincoln
- Sleaford
- Skegness

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**

<b>Triage Category</b>	<b>Time Scale</b>
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

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 Lincolnshire
- 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 People who require urgent out-of-hours dental care can attend any service in the Midlands area and for Lincolnshire residents, the nearest 8am to 8pm, 365 days sites are as follows:

- Lincoln
- Sleaford
- Spalding

Extended access sites are:

- Boston
- Gainsborough
- Lincoln
- Louth
- Sleaford
- Skegness

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

### 3.4 Community (Special Care) Dental Service

3.4.1 The Lincolnshire Community (Special Care) Dental Services 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 1 dental provider (CDS-CIC) treating children and adults from 7 clinics across Lincolnshire:

- Louth
- North Hykeham
- Skegness
- Boston
- Grantham
- Spalding
- Gainsborough

3.4.2 The GA pathway for children and special care adults is managed between CDS-CIC and the United Lincolnshire Hospitals NHS Trust (ULHT) which is commissioned on a system area footprint.

3.4.3 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. 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.

### 3.5 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 Lincolnshire patients over the age of 16 years who meet the clinical criteria. There are 5 providers across Lincolnshire:

- Boston
- Skegness
- Lincoln
- Grantham
- Gainsborough

3.6 A map of the location of local NHS dental practices or clinics (including orthodontic and community sites) across Lincolnshire 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 to be displayed individually. The maps are also shaded to demonstrate accessibility of NHS dental services and travel times by public transport or car within 30 minutes.

### 3.7 Hospital Dental Care

3.7.1 Secondary care dental services e.g. orthodontics, oral surgery, oral medicine, maxillofacial are commissioned from ULHT to deliver complex dental (often multi-disciplinary) treatment to patients who meet the clinical criteria in line with the NHS E/I commissioning guides. Activity and contract values are agreed annually with acute trusts.

## 4 **Lincolnshire Integrated Care Board**

4.1 NHS E/I will be delegating full commissioning responsibility for NHS dental services to the ICB as of 1 April 2023.

4.2 In preparation for this, as of 1 April 2022, joint commissioning arrangements were set up between NHS E/I and the ICB in advance of the full delegation next year. This is where there will be opportunities within the integration agenda to deliver place-based commissioning that is specific to the system rather than on a wider footprint. This does not mean that working on a wider footprint is not beneficial as there are times when it provides the opportunity to streamline services to provide best value for money (public funds) whilst ensuring best patient outcomes.

4.3 In addition, Public Health colleagues at Lincolnshire County Council are currently undertaking a rapid oral health needs assessment in order to better understand some of the impacts of the pandemic on oral health and oral health inequalities across Lincolnshire.

## 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](#).

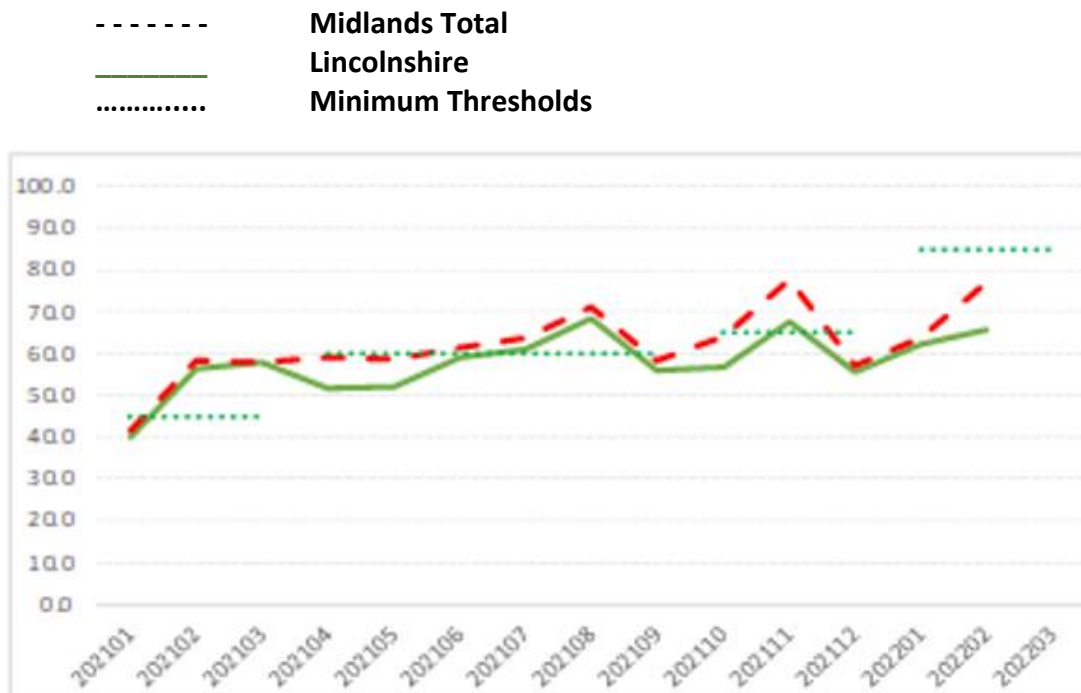
## 6 Impact of the Pandemic

- 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 (UDCCs) was immediately established across the Midlands in early April 2020 to allow those requiring urgent dental treatment to be seen. These UDCCs are currently still operational however referrals are of a very low volume as routine dental practices have now reopened. The UDCCs 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).
- 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.



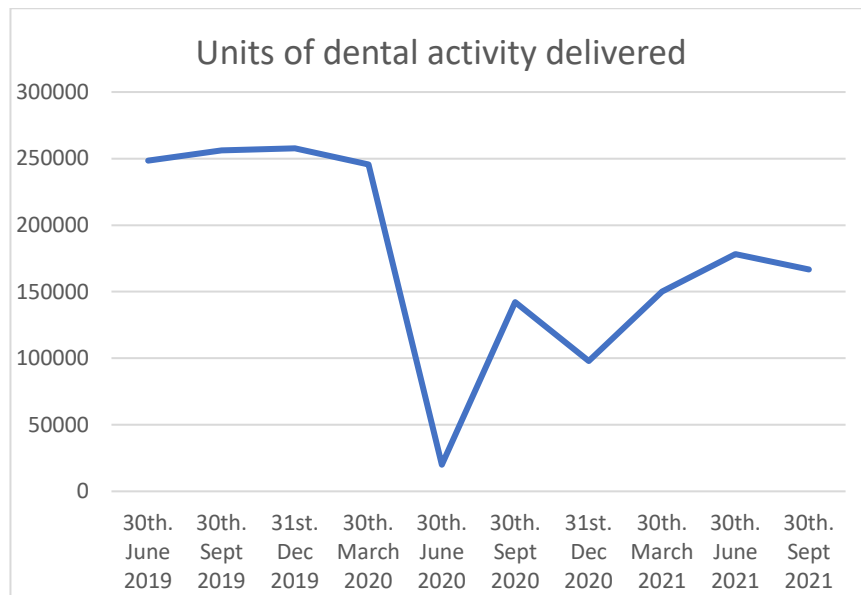
- 6.3 NHS dental practices are currently required to offer dental services to patients throughout their contracted normal surgery hours (some practices are offering extended opening hours to better utilise their staff and surgery capacity). They are also required to have reasonable staffing levels for 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 dental contracts:
- Q3 2021/22: 65% of contracted activity for general dentistry and 80% of contracted activity for orthodontics
  - Q4 2021/22: 75% of contracted activity for general dentistry and 90% of contracted activity for orthodontics
  - Q1 2022/23: 95% of contracted activity for general dentistry and 100% of contracted activity for orthodontics
  - Q2 2022/23: 100% of contracted activity for general dentistry and orthodontics
- 6.6 Figure 1 shows the level of NHS dental activity delivered across Lincolnshire during the pandemic against the minimum threshold activity set by the national team and against the Midlands total. It can be seen that there have been lower levels of activity for Lincolnshire as a whole against the minimum threshold requirements. Unfortunately this data is only available at an ICB level and therefore cannot be reported at a lower level. Appendix 2 shows the average pattern of delivery of NHS dental activity over the course of the pandemic across the Midlands.

**Fig 1: Lincolnshire Primary Care Dental Activity vs Minimum Thresholds**



6.7 Figure 2 shows the Units of Dental Activity delivered by NHS dental practices within Lincolnshire County Council during the pandemic (although NHS dental practices are not contractually associated to them). By 30 September 2021, NHS dental practices in Lincolnshire had recovered 60% of pre-pandemic dental activity.

**Figure 2: Units of Dental Activity delivered by local authority during the pandemic**



6.8 The national minimum requirement for all NHS dental contracts was set at 65% for Q3 2021/22. Tables 2 and 3 show that NHS dental practices across Lincolnshire achieved 60%, with 28 out of 61 (45.9%) of NHS dental practices meeting or exceeding this requirement (compared to 60.8% in the Midlands region).

- 6.9 The national minimum requirement for all NHS dental contracts was set at 75% for Q4 2021/22. Tables 2 and 3 show that NHS dental practices across Lincolnshire achieved 70%, with 14 out of 61 (23%) of NHS dental practices meeting or exceeding this requirement (compared to 38.3% in the Midlands region).

**Table 2: Proportion of Units of Dental Activity delivered in Q3 and Q4 of 2021/22 by NHS General Dental Practices in Lincolnshire**

	Period	Threshold	System achieved overall
Lincs	Q3	65%	59.9%
Lincs	Q4	75%	70.0%
All Midlands	Q3	65%	66.2%
All Midlands	Q4	75%	76.9%

**Table 3: Number of NHS dental contracts meeting / exceeding national minimum requirements during Q3 and Q4 of 2021/22 in Lincolnshire**

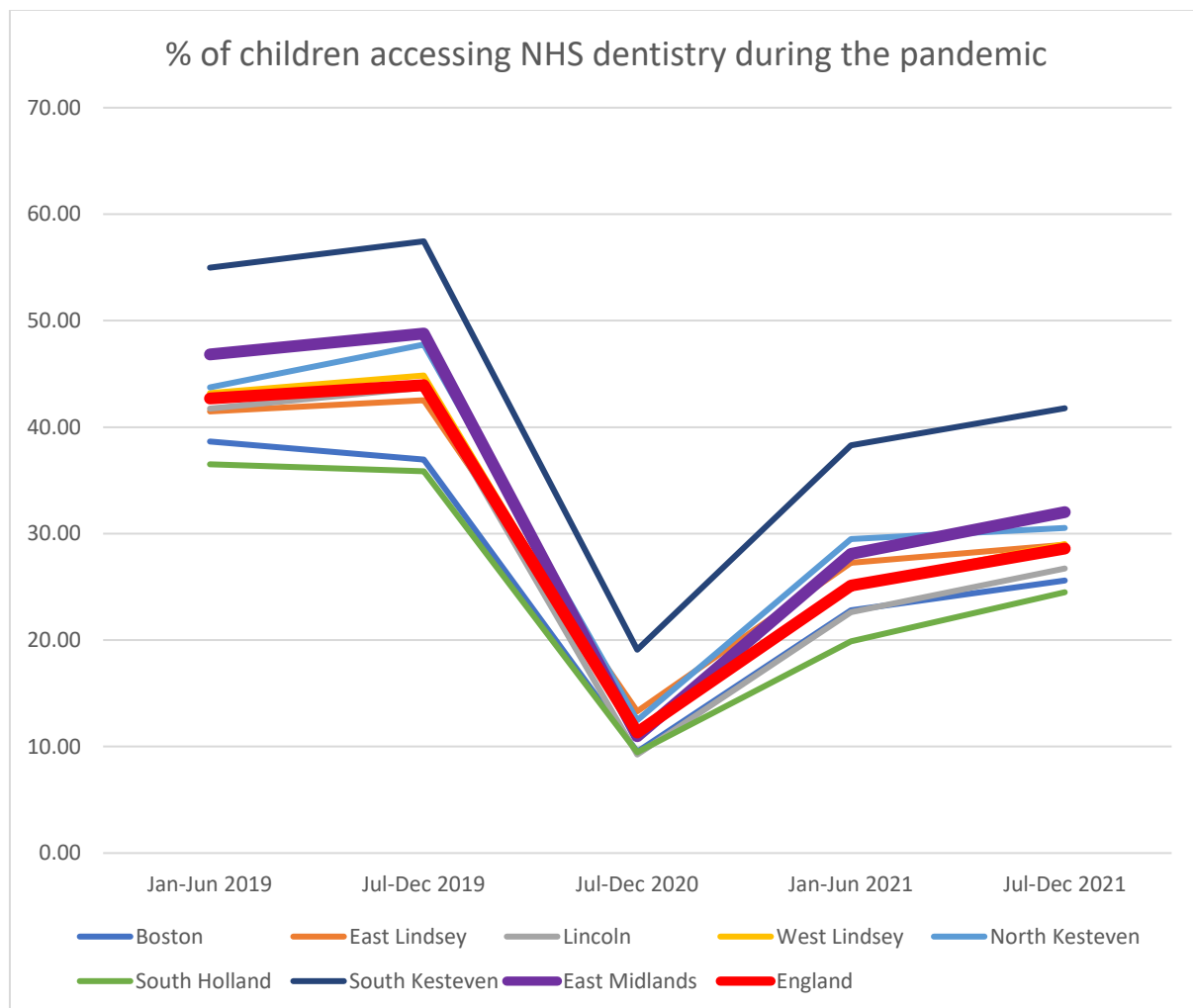
	Period	Outcome – number meeting or exceeding thresholds
Lincs	Q3	28 out of 61 (45.9%)
Lincs	Q4	14 out of 61 (23.0%)
All Midlands	Q3	718 out of 1,181 (60.8%)
All Midlands	Q4	452 out of 1,181 (38.3%)

## 7 NHS Dental access

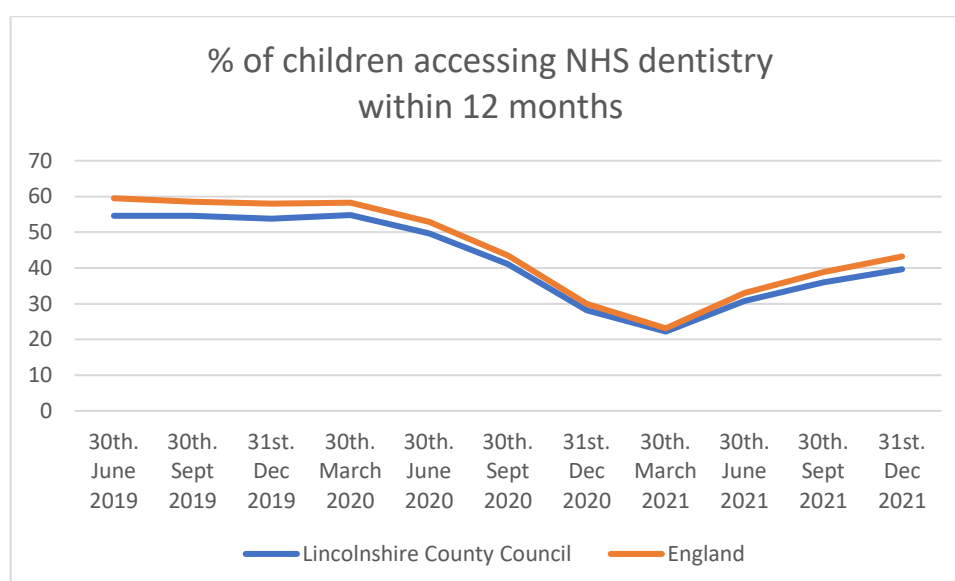
- 7.1 Figure 3 shows the percentage of children (0-17 years) accessing NHS general dental practices during the pandemic. The impact of the national lockdown can be seen by the drastic reduction in access in 2020. The proportion of children living in the East Midlands accessing NHS dentistry is higher than the National average. There is a higher proportion of children living in South Kesteven accessing NHS dentistry when compared against both the national and regional averages. The proportion of children living in North Kesteven is similar to the regional average, which is higher than the national average. The proportion of children living in West Lindsey and East Lindsey is similar to the national average, which is lower than the regional average. The proportion of children living in Boston and South Holland has consistently been below both the national and regional averages. Although the proportion of children living in Lincoln accessing NHS dentistry prior to the pandemic was similar to the national average, it is now lower than the national average.
- 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 child (younger than 18 years) should be 12 months. Figure 4 demonstrates that the overall proportion of Lincolnshire children accessing NHS dentistry within 12 months (as per NICE recommendations) has constantly been below the national average, both prior and during the pandemic.

7.3 Figure 4 also shows the impact of the pandemic lockdown of March 2020 on access which can be observed 12 months later (March 2021). It can also be observed that as NHS dental services have gradually been recovered and restored, the proportion of children accessing NHS dentistry are increasing again. As of 31 December 2021, the proportion of children accessing NHS dentistry within 12 months in England was at 75% of that reported for 31 December 2019 i.e. prior to the pandemic. Recovery of access for children across Lincolnshire has been lower than England at 74% for Lincolnshire.

**Fig 3: Proportion of children (0-17 years) accessing NHS dentistry during the pandemic**



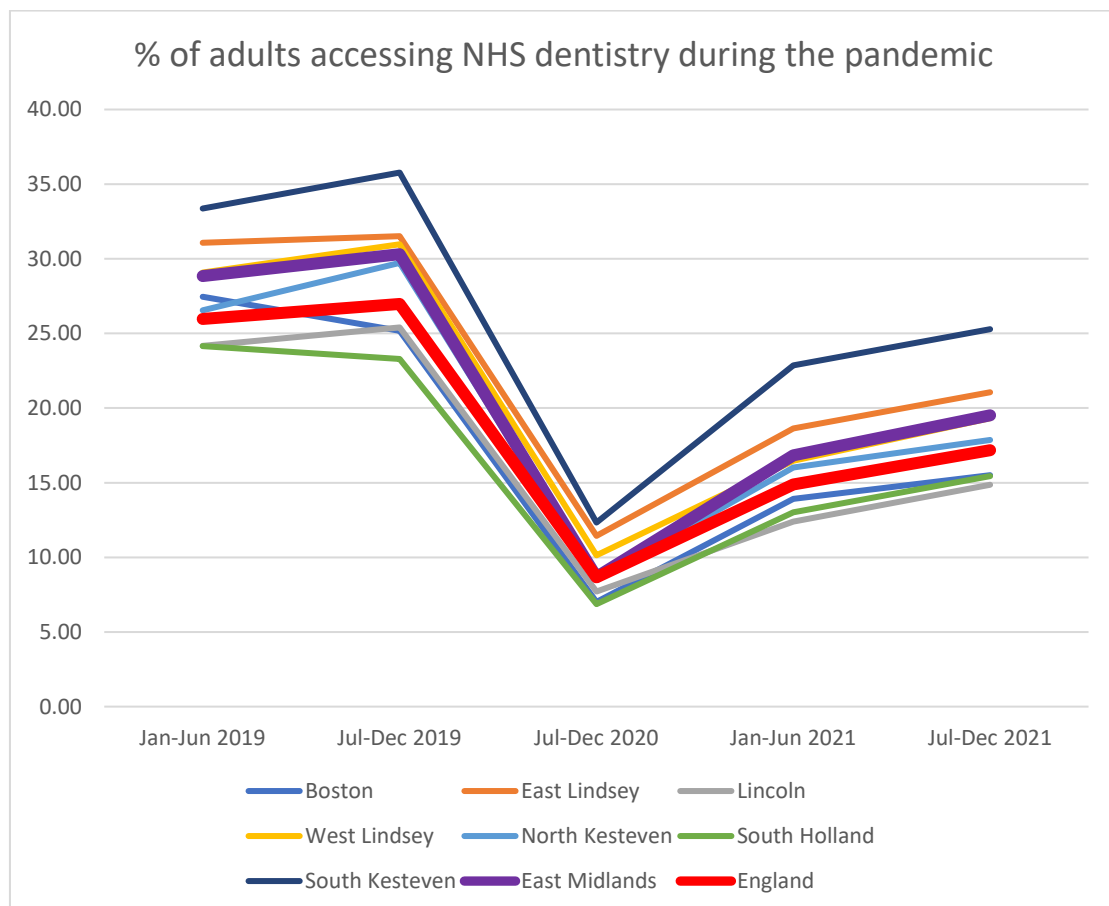
**Figure 4: Proportion of Lincolnshire children accessing NHS dentistry within 12 months**



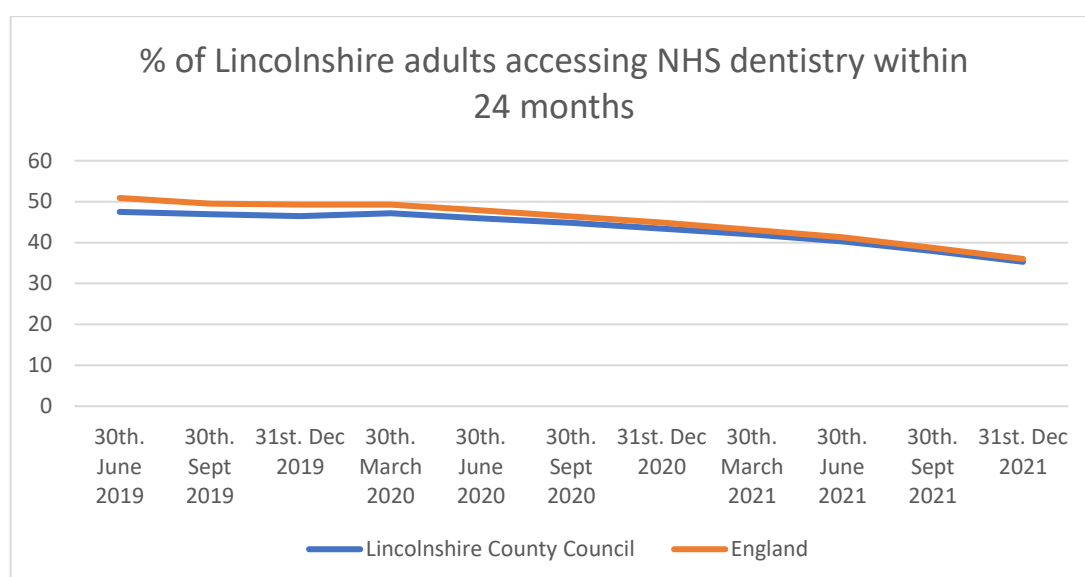
- 7.4 Figure 5 shows the percentage of adults accessing NHS general dental practices during the pandemic. It can be seen that the proportion of adult in the East Midlands accessing NHS dentistry is higher than the national average. For residents of Lincolnshire, the proportion of adults living in South Kesteven and East Lindsey accessing NHS dentistry are above both the regional and national averages. The proportion of adults living in West Lindsey accessing NHS dentistry is similar to the regional average, which is higher than the national average. Although the proportion of adults living in North Kesteven was similar to the regional average (therefore higher than the national average) prior to the pandemic, this has dropped during the recovery phase but is still above the national average. The proportion of adults living in Boston, South Holland and Lincoln have consistently been below both the regional and national averages.
- 7.5 As mentioned earlier, 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 6 demonstrates that the proportion of Lincolnshire adults accessing NHS dentistry within 24 months (as per NICE recommendations) was lower than the national average prior to the pandemic and similar to the national average during the pandemic. When making comparisons of proportionate loss between December 2021 and December 2019, England saw a 27% loss compared to Lincolnshire at 24%.
- 7.6 It is estimated that across the Country there has now been the equivalent of a year's 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.
- 7.7 A strategic review of dental access is planned for 2022/23 and NHS E/I anticipates 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.

- 7.8 NHS E/I are aware that information provided by local dentists on the NHS website may not always be up to date as it is unfortunately not a contractual requirement for dental providers to do so. Nevertheless, NHS E/I are continuously working with all local dental providers to improve the accuracy of this information.
- 7.9 NHS E/I 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, NHS E/I 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.
- 7.10 It is acknowledged that Lincolnshire have not met Q3 and Q4 contracted activity thresholds set, which does raise concern regarding reaching the minimum activity threshold of 95% contracted activity for Q1 of 2022/23. NHS E/I is working closely with the Local Dental Network Chair and NHS Dental practices within Lincolnshire to understand the reasons for the low activity delivery data and how to increase uptake of initiatives to increase access for patients, as uptake from NHS Dental practices within Lincolnshire has been very low as demonstrated in section 11 below.

**Fig 5: Proportion of Lincolnshire adults accessing NHS dentistry during the pandemic**



**Figure 6: Proportion of Lincolnshire adults accessing NHS dentistry within 24 months**



## 8 Private Dentistry

Private dental services are not within the scope of responsibility for NHS E/I. Therefore, NHS E/I are unable to provide any information on activity uptake within the private dentistry sector.

- 8.1 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 NHS E/I during the pandemic, the private element of their business may have been adversely affected.
- 8.2 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.
- 8.3 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 are apparently being 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.
- 8.4 There have been anecdotal reports of some practices' reluctance across the Midlands region in offering NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. NHS E/I does not support any stances of pressuring patients into private dental care. NHS E/I 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, two NHS contracts have been handed back to NHS E/I as follows:

- one NHS general dental contract  
NHS E/I are currently undertaking a review of access data within the surrounding area of the terminating dental contract and will progress with a dispersal process as relevant to ensure the provision is maintained.
- one NHS specialist orthodontic dental contract  
all patients who had previously been under the care of this specialist orthodontic dental contract have been transferred to a new Provider within Lincolnshire following an open procurement process. As part of the transition to the new Provider, all patients transferred are being assessed and treated in accordance with their clinical need as it has become apparent that the oral health needs of this patient group have been negatively impacted by the restrictions imposed through the pandemic. This has led to longer waiting times with the new Provider as demand has increased with the resumption of NHS orthodontic services.

To reduce waiting times, NHS E/I is seeking to create additional orthodontic appointments with alternative / additional specialist orthodontic practices. This is currently on-going, and it is expected that additional specialist orthodontic practices will be working with us by July 2022. NHS E/I is working closely with the current specialist orthodontic practice who are continuing to treat patients; any on-going orthodontic treatments will continue and will be completed.

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 NHS E/I. This letter is to notify patients that the NHS dental practice will no longer be providing NHS dental care with appropriate sign posting provided on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to NHS E/I that there is no inappropriate/forced signup to private dental services and enables informed patient choice.

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

10.1 The NHS E/I commissioning team is working with the local dental profession to restore NHS dental services and 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 It is important to note that patients should expect to be contacted and asked to undergo an assessment (undertaken remotely in most instances) prior to receiving an appointment. The latest guidance is that patients will be directed to the most appropriate service depending on whether they:

- have any respiratory symptoms
- need urgent dental care

This pathway will not change due to the removal of free Covid-19 tests and patients will also not be required to purchase these tests in order to gain access to NHS dental services.

10.3 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.

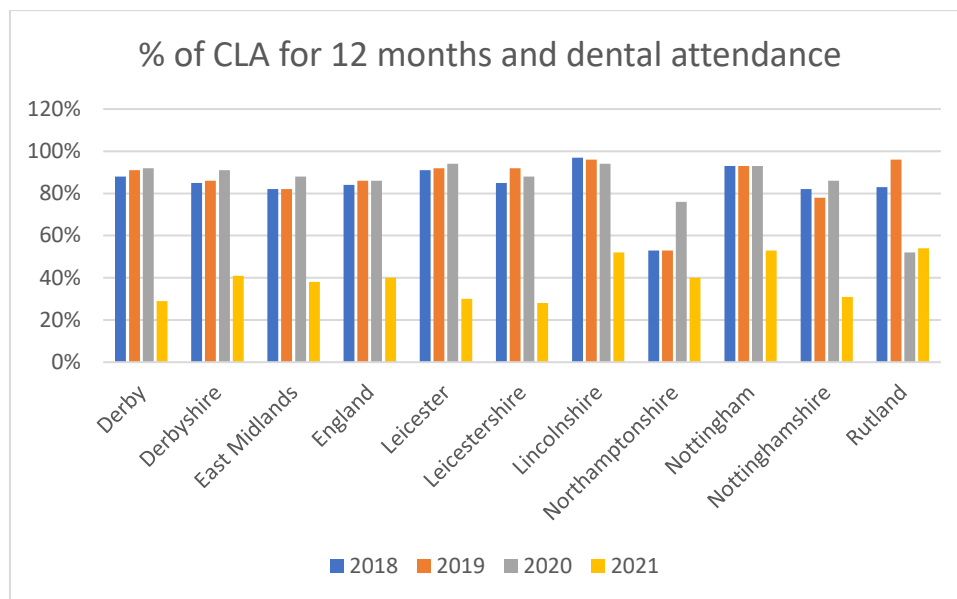
10.4 Orthodontic patients who are routinely seen for regular reviews will have missed appointments, though harm reviews and remote consultations should have helped identify any urgent issues. The ongoing backlog and ever-increasing waiting lists do however mean that there is still a risk of those recall intervals being extended to try and free up capacity to see new patients. Patient compliance with the required oral hygiene measures may decrease over time and consequently there is an increased risk of decay developing around the orthodontic appliances if treatment is prolonged in this way.

10.5 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.

10.6 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.

- 10.7 NHS E/I have been working on a new scheme to encourage local child friendly dental practices to provide support to local Community Dental Services in collaborating on a shared care model. This serves to free up capacity for specially trained staff to focus on tackling backlogs of child patients requiring complex dental treatment. NHS E/I secured interest from one dental practice within Lincolnshire to participate in this scheme. It is part of NHS E/I's investment plan to continue this scheme into 2022/23 and will continue to seek further interest and support from NHS dental practices across Lincolnshire.
- 10.8 Figure 7 below demonstrates that access for Children Looked After across the East Midlands has significantly deteriorated since the pandemic.

**Figure 7: Percentage of Children Looked After for 12 Months and Dental Attendance**



- 10.9 In recognition of the access difficulties for children in care, NHS E/I, the Local Dental Network Chairs in the East Midlands with support from the Orthodontic and Paediatric MCN Chairs, Public Health, Local Authorities and clinical colleagues have worked with safeguarding colleagues to support dental access for children taken into care. To assist with the process, an oral health assessment support sheet was developed for those undertaking general examination and, in acknowledgement of the difficulties in accessing NHS dental care, a pathway was also developed to enable children identified with acute dental problems at the Initial Health Assessment to be directed straight to CDS-CIC (the local community special care dental service) for a comprehensive dental examination. NHS E/I wrote to all Directors of Children's Services in the East Midlands to clarify the position regarding access to dentistry and the Looked After Children pathway that was developed. This has meant that no child being taken into care with urgent dental need was disadvantaged as a result of the challenges related to the pandemic. The pathway was completed in April 2021.

- 10.10 For children who were being taken into care and not identified with an urgent dental need, their foster carers have been asked to take them to a local dentist. NHS E/I are aware that it has been very difficult during the pandemic for foster carers to find appointments for these vulnerable children. We have therefore reminded NHS dental practices (and continue to do so) that these children are a priority for dental access. If the foster family regularly attends the practice, the children should be considered as part of that arrangement. It is expected that NHS dental practices would manage the child within the general dental practice setting (high street dental practice) as they would any other child.
- 10.11 The transfer process for orthodontic treatment for these patients has also been reviewed in order to make this as seamless as possible. Foster carers will be made aware of the process. The refined Children in Care pathway was communicated to all Directors of Children's Service in the East Midlands which clarified the current position regarding access to NHS dentistry.
- 10.12 For those in the categories who are vulnerable or shielded due to age or underlying health conditions, special arrangements have been made to ensure they are able to access 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.
- 10.13 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. NHS E/I are working with the Lincolnshire Oral Alliance Group to address this inequality.
- 10.14 Additional dental capacity was also commissioned to support Afghan refugees repatriated to the UK and housed in local hotels. This was provided by way of dedicated domiciliary support to quarantine hotels and ongoing additional capacity at two local practices within Lincolnshire.
- 10.15 NHS E/I 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.
- 10.16 Prior to the pandemic, work was underway to look 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 access to NHS dental services. This remains a priority and NHS E/I has been working with the Lincolnshire Oral Health Alliance on this agenda. The Lincolnshire Swallowing, Oral Health and Nutritional Ambassadors (SONA) programme, delivered by LinCA, supports this work. The SONA programme was paused during the COVID pandemic; however, it has now resumed with 3 further cohorts planned. Oral health is also a key part of the enhanced health in care home framework.

## **11 NHS Dental Services Recovery Initiatives**

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

- Weekend Sessions – For Lincolnshire, 1 NHS dental practice was contracted to provide 28 additional sessions at a cost of £18,312. This dental practice is located in Lincoln. Additional national funding was allocated as part of a national scheme and further applications were reviewed on an on-going basis until the scheme ended on 31 March 2022.
- Weekday Sessions – For Lincolnshire, 1 NHS dental practice was contracted to provide 7 additional sessions at a cost of £4,578. This dental practice is located in Lincoln. Additional national funding was allocated as part of a national scheme and further applications were reviewed on an on-going basis until the scheme ended on 31 March 2022.
- NHS E/I approached the 5 dental providers across Lincolnshire (3 who are contracted to open from 8am to 8pm and 2 who are contracted to open extended hours) with the view to commissioning additional funded sessions. Unfortunately, none of the providers felt that they had any capacity to provide any further sessions.
- Additional Orthodontic Case Starts – an offer has been made to practices with capacity for additional activity to address orthodontic waiting lists. Expressions of interest were received from 3 practices, where 1 of these were approved equating to an additional 10 case starts. This dental practice is located in Grantham.
- Community Dental Services (CDS) Support Practices – the NHS E/I team 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. There is one NHS dental provider in Lincoln who is taking part in the pilot; however, NHS E/I are currently trying to secure additional funding to re-run the pilot for financial year 22/23 and hope to encourage further uptake from NHS dental providers in Lincolnshire.
- Dedicated In Hours Urgent Care Slots (voluntary service from NHS general dental practices) – additional capacity for NHS 111 to signpost patients without a regular dental practice who require urgent dental care. One practice in Lincolnshire (Gainsborough) was taking part and providing 5 extra appointments per week. This dental practice ceased further delivery under this arrangement during April 2022.
- Additional funding has also been provided to local authorities:
  - £75,000 recurrent for 2 years 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

All the above funding was allocated to Lincolnshire County Council. Agreement on the spending of the additional funding will be discussed and agreed at the Lincolnshire Oral Health Alliance Group to ensure alignment with oral health needs of the area.

- Non recurrent investment to support IMOS providers in reducing waiting times for patients to be seen within 6 weeks of referral into the specialist service. At March 2022, there were 1,678 Lincolnshire patients accepted onto the IMOS pathway and 1,037 (62%) had been waiting over six weeks to be treated. This has been reduced from 1,489 as at June 2021 when the waiting list initiative was launched.
- Non recurrent investment of £30,665 to support waiting list initiatives for Lincolnshire Community (Special Care) Dental Service (CDS-CIC) during 2021/22. The waiting list initiatives ran additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment. Additional dental hand pieces were also purchased to support improving efficiency of dental clinics resulting in reduced fallow time between patients. Commitment has also been secured for 2022/23 to support reducing GA waiting list (subject to securing additional sessions at the hospital trust).
- Unfortunately, ULHT were unable to accept any additional non recurrent investment in 2021/22 to support secondary care dental waiting list initiatives. Trusts are monitored on referral to treatment (RTT) within 18 weeks, 52 week waits and in addition due to the impact of the pandemic, monitoring 104 week waits. All Trusts are required to clear any 104 week waits by July 2022. As at March 22, there were no Lincolnshire patients waiting over 104 week waits for Orthodontics and Oral and Maxillofacial Surgery. Please see Appendix 3 for Midlands Oral Surgery Referral to Treat Trends. Referrals into secondary care have started to recover, please see Appendix 4, however, these remain lower than previous levels due to the reduction in routine appointments in primary dental care.

## **12 Commissioning and Procurement Plans**

- 12.1 Following the procurement exercise undertaken in 2019, NHS E/I were unable to secure a new provider of NHS Dental Services in the Mablethorpe area. As a result, NHS E/I has commissioned Urgent NHS Dental care sessions until March 2023 whilst longer term commissioning intentions and plan to commission new services are finalised.

An Oral Health Needs Assessment (OHNA) has been undertaken by our colleagues in Public Health and the findings highlight a need to commission routine dental services within Mablethorpe, however since the pandemic the impacts of Covid-19 and the omicron wave has had a detrimental impact on patient access to general dental services across the Region

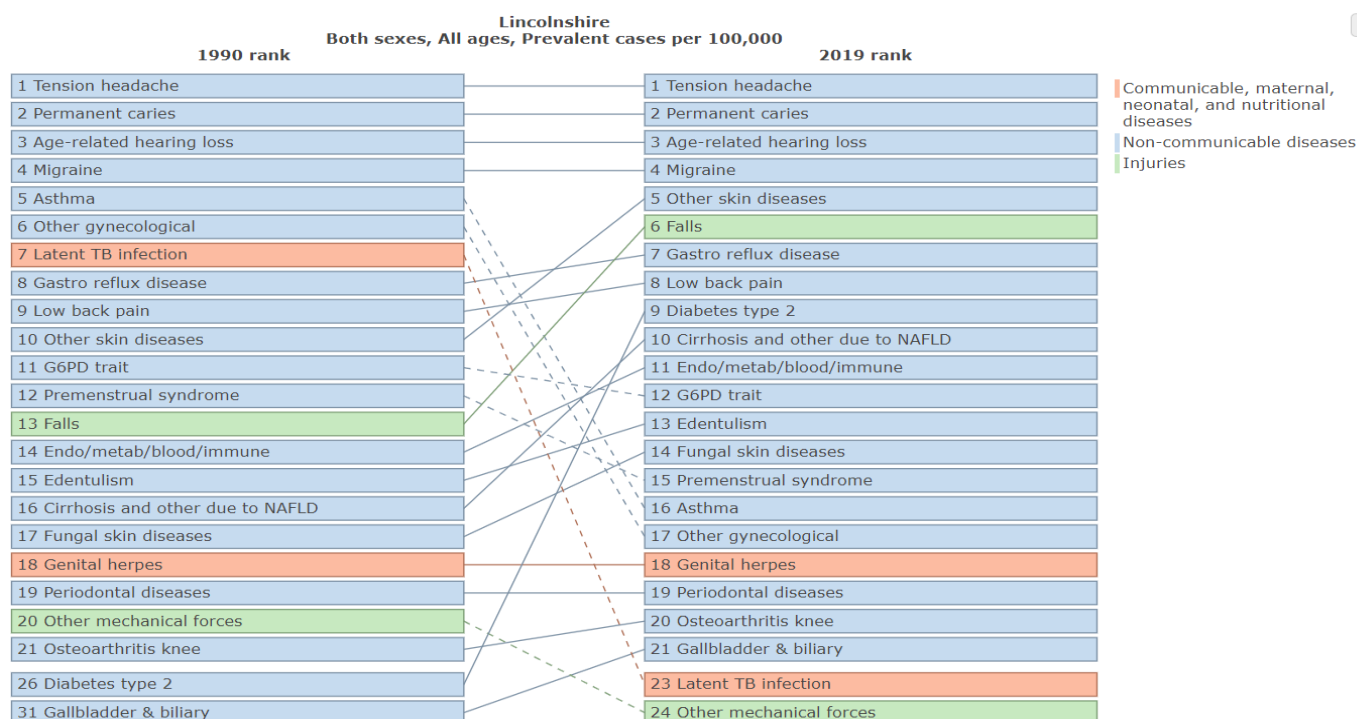
Longer term commissioning intentions and plans to commission new services continue whilst working through the safe recovery of NHS Dental services. It is planned that a general dental service will be in place for 2022/23 within Mablethorpe.

- 12.2 NHS E/I are aware of the limited number of Specialist Orthodontic Providers within Lincolnshire and are reviewing longer term commissioning intentions and plans to commission new Orthodontic services across the Midlands Region as a whole. This is being reviewed on a regional level and will be prioritised by area of urgent need. The NHS E/I Midlands Team will ensure that issues within Lincolnshire are at the forefront of this review and will work closely with Public Health colleagues to progress as swiftly as possible. As per point 10.4 and 12.1, Covid-19 and the omicron wave has meant that Orthodontic waiting lists have increased. Should NHS E/I receive requests to terminate orthodontic contracts, we are committed to managing relevant close-downs to ensure that provision of services remain for patients currently within treatment.

### **13 Oral Health and Inequalities**

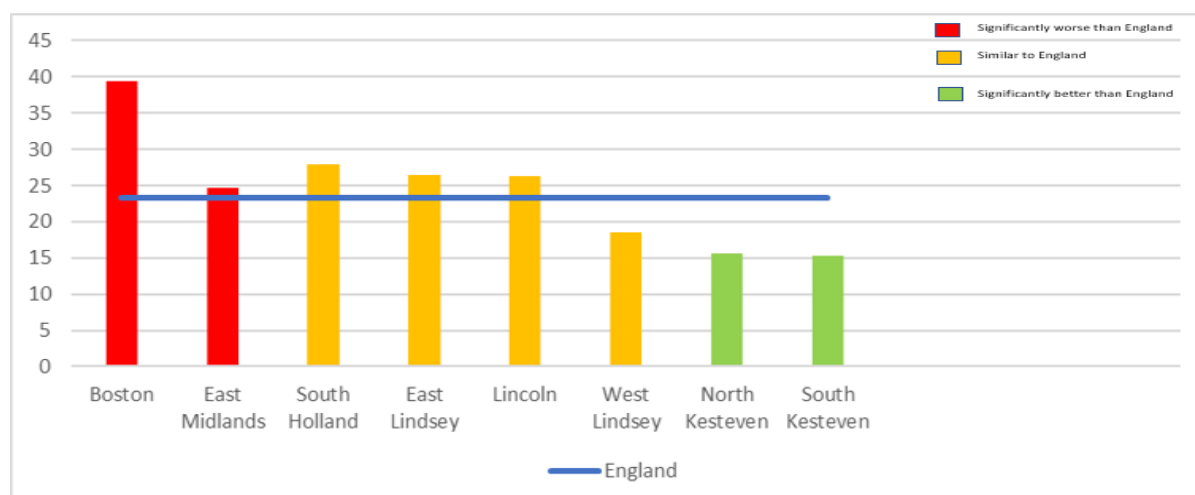
- 13.1 Whilst NHS E/I is responsible for commissioning NHS dental services, the responsibility for public health, including oral health improvement, is with local authorities who have the statutory role in assessing local oral health needs and commissioning or providing evidence based oral health improvement programmes appropriate to those needs. In addition, the Local Authority is also responsible for oral health surveys to facilitate the planning and evaluation of the arrangements for provision of dental services as part of the health service and NHS E/I are working with Public Health local authority colleagues on this.
- 13.2 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.
- 13.3 Figure 8 shows that oral health remains in the top 20 rankings of the most prevalent causes affecting the overall health and wellbeing of people living across Lincolnshire from 1990 to 2019:
- staying at rank 2 – dental decay (caries)
  - up 2 ranks from 15 to 13 – edentulism (no teeth)
  - staying at rank 19 – periodontal (gum) disease)

**Figure 8: Ranking of prevalent cases per 100,000 affecting overall health and wellbeing of people living across Lincolnshire (Global Burden of Disease)**



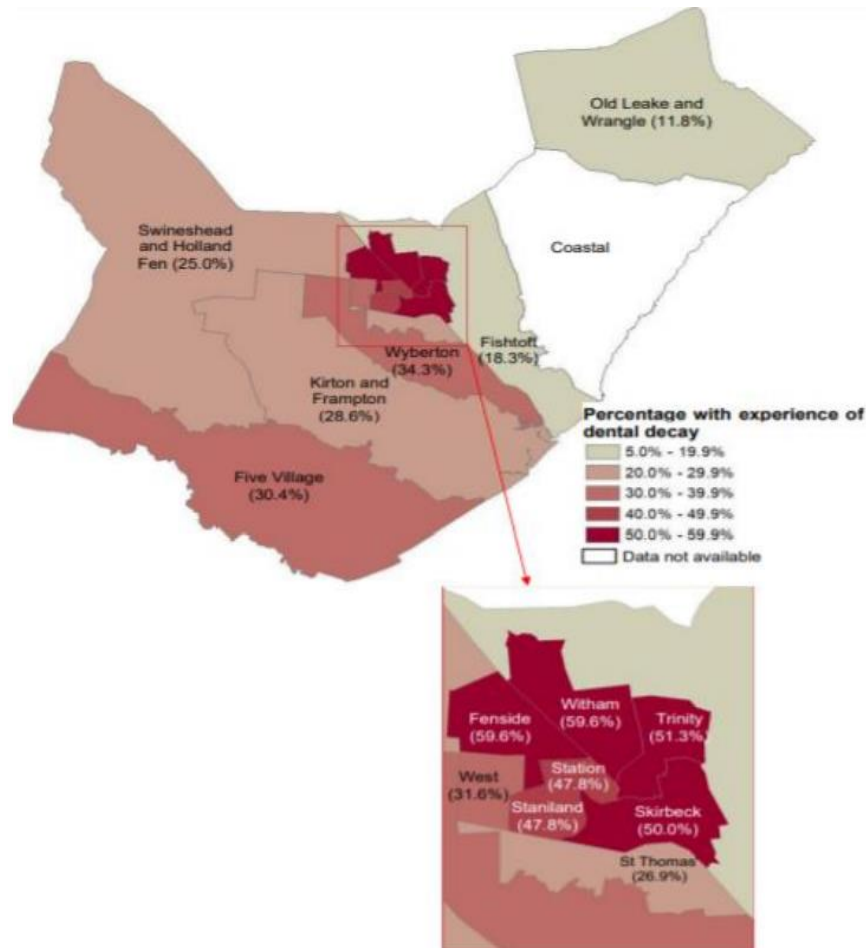
- 13.4 The findings of the 2017/18 survey of adults attending general dental practices in England showed that poorer oral health disproportionately affected those at the older end of the age spectrum and those living in more deprived areas.
- 13.5 The 2018/19 national oral health survey of 5-year-old children showed wide variation in both the prevalence and severity of dental decay among young children across Lincolnshire (Figure 9). It can be seen that 5-year-old children in Boston have significantly worse oral health compared to those living in the rest of Lincolnshire, East Midlands, and England.

**Figure 9: Percentage of 5-year-olds with visually obvious dental decay (2018/19)**



- 13.6 Within Boston, the highest levels of experience of dental decay are clustered around Fenside, Skirbeck, Trinity and Witham wards, with tooth decay rates around 50% and above of children affected (Figure 10).

**Figure 10: Percentage with experience of tooth decay in Boston and surrounding area**



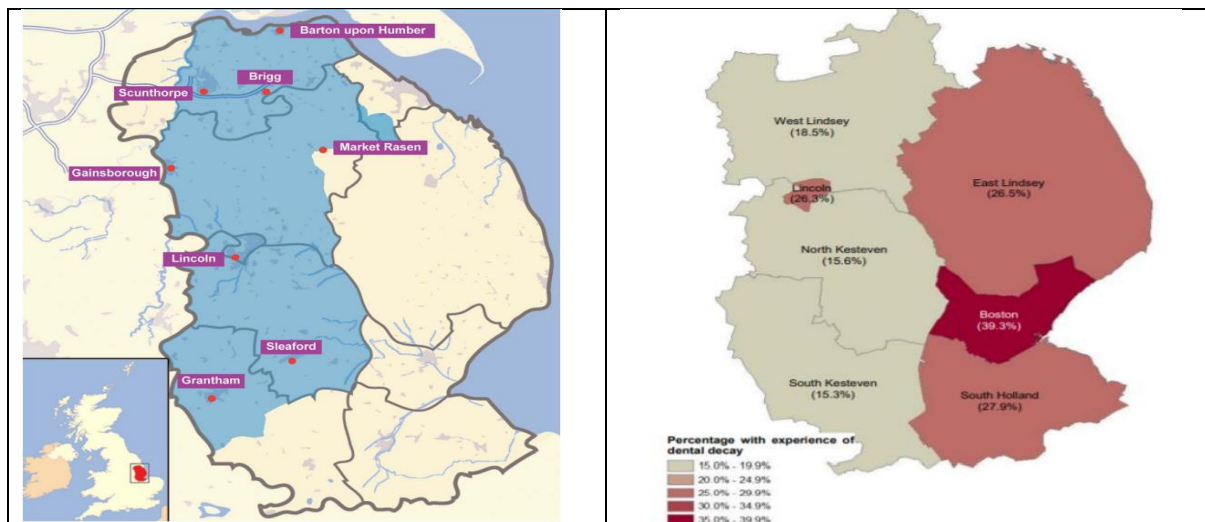
- 13.7 Lincolnshire County Council (Public Health) commissioned extending sampling in Boston in order to gain further understanding of oral health for children living in this area. Colleagues are currently undertaking a rapid oral health needs assessment which is scheduled to be completed by the end of June 2022. This piece of work will contain further analysis of the extended sampling.
- 13.8 Dental health remains a significant public health concern with approximately 37,000 hospital admissions of children to extract decayed teeth in 2019-20 nationally. The estimated cost to the NHS of all tooth extractions in children is £50 million per year, most of which were due to avoidable tooth decay. Evidence supports water fluoridation as an effective public health measure that has the ability to benefit both adults and children, reduce oral health inequalities and offer a significant return on investment.
- 13.9 Fluoridated water is currently supplied to ten percent of the population in England and this includes some parts of Lincolnshire. Around 250,000 people are supplied with artificially fluoridated water in Lincolnshire. Fluoridated water is provided locally by Anglian Water, who are under agreement to raise the fluoride levels in water supplied



from Elkesley, Welton and Waneham Bridge so as to have a fluoride content of one milligramme per litre. Fluoridated communities include Lincoln, Gainsborough, parts of Market Rasen and a large number of rural communities across the west and central areas of the county.

- 13.10 Figure 11 shows the distribution of water fluoridation in Lincolnshire against the prevalence of experience of dental decay of 5-year-olds in Lincolnshire. It can be seen that there is effectively a clear East and West divide with children living in the East of the county experiencing poorer oral health and higher levels of tooth decay, with no benefits of water fluoridation compared to children in the West of the country with better oral health and lower levels of tooth decay due to the benefits of water fluoridation measures that are in place.

**Figure 11: Distribution of water fluoridation in Lincolnshire (left) and prevalence of experience of dental decay of 5-year-olds in Lincolnshire (right)**

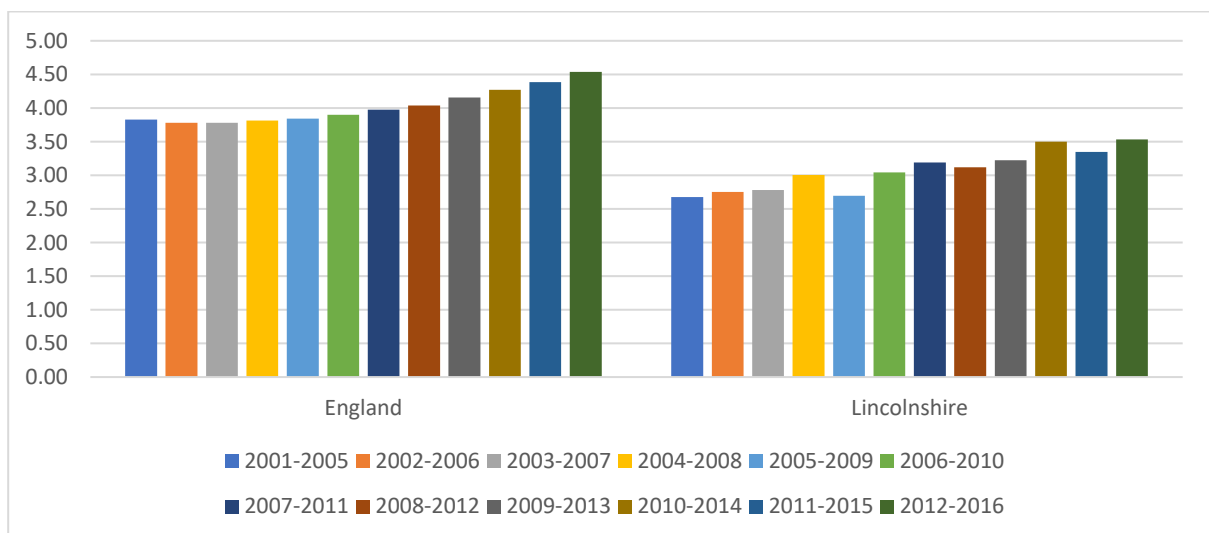


- 13.11 Anglian Water have notified the Director of Public Health at Lincolnshire County Council of forthcoming infrastructure works to the water supply system in the region. These necessary strategic works will require temporary changes to the supply infrastructure which will mean it is not technically possible to continue to supply only the agreed areas with fluoridated water. In order to maintain supply of fluoride, additional areas would have to be supplied with fluoride where there is no legal agreement to do so. There is no provision in law for such a change. However, water providers are legally able to cease provision of fluoridated water in order to allow for infrastructure works to take place, and therefore Anglian Water are planning to cease provision of fluoride to Lincolnshire for the duration of the infrastructure works; this is expected to be from early 2024 until March 2025. This is likely to have a negative impact on oral health in the west of the county during this period of time.
- 13.12 The Health and Care Bill was granted Royal Assent on the 29 April 2022 for healthcare recovery and reform. We are currently waiting for secondary legislation through parliament for the new Health and Care Act 2022 to come into force. The new Health and Care Act 2022 introduces measures that will level up disparities in oral health by making it simpler to add fluoride to the water in more areas across England. For the moment, the

statutory responsibility with regards to decision making on water fluoridation still lies with local authorities but when the new Health and Care Act 2022 commences, it will change the decision-making responsibility on water fluoridation that has resided with local authorities since 2013 by transferring the responsibility for such decisions to be made centrally. Adding fluoride to drinking water can significantly reduce tooth extractions and cavities among children and young people. The evidence shows that children and young people in areas in England with higher fluoride concentrations were up to 63% less likely to be admitted to hospital for tooth extractions due to decay than those in areas with low fluoride concentrations. The difference was greatest in the most deprived areas as children and young people in these areas benefited the most from fluoridation.

- 13.13 Figure 12 shows that although mortality rates from oral cancer are lower than the national average, it has been increasing over the years, both in Lincolnshire and England. Although tobacco use has been proven to increase the risk of oral cancer, people who use both alcohol and tobacco are at an especially high risk of contracting the disease.

**Figure 12: Oral Cancer Mortality Rates**



- 13.14 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 is as a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021 <https://bit.ly/3vK70Ez>.

## 14 Collaborative Working

- 14.1 The local NHS E/I dental commissioning team works collaboratively with Public Health colleagues in Lincolnshire County 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 Lincolnshire in Appendix 5.

- 14.2 There have been regular meetings with the profession via the Local Dental Committee. The local dental commissioning team at NHS E/I are grateful for the co-operation received from the dental profession in mobilising Urgent Dental Care Centres and co-producing solutions to help manage the current restrictions in NHS dental services. This has included joint working between the local Community (Special Care) Dental Service and General Dental Practices.
- 14.3 There is a Local Dental Network (LDN) covering Lincolnshire with a LDN Chair in place. There are also a number of East Midlands Managed Clinical Networks (groups of local clinicians) who have continued to meet virtually to plan care and agree good practice guidance to support practices in managing their patients. The Urgent Care Network met weekly early on in the pandemic to help plan and deliver ongoing access to urgent dental care.
- 14.4 The NHS E/I 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. Furthermore, there is ongoing concern about a reluctance amongst some people to present for dental care because of the pandemic either because they do not want to be a burden on the health service or because they fear getting coronavirus. A campaign reassuring people that it is safe to attend NHS dental appointments has also been launched by NHS E/I.
- 14.5 NHS E/I have also engaged with Healthwatch Lincolnshire and they have shared intelligence on local concerns or on difficulties people may be having accessing NHS dental services.

## **15 Questions from Members of the Committee**

During the process of drafting the report, additional questions were received from members of the Committee. These questions together with a response are set out in Appendix 7 to this report.

## **16 Consultation**

This is not a direct consultation item.

## 17 Appendices

These are listed below and attached at the end of this report

Appendix 1	Location of Dental Practices and Clinics across Lincolnshire
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	Oral Health Improvement activities across Lincolnshire - Led by Lincolnshire County Council Public Health team
Appendix 6	Examples of Tweets shared by the NHS England Communication Team
Appendix 7	Executive Summary and Response to Questions from Health Scrutiny Committee Members

## 16 Background Papers

No Background papers, as defined by Part VA of the Local Government Act 1972, were used in the compilation of this report.

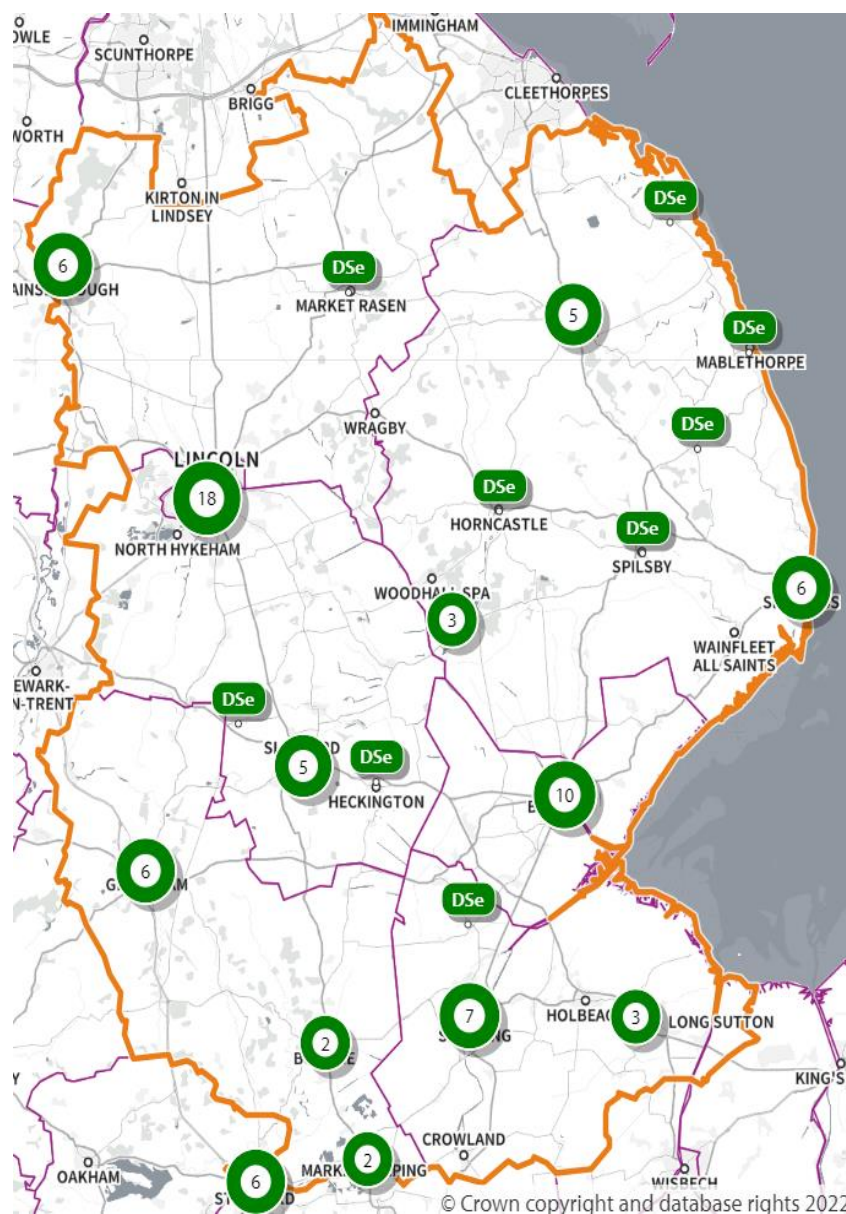
This report was written by NHS E/I Commissioning Team, and further information may be obtained from Rose Lynch – Senior Commissioning Manager NHS E/I  
Email [Rose-Marie.Lynch@nhs.net](mailto:Rose-Marie.Lynch@nhs.net)

**Location of NHS Dental Practices or Clinics  
(including Orthodontic and Community Sites)**

**NB:**

- The numbers denote the number of NHS dental practices within the location
- DSE (dental service) indicates one NHS dental practice within the location

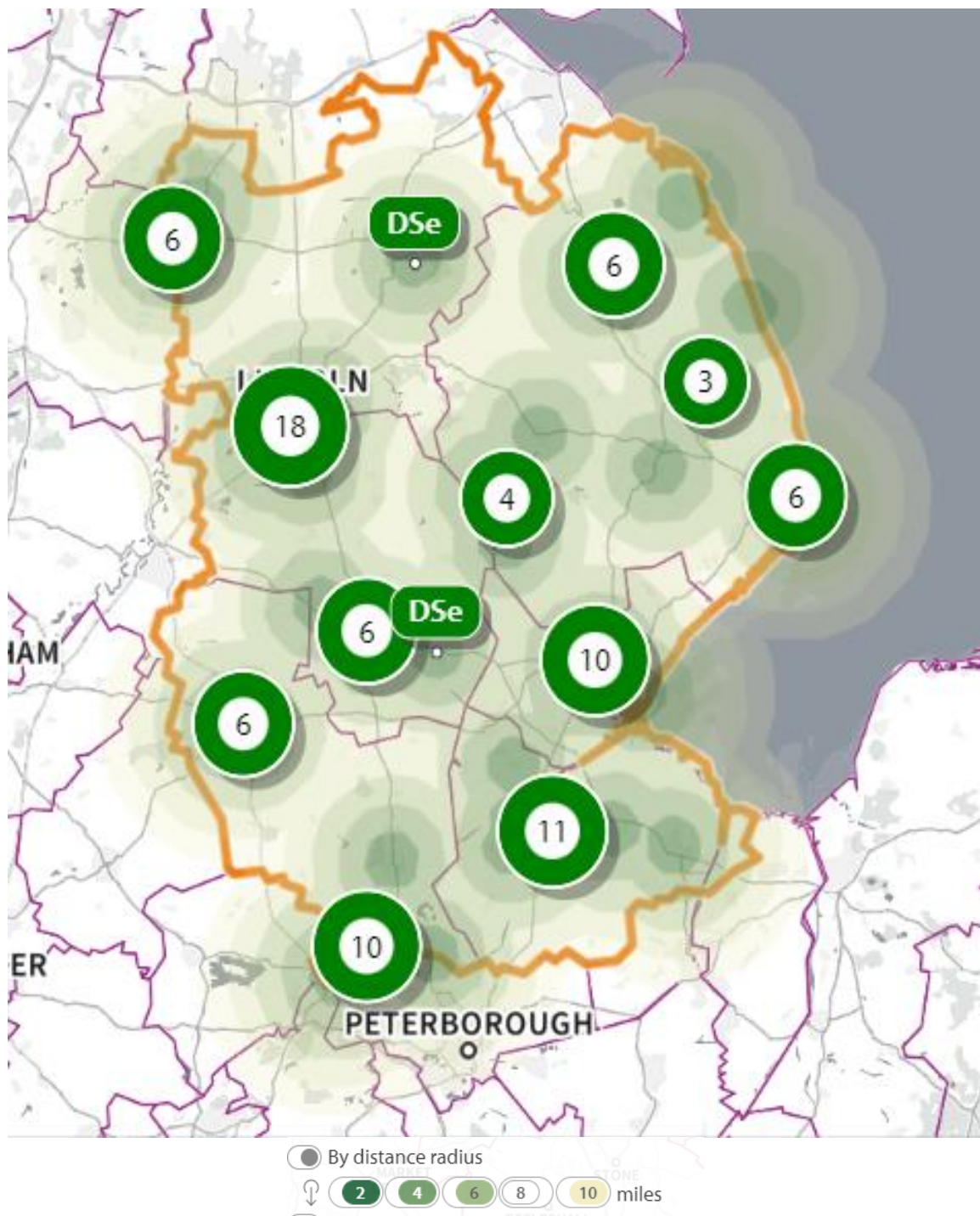
**Map 1: Location of NHS dental practices and clinics (including orthodontics and community sites: Lincolnshire)**





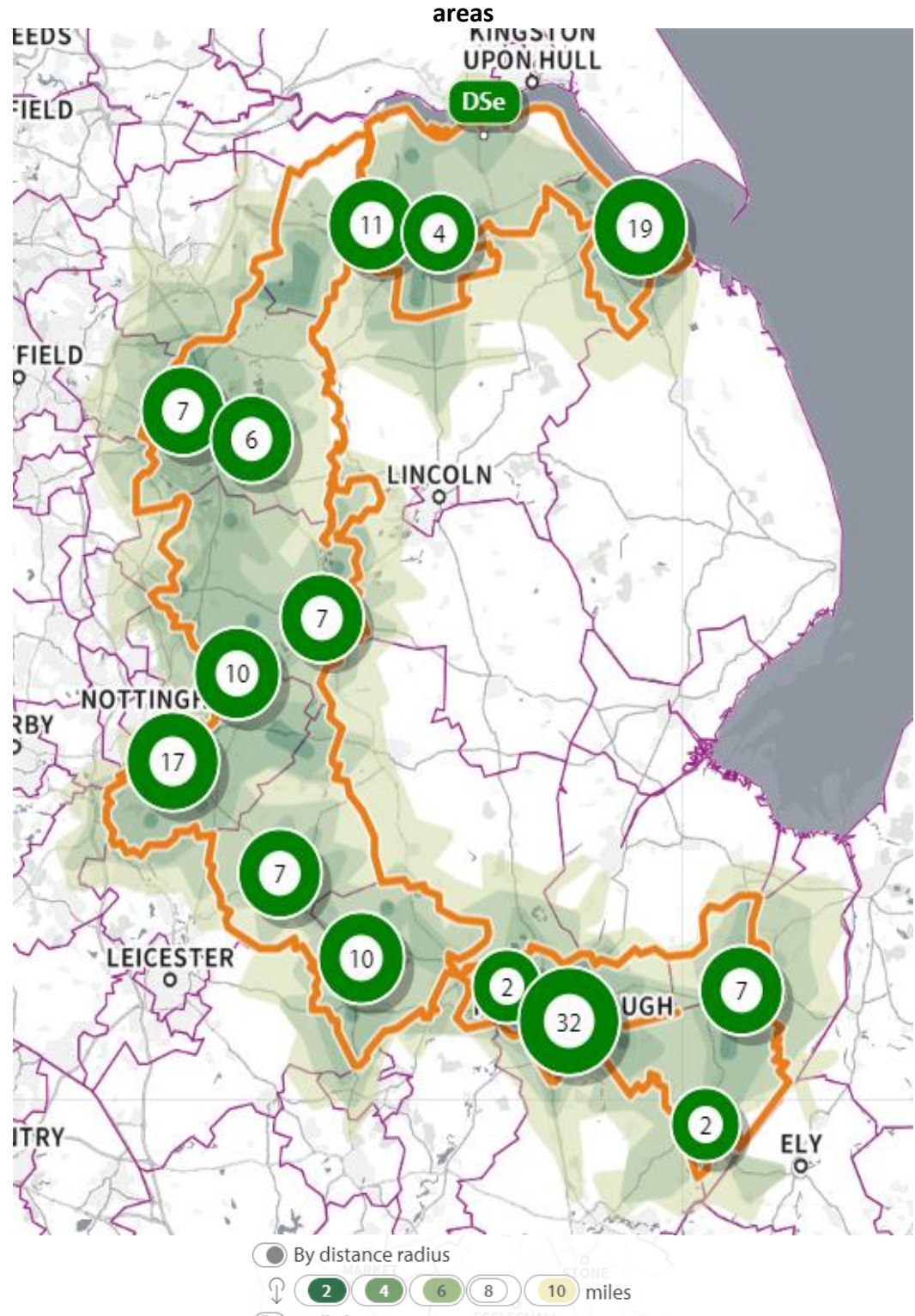
Map 2 demonstrates that every dental practice or clinic (including orthodontic and community sites) is within a 10 mile radius of every Lincolnshire resident living in Lincolnshire, apart from those living in the Northern point of West Lindsey who may be accessing NHS dental care from dental practices in North Lincolnshire and/or North East Lincolnshire.

**Map 2: 10 mile reach of NHS dental practices and clinics across Lincolnshire**



Map 3 demonstrates the accessibility of NHS dental practices in neighbouring local authority areas (within a 10 mile radius) for residents living near the boundaries of Lincolnshire County Council.

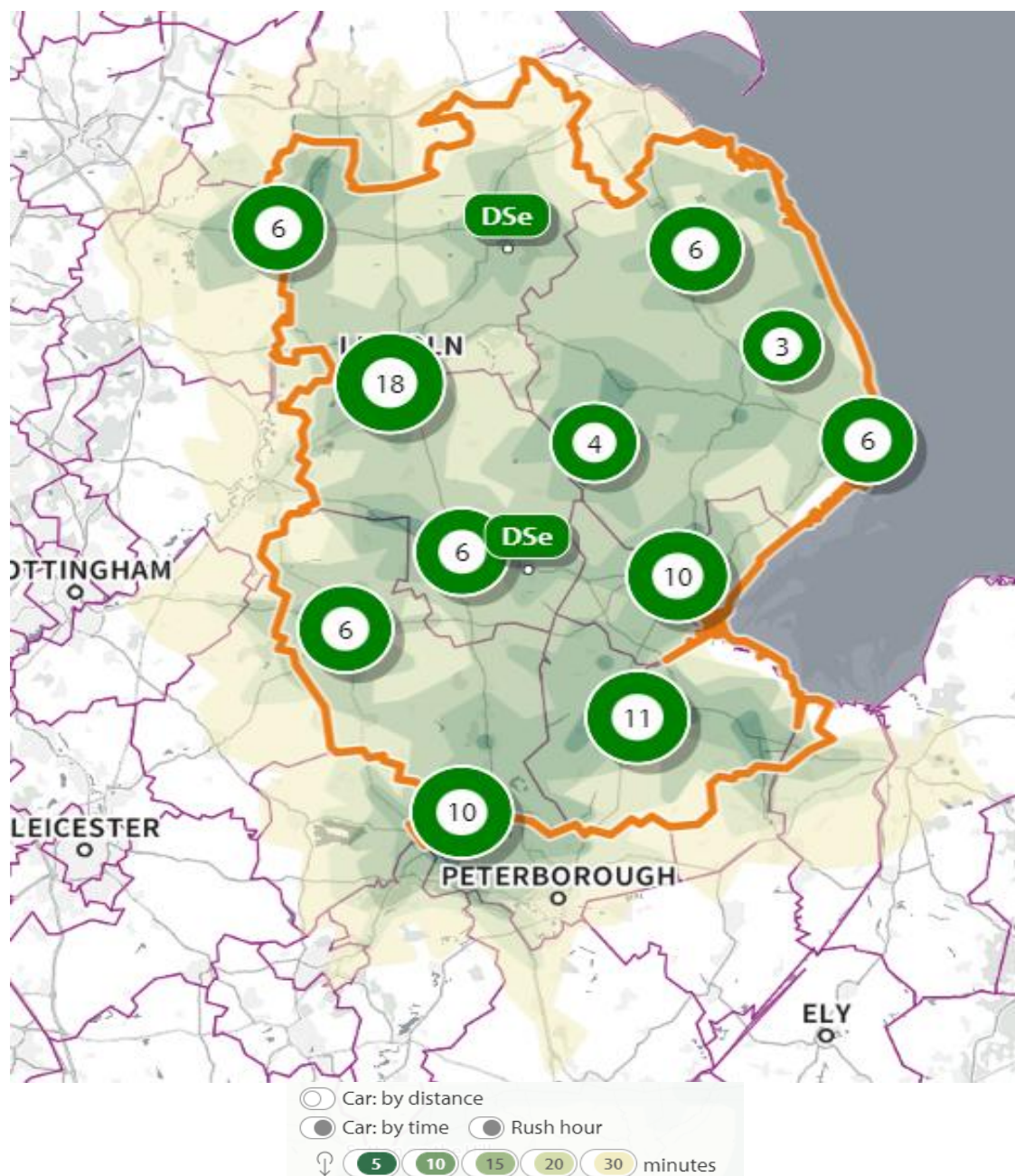
**Map 3: 10 mile reach of NHS Dental Practices and Clinics in Neighbouring Local Authority areas**





Map 4 demonstrates that every dental practice or clinic (including orthodontic and community sites) is accessible by car within 30 minutes in rush hour, apart from those living in the most south-eastern side of East Lindsey and north-eastern side of South Holland who may face a slightly longer travel time.

**Map 4: 30 minute travel by car (rush hour) to NHS dental practices and clinics across Lincolnshire**

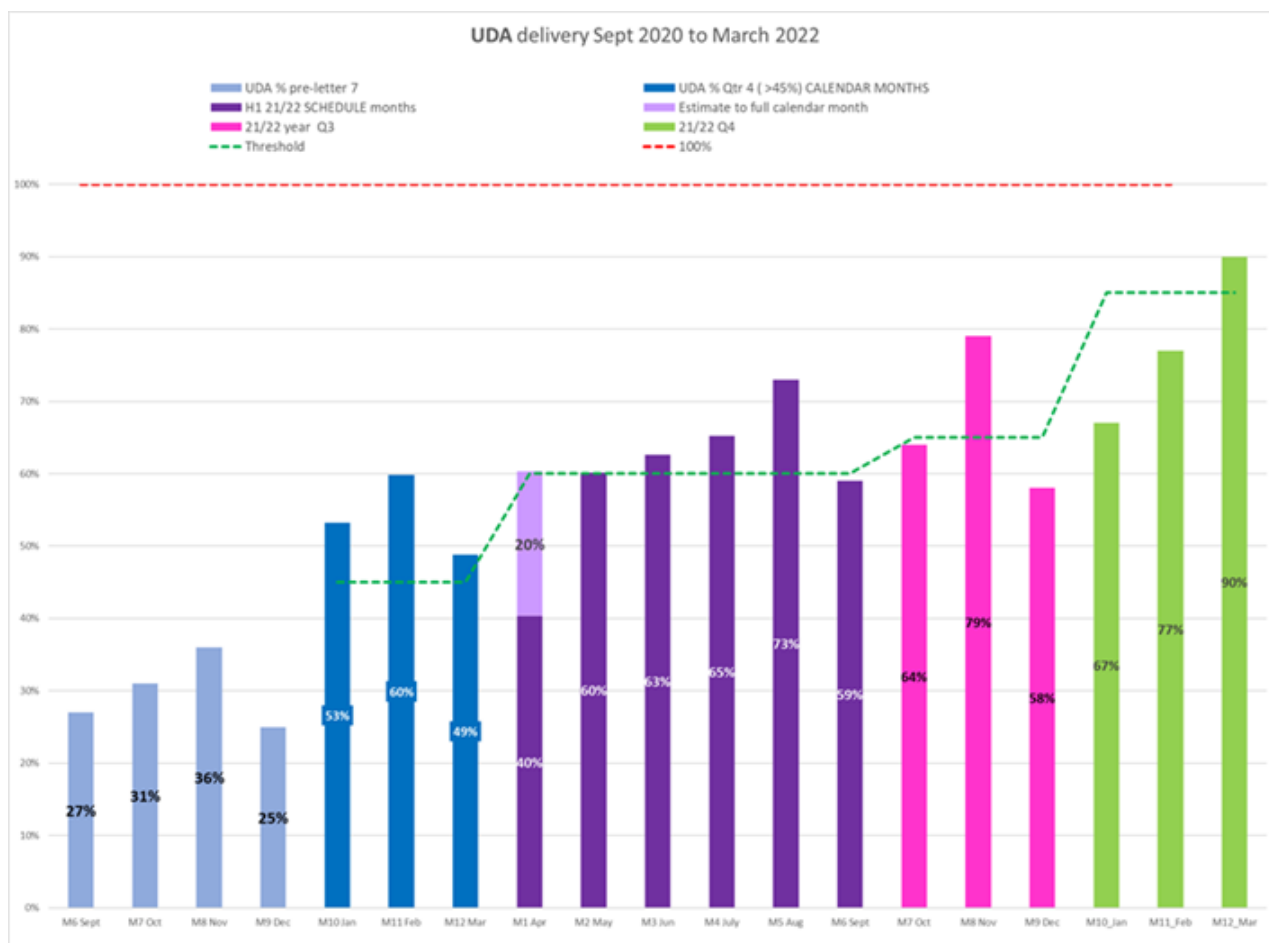




Map 5 demonstrates that not every dental practice or clinic (including orthodontic and community sites) is accessible by public transport within 30 minutes on a typical weekday morning for Lincolnshire residents. However, all dental practices and clinics are accessible by public transport within 30 minutes for every resident of Lincoln city.



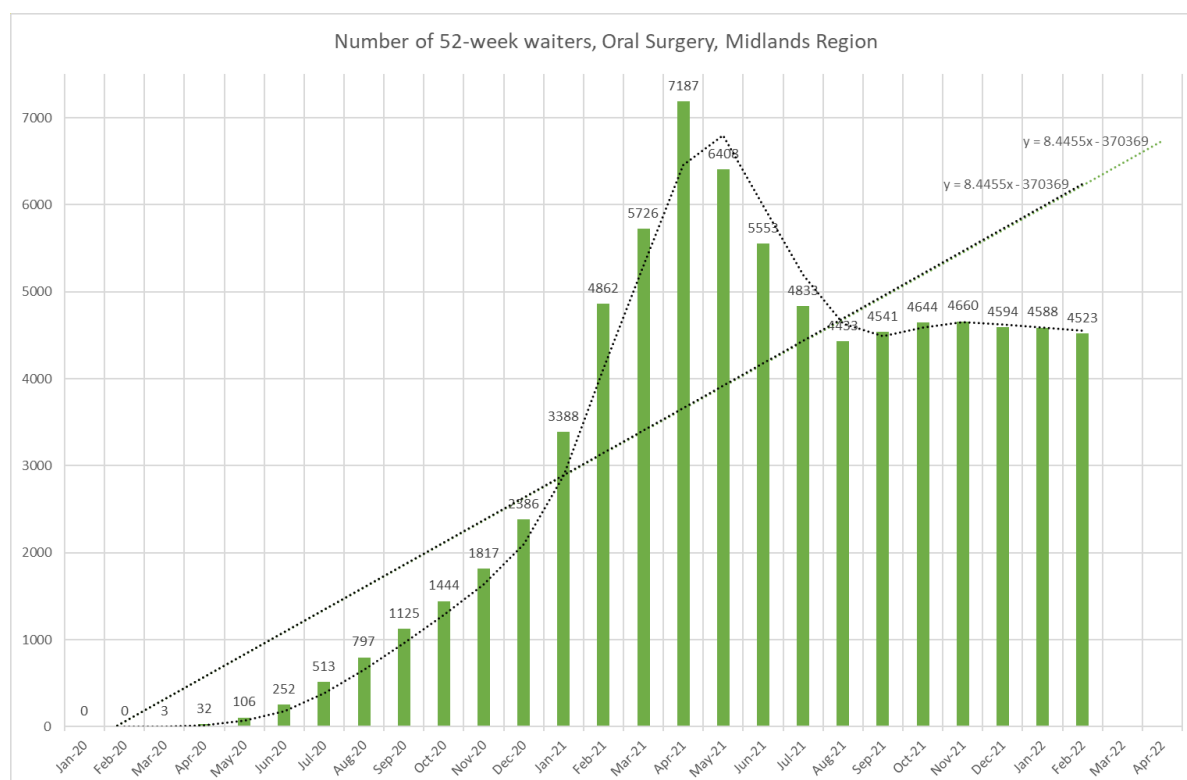
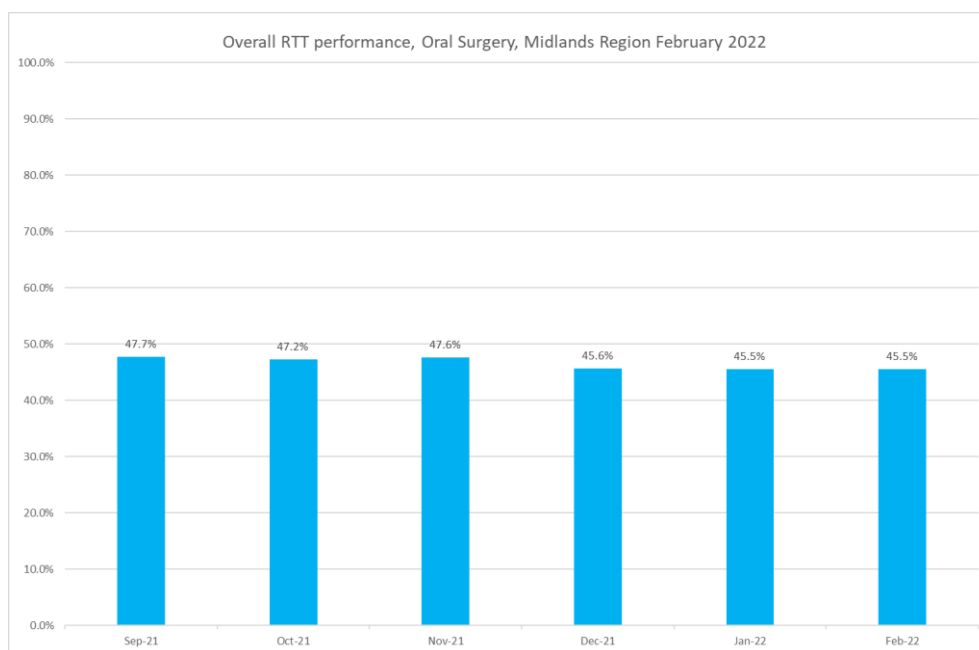
## Activity Trends in Primary Care for Units of Dental Activity (UDA) - Midlands



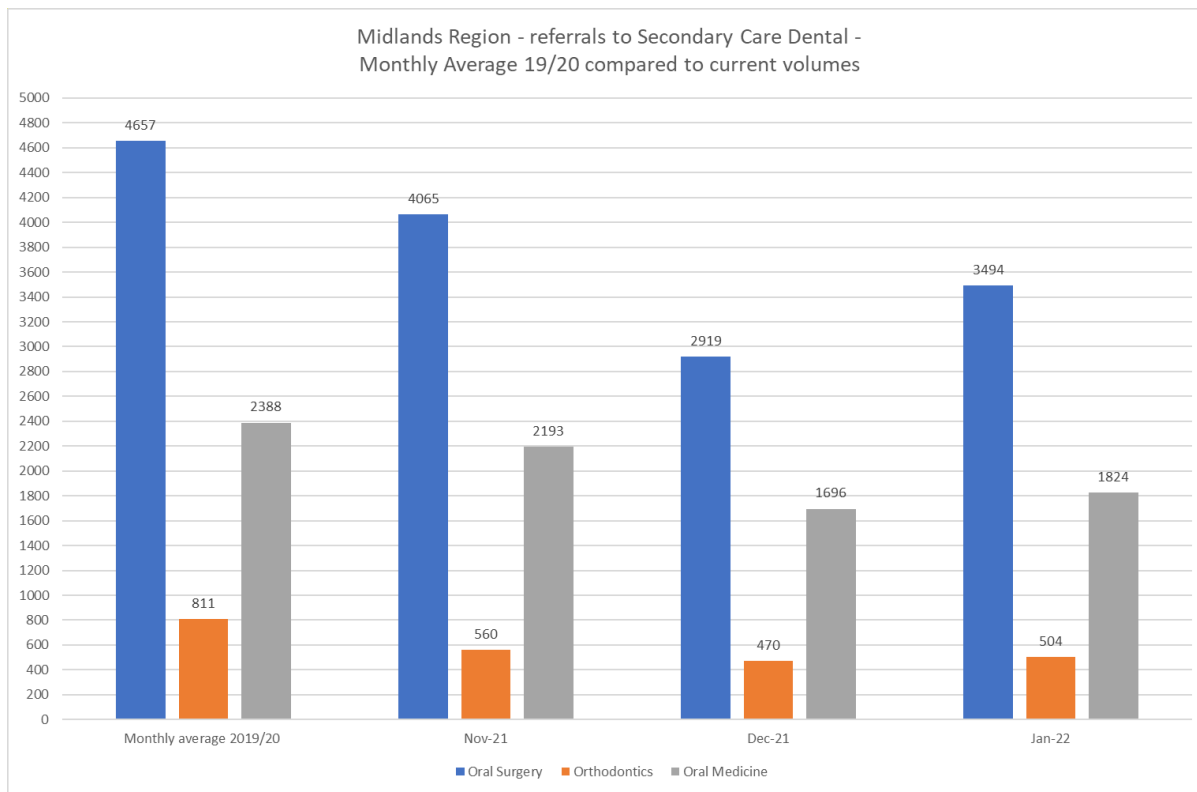
## Midlands Oral Surgery Referral to Treatment (18 week and 52 Week Waiters)

Note – the increase in 52-week waiters in April is largely due to a change in reporting process whereby maxillofacial surgery data was included for the first time. The proportion of the total waiting list that have been waiting 52 weeks or more has fallen from 19 per cent to 10 per cent between March 2021 and February 2022.

At the current time data cannot be split to report for Lincolnshire.



## Midlands Secondary Care Dental Referral Trends



## **Oral Health Improvement Activities across Lincolnshire Led by the Lincolnshire County Council Public Health Team**

Oral health is a public health priority in Lincolnshire because of the significant inequalities that exist in oral health, and because most people are at risk of developing some oral disease during their lifetime. The Joint Health and Wellbeing Strategy for Lincolnshire has a strong emphasis on prevention and early intervention and tackling inequalities and equitable provision of services. Oral Health is one of the topics in the Lincolnshire Joint Strategic Needs Assessment.

Within Lincolnshire, a wide range of preventative interventions are taking place to improve oral health. This is across the three stages of prevention (primary, secondary, and tertiary) and a range of interventions, for example, behaviour changes that support oral health (for example, improving oral hygiene, supporting people to stop smoking and reducing harmful alcohol consumption). We have an Oral Health Alliance Group (OHAG) to coordinate this work across the Lincolnshire system.

Lincolnshire County Council commissions an oral health promotion and epidemiology service, which is provided by Community Dental Services. This service delivers a wide range of programmes, which contributes to the delivery of the Lincolnshire Oral Health Alliance Group (OHAG) work plan.

Some of the oral health promotion activities taking place across the Lincolnshire OHAG partnership include:

- Providing a supervised toothbrushing programme (Lincolnshire Smiles) across targeted education settings.
- Providing training for staff to be able to deliver the oral health component of the Early Years Foundation Stage (EYFS) Framework.
- Providing a food and oral health pilot project in targeted nurseries.
- Carrying out the national dental epidemiology survey (currently amongst 5-year-olds) in sampled settings.
- Carrying out targeted oral health activities for vulnerable groups, for example, Afghan refugees, people who are homeless.
- Incorporating oral health into the Lincolnshire holiday activities and food (HAF) programme.
- Providing a Swallowing, Oral Health and Nutritional Ambassadors (SONA) programme for social care providers.
- Supporting several oral health campaigns, for example National Smile Month, which promotes good oral health.
- In addition to the specific developments above, there are a wide range of other programmes that support oral health, in relation to healthy eating, smoking and tobacco use and alcohol.

If you would like further information on the oral health promotion work, please contact Emma Marshall, Public Health Programme Manager – [emma.marshall@lincolnshire.gov.uk](mailto:emma.marshall@lincolnshire.gov.uk)

## Examples of Tweets shared by the NHS England Communication Team

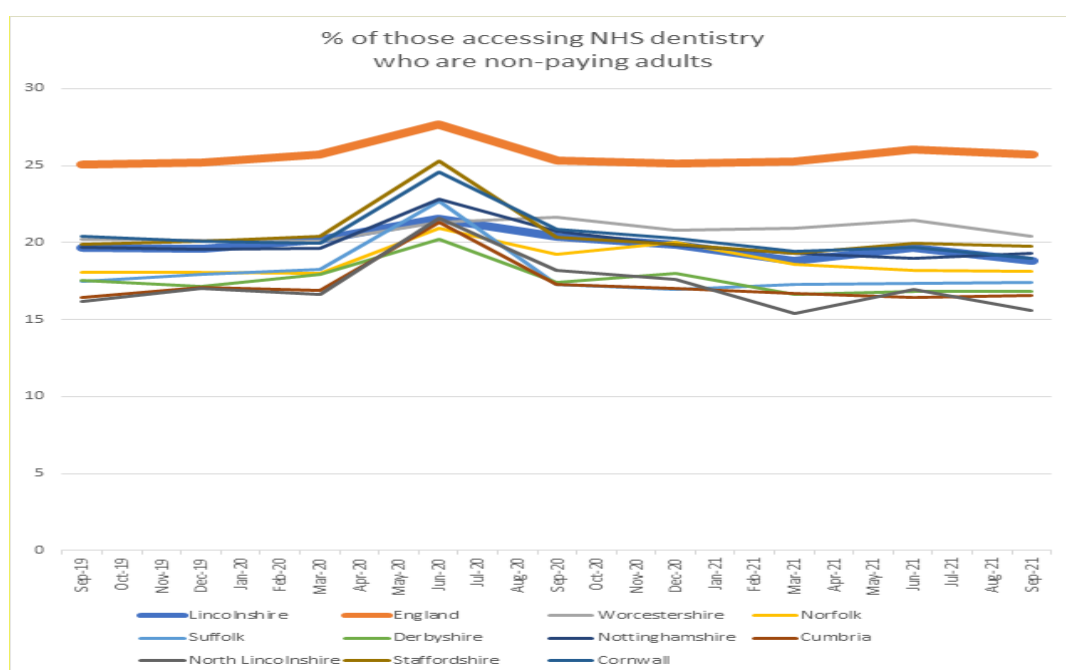


## Lincolnshire Health Overview Scrutiny Committee Additional Questions Update Paper on NHS Dental Services in Lincolnshire

### General Access and Availability

1. *Can you indicate how many of those entitled to free NHS dental services are able to do so?*

NHS E/I are not able to provide figures on exactly how many people entitled to free NHS dentistry are able to do so as this information is not collated or reported on. However, we can report on the proportion of those accessing NHS dentistry who are exempt from NHS dental charges as demonstrated in the figure below. The figure below shows the Lincolnshire comparison against England and its statistical neighbours and demonstrates that although Lincolnshire is below the national average, it is comparable against all its statistical neighbours with five of its statistical neighbours being below the Lincolnshire average.



2. *Do you measure the number of patients who are unable to access NHS dental services, because of availability?*

There is currently no mechanism for NHS E/I to collate this information; however, we do receive other sources of local intelligence such as Healthwatch Lincolnshire reports, details from the NHS England Customer Contact Centre and MP letters where access to services may have been highlighted as a concern.

3. *Can overall statistics on this be shared?*

As above, at present NHS E/I do not hold this information. Section 7 of the report contains the current information on the levels of access to NHS Dental Services in Lincolnshire.

4. *Is there evidence of NHS practices 're-registering' patients as private patients? Can NHS England and NHS Improvement do anything about this?*

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. Therefore, patients are not bound to any particular catchment area. NHS Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from repairs and replacements), the practice has no ongoing responsibility. 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.

NHS Dental practices will not always have the capacity to take on new NHS patients. Therefore, patients may have to join a waiting list, look for a different dental practice who is taking on new NHS patients, or be seen privately.

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. Therefore, patients may be seen and treated wholly NHS, a mixture of NHS and private or wholly private, the option of private or a mix of NHS and private will be available in the majority of NHS dental practices and forms part of the patients choice.

There have been anecdotal reports that some dental practices across the Midlands region being reluctant in offering NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. NHS E/I does not support any stances of pressuring patients into private dental care. NHS E/I 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).

Furthermore, since the start of the pandemic, some NHS dental contracts have been handed back to NHS E/I. There is a procedure in place where the NHS dental practice that is handing back their NHS activity must agree their patient communication letter with NHS E/I. The letter is to notify 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 dentistry from elsewhere. This provides assurance to NHS E/I that there is no inappropriate/forced signup to private dental services and enables informed patient choice.



5. *How has NHS England responded to feedback from Healthwatch Lincolnshire?*

Section 14 of the report details the collaborative working that is taking place across dental services. NHS E/I have on-going dialogue with local Healthwatch teams and met recently in March 2022 where the feedback was positive. NHS E/I Commissioning and Clinical colleagues attended the YourVoice@healthwatch public event on 30 March 2022 which tried to address the concerns regarding “Dental Services in Lincolnshire”.

**Access and Availability – Specific Areas**

1. *Availability of NHS dentists in the east of the county. Are there any other gaps? How is NHS England and NHS Improvement working to plug those gaps?*

As highlighted in 4.3 of the report, Public Health colleagues at Lincolnshire County Council are currently undertaking a rapid oral health needs assessment. NHSE/I are awaiting the results of this document and will review the findings to understand where oral health inequalities may exist in terms of access to NHS dental services in Lincolnshire.

2. *Is there any progress that could be shared with the NHS dentist contracts in Spilsby, Mablethorpe and Skegness?*

Section 12 of the report provides information on the NHS E/I Commissioning and Procurement Plans and confirms that a planned procurement for an NHS general dental service will be undertaken in 2022/23 within Mablethorpe.

3. *Is there, or could there be, a system within the NHS for a team of dentists to be sent into deprived areas that have low numbers of NHS dentists to treat patients who have been unable to access, or afford treatment? Could such a system be aimed at appointments for children?*

In the current commissioning and contractual arrangements, NHS E/I are not able to deliver the service model described above. However, if new initiatives are being considered in the future this could be highlighted as an idea to be investigated further, subject to the workforce requirements.

NHS E/I restoration initiatives do include a scheme which encourages local child friendly dental practices in providing support to the local Community Dental Services in collaborating on a shared care model (see point 10.7 in the report). There is currently one dental provider in Lincolnshire taking part and it is part of NHS E/I's investment plan to continue this scheme into 2022/23 and will seek interest and support from other NHS dental practices across Lincolnshire in order to encourage further uptake.

## **Children's Oral Health**

1. *What are the plans for the future to address the poor state of children's dental health in the coastal area?*

The Lincolnshire Oral Health Alliance Group has identified a number of specific activities to improve the oral health of children in the coastal area.

Firstly, fluoridated water is a good way to safely and effectively lower the frequency and severity of dental decay. Despite the good evidence base for fluoridation, the east of Lincolnshire does not currently have a fluoridated water supply. The Health and Care Bill that received royal assent in April 2022 passes responsibility for fluoridation to the Secretary of State. We are working to influence the national team to recognise the urgency of oral health inequalities on the Lincolnshire coast, that could be improved through fluoridation of the water supply.

Secondly, Lincolnshire County Council (Public Health) have implemented some targeted schemes to improve oral health in areas with very high levels of dental decay. For example, to support good oral health behaviours and access to fluoride toothpaste from a young age, toothbrushes and toothpaste are being provided to families living in Boston when their child reaches 6-8 weeks of age. Additionally, the Lincolnshire Smiles Programme, delivered by the Oral Health Improvement Team in the Community Dental Service (and commissioned by Lincolnshire County Council), delivers a supervised toothbrushing programme in early years and primary education settings to prevent decay and establish good life-long oral health behaviours.

Finally, Lincolnshire County Council (Public Health) are also working to develop and introduce new oral health initiatives that will improve oral health outcomes in areas of highest need, for example working with the Holiday Activity and Food Programme to share oral health information and advice to children and families and distributing toothbrushing packs and delivering oral hygiene advice through food banks.

## **Funding**

1. *Does NHS England's statistical information measure NHS spend per head of population on dental services by local areas?*

NHS E/I reporting does not currently include the spend per head of population on NHS dental services. As part of future reporting, additional information and data sets will be produced, one of these shows the units of dental activity (UDA) commissioned per head of population.

In the East Midlands, Lincolnshire has a higher UDA per head of population than Derbyshire and Northamptonshire, the same value as Leicester, Leicestershire, and Rutland and lower than Nottinghamshire.

2. *How much is allocated to Lincolnshire Dental Services? What happens if there is an underspend?*

At present, funding is not allocated to individual areas and is based on current contractual spend. NHS E/I apply both mid-year and year-end processes on all NHS dental contracts and will reclaim the appropriate proportion of monies paid to underperforming providers. Any funding released will be reinvested in schemes designed to support access to services in those local areas.

3. *Do the statistics of deprivation have any influence on amounts awarded to the Midlands NHS region, and subsequently to Lincolnshire?*

No, the funding allocated is based on baseline budget values adjusted for growth, uplift (annual increase due to changes in pay and prices for Dental), and any national adjustments to allocations.

### **Use of Funding Specific for 2021/22**

1. *Can the reasons for the low take up of the additional funding by Lincolnshire dental practices for dental activity at the end of 2021/22 be explored?*

NHSE/I is working closely with the Local Dental Network Chair and NHS Dental practices within Lincolnshire to understand the reasons for the low uptake of initiatives to increase access for patients. At present the main reason appears to be the practice capacity which is influenced by the local workforce situation. It should also be noted that the number of dental practices for the population size is lower than other areas therefore this may also affect the take-up rate.

2. *How many of the 35 patients treated were children?*

The additional funding was allocated for 35 clinical sessions (3.5 hours per session) rather than 35 patients, with a minimum expectation of 4-6 patients (adults and children) per clinical session.

3. *What can be done to increase the "interest" from Lincolnshire dentists in any future schemes of a similar type?*

As part of the development of future initiatives, NHS E/I will look at how we adapt or create different strategies for Lincolnshire taking into account the feedback the Local Dental Network chair collects from local dental practices.

4. *Does the money notionally allocated to Lincolnshire which was not used get returned to the government?*

The additional national funding was allocated on a regional basis to NHS England and Improvement (NHS E/I) Midlands. In order to ensure as much of this funding was utilised, NHS dental practices were encouraged to submit expressions of interest and the funds were secured to cover the additional sessions delivered.

## **Comparative Information**

1. *Comparative information on other areas, for example in the East Midlands, on the availability of dental services.*

Where comparable data is available this has been included in the report.

## **Recruitment and Staff Development**

1. *What is the latest position with the recruitment of overseas dentists?*

The Performers List Validation by Experience (PLVE) is a process for overseas (non-UK/EEA) dental school graduates who have clinical experience in their home country to confirm they have the necessary experience and training to work in the NHS within the UK.

The Covid-19 pandemic has generated delays in the PLVE process and elements such as the language testing have experienced significant delay during the last two years however the situation has improved, and the applications are now moving forward.

The British Dental Association (BDA) has reported that there are sufficient dentists in England to deliver NHS dental services, however this does not reflect dentists personal choice to choose a part-time role or private.

2. *Are there any developments with the therapist and hygienist roles?*

This would form part of the future contract reform programme and workforce skill mix opportunities.

3. *Can anything be reported on plans to establish some form of dental school in Lincolnshire, perhaps as part of University of Lincoln?*

NHS E/I and colleagues from the Lincolnshire Oral Health Alliance Group are working closely with Health Education England, School of Dentistry for the Midlands to understand the potential opportunity and outcome that a local Dental School may have in the area, as well as understanding the current training facilities and academics available in Lincolnshire.

Recognising significant workforce challenges that require a different approach to attract and retain dentist, therapists, hygienists, and dental nurses, in Lincolnshire there are conversations ongoing around the opportunity some form of dental training establishment might bring to alleviating workforce pressures. There are challenges in establishing a dental school in Lincolnshire, not least the absence of a dental hospital. Any dental school would be a long-term ambition. More recently conversations have focused on the opportunities that a Centre for Postgraduate Dental Development might bring to Lincolnshire, with a focus on further training for the whole dental workforce and dental community building. The Centre could also support internationally trained dentists looking to move to the UK to complete the training

required to secure an NHS performer number and attract dentists with a specialism and an interest in dental education to Lincolnshire to build local specialist capacity. Alongside maximising other opportunities (such as increasing the number of Foundation Dental Training Placements in Lincolnshire and longer- term strategies to support young people in Lincolnshire into dental careers), such a Centre could be a viable options to ameliorate dental workforce challenges in the medium term.

### **Commissioning Arrangements**

1. *Can the shadow commissioning arrangements (NHS England + Lincolnshire ICB) between 1 July 2022 and 31 March 2023 be explained?*

- ICBs will assume 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 NHS E/I.
- The Midlands Primary Care Operating Model has been co-designed to provide an approved framework for the delegation of the function to the ICBs.
- This Operating model provides an overview of the functions and sets out the key design principles that support the transition in 2022/23.
- ICS Approval of this model is one of the necessary gateways in the national NHS E/I delegation assessment framework
- This Operating Model sets out the principles, pathway, key governance, workforce, and financial information that will be co-designed with ICB. 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.
- 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.

2. *Can the future commissioning arrangements (Lincolnshire ICB) from 1 April 2023 be explained?*

Section 4 in the paper covers the arrangements for the Lincolnshire Integrated Care Board.

This page is intentionally left blank