

Open Report on behalf of NHS East Midlands Primary Care Team and NHS Lincolnshire Integrated Care Board

Report to	Health Scrutiny Committee for Lincolnshire	
Date:	19 July 2023	
Subject:	NHS Dental Services in Lincolnshire	

Summary:

This report provides an update to the Health Scrutiny Committee for Lincolnshire on NHS dental services in the county. This follows the Committee's previous consideration of an update in January 2023. The report covers:

- the national NHS dental contract;
- where NHS dental services are located, including special dentistry and intermediate minor oral surgery;
- charges for NHS dental services;
- access to dental services in Lincolnshire;
- private dentistry;
- commissioning and procurement plans; and
- collaborative working.

Representatives from Lincolnshire ICB and East Midlands Primary Care Team will be present at the Lincolnshire HOSC meeting

Actions Requested:

To consider the information presented on NHS dental services in Lincolnshire.

1. Background

- 1.1 The Health Overview Scrutiny Committee for Lincolnshire received reports on the Lincolnshire Dental Strategy and Collaborative Commissioning in January 2023 and requested a further briefing in six months to provide:
 - an update and comparable position on NHS dentistry access for Lincolnshire
 - dental contract background
 - and impact of Bupa Skegness Practice closure and other potential service changes.
- 1.2 Further to the last update in January 2023, the commissioning of all NHS dental services was fully delegated to Lincolnshire Integrated Care Board (ICB) on 1 April 2023. A governance structure has been agreed that enables the ICB to set the annual plan and strategic direction of the Dental function and make localised decisions where possible, whilst the current dental commissioning team (who are hosted by Nottingham and Nottinghamshire ICB on behalf of the 5 ICBs in the East Midlands) are enabled to deliver day to day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.
- 1.3 The report has been compiled by East Midlands Primary Care Team senior commissioning manager (working on behalf of Lincolnshire ICB) and Lincolnshire ICB.

2. National NHS Dental Contract

- 2.1 Lincolnshire ICB is responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g. Intermediate Minor Oral Surgery (IMOS) and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility for Lincolnshire ICB.
- 2.2 Although Lincolnshire ICB is responsible for commissioning all NHS general dental services, there are the limitations of the current national contract which may impact on the level of local flexibility which can be applied.
- 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.

- In effect, the former PCTs, and subsequent commissioners '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 have 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. Although dental practices are aware of this, there is still some misconception amongst the public regarding patient registration with dental practices. Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from repairs and replacements that are guaranteed for twelve months and can be replaced with the same treatment), the practice has no ongoing responsibility. However, people often associate themselves with a specific dental practice and are seen as "regular" patients of a dental practice. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GMP practices and patients are theoretically free to attend any dental practice that has capacity to accept them for a course of treatment.
- 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 to all those seeking access.

3 NHS Dental Services Across Lincolnshire

3.1 NHS General Dental and Orthodontic Services

3.1.1 The map below shows the 55 NHS dental practices spread across Lincolnshire who provide general and orthodontic dental services.



North Kesteven: 4South Kesteven: 12

Lincoln: 11East Lindsey: 12West Lindsey: 5Boston: 6

South Holland: 5

3.1.2 Fourteen of these also provide NHS orthodontic services:

North Kesteven: 1South Kesteven: 7

Lincoln: 3East Lindsey: 1West Lindsey: 1Boston: 0

South Holland: 1

There are also two 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 practices 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 seven NHS dental practices 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: 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	

- 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 <u>NHS 111 BSL Service</u> (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 <u>Find a Dentist</u> facility on the NHS website
 - NHS 111, either <u>online</u> or on the phone (interpreters are available). For deaf people, there is also the <u>NHS 111 BSL Service</u> (alternatively, they can also call 18001 111 using text relay)
 - Healthwatch Lincolnshire
- 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.
- People who require urgent out-of-hours dental care can attend any service in the Lincolnshire area, 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 <u>Community (Special Care) Dental Service</u>

- 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 one dental provider (CDS-CIC) treating children and adults from seven 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 or access the Community Dental Services <u>Lincolnshire Clinics</u> website for information on how to refer.
- 3.5 <u>Intermediate Minor Oral Surgery (IMOS) Service</u>
- 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 four providers across Lincolnshire:
 - Boston
 - Lincoln
 - Grantham
 - Gainsborough
- 3.6 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 England Commissioning Guides. Activity and contract values are agreed annually with acute trusts.

4 NHS Dental Charges

- 4.1 Dentistry is one of the few NHS services where patients <u>pay a contribution towards the cost of NHS care</u>. The current charges are:
 - **Emergency dental treatment £25.80** This covers emergency dental care such as pain relief or a temporary filling.
 - Band 1 course of treatment £25.80 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 <u>fluoride</u> varnish or fissure sealant if appropriate.
 - Band 2 course of treatment £70.70 This covers everything listed in Band 1 above, plus any further treatment such as fillings, <u>root canal work</u> or removal of teeth but not more complex items covered by Band 3.
 - Band 3 course of treatment £306.80 This 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 <u>here</u>. All NHS dental practices have access to posters and leaflets that should be displayed prominently.

4.2 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.

5 NHS Dental Access

- 5.1 Restoration and recovery of NHS dental services since the Covid-19 pandemic has enabled dental practices to deliver increasing levels of dental activity, however the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity has been recognised.
- 5.2 From 1 July 2022 primary care dental services had returned to usual contracting arrangements. This was in line with the Government's Living with Covid-19 strategy, and the removal of the dental standard operating procedure (SOP) from 1 April 2022. A temporary further period of income protection was in place for the first quarter of 2022/23 (1 April to 30 June 2022) for dental contractors delivering mandatory services, with the exception of practices that have exited the prototype programme, where income protection was in place throughout 2022/23.
- 5.3 NHS England have issued recent national guidance in June 2023, that due to the Covid-19 restrictions in place at the start of the year, dental contractors have continued to experience challenges in contract delivery as a consequence of the pandemic. This guidance sets out that on an exceptional basis for 2022/23 only, a revised contract tolerance of 90% for UDA based contracts will be in place, to support practices by reducing financial recovery in 2023, and to create an extended recovery period by prioritising

- capacity towards patients who have been unable to access care as the NHS emerges from the pandemic.
- 5.4 Figure 1 below shows the contract activity delivery trend for Lincolnshire ICB from April 2021 to May 2023. The graph indicates dental activity in May 2023 for Lincolnshire ICB is 65%, this is below Midland average of 78% and national average of 76%. This is a fall from March 2023, when the dental activity for Lincolnshire ICB was 88% however this is below the Midlands average of 102% for the final scheduled month of the 2022/23 financial year.

Figure 1 - Delivery trend for Lincolnshire ICB since the pandemic (April 2021 to May 2023)

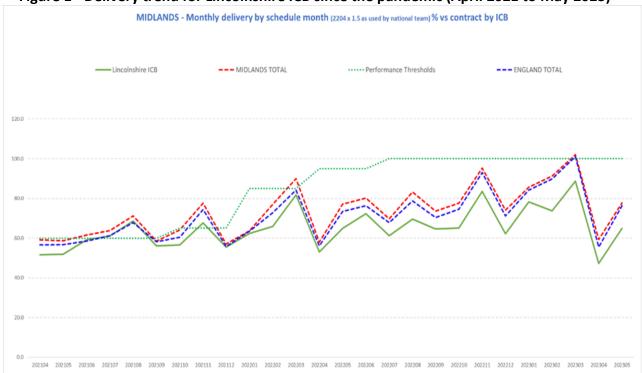


Figure 2 below shows the Units of Dental Activity delivered by NHS dental practices within 5.5 Lincolnshire ICB, by 31 March 2022, NHS dental practices in Lincolnshire had recovered 86% of pre-pandemic dental activity.

Dental Activity in Lincolnshire Intergrated Care Board 300,000 250,000 200,000 150,000 100,000 50,000 30th 30th 30th 31st 31st 30th 31st 31st 30th 30th 31st 31st June 19 Sept 19 Dec 19 March June Sept 20 Dec 20 March June 21 Sept 21 Dec 21 March 20 2020 21 22

Figure 2: Units of Dental Activity in Lincolnshire ICB pre and post the pandemic

- As at May 2023, the level of retained patient access seen over a rolling twelve-month 5.6 period in Lincolnshire ICB is 84% of pre pandemic levels, this is lower than the Midlands rate of 93%.
- Figure 3 shows the overall dental access rates (July 2022- December 2022) for Lincolnshire 5.7 ICB which indicates 24.3% of the total population are accessing NHS dental care, this is higher than the national average of 23.96%.

Figure 3 Overall access rates for Lincolnshire ICB (July – December 2022)

Group	Population Accessing NHS Dentistry	Total Population	Access Rate	Comparison to National Average
All	186,429	766,333	24.3%	higher
Adults	133,970	619,001	21.6%	higher
0-17	52,505	147,332	35.6%	lower

5.8 Figure 4 below is a visual graph which shows the level of dental access for Lincolnshire ICB by Middle Super Output Area (July to December 2022), the darker the shade the lower the rate of access, this demonstrates that the level of access is the most challenging on the East Coast, South Holland, North Kesteven, Boston and areas within Lincoln City and better rates of access in South Kesteven, East Lindsey and West Lindsey.

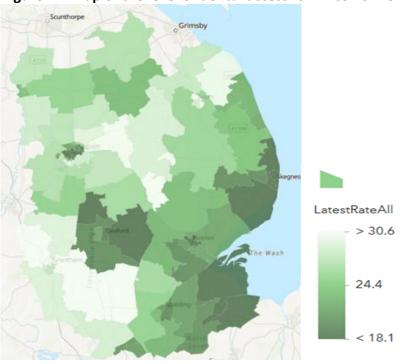
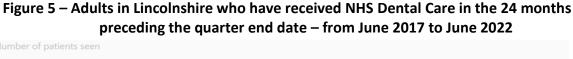


Figure 4 – Map of the level of dental access for Lincolnshire ICB

5.9 Figure 5 below shows the number of adults in Lincolnshire who have received NHS dental care in the 24 months preceding the quarter end date, the % of adult population seen in the preceding 24 months and age band of the adults and Figure 6 shows the number of children in Lincolnshire who have received NHS dental care in the twelve months preceding the quarter end date, the % of children seen in the preceding twelve months and age band of the children.



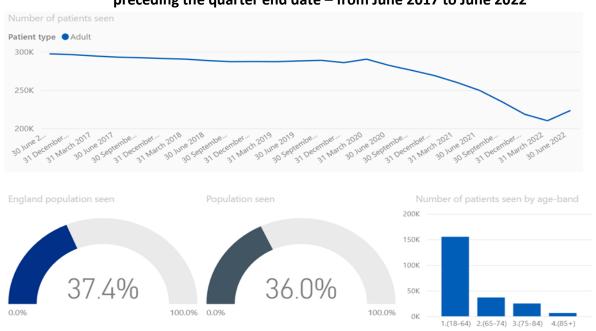
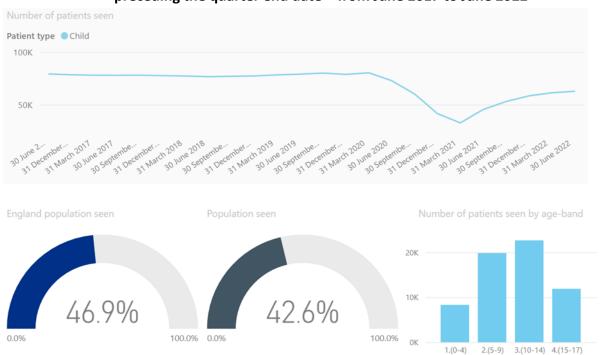


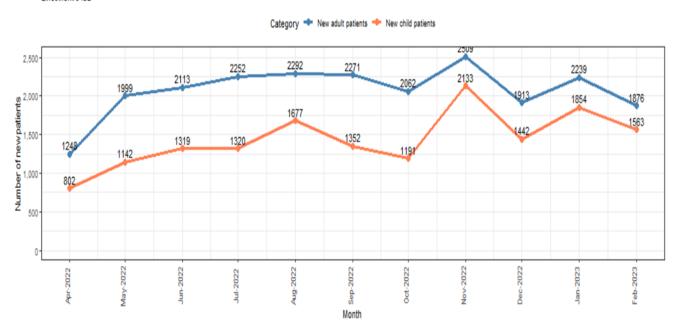
Figure 6 – Children in Lincolnshire who have received NHS Dental Care in the 12 months preceding the quarter end date – from June 2017 to June 2022



5.10 Figure 7 below shows the count of new patients seen (not been seen previously in the last 24 months) between April 2022 to February 2023 for adults and children in Lincolnshire ICB.

Figure 7 – Number of new patients seen (April 2022 – February 2023)

Number of New Patients (no previous in last 24 months or before) Lincohshire ICB



- 5.11 The National Institute of Health and Care Excellence (NICE) does not support routine 6-monthly dental check-ups universally for all patients. NICE guidelines recommend dental recall is based on an oral health needs assessment for each patient. The recall interval can range from 3 to 24 months depending on the patient's age and oral health status, it should be discussed and agreed with the patient and reviewed at each oral health review appointment.
- 5.12 It was 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.
- 5.13 It is acknowledged that overall Lincolnshire have not met the revised contracted activity threshold set for 2022/23, which does raise concern regarding reaching the activity threshold of 100% contracted activity for 2023/24.

6 Private Dentistry

- 6.1 Private dental services are not within the scope of responsibility for Lincolnshire ICB, therefore, the ICB are unable to provide any information on activity uptake within the private dentistry sector.
- 6.2 It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care.
- 6.3 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the current economic situation. This may place additional pressure on NHS services at a time when capacity is still constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.
- There have been anecdotal reports of some practices reluctance across Lincolnshire in offering NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. Lincolnshire ICB does not support any stances of pressuring patients into private dental care. Any such concerns can be raised via a complaint about any specific practice/s by contacting the ICB via email licb.feedbacklincolnshireicb@nhs.net or telephone 01522 309299.

7 Dental Contract Hand-Backs

7.1 Since April 2022, four contract terminations have been received including Bupa Skegness following the announcement by Bupa Dental Care on 28 March 2023 of their decision to consolidate their UK dental portfolio.

- 7.2 Providers have stated the challenges they have been facing with recruitment of dentists to deliver NHS care. This can be seen from both contractual performance and the number of patients treated as practices may not have been able to provide the access to NHS dental services, they would like due to the workforce position. Workforce including recruitment and retention is one of the four themes within the Lincolnshire Dental Strategy that was previously presented to the Committee in January 2023. Work is continuing to develop and agree the action plan from the strategy document with partners and stakeholders for this workstream.
- 7.3 As part of the dental termination process, the 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 sign posting on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to the commissioner that there is no inappropriate/forced signup to private dental services and enables informed patient choice.
- 7.4 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.
- 7.5 To support patients in accessing dental services in East Lindsey whilst long term procurement plans are developed for Skegness, interim urgent dental care sessions have been commissioned for a 24-month period from July 2023 to incumbent providers within the locality. It is expected that the additional services could provide approximately 4,380 patients per annum with urgent dental care. The urgent dental care sessions commissioned will be delivered from existing dental practices in Skegness, Louth and Woodhall Spa in addition to their current contract activity arrangements. We continue to explore other options for additional activity and urgent dental care provision in Skegness and the surrounding area.

8 NHS Dental Services Recovery Initiatives 2022/23

- 8.1 To support access to dental services within Lincolnshire ICB a number of access initiatives have been undertaken:
 - Weekend Sessions To enable dental providers to see and treat more patients than they have capacity for during their normal contractual opening hours.
 - Additional Orthodontic Case Starts To address lengthy waiting times for orthodontic treatment which has been exacerbated by to the CV19 pandemic.

- Community Dental Services (CDS) Support Practices To relieve pressure on Community Dental Services by securing additional capacity in child friendly CDS Support Practices, thus freeing up the specially trained staff in the CDS so that they can focus on using the skills to deal with the most complex cases and increase access for children.
- Oral Health Promotion and Improvement
 - Recurrent investment of £150,000 for a 2-year period has been allocated to LA to
 ensure that local people have access to the information and support they need to
 maintain good oral health.
 - Non recurrent investment of £40,000 to support distribution of toothbrushing packs to food banks and other venues.
- Golden Hello Scheme for Dentists To assist local NHS dental providers in the recruitment and longer-term retention of dentists in Lincolnshire where the recruitment of additional dentists is most challenging. The overarching aim of the scheme is to increase the number of dentists in targeted areas and ultimately increase local NHS dental access for patients. Under the terms of this scheme, a lump sum Golden Hello payment of up to £15,000 will be available for each eligible new full-time NHS dentist recruited within the target area from non-targeted areas. Invites and scheme criteria have been cascaded to all existing NHS primary care general dental providers within Lincolnshire via Expression of Interest (EOI) process and there are a number of applications for this scheme on-going with providers in 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.
- Non recurrent investment to support waiting list initiatives for Lincolnshire Community (Special Care) Dental Service (CDS-CIC) to run additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment.
- 8.2 A continuation of current investment schemes is envisaged for 2023/24 with additional planned schemes. Commissioning objectives, priorities, and investment plan for the financial year 2023/24 will be shared with all 5 East Midlands ICBs via governance meetings in July 2023 for approval.

9 Commissioning and Procurement Plans

9.1 <u>Lincolnshire Dental Strategy</u>

9.1.1 In 2022, as part of the transition of the delegation of dental commissioning from NHS England (NHSE) to Lincolnshire ICB in April 2023, Lincolnshire ICB approached NHSE to facilitate the co-development of a three-year dental strategy for Lincolnshire to drive improvements in oral health and access to dental care services.

- 9.1.2 The aim of the strategy is to provide a roadmap for the ICB and its partners of the plan of action needed over the next three years to achieve these improvements. Its production requires a collaborative approach, working with stakeholders, colleagues, and organisations across Lincolnshire to create a joined-up integrated whole system dental strategy that delivers on better oral health and care for communities across Lincolnshire.
- 9.1.3 The strategy has developed four key pillars: Developing the Dental Workforce, Improving Access to Dental Services, Increasing the Focus on Prevention and Strengthening the Integration of Oral Health into Wider Health Care Services.
- 9.1.4 The strategy is now progressing with partners, a meeting was held in June 2023 to review the strategy and workplan and to further proceed to establish joint project leads, future governance arrangements and development of staged and detailed implementation and delivery plan for all the four workstream pillars that were highlighted above.

9.2 National Dental Contract Reform

- 9.2.1 National dental contract reform changes were announced in July 2022, this represented the first significant change to the dental contract since its introduction in 2006. The shift in the emphasis of financial reward, and the re-orientation of clinical activity to those patients who need it most, focuses on improving access to NHS dental care aim to make a real difference to patients:
 - Introducing enhanced units of dental activity (UDAs) to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2.
 - Producing supportive material for patients, the public and dental teams around the National Institute for Health and Care Excellence recall intervals and introducing an extra field on the FP17 form to help peer review and monitoring of adherence to personalised recall intervals.
 - Establishing a new minimum indicative UDA value.
 - Addressing misunderstandings around use of skill mix in NHS dental care, whilst removing some of the administrative barriers preventing dental care professionals from operating within their full scope of practice.
 - Taking steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year, where affordable.
 - Improving information for patients by requiring more regular updating of the directory of service

9.3 <u>Strategic Review of Dental Access and Procurement</u>

9.3.1 A strategic review of dental access is underway for 2023/24 and the team have access to a new mapping tool which will help to identify local areas which may have specific issues in order to assist with a more targeted approach in tackling them. This review will also incorporate the findings of the Rapid Oral Health Needs assessment that was undertaken by Lincolnshire County Council and will be developed in conjunction with the Dental Public Health consultant and Local Dental Network (LDN) chair.

- 9.3.2 The review recommendations will inform the general dental services procurement programme and commissioning requirements for Lincolnshire ICB which will need to be incorporated into a workplan for 2023/24.
- 9.3.3 A procurement exercise is currently being undertaken to secure a new provider of NHS Dental Services in the Mablethorpe area. Whilst the re-commissioning of general dental services continues, urgent NHS dental care sessions continue to be delivered from Marisco Medical Centre in Mablethorpe until November 2023.
- 9.3.4 Flexible Commissioning aims to refocus a section of existing commissioned activity to increase capacity to deliver specific programmes or incentivise activity. We are currently scoping options for Flexible Commissioning for consideration to offer and widen schemes to support the introduction of local flexibility across all the five ICBs within the East Midlands.
- 9.3.5 The ICB 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. This is being reviewed on an East Midlands level and will be prioritised by area of urgent need.
- 9.3.6 If the commissioner receives requests to terminate orthodontic contracts or the orthodontic element of a mixed general dental services contract, there is a commitment to manage the relevant close downs to ensure that provision of services remain for patients currently within treatment to be able to complete the orthodontic course of treatment.

10 Collaborative Working

- 10.1 The local dental commissioning team supporting the ICB works collaboratively with Public Health colleagues in Lincolnshire County Council around prevention initiatives linked to oral health improvement. Within Lincolnshire, a wide range of preventative interventions are taking place to improve oral health led by the Oral Health Alliance Group who coordinate this work across the Lincolnshire system. This covers 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).
- 10.2 There have been regular meetings with the profession via the Local Dental Committee.
- 10.3 There is a Local Dental Network (LDN) covering Lincolnshire with a LDN Chair in place and a number of East Midlands Managed Clinical Networks (groups of local clinicians) who continue to meet virtually to plan care and agree good practice guidance to support practices in managing their patients.

- 10.4 The local dental commissioning team continue to work 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. Please see Appendix 1 which contains examples of recent tweets shared by the NHS England Communication Team.
- 10.5 We continue to engage with Healthwatch Lincolnshire via the East Midlands Healthwatch meetings and where intelligence is shared on local concerns or on difficulties people may be having accessing NHS dental services.

11 Supporting Information

Examples of tweets shared by the NHS England Communication Team are set out in Appendix A to this report.

12 Consultation

This is not a direct consultation item.

13 Conclusion

The Committee is requested to consider the information presented on behalf of the NHS East Midlands Primary Care Team and NHS Lincolnshire Integrated Care Board, on the following topics:

- the national NHS dental contract;
- where NHS dental services are located;
- charges for NHS dental services;
- access to dental services in Lincolnshire;
- private dentistry;
- commissioning and procurement plans; and
- collaborative working.

14 Appendices

These are listed below and attached at the back of the report		
Appendix A	Examples of Tweets Shared by the NHS England Communication Team	

15 Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Carole Pitcher, Senior Commissioning Manager, Nottingham and Nottinghamshire ICB working on behalf of the Five Integrated Care Boards in the East Midlands; and Sandra Williamson, Director of Health Inequalities and Regional Collaboration, NHS Lincolnshire Integrated Care Board. They may be contact via email at carole.pitcher@nhs.net; and at sandra.williamson6@nhs.net

Examples of Tweets shared by the NHS England Communication Team



To make a routine dental appointment, you can use our website to find those dentists nearest to you.

https://www.nhs.uk/service-search/find-a-dentist



A dentist needs to examine your mouth and decide the cause of the pain. Painkillers will help manage pain caused by tooth decay and this may be best treated with a filling. Antibiotics are only needed when you have infection, swelling and a temperature.



Our priority is to make sure people who have dental problems and other groups of people who need extra care such as children, are seen quickly and often.

This means your check up might be up to every two years if you have a healthy mouth.



If you have toothache try taking some pain relief tablets to see if it helps. If the pain persists then go to www.nhs.uk/conditions/toothache

for advice on what to do next



If you have a tooth abscess that is causing you pain and stopping you from eating, go to www.nhs.uk/conditions/dental-abscess for advice on what to do next



Chipped your tooth or lost a filling?

If you are in pain, take pain relief. If it continues log on to NHS 111 for what to do next.

Otherwise, make an appointment with a dentist

www.nhs.uk/nhs-services/dentists



Losing a filling or chipping a tooth can be painful. If so, take some pain relief and if this continues, go to https://111.nhs.uk/ for advice on what to do next. If it is not painful, make a routine

appointment with a dentist https://www.nhs.uk/nhsservices/dentists/