

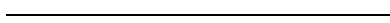
# **Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System**

## **Progress report for the first year of delegated commissioning for dental services**

**April 2023 - 2024**

**Produced in May 2024**

**To be read in conjunction with Draft Oral Health & Dental Strategy**



## 1. Delegated Commissioning

The delegation of primary care commissioning functions to some Integrated Care Boards (ICBs) from 1 July 2022 and to all ICBs including BNSSG on 1st April 2023 has led to ICBs exploring opportunities to commission dental services to prevent poor oral health, protect and expand access and deliver high quality care. From a national dental care and treatment perspective, the restoration of mandatory services following the pandemic remains a key delivery priority.

Dental care is commissioned by the integrated care board (ICB) and provided by urgent, community and domiciliary dental care services, general dental practices, hospital-based dental specialties, and university dental schools. In contrast, oral health improvement is commissioned by the local authority Public Health team and provided by a range of providers alongside community dental services, NHS teams and university dental schools. Local authorities are statutorily required to provide or commission oral health improvement programmes appropriate to their areas and oral health surveys. A broad range of other services have a role in oral health, for example homeless service providers, adult social care settings, prison health, early years settings and schools, drugs and alcohol services, and foster carers.

Dentists have continually raised concerns nationally regarding the current contract introduced in 2006 and contract reform is not expected prior to the next general election. Whilst a focus on mandatory services is critical to restoring access to dental care for the majority of people, NHS England have highlighted some of the flexibilities which exist within the current national dental contractual framework to enable ICBs to tailor services to meet specific population needs, and to take steps to support practices with changes to UDA\* values, where this presents clear value for money. The aim of this guidance is to provide ICBs with an outline of the legal requirements of the national dental contractual framework and to highlight the key considerations associated with procuring Additional and Further Services, previously termed 'flexible commissioning'. Further information on this guidance can be found in Appendix 2 of the developing Oral Health and Dental strategy.

### 1.1 Approach in the Shorter Term

Recognising the challenges across several contracts and needing to maintain NHS provision, the ICB wrote to all dental practices to offer providers the opportunity to discuss any support they may need. In addition to this a staff survey was undertaken which identified that 67% of respondents did not anticipate working for the NHS in two years and only 10% felt that their service was funded appropriately. The feedback received provided further evidence on why it is vital to identify a strategy which describes how the ICB will maintain NHS provision and increase access wherever possible.

In response to the letter the ICB dental leads received requests from 7 practices and have met with them to discuss their concerns. These have all been independent practices rather than corporate groups. Each practice has asked for support with their UDA rates and cited the impact on retention of staff who are able to be paid higher rates elsewhere or to work entirely privately. 4/7 practices had UDA values below £26 per UDA - £25.32 was the lowest rate following a contract uplift above £25 as requested by the Local Dental Committees across the country. The average for BNSSG was around £29.00.



The ICB were designing a set of principles to apply to contract changes when the national recovery plan was published in February 2024. The plan “Faster, simpler and fairer: our plan to recover and reform NHS dentistry” published by the Department of Health and Social Care and NHS England sets out a commitment as follows:

- NHS work will also be made more attractive to dental teams with the minimum value of activity increasing to £28 (from £25).
- NHS dentists will be given a ‘new patient’ payment of between £15-£50 (depending on treatment need) to treat new patients who have not seen an NHS dentist in two years or more.
- To attract new NHS dentists and improve access to care in areas with the highest demand, around 240 dentists will be offered one-off payments of up to £20,000 for working in under-served areas for up to three years.
- The plan sets out how the NHS and government will drive a major new focus on prevention and good oral health in young children and deliver an expanded dental workforce.
- The plan describes the intention for the government roll out a new ‘Smile for Life’ programme which will see parents and parents-to-be offered advice for baby gums and milk teeth, with the aim that by the time children go to school, every child will see tooth brushing as a normal part of their day.
- The public will also be able to see which practices in their local area are accepting new patients on the NHS website and the NHS App. To promote the increased availability of appointments, the government will also roll out a marketing campaign encouraging anyone who has not been seen by a dentist for the past two years to access treatment.
- New ways of delivering care in rural and coastal areas will also be rolled out, including launching ‘dental vans’ to help reach the most isolated communities.
- A water fluoridation programme will be rolled out by government, which could reduce the number of tooth extractions due to decay in the most deprived areas of the country. Subject to consultation, the programme would enable an additional 1.6 million people to benefit from water fluoridation, first expanding across the North East.
- The health service will build a pipeline of new dentists and other dental care professionals, including increasing dental training places by up to 40% by 2031/32, as part of the NHS Long Term Workforce Plan.
- The plan also includes new measures to attract dentists to work in the NHS, including supporting more graduate dentists to work in NHS care. The government will consult on whether dentists should be required to work in the NHS for a period upon completion of their training.

\*The Local Dental Committee (LDC) and British Dental Association state that the main issues why practices cannot fulfil their contract is the UDA value being significantly lower than needed to cover costs. The LDC suggests that to provide a safe and quality service this needs to be increased to between £35-£40 per UDA plus consideration be given to sessional contracts rather than just a UDA contract.

BNSSG Integrated Care System are working with regional colleagues on implementing the plan and identifying further action required.

Flexible Commissioning guidance supports the ability of ICBs to uplift UDAs only within the current total contract value (TCV) but does not provide further guidance for the parameters in doing so. Currently, due to national procurement regulations, any uplift in UDA will need to result in a reduction in contracted activity and this needs to be considered given the ICB has a commitment to recover



UDA activity levels to pre-pandemic levels. A regional review of UDA rates is underway to ensure that any further increases above the nationally mandated £28 are affordable and are guaranteed to increase access (higher rates have not always led to achieving set contract levels). Completing this review within the first quarter of 2024/25 is a priority for the ICB but there are legal and funding constraints which could prevent an increase to the rate requested by the LDC.

## **Stabilisation**

Over spring and summer 2022, NHS England commissioners, clinicians and career development fellows developed a stabilisation pathway, which would ensure patients were able to access care that would stabilise their oral health and would reduce the likelihood of people going in and out of the urgent care system, or of receiving no treatment at all – providing a more permanent solution, improving patient care and improving satisfaction for clinicians.

It is intended that stabilisation will, in time, reduce demand on the urgent care system, ensuring those needing urgent care are able to access the service when they need it most.

In BNSSG there are 10 practices commissioned to provide stabilisation for a total of 27 sessions per week. The services will continue during 2024/25 whilst the ICB and regional colleagues agree a model for 2025/26 onwards.

## **St. Pauls Dental Care in Bristol**

In June 2023 Bupa Dental Care closed 85 of its practices including St Paul's surgery in Bristol. Bupa stated this was due to a lack of dentists to deliver NHS care in the UK, in addition to increased running costs caused by inflation and high energy prices.

A direct award of contract was approved for SGA Services Limited to provide dental services in St Paul's at the ICB Board in November. SGA Service Limited already provide services at Twindent Dental Care in Southmead and Thornbury High Street Dental Practice.

Monthly meetings between the ICB, St Paul's Dental Action Group and Councillor Cole took place together with close working with Bristol City Council and the local community. The contract is split between mandatory services (routine check-ups for patients on the practice books) and stabilisation (treatment courses to get people dentally fit). This will allow more people to be treated over and above those on the practice books thereby allowing more people overall to be supported with treatment. The practice opened in February 2024. The significant public interest in this practice opening led to nationwide media coverage and the national recovery plan was published shortly after the practice opened.

## **Retaining the Workforce**

BNSSG ICB recognise the need to maintain the NHS workforce as failure to do this has led to a number of contracts unable to sustain provision at the contracted levels. Whilst further work is underway reviewing any further UDA rate uplifts, and opportunities for additional services, the ICB has agreed additional funding for continuing professional development during 2024/25. Practices have been invited to bid for this money which will fund the time required to complete courses required by the General Dental Council.

## Population Needs Focused Additional Services

Integrated Care Boards have a responsibility for providing adequate services to meet the health needs of children in care / children looked after. As stated previously North Somerset are in the bottom quartile for achievement against this standard nationally.

Recognising the importance of increasing access for children in care / children looked after a business case has been approved for additional services across the ICB. An expression of interest has been advertised with a request for providers in North Somerset in particular to apply.

The aim of this development is to utilise the flexibilities permitted as part of the national contract to increase access for children in care / children looked after over the next twelve months and to utilise the learning from this initiative to create a plan in the longer term which ensures this is delivered sustainably.

Patients can expect to receive courses of treatment which will maintain their oral health. However, courses of treatment may begin with an urgent care appointment if the child or young person is in pain.

The development is the start of further initiatives which seek to use the flexible commissioning guidance to increase access and retain the NHS workforce.

## South West Regional Developments

Work across the region has also included:

- Additional urgent dental care appointments for those without a regular dentist that they can access by calling NHS111. There are over 356 additional appointments every week across the South West.
- Supervised Toothbrushing schemes will be fully operational by April in schools for 3–5-year-olds (nursery, and reception children) in every Integrated Care Board area in the South West in targeted areas. Schemes are running in Bath and North East Somerset, Swindon and Wiltshire, Devon, Dorset, Gloucestershire, Somerset and starting after Easter in BNSSG and Cornwall and Isles of Scilly.
- First Dental Steps schemes are in place across the South West with Health Visitors in every Integrated Care Board area giving oral health packs to parents of babies and siblings in target areas.
- There are networks of dental clinicians to help develop local plans with a key aim to improve access to NHS dentistry in the region.
- Plans to implement additional support to Care Homes

Further information regarding the strategic aims and objectives for 2024/25 to 2026/27 is described within the developing **BNSSG Oral Health and Dental Strategy** which accompanies this report.

