Report by Nick Stolls, Secretary, Norfolk Local Dental Committee

Report to Norfolk County Council Health Overview and Scrutiny Committee.

It is nearly four years since I last reported to HOSC about the status of NHS dentistry in Norfolk so it might be helpful to update the Committee.

In my previous report I suggested that work was underway to introduce a new NHS dental contract but progress was slow. Progress is being made but neither the Dept of Health and the profession are eager to see something introduced with too much haste otherwise we might end up with something like the existing contract which is neither good for the profession or the patients as we will discover later. The new contract is unlikely to be rolled out much before 2020 and will have a much greater emphasis on prevention with capitation most likely to be introduced so patients can register with a practice and feel a relationship with their practice in much the same way as they have with their general medical practice. This is in stark contrast to the current situation whereby patients are only the responsibility of the practice whilst they are undergoing a course of treatment and the practice has no responsibility for them after that course of treatment is completed. It is unlikely that the funding will be expanded from its current fixed level which offers a practice a capped budget to provide NHS care at their practice. Once they have hit their target there is little chance that additional funding for that year will be forthcoming to allow more patients to be seen - indeed this has been the experience within Norfolk over the past decade. The inflexibility in the current system is severely detrimental to providing NHS dental care across England and Wales and the situation experienced in West Norfolk highlights this.

Perhaps I could draw some particular issues to the Committee's attention.

1. Current issues facing NHS dental practice. Since my last report there has been an increasing difficulty in recruiting NHS dentists to Norfolk. This is true for all the other professions as well and in some ways may be a Brexit effect but more likely because of the changing attitude of young graduates to working in a predominantly rural part of the UK. The larger urban parts of the country have less of a recruitment problem. The impact of struggling to fill a position can have an immediate impact on a practice trying to hit its contracted target but also the negative effect of having to turn patients away from a practice can be equally demoralising for that practice's staff. This recruitment problem has been compounded by a very specific issue in the past 2 years when EU/EEA graduates coming to the UK for the first time and who have agreed to join a practice have had to wait for many months to obtain an NHS performer number. Without a performer number a dentist can only work on a private basis. In April 2016 NHSE contracted Capita to provide the service of managing the NHS performers list and we have seen waiting times increase from the 2 month turn around before 2016 to often 8 to 10 months. This means that a dentist is waiting to start at a practice, the surgery is available, the support staff are in place, there are patients desperate to access treatment but because of the incompetence of Capita there are unacceptable delays. There are other issues which have made the achievement of delivering the NHS dental contract more challenging over the past 4 years. This is highlighted by the level of claw back of funds from NHS practices across Norfolk which

increased from the 2015/16 figure of £1.1m to £1.64m in 2016/17. Claw back is the term given to the repayment of the funds if the practice is found to have under delivered on its contract at year end. The 50% increase in the past year reflects both the problems facing NHS dental practices but also the inflexibility of the current contract. £1.64m could provide a significant amount of additional NHS dentistry if it could be redistributed across the region more efficiently. In my 2014 report I noted that there was a vacancy for a restorative consultant within the county at the Norfolk and Norwich hospital and that there was nowhere for NHS patients to be referred if they required specialist endodontic (root treatment) or periodontal (gum treatment) advice or treatment. The situation has not changed and the only option patients have is alternative treatments, usually extractions or a private referral. The lack of progress in all of these elements within NHS general dental practice is of great concern to the profession and might help explain the difficulty patients are having in accessing NHS dental care in the county.

2. Current issues being faced by NHS patients. The current NHS dental contract has always made accessing a dental practice more problematic for patients since its introduction in 2006. Without registration, patients have no right of treatment from a dentist or practice unless they are undergoing a course of treatment. Efforts have been made to assist patients but with the change in roles of PALS who in the past would help patients find a practice for any that had difficulty accessing one, their only options now are to use the NHS Choices website which indicates practices in the vicinity of the patient and whether they are taking on new patients. In the event of an emergency a patient can call 111 and the service might be able to find a practice for that patient but both of these options are far from satisfactory and patients may have to rely on phoning round practices and then often having to travel many miles to a practice that might have spare capacity. This situation is of great concern for both the profession and patients but it helps to paint a picture of the challenges facing patients in the north west Norfolk region of our county.

3. Current issues between the profession and commissioners. It will be for the NHS England commissioners to identify and explain the challenges they face in commissioning a flawed service for the population of Norfolk and indeed Suffolk, Cambridgeshire/Peterborough and Essex within the same commissioning area. The profession have continued to have dialogue with the commissioners at regular meetings to discuss the problems highlighted earlier and to an extent they are restricted by the national guidance provided by NHSE but also the regulations by which NHS dentistry is commissioned and contracted. To be able to move funding from a practice who has indicated they won't be able to use it all in the current year to another practice who will over perform in that same year has proved elusive and rarely happens, hence the massive clawback mentioned previously. Only when a practice gives up their contract and reverts back to a private arrangement does the NHS funding become available on a recurrent basis and so can be recommissioned in an area where additional demands have been identified by the Oral Health Needs Assessment. Sadly contracts are being given back by practices, who have decided to not subcontract from the NHS any more, on a greater frequency, such is the frustration that the profession are finding with the current system. The situation faced by relatives of service personnel at RAF Marham is sadly all too common. In the county there are housing estates being built which bring a large influx of new patients into the area but little attention is given to the additional dental resources that will be needed locally to address

this population increase. Without registration patients are taken on at a practice for a course of treatment on a 'first come, first served' basis and examples of patients having to make long journeys to access dental care occur too frequently. NHSE have introduced a committee made up predominantly of clinicians in each Area Team region known as the Local Dental Network (LDN), not to be confused with the Local Dental Committee who represent NHS dentists in the county, and it is they who provide clinical commissioning advice to the non clinical commissioners. The LDN is a relatively new group but is finding its feet and is chaired by Tom Norfolk, a dentist from Suffolk. They advise the commissioners but can't mandate.

4. Future challenges. Where to start? Child oral health is a particular concern within the county. This is being addressed by regular meetings between Norfolk County Council Public Health department and NHSE commissioners, facilitated by Norfolk Local Dental Committee and efforts are being made to bring the Oral Health provision of the children in the county on par with those in Suffolk and Cambridgeshire/Peterborough by aiming oral health promotion at the very early years children and their parents.

A number of large contracts within the county are soon to be reprocured and that of the Special Care dentistry contract may well have an impact on the delivery of child oral health in the county. The collective ambition is that we will see a reduction in the appalling numbers of children being admitted to hospital for a general anaesthetic to have multiple rotten teeth removed, often before they are 5 years old.

Orthodontic provision across the county is soon to be reprocured and this together with that of Special Care dentistry has the potential for destabilising these two essential elements of NHS dentistry in county for a period of time if the recommissioning is not managed well.

Staffing at NHS England is facing increasing challenges with a reduction in the staffing budgets. The consequent impact on staffing numbers has an inevitable effect on the ability to manage the recommissioning of services together with contract management across the county in an efficient manner that addresses the problems raised in this report to improve access for NHS patients across the county and in particularly north west Norfolk.