Report by Nick Stolls, Secretary Norfolk Local Dental Committee

Report to Norfolk County Council Health Overview and Scrutiny Committee
11 April 2019

This report is by way of a follow up to the report I presented to HOSC last year on the status of NHS dentistry in North West Norfolk and should be read alongside that report to offer an update on many of the issues raised then.
(The previous report is available on the Norfolk County Council website, click Reports, 8 AppC LDC report).

I reported on the progress of the reform of the current NHS dental contract which would aim to provide greater security for patients by way of their ability to register with a dentist. The emphasis would be placed on prevention, unlike the current contract which places activity and treatment at its heart. Progress has been somewhat variable but there is a desire by NHSE and the DHSC to have a model that can be implemented by 2020. It is an ambitious timetable but with good will from both sides could be achievable.

The specific current issues to update the Committee on include,

1. **Access.** This has not improved in either North West Norfolk or indeed across the county. Recruitment of dentists has become even more difficult in many rural parts of the county and Norfolk has suffered in much the same way as many other regions. It is a similar picture to that of General Medical Practice however it is worth reporting that NHSE has introduced a scheme of 'golden hellos' to attract new GPs to North West Norfolk to try and address the shortage. No scheme is forthcoming for NHS dentistry and anecdotally it is understood that some dental practices who are part of a corporate chain have introduced their own scheme which has still failed to attract potential colleagues to come to the county. So the solution is more complicated that simply throwing more money at it. How Brexit will impact on the workforce in Norfolk is still hard to predict due to the uncertainty surrounding the negotiations currently however it is unlikely to improve the current situation. The challenges facing NHS dental practices have been significant but there has been a worrying trend across the country whereby practices are simply closing and handing back their NHS contract to the commissioners. We have seen two examples of this in Norfolk in the previous year when practices in East Harling and Snettisham both closed their doors, not just to NHS patients but to all patients - they ceased to be a dental practice. The impact that these decisions have had on the patients in North West Norfolk can easily be imagined however as a Local Dental Committee we are

still waiting for an answer from the commissioners as to how they are going to use the funds released from those practice closures to commission further NHS dentistry in those most hard pressed areas. But if practices can't recruit the clinical staff then there is unlikely to be an appetite from potential practice owners to bid for any newly commissioned service. The LDC has been working hard to identify ways to attract colleagues to the county but it is a complex situation and not one that can be solved quickly. I mentioned last year the fact that clawback money was increasing at an alarming rate. In these challenging times that NHS dentistry finds itself in, this has meant that more practices fail to hit their activity targets and so the unused Dental budget (known as clawback) continues to rise year on year. Last year the figure stood at £1.64m in Norfolk but despite requests the commissioners have not provided the figure for 2017/18. There is however a desire to try and recycle this clawback money and the term 'flexible commissioning' has started to be seen as the way forward. Flexible commissioning would mean some of this money might be used to provide additional emergency slots in practices to take the pressures off the existing emergency care providers or possibly to expand domiciliary services and care home treatments for example. The LDC would be eager to work with the commissioners to see this initiative progressed in the county. Again however no expansion of services can be anticipated without the availability of the additional workforce. Sadly there has been no progress in recruiting a consultant in restorative dentistry and patients in the county still have no access to specialist advice for restorative, endodontic or periodontal care under the NHS. I mentioned in the last report the difficulty the profession faced with gaining an NHS performer number for new dentists to the country and new graduates. This has improved to a degree but even within the past few months I have been assisting colleagues who have been affected in the past due to the failures on behalf of Capita. The commissioners have been reasonable and engaged to help resolve these problems but colleagues have still had to take the financial responsibility for something that was not within their control and was not of their making. Again this is impacting on dental workforce and morale.

2. **Orthodontic procurement.** England is currently undertaking a exercise to reprocure specialist orthodontic activity. There have been areas of Norfolk where the availability of specialist orthodontic activity has been poor, again North West Norfolk in the Kings Lynn area is one such place and the reprocurement of services has allowed the commissioners to address these shortcomings. The LDC have had constructive discussions with the commissioners to arrive at a position where patients might access specialist orthodontic services more readily although there are still some concerns that the availability in Norwich will be impacted by a reduction in

the quantity of work proposed to be commissioned compared with that currently purchased.

3. **Sedation services.** The profession relies more and more on the referral services for patients that present at dental practices with associated high levels of anxiety. This seems to be an ever increasing problem and these patients have benefited from a referral to specialist clinics offering intravenous sedation. This service has been reduced of late and so some of the most vulnerable patients are finding it difficult to access the supportive treatment needed to address their additional needs. Should they require a general anaesthetic for their dental condition and phobia then a wait of two years is not uncommon.

4. **Child oral health.** In last year's report the scandalous state of the oral health of some children living in the more deprived parts of the county was highlighted. There has been a lot of activity between the public health team at the County Council, NHSE commissioners and the LDC to identify solutions. Work is currently being undertaken to make oral health education more accessible to young mothers by way of digital products on the Just 1 Norfolk platform and this greatly assists those families who often are not aware of how to maintain a good quality of oral health in their new babies or young children. So it was with dismay that the LDC learnt that most of the Children's centres in the county were to be closed. These centres were a place where the hard to reach families could be given information that they simply wouldn't have accessed through their normal day to day activities and it will impact adversely in the casual oral health education that these centres have previously offered.

5. **Staffing** at NHS England remains challenging but the dental profession continue to enjoy a good working relationship with both the commissioners in the East of England despite further upheaval through NHS reorganisation and also with Alex Stewart at Healthwatch Norfolk. Poor patient access to NHS dental services in the county is a multifactorial problem but can be addressed by employing good working relationships with those organisations that can influence change. It is Norfolk LDCs intention to continue to foster those good relationships and together endeavour to create the environment to make those changes happen.