

Access to NHS Dentistry in Norfolk

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on access to NHS dentistry across Norfolk and a follow-up on action to improve access in the west Norfolk area.

1. Purpose of today's meeting

1.1 The focus areas for today's meeting are:-

- (a) To examine the current situation with regard to access to NHS dentistry in Norfolk
- (b) To follow-up on action to improve access in west Norfolk, including for the families of service personnel at RAF Marham.

Members should note that preventative services commissioned by Norfolk County Council Public Health, i.e. the Norfolk Health Child Programme and oral health promotion services in Children's Centres and schools, are within the remit of the Community Services Committee and are not the subject of today's meeting.

1.2 NHS England Midlands and East (East), the commissioner of NHS dental services in Norfolk, has been asked to provide a report covering:-

- Current data – number and location of NHS dental practices and details of those currently with capacity to accept new patients; numbers of NHS dentists; population per dentist; trend in child and adult dental health and access to NHS dentistry, including benchmarking with other parts of England; orthodontic treatment

and community dental services waiting times, including for general anaesthetic.

- The trend in people accessing A&E departments in Norfolk with dental problems.
- Outcome of the Dental Strategy Group's 2018 review of current service provision in Norfolk (around access to routine and urgent dental care)
- Outcome of NHS England's 2018 review of the dental access centres
- Outcome of NHS England's consideration of whether to pilot Personal Dental Services Agreements as a way of improving access in areas of high need
- Outcome of NHS England's 2018 review of orthodontic provision
- Progress towards provision of NHS dental services for the families of service personnel at RAF Marham and for the general public in the west Norfolk area.
- Any updates from national level, including progress in Capita's management of the NHS performers list which would reduce the time that in-coming dentists have to wait before they get a performer number enabling them to work in the NHS.

NHS England's report is attached at **Appendix A**. Representatives from NHS England Midlands and East (East) and the Local Dental Network for East Anglia will attend to answer Members' questions.

The Local Dental Network is chaired by a dentist and includes local clinicians, managers from the NHS England local team, patient representatives, secondary care clinicians, local dental committee representatives and educational supervisors. Their remit is to:-

- Support the implementation of national strategy and policy at local level
- Work with key stakeholders on the development and delivery of local priorities
- Provide local clinical leadership

- 1.3 Norfolk Local Dental Committee (LDC) has provided the paper attached at **Appendix B** assessing progress with the issues currently facing dentistry in Norfolk and a representative will attend the meeting.

The Local Dental Committee is an independent body which represents dental practitioners and has a statutory right to be consulted by NHS England on issues relating to the dental profession.

2. Previous report to NHOSC and the outcome of the actions arising

- 2.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) last received a report on 'Access to NHS Dentistry in West Norfolk' at its meeting on 24 May 2018. The report and minutes of the meeting are available via the following link:-
<https://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/128/ctl/ViewMeetingPublic/mid/496/Meeting/1410/Committee/22/Default.aspx>

NHOSC heard from Healthwatch Norfolk, NHS England Midlands and East (East) (NHSE M&E(E)), a representative from RAF Marham and the Secretary of Norfolk Local Dental Committee.

- 2.2 The Committee supported two recommendations that Healthwatch Norfolk had made to the NHS commissioners. The recommendations the responses later received from NHSE M&E(E) are set out below:-

1. NHS England to consider patient registration to enable patient records (both military and civilian population) to follow the patient if they were to be moved or be stationed in a new area.

Response - a change in legislation would be required in order for patient registration and patient records to follow the patient. NHS England Midlands and East (East) have passed your comments to the NHS England national team.

Dental Prototype practices are testing new ways of working and this includes patient capitation. The ways of working under a Dental Prototype are reviewed by a national team and the Prototype arrangements will inform and influence contracts going forwards.

2. NHS England to consider looking at the current service provision in Norfolk and an updated Oral Health Needs Assessment should be carried out.

Response - The Oral Health Needs Assessment is not scheduled to be updated until 2020/21 as the current Oral Health Needs Assessment does have population projection until 2021. In addition NHS England has set up a Dental Strategy Group whose membership consists of Commissioners, Consultants in Dental Public Health and Chairs of the Managed Clinic Networks. The Dental Strategy Group will take into account the local populations and oral health needs when making recommendations to NHS England.

Please be assured that NHS England continues to work to ensure that the population it serves can continue to receive appropriate dental services.

2.3 NHOSC also agreed that the Chairman should write to NHS England expressing:-

- The Committee's support for the Norfolk Local Dental Committee's suggestion that NHS England could commission some protected in-hours slots with local dentists to accommodate urgent referrals from NHS 111 and avoid those patients accessing out-of-hours services.
- The Committee's support for the re-introduction of registration of patients with dental practices as soon as practicably possible.
NHS E's response to this suggestion is included at 2.2 1. above.

On the issue of protected in-hours slots NHSE M&E(E) responded as follows:-

- *It is noted that NHOSC supported the local dental committee's suggestion that NHS England could commission some protected slots with local dentists for patients requiring urgent dental care and I would like to advise that there is a Dental Access Centre in King's Lynn that provides urgent dental care for patients that do not have a regular dentist.*

The service is located at 6 King Street, King's Lynn, Norfolk, PE30 1ES and is open Monday to Friday 8.00 to 19.00 and can accommodate between 20 and 40 appointments each day, depending on the number of dentists working.

In addition, local dental practices are contracted to provide urgent care on a daily basis. We are currently undertaking a review of dental access centres and as part of that review are also reviewing urgent care provided by general dental practices.

2.4 In addition NHOSC agreed that the Chairman should write to the Public Accounts Committee, which was holding an inquiry into Capita's delivery of primary care support services, submitting information about the effect that delays in providing NHS performer numbers to graduate dentists coming into the UK was having on provision of dental services to patients in Norfolk. This was done.

The Public Accounts Committee report was published on 25 July 2018 and the Government's response on 9 October 2018. Both are available on the Parliament UK website:-

<https://www.parliament.uk/business/committees/committees-a->

[z/commons-select/public-accounts-committee/inquiries/parliament-2017/nhs-contract-capita-17-19/](https://www.parliament.uk/commons/select/public-accounts-committee/inquiries/parliament-2017/nhs-contract-capita-17-19/)

The reports related to the full range of primary care support services provided by Capita, not just NHS performer numbers for dentists. In summary, the Government acknowledged that mistakes had been made and lessons would be learned for the future. The contract was continuing and NHS England and Capita were building a more productive relationship.

NHOSC also heard from the Department of Health and Social Care on 1 August 2018 that:-

- Dental performance applications were now managed by a dedicated team and this was improving processing times.
- NHS England had been working closely with Capita to urgently improve services and where necessary it had been intervening to accelerate progress.
- This had included strengthening the management arrangements and increasing staffing levels and special arrangements to ensure that foundation trainees were not delayed in taking up placements.
- NHS England was in discussion with the British Dental Association about the impact delays to processing the Performers List had on dental practices. Part of those discussions included the scope for NHS England to manage dental contracts flexibly. This was to mitigate the impacts on dental practices unable to fulfil their contracted units of dental activity as a result of Performers List delays, whilst still safeguarding public funds.

2.5 In May 2018 NHOSC also asked to receive updates about progress of NHS dental services in Norfolk, including progress with provision for service personnel's families at RAF Marham. Updates were provided in the NHOSC Briefings in September and December 2018, which are available from the Democratic Support and Scrutiny Team Manager maureen.orr@norfolk.gov.uk. In summary, these reported that a meeting had been held between RAF Marham, the Armed Forces Covenant team, Norfolk Healthwatch and NHS England on 17 July 2018 and a teleconference on 20 November 2018. RAF Marham was to work through various options to enable provision of an NHS service and further meetings were scheduled. NHS England Midlands and East (East)'s paper at Appendix A notes that discussions will continue over the next few months. Members may wish to ask the NHS England M&E(E) representative for more details.

3. Other background information

3.1 Dental practice closures, Snettisham and East Harling

- 3.1.1 In October 2018 Members raised concerns about the imminent closure of Mydentist NHS dental services at Snettisham and East Harling. The numbers of individual patients that had been seen by these services in the two year period ending March 2018 were:-

Snettisham – 4,044

East Harling – 5,174

Via the December 2018 NHOSC Briefing NHS England Midlands & East (East) assured Members that arrangements were in place with other NHS dental practices to provide additional service for the rest of 2018-19. The practices providing additional service west were:-

West Norfolk

Riverside Dental surgery, King's Lynn

Compass Clinic Ltd, Wells

Downham Market Dental Care

South Norfolk

Diss Dental Health Centre

J G Plummer & Associates, Wymondham

Rookwood Dental Practice, Attleborough.

Mydentist had given the required three months' notice under the terms of their General Dental Services Contract to terminate their contract.

3.2 Specialist secondary care

- 3.2.1 In two previous reports in 2014 and 2018 NHOSC heard there was a vacancy for a restorative consultant within the county at the Norfolk and Norwich hospital (NNUH). The Local Dental Committee pointed out that this meant there was nowhere for NHS patients to be referred if they required specialist endodontic (root treatment) or periodontal (gum treatment) advice or treatment. Alternative treatments were the only option for patients, usually extractions or a private referral.

- 3.2.1 In July 2014 NHOSC was told that the post was vacant because it had not been possible to recruit. The committee recommended that the NHS England regional team should fund two more sessions for a consultant in restorative dentistry at the NNUH with a view to making the vacant post more attractive to prospective candidates. NHS England responded that they would continue to develop options to improve access to restorative dental services

- 3.2.2 In May 2018 NHS England Midlands and East (East) said that access to specialist services was a challenge across the area as a whole and there was a need to develop appropriate networks to allow such services to flourish.

3.3 Re-procurement of specific dental services in the east of England

3.3.1 Members have previously received information about NHS England Midlands and East (East)'s re-procurement of various specific services via the NHOSC Briefing. A summary of details previously received in the Briefing and latest updates is set out below:-

Title	Details
<p>Special care dentistry (for people with an intellectual disability or who are affected by other medical physical or psychiatric issues)</p>	<p>NHOSC Briefing 17 Jan 2019 The new service was to be in place by October 2019. Changes to current locations were possible. All the local authorities in East Anglia (who had responsibility for health improvement, including oral health) had agreed that dental public health and health promotion services and epidemiology would form part of the future service spec.</p> <p>March 2019 update Procurement currently underway</p>
<p>Primary care orthodontic services</p>	<p>NHOSC Briefing 7 Dec 2017 New personal dental services agreements for provision of these services were to be in place by 1 April 2019. Changes to locations for delivery were possible. There were formerly 25 dental practices across Norfolk and Waveney providing NHS orthodontic care.</p> <p>March 2019 update Procurement of services across the East has begun. Call for competition starts in summer 2019 and successful bidders will begin delivering services in late summer 2020.</p>
<p>Dental out of hours services</p>	<p>NHOSC Briefing 26 Oct 2017 New contracts for these services were to start in April 2019.</p> <p>March 2019 update The first attempt to re-procure these services was not successful. A new procurement process is currently underway.</p>
<p>Minor oral surgery services</p>	<p>NHOSC Briefing 26 Oct 2017</p>

	<p>There were formerly 26 providers of minor oral surgery across the east of England and the re-procurement was to identify a single provider. The new service was to start by September 2018. Services were to continue to be provided from various locations but changes of location were possible.</p> <p>March 2019 update This service was successfully re-procured in 2018. There are still multiple providers in multiple locations.</p>
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Copies of the Oct & Dec 2017 and Jan 2019 NHOSC Briefings are available from the Democratic Support and Scrutiny Team Manager maureen.orr@norfolk.gov.uk .

Commercial confidentiality must be observed with regard to the procurement processes that are still ongoing. NHSE M&E(E) representatives will answer any questions about these services as fully as they can without risking compromise of the procurement processes which could leave them open to challenge by bidders.

3.4 **National dental contract reform**

3.4.1 The national dental contract in 2006 established the payment of dental practices per unit of dental activity (UDA) rather than per patient (capitation) and effectively removed the concept of patient registration with a dental practice. Reform of the 2006 contract has been under discussion and trial since 2011 when 70 dental practices began to pilot new contract models. New prototype contracts were introduced in 2016 and it is expected that around 120 practices in England will sign up to them by March 2019.

3.4.2 There are two types of prototype contract both of which include a capitation element (i.e. a payment per patient registered and regularly attending). The prototypes are being used to test what works well for dentists and patients, with more emphasis on prevention and oral health, and will help shape the new NHS general dental services contract to be rolled out from April 2020. For instance, NHS England is currently looking at introducing a weighting element to the capitation payment to reduce inequalities by enabling more time to be spent on treatment for those patients who need it most.

3.4.3 The recommendation that NHOSC supported regarding patient registration and transfer of patient records (see paragraph 2.2, 1. above) should be at least partly met by the new contract.

4.0 Suggested approach

4.1 After the representatives of NHS England M&E(E) and Norfolk Local Dental Committee have introduced their papers, Members may wish to examine the following areas:-

- (a) Does NHS England M&E(E) consider that sufficient dental services have been commissioned to cover all parts of Norfolk?
- (b) What progress has been made with regard to provision of NHS dental services to the families of service personnel at RAF Marham and the general public in west Norfolk?
- (c) Have the funds released by the closure of dental practices at Snettisham and East Harling been fully re-allocated towards additional capacity around those areas?
- (d) Have the efforts at national level to speed up provision of NHS performer numbers to incoming dentists enabled local practices to recruit more dentists?
- (e) The Local Dental Committee's paper (Appendix B) mentions 'flexible commissioning' which could mean additional emergency slots in practices to take pressure off existing emergency care providers, or expansion of domiciliary services and care home treatments. Do the commissioners see this as a practical way forward?
- (f) Has NHS England M&E(E) taken any other specific steps to support recruitment and retention of dentists in Norfolk?
- (g) Has there been progress in providing more specialist services at local hospitals (see paragraph 3.2)?
- (h) In what way will the new special care dentistry, primary care orthodontic services and dental out of hours services contracts improve access to these services?

5.0 Action

5.1 The committee may wish to consider whether to:-

- (a) Make comments and / or recommendations to the commissioners based on the information received at today's meeting.
- (b) Ask for further information for the NHOSC Briefing or to examine specific aspects of access to NHS dentistry in Norfolk at a future meeting.



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