

Wiltshire Council

Health Select Committee

8 June 2023

Rapid Scrutiny Exercise: NHS Dental Services in Wiltshire

Purpose

1. To present the findings and recommendations of a rapid scrutiny exercise on the provision of NHS Dental Services in Wiltshire.

Background

2. The Health Select Committee (HSC) agreed at its meeting, 18 January 2023, to request an update on the current provision of NHS Dental Services in Wiltshire.
3. The Committee learned that responsibility for the commissioning of NHS dental services would be transferred from NHS England to the BSW ICB (Bath & North East Somerset, Swindon, and Wiltshire ICB Integrated Care Board) in April 2023.
4. At its meeting on 28 February, the Committee agreed to carry out a rapid scrutiny exercise before the transfer took place to understand service levels before this transfer, in order to inform future scrutiny of NHS dental services. The rapid scrutiny proposal was approved by the Chair and Vice-Chair of the Committee (Appendix 1).
5. The rapid scrutiny exercise took place on 29 March 2023 with representatives from BSW ICB and NHS England attending and also providing a briefing paper (Appendix 2).
6. Further supporting reports outlining the experience of residents accessing NHS dental services were provided by Healthwatch Wiltshire before the meeting.

Terms of Reference (TOR)

7. To investigate how NHS dental services are delivered in Wiltshire to include the following:
 - The current availability of NHS dental services for Wiltshire residents;
 - The extent to which the service is meeting the needs of Wiltshire residents;
 - Identification of any gaps in service.

8. In light of these findings, to consider appropriate future scrutiny of NHS dental services in Wiltshire.

Membership

9. The membership of the rapid scrutiny exercise comprised:
 - Cllr Johnny Kidney (lead member)
 - Cllr Gordon King
 - Cllr Monica Devendran
 - Cllr Anthony Pickernell
 - Cllr David Vigar

Witnesses

10. The rapid scrutiny group are grateful for the attendance of the following witnesses:
 - Jo Lawton, Programme Manager, Dental Health Services, (Gloucestershire, BSW & BNSSG), NHS England – Southwest
 - Jo Cullen, Director of Primary Care, NHS BSW ICB
 - Cllr Ian Blair-Pilling, Cabinet Member for Public Health, Wiltshire Council (observer)

Summary of Findings

Transfer of Commissioning

11. NHS England and BSW ICB have been working together for the last 9-10 months to prepare for the transfer of commissioning responsibilities and will continue to collaborate. NHS England will still be involved in delivery and will maintain their expertise and knowledge of the network of dental practices (referred to as contractors).
12. The commissioners anticipated that the transition would be smooth, and that contractors and residents would not notice any difference. The impact of the change in commissioning represented a shift to a more localised approach with an increased capacity to work closely with stakeholders including the Public Health team at Wiltshire Council to develop decision making based on local needs assessments.

Current service levels

13. NHS dental services had been impacted by social distancing measures over the previous 3 years and there was still a recovery plan in place with the aim of achieving pre-Covid levels of service. While infection prevention measures had reduced, practices were still not achieving the same throughput they previously had.
14. There has been a shift in activity with contractors moving towards more private work and less NHS contracted work. Some have terminated their NHS contracts entirely.

15. Commissioners are limited in their flexibility to respond to these trends. Dental contracts are commissioned in units of dental activity (UDA) and there is a variance of unit rate across England, which were last set in 2006.
16. The briefing document revealed access levels to NHS dental service in Wiltshire to be behind national levels. In 2022 only 32.7% (nationally 37.4%) of adults and 42.2% (nationally 46.9%) of children. 'Access' was defined for members as 'attended an appointment with an NHS dentist.'
17. Pre-Covid statistics on access to services were requested and provided after the meeting (Appendix 3). They illustrate that access rates were below the national average before Covid too.
18. NHS dentistry typically funds 50% of dental care. People are not 'registered' with a dental practice for NHS dental care. The NHS website says 'There is no need to register with a dentist in the same way as a GP because you are not bound to a catchment area... Once you find a dental surgery, you may have to fill in a registration form at your first visit, which is just to add you to their database. **But that does not mean you have guaranteed access to an NHS dental appointment in the future.'**
19. Members felt there was scope for improving communication with the public about NHS dentistry. From their own experience and through discussion with constituents, members knew that expectations about the levels of service were high. However, dentists operating under an NHS contract are limited in their capacity to meet those expectations. An increase in demand for urgent dental care will mean that contractors have reduced capacity to provide routine appointments.
20. Members queried access to urgent care, citing examples from a Healthwatch report (Appendix 5) of people contacting 111 multiple times and not being treated. From the NHS' perspective, anyone calling 111 would be triaged and prioritised according to clinical need. However, people could be put on a waiting list if urgent appointments have all been allocated. It was suggested that this could be an area to explore further.
21. Responsibility for providing information about a dental practice is the responsibility of the contractor. It is up to practices to keep their profile up to date, including whether they are accepting NHS patients, and the commissioning body does not monitor practices in this respect.

Impact of limited access to regular check ups

22. The rapid scrutiny group were concerned about the impact on the general health, as well as dental health, of people not accessing a dentist regularly because of limited availability. They were also concerned about the NHS not covering treatment and the cost of private care being prohibitive.
23. Most periodontal diseases are not apparent until at an advanced stage.

24. Limited access to primary care (high street dentists), is leading to a demand for urgent care, thereby reducing the availability of routine check-ups.

Initiatives to improve access

25. In 2020 NHS England instigated a workshop in the South West to review NHS dentistry, which resulted in three workstreams with the aim of reforming provision:

- Access to dentistry
- Workforce
- Oral Health Improvement

26. Two practices in Wiltshire are undertaking a stabilisation pilot aimed at preventing individuals making repeat visits to urgent care services. Stabilisation provides a more permanent solution to a dental problem. If this pilot proves successful, more funding could be put into extending the scheme's delivery.

27. Another pilot scheme is underway to identify dental practices that could offer dental and oral care to children. The practices would receive support to tailor their services, as general dental practitioners are often wary of treating children.

28. As improvement initiatives were in pilot stage it would take time to assess the outcomes. Clinical networks will inform the ICB in the development of dental services. Further information about clinical networks was provided following the meeting (see link below).

[NHS England — South West » Managed Clinical Networks](#)

29. A review is being carried out on pathways to services, to standardise people's access to dental care.

Workforce

30. Attracting and retaining staff (not just dentists but hygienists and support staff) is a key issue in improving access to NHS dental services.

31. It is difficult attracting staff to Wiltshire and the South West as the region is seen as less attractive than some other regions to young professionals.

32. The group queried if the most was being made of having a training hospital (Bristol) in easy reach of West Wiltshire.

33. There are a range of initiatives planned as part of the dental transformation programme and detailed in the NHS Dentistry in Wiltshire (Appendix 2).

Tracking Gaps in Provision

34. The Oral Health Needs Assessment (Appendix 4a) is the tool used by commissioners to inform procurement.

35. It is, however, the Public Health team who have the local knowledge to identify pockets of deprivation and disadvantaged groups and work at community level to support take up of health services, including dental services.

Special Focus on Inequalities

36. Health inclusion groups are looking at how to improve access for disadvantaged communities, for example, asylum hostels, refugees, travellers, often tapping into the work of the voluntary sector with hard-to-reach groups. The Joint Strategic Needs Assessment provides evidence to support this work.

37. The ICB are also aware that military families can experience difficulties accessing NHS dental services.

38. The ICB will have a more local focus when it takes on commissioning responsibility, which should, ideally, support the development of local priorities and strategies.

39. Health visitors reach out to parents of new babies, encouraging them to take babies when they visit the dentist to help familiarise them with the environment. There is also work in school and pre-school settings.

40. No examples were given of initiatives for adults who were phobic about attending a dentist.

41. The cost of living is impacting on dental health to the extent that buying toothbrushes is seen as an unaffordable luxury for some households.

42. There are varied reasons why people do not readily access healthcare and services need to look at ways of making this easier and making every contact count.

Conclusions

43. Wiltshire residents need to have greater access to NHS dental services than is currently the case.

44. The group recognises that the ICB, supported by NHS England, faces significant challenges in improving the offer to Wiltshire residents, however they would like reassurance that improving access to dental services is a priority.

45. The provision of NHS dental services is a complex issue and while the rapid scrutiny exercise has provided an insight, the group need further information to better appreciate the issues and to fully understand the challenges and how access to NHS dental services could be improved.

Recommendations

The Health Select Committee (HSC):

- i) Requests regular performance updates from BSW ICB to monitor improvements to residents' access to NHS dental services in Wiltshire.**

 - ii) Requests a report from the council's Public Health team about the work to improve access to health services in areas of higher deprivation, including NHS dental services.**
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Appendices

- Appendix 1 – NHS Dental Services Rapid Scrutiny Proposal
- Appendix 2 – Wiltshire Dentistry Briefing paper
- Appendix 3 – Access to NHS dental services statistics, 2018-2020
- Appendix 4a – Oral Health Needs Assessment - BSW
- Appendix 4b – Oral Health Needs Assessment – South West
- Appendix 5 – Southwest Healthwatch presentation 2021

Background documents

Healthwatch Report – Military Families Experience of Health & Care Transition