

NHS Dentistry Access and Oral Health Improvement

Executive summary

This report aims to provide an update on the local commissioning arrangements for NHS dentistry, and an update on the allocation of funding for oral health improvement projects. It also aims to provide an overview of the key evidence base informing the priorities of work on improving NHS dentistry access and oral health improvement programmes.

Proposal

That the committee:

- a) receive a timely update on plans and progress on improving NHS dentistry access and oral health programmes following the allocation of funding.
- b) agree timescale for next update to the Childrens Select Committee on progress to improve NHS dentistry access and oral health improvements.
- c) are invited to consider whether further scrutiny would add value in building the evidence base to secure further funding in 25/26 (towards Q3-Q4).

Reason for proposal

This paper provides an update on the system changes taking place locally as well as nationally and how local NHS and Public Health teams are working together to improve dental care access and oral health outcomes for children and young people in Wiltshire, with input from regional programmes of work.

This follows the allocation of funding from the ICB dental underspend to resource oral health improvement programmes within 2024/25.

Author: Katie Davies, Public Health Principal – Health Improvement, Wiltshire Council and Victoria Stanley, Head of Primary Care POD, NHS BSW ICB.

Contact details: katie.davies@wiltshire.gov.uk and victoriastanley@nhs.net

NHS Dentistry Access and Oral Health Improvement

Purpose of report

1. The purpose of this report is to provide an update on the key evidence in relation to children and young people dental care access and oral health outcomes. The paper provides an overview of the plans in place to improve dental care access and oral health outcomes and the progress achieved against these plans.
2. It is anticipated that the outcome of this report will provide assurance to Children's Select Committee that progress is being made to improve the NHS dentistry access for children and young people, and to improving the oral health outcomes of children and young people in Wiltshire. There are long term solutions in place or being developed which follows the evidence base and builds on the available data and intelligence, yet it will take time for these outcomes to be appreciated.

Background

3. Following the Integrated Care Board (ICB) receiving delegated responsibility for primary dental services on 01 April 2023, the Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB has been working with colleagues in the South West Collaborative Commissioning Hub (CCH) to explore new opportunities to commission dental services to prevent poor oral health, protect and expand access and deliver high quality care.
4. Meeting these ambitions, will require careful consideration as to how to deploy the limited available resource. From a national dental care and treatment perspective, the restoration of mandatory services within the dental contract following the pandemic remains a key delivery priority.
5. This focus on mandatory services is critical to restoring access to dental care for most people, with the current national dental contractual framework also enabling the ICB to tailor services to meet specific population needs, and to take steps to support practices with changes to Units of Dental Activity (UDA) values, where this presents clear value for money.
6. In July 2023, the House of Commons Health and Social Care Committee¹ reported on NHS dentistry following the British Dental Association (BDA) and BBC research in August 2022 that at the time showed 90% of practices across the UK were not accepting new adult NHS patients. Whilst no specific reference was made in relation to children, the report acknowledged several case studies

¹ House of Commons Health and Social Care Committee, 2023, NHS Dentistry

submitted by several Healthwatch organisations across the Country, referencing an inability for whole families (parents and children) to be able to see a dentist.

7. The inquiry made several recommendations, covering access, including changes to the dental contract, workforce and the professions' representation within integrated care systems (ICS).
8. These recommendations included a patient information campaign, rigorous adherence to NICE recall guidelines, ringfenced funding, interventions to under-performing practices, a national workforce survey and a routine data collection of NHS dentists, incentives to recruit and retain the dental workforce, undertaking of an oral health needs assessment, clarification of flexible commissioning capabilities within the contract framework and finally representation of the dental profession with integrated care boards to inform decision-making.

Organisation of NHS Specialist Dental Services and Oral Health Promotion

9. In November 2023, Wiltshire Public Health undertook a dental and oral health evidence review of all available data and intelligence. This informed both dental and oral health priorities in Wiltshire, along with a BSW 'Case for Change' document presented by ICB analysts that clearly set out the challenge to improve oral health for children and adults as essential for good general health, with performance showing where we needed to focus attention to improve.
10. To accompany this, the ICB and Public Health team were able to negotiate the extraction of oral health promotion funding from the Great Western Hospital contract who provide community dental services for Wiltshire and Swindon. It was agreed this budget was un-utilised within Great Western Hospital and so agreement was made for this budget to transfer on an annual basis from the ICB and split accordingly between Swindon and Wiltshire public health teams. This amounts to £67,000 per year for Wiltshire.
11. The Wiltshire and Swindon Community Dental Service, which operates from Great Western Hospital, provides a dental service for people with complex needs who are unable to access care at high street dentists. This service can be accessed by a referral from a dental professional, a General Medical Practitioner or any other health or social care professional. It is made up of a team of dentists and Dental Care Professionals who have a special interest in treating patients with additional needs. Domiciliary care can be provided for patients who are housebound which prevents them from attending the clinic.

Update on key data on oral health and dental care needs

12. As of June 2023, 44.8% of children had not accessed dental services in the 12 months prior². When comparing to the year before, there has been an increase in the dental access by 13% since June 2022. This is in line with the national access rate for children.
13. A visit to the dentist for children and young people provides the opportunity for oral hygiene, diet, lifestyle and smoking cessation advice, alongside checking for

² [NHS Dental Statistics for England, 2022-23, Annual Report - NHS England Digital](#)

early signs of oral cancer and preventative interventions such as scaling and polishing, and fluoride varnish applications. Fluoride varnish applications are a highly preventative measure for tooth decay. This is currently only offered within a dental practice in Wiltshire. It is being scoped as to how this could operate within the community.

14. Most recent data (2021/22) indicate 15.5% of 5 year olds have visually obvious dental decay³. This is below the national average of 24%. It is worth noting this data is limited as it is based on small sample sizes at a local authority level, so caution is needed when making comparisons between localities and with the national average. However, it is data we routinely have available to inform priorities.
15. Wiltshire has a high proportion of children being admitted to hospital for tooth extractions under general anaesthetic. The hospital admissions rate for tooth decay for 0-19 year olds in Wiltshire is 1,036.7 per 100,000, as of January 2024. This is significantly higher than the rate in 2021/22 of 347.9 per 100,000. However, this is likely to be linked to dental recovery from the COVID-19 pandemic. However, the rate for Wiltshire, is much higher than B&NES (1,012.4 per 100,000) and Swindon (1,013.6 per 100,000). Further work is planned to improve our understanding of this data to inform programmes of work as part of prevention.
16. Tooth decay is still the most common reason for hospital admission in children aged 6 to 10 years. The caries-related tooth extraction episode rate for children and young people living in the most deprived communities was nearly 3 and a half times that of those living in the most affluent communities.
17. There is limited data and insight into specific vulnerable populations on their dental care and oral health needs, however working with National, regional and local analytical teams the ICB is exploring its ability to stratify dental patients using geo-demographics and population health analysis.
18. Within the Wiltshire School Health and Wellbeing Survey in 2021, children and young people were asked about their frequency of toothbrushing. The proportion of primary school children reporting brushing their teeth twice a day, was 83% for Primary School children, and 85% for Secondary School aged young people. There are improvements we need to increase the proportion of children and young people brushing their teeth twice a day as this is one of the most effective way of preventing tooth decay. When the data was analysed for vulnerable groups, the proportions were much lower. This intelligence is informing how Public Health prioritise oral health promotion programmes.

Access to NHS Dental Services

19. In February 2024 NHS England shared its plans to 'recover and reform NHS dentistry', acknowledging that NHS dentistry has been under pressure for some time and NHS dental teams have been working hard to meet the rising demand. The National plan aims to improve patient access to NHS dental care and return activity levels to pre-pandemic levels.

³ [Dental services - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

20. The dental reform and recovery plan includes a range of measures including new patient payments for each new patient treated, a new dental van service, offering appointments to targeted communities, raising the minimum Unit of Dental Activity (UDA) price to £28 and golden hello payments to practices where recruitment may be particularly challenging.
21. The 2024/25 indicative total ringfenced BSW dental budget is £56.4 million, of which £34.2 million is aligned to primary care dentistry. There are currently robust investment plans amounting to £2.9 million focussed on the three key priorities of oral health improvement, access and workforce.
22. The ICB and Wiltshire Public Health team are working collaboratively on these three priorities, where more specifically they are to:
 - a. Improve access of dental care services to the Wiltshire population, considering vulnerable populations who are at risk of poorer oral health outcomes and face barriers in access to dental care and treatment.
 - b. Increase the dental workforce within Wiltshire
 - c. Improve oral health outcomes focused on Core20PLUS5 populations, including engagement, and further understanding population needs.
23. In addition, there has been an allocation of £300,000 to fund oral health activities in Wiltshire for 2024/25. This has been allocated from the dental care underspend. The Public Health team and ICB are undertaking scoping work to plan how this funding can be used to deliver dental outreach services in Wiltshire for our most vulnerable populations. There is work currently being undertaken to commission a training provider for Oral Health Champion training across workforces to provide evidence based oral health messaging and signposting to relevant dental services.
24. In October 2023, updated flexible commissioning guidance (originally issued in 2021) was shared with the aim to make the current NHS dental contracts more adaptable by allowing a proportion of the commissioned Units of Dental Activity (UDA) to be filled through locally agreed schemes. Its purpose was and still is to prevent poor oral health, protect and expand access and deliver high quality care as well as aid the restoration of mandatory services such as examination and diagnosis.
25. In March 2024 the ICB received an evaluation report of Child Friendly Dental Practice (CFDP) pilot schemes across the South West. The CFDP scheme aims to provide the management of acute dental issues as well as preventative measures to reduce the chance of oral ill health in children working in a more holistic approach. Additional training and support were provided to all pilot practices with peer support led by specialists and consultants in paediatric dentistry on a monthly basis.
26. The key findings from the National report, showed that 74% of patients seen within a CFDP were successfully treated and did not require any onward referral to secondary care. There was a noted reduction in the distance travelled to access care as the child friendly practices were often providing care closer to home than hospital dental providers. The most common interventions were oral health advice, x-rays and tooth extractions. Feedback from clinicians reported

increased confidence in treating children following additional training and peer support. Following the pilots, the ICB is supporting the recommendation to support the expansion of the child friendly dental practice scheme, developing the required skills-based training, service specification and identification of need across the BSW population.

27. Whilst the wider child friendly scheme is being developed the ICB has made a recommendation to support expressions of interest out to all primary care providers to deliver a children looked after, children in care and unaccompanied minor dental service. Using the ability to flexibly commission services, and a planned dental commissioning tool mapping service, it is hoped the ICB will be able to specifically target the service to providers, in areas where the population may not be able to access care.
28. During recent months, three dental clinics have been provided for resettled families at Larkhill. These dental clinics have highlighted the high need for dental care amongst these families. The provision of the Community Dental Service at the dental clinics have led to onward referrals for dental care and identifying high levels of dental decay in the children. Also, at these clinics the provider of our supervised toothbrushing programme, At Home Dental, provided interactive education sessions for children and parents on the importance of regular toothbrushing, along with the provision of oral hygiene packs for all the children and young people. Whilst the ICB awaits a formal report following the clinics at Larkhill, it is understood that a number of individuals have received various clinical interventions, and there is evidence of a high level of sugar intake by children and young people on site.

Oral Health Promotion Programmes

29. The following oral health promotion programmes are preventative programmes of tooth decay and reducing the risk of dental treatment.
30. First Dental Steps, an NHS England funded programme for the first 12 months, has been underway in Wiltshire. All Health Visitors have received Oral Health Champion training and are providing oral health promotion advice and guidance to all families who engage in their child's mandated 9-12 month check-up. Each family is provided with an age-appropriate oral hygiene pack; toothpaste, toothbrush and 'sippy' cup for the child. Children that meet a specific criterion, i.e. a sibling who has had a previous dental extraction, will have a direct referral to an NHS dentist.
31. First Dental Steps is an evidence-based programme following a previously successful pilot in the South West. Therefore, there are plans for this programme to continue to be funded in Wiltshire. Work is underway to extrapolate this data to understand the outcomes being achieved. There is also continued commitment of this programme in Wiltshire utilising local oral health promotion funds.
32. The supervised toothbrushing programme, is a two year evidence-based NHS England funded programme, providing children in early years settings and Reception class, to participate in daily toothbrushing. It is currently available to settings in Index of Multiple Deprivation areas of 1-6. Each school and early years setting is provided with age-appropriate toothbrushes and toothpastes, along with

guidance on how to incorporate the activity into the daily routine. Additional oral health education sessions can be provided to families through the provider of the programme, At Home Dental.

33. The number of eligible settings in Wiltshire is 79, of which 76% have signed up to the programme and are involved in the delivery of the programme, and 16% of schools have declined. The remaining schools are still being contacted to offer the programme. There are plans to continue funding this programme beyond the current pilot and to consider expansion of the criteria.
34. A proportion of the £300,000 oral health promotion money, as previously mentioned, will fund oral health promotion training across the dental workforce, for those who have a dental background and will support in their roles to deliver oral health promotion work. It will also fund Oral Health Champion training, which is a basic level training on oral health and will provide learners with information about local NHS dental services and care pathways.
35. Over 300 oral hygiene packs have been purchased and been distributed through a range of mechanisms over the last year; Larkhill dental clinics, food banks. As part of this, 'making every contact count' conversations have taken place to encourage attendance at a dentist and good oral hygiene practices.
36. This year, the ICB has also set out to deliver dental checks for all residential special educational settings across BSW. Currently, the ICB is awaiting on further National guidance and service delivery information and are hopeful this will be provided following the pre-election period.
37. Opportunities to embed and integrate oral health into care pathways is currently being scoped. Early collaborative working between Wiltshire Public Health and Salisbury Foundation Trust are scoping the importance of integrating oral health messaging and dental signposting as part of antenatal care pathways.
38. An oral health communications plan is currently being developed to share evidence based oral health messaging and align this messaging with other public health campaigns and integrate it within care pathways to promote the importance of accessing a dentist and good oral hygiene practice.
39. The Public Health team are considering ways to integrate oral health into existing programmes of work, such as Phunky Foods; a healthy cookery and lifestyle programme for Wiltshire Primary Schools. Oral health resources and messaging linked to healthy diet has been integrated into the programme.

Environmental impact of the proposal

40. The Child Friendly Dental Practice pilots were able to demonstrate an estimated environmental impact of 5.6 metric tonnes of CO₂ avoided, approximately 14,200 miles were avoided across the South West through the use of these pilots.
41. As the priority focus of this work has been on improving access there is a need to ensure dental services are more accessible to populations, so does require the need for a provider to travel.

42. As programmes of work are scoped there will be a consideration of the environmental aspect within the planning.

Equality and diversity impact of the proposal

43. This paper highlights the range of vulnerable population groups that are being considered as part of the planning for oral health and dental care programmes. It also includes those who have received tailored dental care as part of outreach programmes; homeless populations, resettled families, children living in the most deprived areas in Wiltshire.

44. The planning of dental care and oral health programmes in Wiltshire are in line with the Core20PLUS5 health inequalities framework.

45. There is work being scoped on gaining further insight of population need for dental care and oral health promotion programmes, specifically adults with learning disabilities, and Travelers. There are plans to further this insight work with other population groups.

Risk assessment

46. As each programme of work underpinned by the 3 key priorities for Wiltshire dental care and oral health is scoped and developed, a risk assessment will be undertaken which considers the financial impact, the capacity within the system to support the programme of work, and the impact on health inequalities of aiming to reduce the gap.

Financial implications

47. The report provides a retrospective review and assurance on the work that has been undertaken to date and does not provide any scope on indicative or future proposals with any financial implications.

Legal implications

48. Local authorities have a statutory function to provide or commission oral health promotion programmes. It will be the first financial year (2024/25) that Wiltshire Public Health team will have the allocated oral health budget to fund this work specifically, and now with additional funding from the dental care underspend.

49. From April 2023, ICBs have delegated commissioning responsibility for NHS dentistry.

Conclusion

50. The access to NHS dentistry remains a high priority, as does the oral health needs for our children and young people, specifically early years, SEND and looked after children. The ICB and Wiltshire Public Health team are working collaboratively to improve dental care access and improve oral health outcomes, therefore preventing and reducing pressure on our Acutes. Further work is needed in Wiltshire, but progress is being made to improve these outcomes.

Kate Blackburn
Director of Public Health

Jo Cullen
Director of Primary Care

Report author(s):

Katie Davies – Public Health Principal, Health Improvement

Victoria Stanley – Head of Primary Care POD

Date of report: 09 July 2024