

Dental Access – Southwark

March 2024

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Mixture of General Dental Services (GDS) and Personal Dental Services (PDS) agreements:

Contracted services

1,106 providers across London (primary general and orthodontics services);

32 GDS providers in Southwark; Total Contract Value £17.6m; 474,495 UDAs

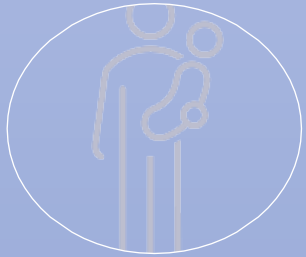
- General Dental Services (GDS) providers are primary care dental practices that deliver mandatory services; these contracts do not have an end date;
- Personal Dental Service (PDS) agreements are for a fixed period and allow for services to be re-procured on expiry. PDS are generally for advanced mandatory (e.g. Out of Hours or Specialist Services (e.g. Intermediate Minor Oral Surgery (IMOS))).
- GDS providers are High Street Dental Practices who contract with the NHS to deliver an agreed level of activity known as Units of Dental Activity (UDAs) for a fixed contractual sum.
- Part of the dental practices contractual income is derived from patient charges
- NHS Dental Practices do not receive reimbursement in respect of premises or staff costs
- Formal registration with NHS Dental Practices ceased on 31st March 2006 when the current contract was implemented. Patients although perceive they are 'registered' as they attend a practice regularly, however the obligation only extends to a course of treatment.



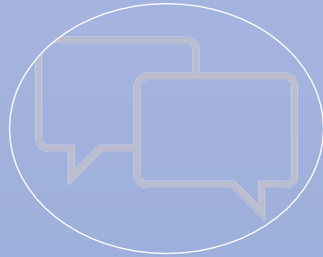
**Secondary,
community &
specialist
dental services**

- Dental treatment is generally split into three categories of complexity
- Level 1 – mandatory services delivered by any dentist in the high-street setting.
- Level 2 – advanced mandatory and specialist services delivered by dentists with enhanced skills or recognised training in the high-street setting. Also referred to as intermediate services.
- Level 3 – complex treatment delivered by specialists and consultant led in the secondary care setting.
- National commissioning guides recommend the acceptance criteria and delivery for complexity levels 2 and 3.
- Community Dental Services deliver a range of complexity levels for paediatric, special care, domiciliary and homeless (rough sleeping) patients.

Impact of poor oral health on children and families



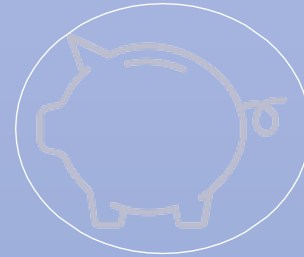
Poor start in life:
affects children's
development,
nutrition, speech
and social
interactions



Poor wellbeing:
low self-
esteem and
confidence.



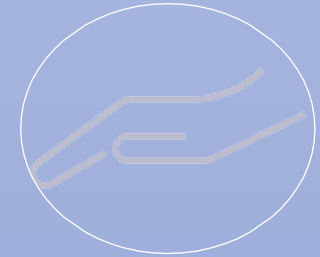
School
readiness,
school
absence and
school
attainment.



Local
economy:
Parents/carers
taking days off
work to care
for children.



Pain and sepsis
leading to XGA.



Dental neglect
and wider
safeguarding
issues.



Impacts of the COVID-19 pandemic on CYP

- Children consumed more junk food and snacks and fewer fruit and vegetables during lockdown; this was more prevalent among children from poorer backgrounds highlighting health inequalities (National Food Strategy, July 2020)
- Lockdown has led to food insecurity (Food Standards Agency, 2020)
- Worsening of mental health
- Impacts on education
- It is very likely that oral health has been compromised and disproportionately impacted more disadvantaged children



Impact of the Pandemic on Dental Access

The impact of the first national lockdown is still having an impact on routine delivery and many of those delivering NHS care have an ongoing backlog of treatments. The specifics of this are that acuity of patient need has increased significantly, due to outstanding treatments being deferred and consequently treatments are taking longer to complete.

The capacity to deliver routine care e.g. access to new patients continues to be a real challenge as there is significantly less available capacity than there was pre-pandemic

Contractual Activity Thresholds for providers were reduced during the pandemic and were increased incrementally; initially set at 20% in July 2020 with full resumption to 100% delivery from 1st July 2022

Urgent Dental Care Services; (UDCHs) were the only Dental Services available for face-to-face delivery from March - July 2020. these were accessed via 111 and Dental Triage in London; 42 UDCH were stood up across London, comprising of Hospitals, Community Dental Services and Primary Care.

Access to Urgent Dental Care delivery continues to be available in London 24/7, as per pandemic levels of delivery, as the pressure on primary care is such that it cannot be withdrawn without severely impacting patient care

Call levels to the Dental Triage Service are still around 1,100 calls per day

For practices, their priorities continue to be urgent care and outstanding courses of treatment

Patients at higher risk of oral disease and losing teeth

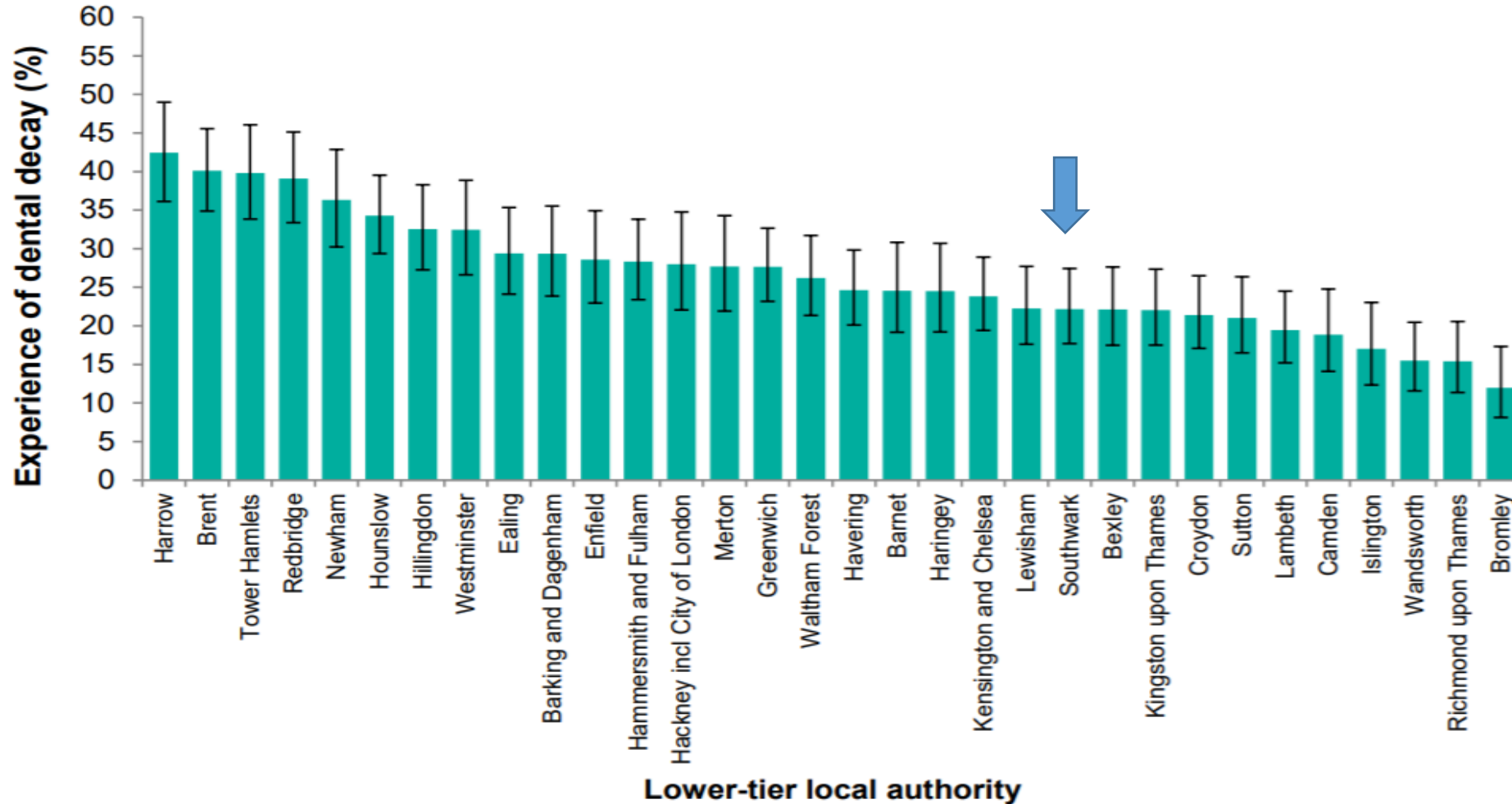
Urgent Dental Care via NHS 111

Charlton Village Dental Practice, Greenwich, SE7 8UD
My Dentist (Sydenham), Bromley, SE26 5HF
Camberwell Dental Practice, Southwark, SE5 8QU
GK Ooi & Associates, Southwark, SE16 6HZ
Bromley Healthcare, Bromley, BR3 3QL
Surrey Docks Dental Practice, Southwark SE16 6AE
Greenwich Dental Practice, Greenwich, SE108NB
Maxident Clinic, Lewisham SE6 2NZ
Dentistry For You, Lambeth SW9 7NU

Borough	London %	Calls Per Borough
Southwark	4.54	2999
Lambeth	4.04	2669
Greenwich	3.61	2385
Lewisham	3.1	2048
Bromley	2.62	1731
Bexley	1.9	1255

London data - experience of tooth decay among 5 year old Children 2019

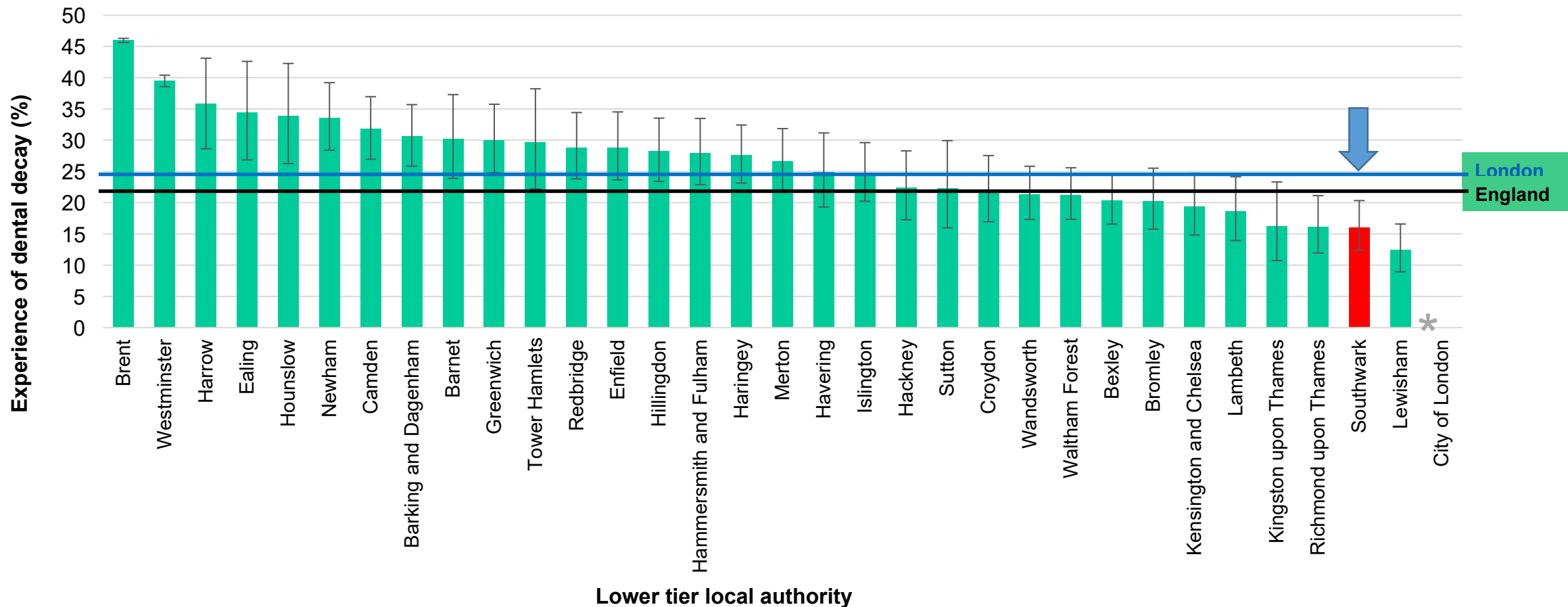
(National Dental Epidemiology Programme, 2020)



London data - experience of tooth decay among 5 year old Children 2022

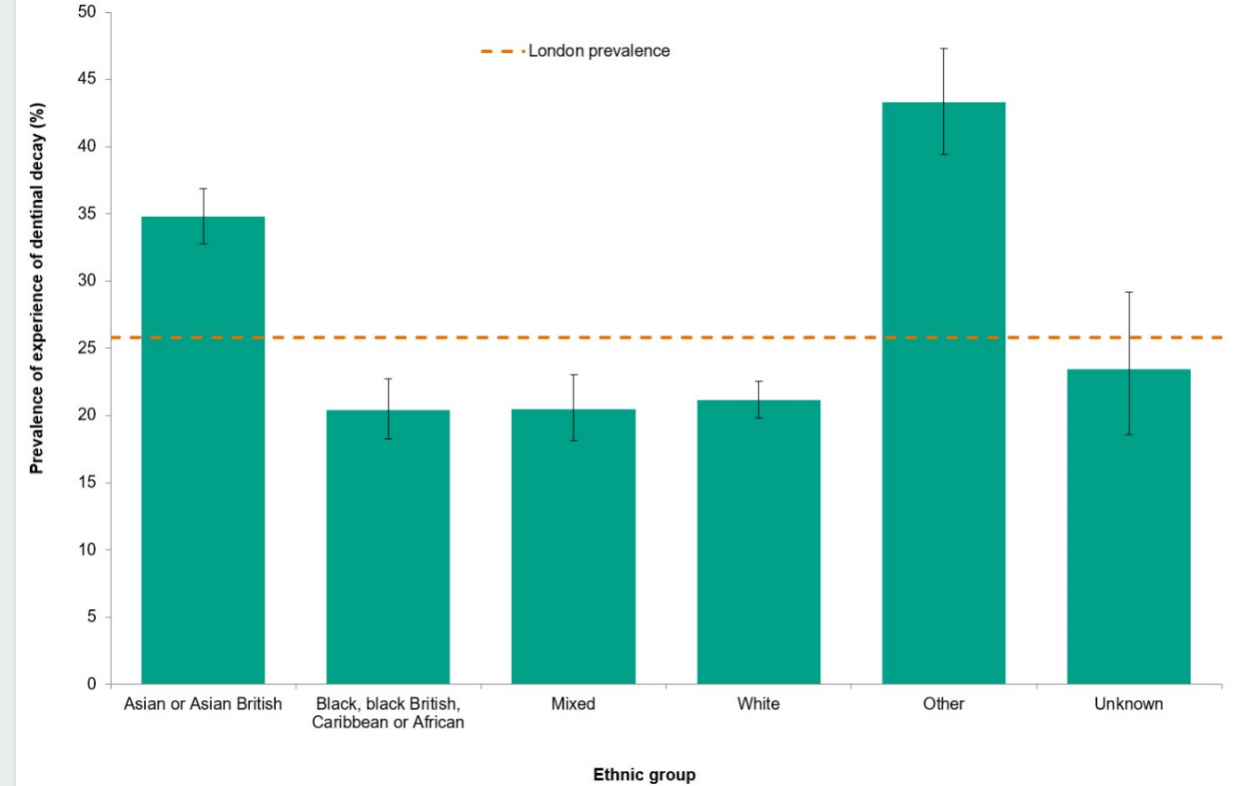
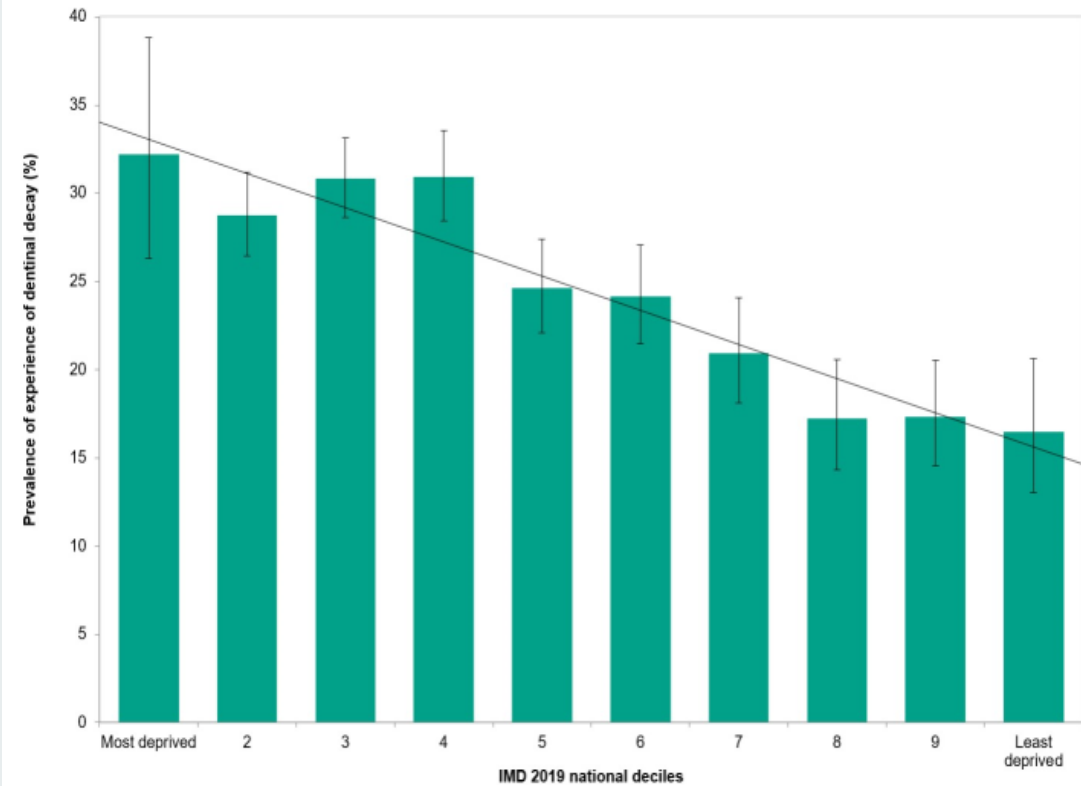
(National Dental Epidemiology Programme, 2022)

- In 2022, 1 in 4 children aged 5 years in London had tooth decay experience, ranging from 46.0% in Brent to 12.4% in Lewisham (*National Dental Epidemiology Programme 2022*).



*Note 2022 NDEP data was not available for City of London in 2022.

National data - Inequalities in children's oral health



- 5 year olds in the most deprived 20% of areas of the country were 2.5 times as likely to have experience of dentinal decay as those in the least deprived 20% of areas.
- Prevalence varies by ethnic group and was significantly higher in the other ethnic group, Asian or Asian British ethnic group compared to other groups.

Source: OHID, National Dental Epidemiology Programme, 2019, 2022

What can we do to improve oral health and inequalities

- **Integration of oral health into general health and public health initiatives.**
- **Tackling the social determinants and ensuring every child has the best start in life.** Oral health as part of a whole systems approach with actions across sectors (education, health and social care)
- **Tackling shared risks:**
 - Sugar reduction
 - Increasing the availability of fluorides - regular toothbrushing with a Fluoride toothpaste, Fluoride varnish (FV) application, supervised toothbrushing/FV programmes, delivery of toothbrush/paste packs
 - Signposting to NHS dental services
- **Promoting positive oral health behaviours**
 - Improving oral health: an evidence-informed toolkit for local authorities**
GOV.UK (www.gov.uk)
- **Training of the wider workforce**
- **Prevention delivered by dental teams using evidence-based toolkit DBOH 2021** Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK (www.gov.uk)

Public Health England
Protecting and improving the nation's health
Sugar Reduction
The evidence for action

Fluoride toothpaste has been shown to prevent tooth decay

Local authorities improving oral health: commissioning better oral health for children and young people

An evidence-informed toolkit for local authorities

New recommended maximum daily sugar intake*

Age Group	Recommended Maximum Daily Sugar Intake
Adults & 11+	30g (x 7)
7-10 years	24g (x 6)
4-6 years	19g (x 5)

*Scientific Advisory Committee on Nutrition, 2015

Dental Recovery Plan

- The Government's Dental Recovery plan; [Faster, simpler and fairer: our plan to recover and reform NHS dentistry](#), was published on 7th February 2024 and the key strategic commitments made in the plan are:
 - a) In 2024, significantly expand access so that everyone who needs to see a dentist will be able to. This will begin with measures to ensure those who have been unable to access care in the past 2 years will be able to do so - by offering a significant incentive to dentists to deliver this valuable NHS care. Introduction of mobile dental vans to take dentists and surgeries to isolated under-served communities.
 - b) Launch 'Smile for Life' - a major new focus on prevention and good oral health in young children, to be delivered via nurseries and other settings providing Start for Life services and promoted by Family Hubs. The introduction of dental outreach to primary schools in under-served areas in addition to taking forward a consultation on expanding fluoridation of water to the north-east of England - a highly effective public health measure.
 - c) Ramp up the level of dental provision in the medium and longer term by supporting and developing the whole dental workforce, increasing workforce capacity as committed to in the NHS Long Term Workforce Plan, reducing bureaucracy and setting the trajectory for longer-term reforms of the NHS dental contract.

Dental Recovery Plan

Summary of Key NHS Commissioning Commitments - the significant NHS aspects of the plan in respect of dental commissioning are:

- a) Increase in the minimum Unit of Dental Activity (UDA) value to £28.00.
 - b) Introduction of a new patient premium for 2024/25. This will pay an additional £50 for a new patient receiving a band 2 or 3, and an extra £15 for a new patient receiving a Band 1 in addition to the funding the practice would already receive.
 - c) Roll out of dental vans in certain underserved ICBs. This is focused on isolated rural and coastal communities ***NOT APPLICABLE IN LONDON***
 - d) Introduction of a 'golden hello' scheme (£20k per dentists, split over 3 years, available for posts agreed by regions / ICBs to be priorities for access) to encourage dentists into under-served areas and supporting those practices with the lowest rates of payment for their work. ***NOT APPLICABLE IN LONDON***
- The plan commits to bringing forward proposals for reform, however there is no specific detail around this, as they are subject to further work up and will require consultation.

Dental Recovery Plan

Specific ICB actions

Increase the minimum UDA value to £28.00 from £23.00 – this affects 13 of our Dental practices (their current range is from £25.33 – £27.89) and will result in less than £50K increase of the collective contract value. All eligible contracts will receive an additional in-year uplift to increase their UDA value and a contract variation which reflects the change.

New patient premium – implement the new patient premium scheme which started on 1st March 2024 and will run for 13 months until 31st March 2025. Participating practices will receive a nominal credit of UDAs equivalent to: £15 for each eligible new patient requiring only band 1 care and £50 for each eligible new patient requiring a band 2 or 3 treatment. This will be in addition to the UDAs a practice would already be deemed to have delivered for this care.

Work with public health colleagues – to support the delivery of the ‘smile for life’ programme for babies and very young children

Thank you

Any Questions?