

# **NHS Sussex paper to Brighton and Hove Health Overview Scrutiny Committee (HOSC) on Dentistry**

**31 January 2024**

**Report:** To provide an update on the actions NHS Sussex has taken to fully understand the barriers to NHS dental access and activities we have taken to enhance routine and urgent care dental access for people in Sussex.

**To:** Brighton and Hove HOSC

**From:** Dr Charlotte Keeble, Director for Pharmacy, Optometry and Dentistry (POD) Commissioning, NHS Sussex

## **1. Introduction**

- 1.1 On 19 July 2022 NHS Sussex was one of the first Integrated Care Boards (ICBs) to take on the responsibility for commissioning primary, secondary and community dental services, alongside community pharmacy and optometry services. Sussex has 313 community pharmacies, 184 optometry services and 302 primary, secondary and community dental contracts (December 2023).
- 1.2 NHS England (NHSE) delegated their POD commissioning functions to all remaining ICBs on 1 April 2023. Local Authorities (LAs) are responsible for commissioning oral health promotion services.
- 1.3 Delegated commissioning allows us to move away from transactional models towards a more collaborative approach to planning and improving services. This means that instead of us focusing on procurement and contract management, commissioner's roles are to work closely with key partners across the system (including dental providers) to understand population needs, determine key priorities and design, plan and resource services to meet those needs.
- 1.4 During the first year of delegation, our work programme has focused on four key activities:
  - Building our understanding of each POD service.
  - Establishing governance arrangements.
  - Establishing structures for effective provider engagement.
  - Assessing need, planning and arranging services - with consideration of financial obligations and regulatory compliance.
- 1.5 Enhancing access to dental services is a national and local priority. The NHS Planning and Operating Guidance 2023/24 includes a national objective to recover dental activity, improving Units of Dental Activity (UDA) towards pre-

pandemic levels.<sup>1</sup> Ensuring adequate primary care dentistry provision both universally as well as for the groups with the highest level of oral health need is one of the greatest immediate challenges for Sussex. Patient demand for NHS dental services currently exceeds the available capacity dental professionals are willing or able to provide.

1.6 Since POD delegation, NHS Sussex has worked in collaboration with Public Health dental consultants, the dental profession and our local communities to fully understand the barriers to NHS dental access. This report sets-out the actions we have taken to enhance routine and urgent care dental access for people across Sussex. The report is divided into the following sections:

- **Section 2: How are NHS dental services contracted?**
- **Section 3: What are the current issues impacting upon access to NHS dental services?**
- **Section 4: What does our data tell us about NHS dental access in Brighton and Hove?**
- **Section 5: What actions has NHS Sussex taken to enhance NHS dental access in Sussex?**
- **Section 6: How is the Sussex Dental Recovery & Transformation Plan 2023/24 supporting the development of NHS dental services?**

## 2. How are NHS dental services contracted?

2.1 The NHS has contracts with dentists to provide dental services for NHS patients. These services are accessed by patients directly, typically at high-street dental surgeries. Primary care dentists are not NHS employees and act as self-employed providers in a similar way to GPs and community pharmacists. Most dentistry is provided by independent practitioners, some of whom also provide, on a commercial basis, services which the NHS does not provide (i.e. for cosmetic purposes).

2.2 All NHS dental services are open to anyone from any area and people can receive care in any practice able to offer them an appointment. A practice is only responsible for a patient's care while in treatment, but many will maintain a list of regular patients and will only take on new patients where they have capacity to do so, such as when patients do not return for scheduled check-ups or they advise the practice that they are moving from the area. People without a regular dentist, may have to join a waiting list, look for a different dentist who is taking on new NHS patients, or choose to be seen privately.

2.3 NHS dental contracts require dentists to complete a set number of Units of Dental Activity (UDAs) – these do not relate to the number of patients. The

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<sup>1</sup> <https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/>

various treatments people receive from dentists attract different charges based on bands and are also assessed as representing different number of UDAs.

- 2.4 There are four bands of charges for all NHS dental treatment. Each band of NHS dental treatment (Band 1, Band 2, Band 3, Urgent band) equates to a certain number of UDAs, which are based on the complexity of treatment. As a rough guide - 7,000 UDAs equates to one full time dentist. (For further information on NHS dental band charges, please see <https://www.nhs.uk/nhs-services/dentists/dental-costs/what-is-included-in-each-nhs-dental-band-charge/>).
- 2.5 The national dental contract has remained largely unchanged since its introduction in 2006. A number of new dental system reforms were announced on the 19 July 2022, this first phase of dental system reform sought to:
- Introduce enhanced UDAs to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2.
  - Improve monitoring of and adherence to personalised recall intervals.
  - Establish a new minimum indicative UDA value.
  - Address misunderstandings around use of skill mix in NHS dental care, whilst removing some of the administrative barriers preventing dental care professionals from operating within their full scope of practice.
  - Take steps to maximise access from existing NHS resources, including through funding practices to deliver up to 10% more activity in year, where affordable and,
  - Improve information for patients by requiring more regular updating of practice information through their nhs.uk profile and the NHS111 Directory of Services.
- 2.6 We await publication of the Dental Recovery Plan by the Department of Health and Social Care, which will announce further reforms.

### **3. What are the current issues impacting upon access to NHS dental services in Sussex?**

- 3.1 NHS Sussex has undertaken both qualitative and quantitative assessment of the current issues facing service providers and patients to test the assumptions in the Dental Recovery and Transformation Plan. We want to ensure our plans maximise dental capacity and prioritise capacity where it can be used most effectively to meet the highest clinical needs and secure the greatest improvements in oral health outcomes.
- 3.2 The activities undertaken include extensive engagement with the dental profession. We convened a dental professional listening event on 12 June 2023, inviting dental professionals from primary, community and secondary dental services to identify the key challenges impacting dental service provision in Sussex. The aim of the event was:
- For dental providers to meet NHS Sussex, who has taken on the delegated commissioning responsibility for dental services.

- For dental professionals to discuss some of the current challenges facing NHS dental services.
  - To promote the sharing of good practice from other systems who have co-designed and tested transformational commissioning opportunities.
  - To stimulate ideas and identify opportunities to support the development of local commissioning priorities in line with the oral health needs of our population.
- 3.3 To inform our discussions, we invited LA Public Health consultants to attend the event and to provide local intelligence on the oral health needs of their populations and priority areas to target. For Brighton and Hove this included: gypsy and traveller communities, people with learning disabilities, children and families living in disadvantaged areas, people experiencing homelessness and insecurely housed, and vulnerable migrants including refugees and asylum seekers.
- 3.4 We asked providers to identify in priority order, the key barriers facing dental professionals delivering NHS funded services and solutions to address the problems. 86% of attendees attributed the NHS dental contract as being one of the greatest challenges facing dental professionals in Sussex, alongside inability to recruit workforce (69%) and affordability in terms of UDA rates not covering costs of providing dental treatment (69%).
- 3.5 Key themes from the discussion sessions focused upon:
- **Resilience and retention support** to facilitate greater integration of the dental workforce within the NHS. Collaboration with NHSE Workforce, Training and Education (WTE) to develop a support programme to respond to the changing needs of patients / services as well as promoting career development. A review of the UDA rates to address disparity.
  - **Enhancing universal access** by testing different commissioning options and exploring the opportunities for flexible commissioning in primary care dentistry.
  - **Addressing inequalities by identifying vulnerable groups and their oral health needs**; examples on the day focussed on care homes residents, Looked after Children (LAC), children with special needs and people experiencing homelessness. Exploring opportunities to test new models of support, including prevention interventions and training.
  - **Clinical service development** that integrates services and patient pathways.
- 3.6 In August 2023, we undertook a deep dive analysis, led by the Chief Executive Officer (CEO) for NHS Sussex. Through this data driven process, we established a base-line position on the current provision of NHS dental services and the levels of capacity (dental access) in Sussex.
- 3.7 The analysis identified issues relating to the historical commissioning arrangements which are not easy to resolve. Firstly, the amount of primary dental care services was commissioned where existing dental practices had chosen to set up. This approach did not necessarily correspond to the areas with the highest levels of oral health needs (strongly associated with deprivation).

The majority (approximately 85%) of primary care dental services hold General Dental Services (GDS) contracts in perpetuity. Under the terms of the GDS contract, it is not possible to reduce, end or relocate these contracts from areas where there is a high level of NHS dentistry to reinvest in areas with little or no NHS dentistry. These contracts cannot be changed unilaterally either by the NHS or the contract holder.

- 3.8 Secondly, the NHS dental provision for primary care dentistry is activity based requiring dentists to deliver UDAs. Under the current system, dentists treating new patients or those people with more oral health disease require longer appointment times to examine, diagnose and treat. Longer time spent with a patient is likely to impact upon a providers' ability to meet their contracted UDA target.
- 3.9 The output of our deep dive analysis informed our proposed approach and rationale for targeting our activities and phasing our plan in areas of highest need. We have identified a number of factors impacting on access to routine and urgent dental care services:
- Dental provider under-performance against commissioned activity.
  - A high number of NHS dental contract hand-backs in specific areas.
  - Workforce retention and recruitment challenges.
  - Higher acuity of dental need in areas of higher deprivation requiring dentists to undertake more complex treatment which results in patients requiring longer time with the dentist.
- 3.10 NHS Sussex has used patient feedback collected in the [April 2023 Sussex Healthwatch survey, Experiences of Dentistry in Sussex Poll](#) as well as data and insight gained through our own review of the current position of NHS dentistry in Sussex to inform and develop our Dental Recovery and Transformation Plan.
- 3.11 The Sussex Healthwatch survey findings:
- Once accessed, more people were Satisfied/Very Satisfied (29.5%) than Dissatisfied/Very Dissatisfied (17.8%) with the treatment they received.
  - 25.5% had accessed NHS dental treatment without any issues, but 40.9% of respondents were unable to receive NHS dental treatment as they had been unable to find dentists able to offer it.
  - Nearly one-in-fourteen people (6.8%) needed dental treatment but were unable to afford to pay the NHS dental charges.
  - Approximately one-fifth of people (21.8%) told us they had paid for treatment privately because they had been unable to find or access a dentist able to provide NHS treatment.
  - Some people (4.5%) had paid for private dental services, so they were able to receive an appointment or treatment faster.
  - Seven people (3.2%) told us that they had paid for treatment privately so that their child could access NHS dental services.
- 3.12 The GP Patient Survey for 2022/23 highlighted that 73% of Sussex residents who tried to access NHS Dental services over the last two years report that they were able to get an appointment. This was marginally below the England

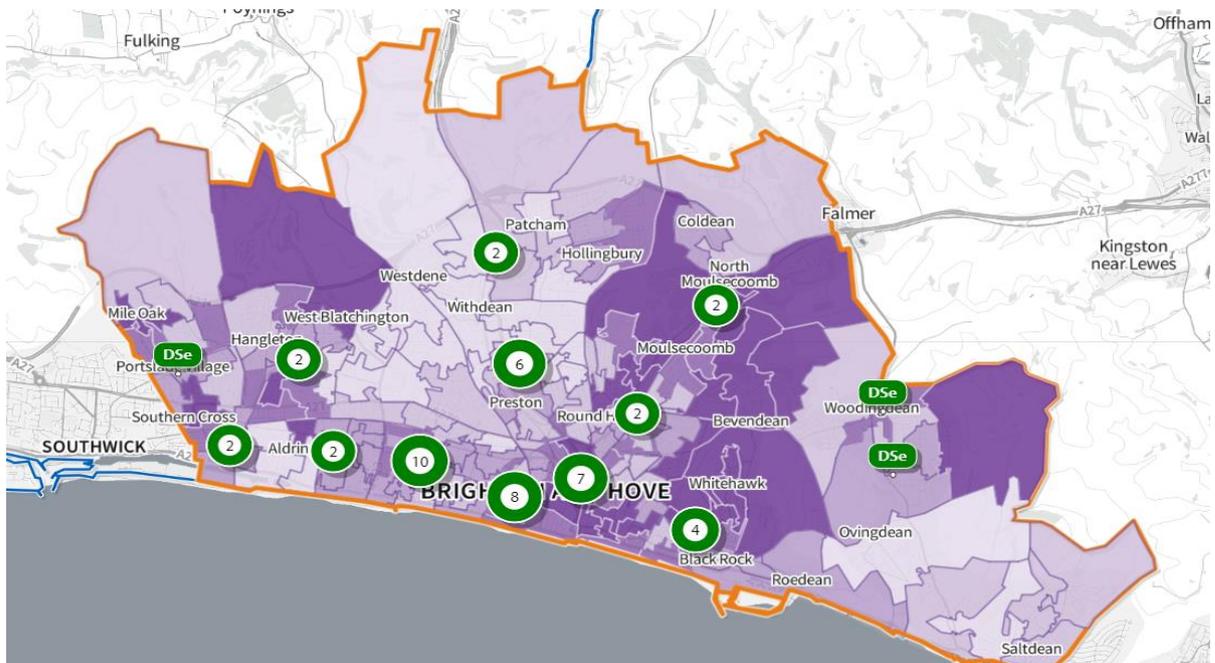
average (75%). The reasons for why residents couldn't access services were evenly split between no appointments being available and because the dentist was not taking new NHS patients.

3.13 We know that many people in Sussex are able to access their first choice of dentist and that we have a higher number of dentists for our population than other areas in the country. The public and patient feedback we reviewed highlights that some people in Sussex are finding it hard to get the care they need. Work is underway to address this, and we welcome the findings of the insight from Healthwatch which we have used to develop our plans to improve access and address inequalities across our communities.

## 4. What does our data tell us about NHS dental access in Brighton and Hove?

### Dental service provision

4.1 Dental providers in Brighton and Hove are identified on the map below by green boxes labelled "DSe" (Dental Service) to indicate one provider, or a green circle with a number in the centre what shows how many providers are within that location. The purple shading reflects deprivation levels for the area with the deeper shades indicating higher-levels of deprivation.



4.2 There are forty-four NHS Mandatory Dental Service (MDS) dental contracts across Brighton and Hove (December 2023), some contracts cover multiple sites for a total of 395,983 UDAs (2022/23).

4.3 The table below shows the number of MDS contracts and the total population figures (2021) per Local Authority area in Sussex:

	MDS Contracts	Population (Census 2021)
<b>West Sussex</b>		
Adur	8	64,547
Arun	17	164,896
Chichester	13	124,068
Crawley	17	118,495
Horsham	20	146,776
Mid Sussex	18	152,570
Worthing	11	111,338
<b>Brighton and Hove</b>		
Brighton & Hove	43	277,107
<b>East Sussex</b>		
Eastbourne	13	101,685
Hastings	14	91,006
Lewes	20	99,912
Rother	15	93,111
Wealden	19	160,146

## Dental contract performance

- 4.4 Under-performance by NHS dental providers against their contracted activity reduces dental access. Sussex dental performance data shows a steady decline in delivery of UDAs since 2016 (and before), decreasing from 94% in 2018/19 to 65% in 2021/22. This trend was mirrored at a regional and national level.
- 4.5 Although we have seen significant improvement between 2021 to 2022 in an increased number of UDAs delivered from 65% to 77% (+12%) across Sussex, recovery is not keeping pace with level of demand for these services, although our latest dental performance figures show steady improvement. As of October 2023, year to date delivery in Sussex against contracted UDAs is 75%.
- 4.6 The table below shows the UDA delivery against contracted performance for 2019/20 and 2022/23 by Sussex Local Authority and the Sussex total\*:

Locality	Delivery	
	19/20	22/23
Brighton and Hove	94%	81%
East Sussex	87%	75%
West Sussex	89%	76%
Sussex	89%	77%

\*Please note caveats to the data due to changes that took place during this period, including commissioning geographical changes and changes in payment types.

## NHS dental contract hand-backs

4.7 Since the onset of the COVID-19 pandemic, we have seen an increase in NHS dental contract hand-backs. As of October 2023, there have been twenty-five NHS MDS contract hand-backs from dental practices across Sussex. There have been three contract hand-backs in Brighton and Hove equating to 20,384 potential UDA lost.

## Workforce challenges

4.8 Dental workforce, recruitment and retention is particularly challenging nationally and in the South East (SE) region. Dental professionals in Sussex tell us that recruiting and retaining a dental workforce willing to deliver NHS dental services is one of the greatest challenges they currently face and is one of the main reasons dental professionals hand-back their NHS contracts. Our data shows that Sussex has had consistently more dentists per 100,000 population than the England average however, between 2017 and 2022 the figure reduced by 9% across Sussex.

4.9 For Brighton and Hove, the number of dentists has decreased by 2% since 2022. There are now sixty-eight dentists per 100,000 population in Brighton and Hove.

4.10 The national Long Term Workforce Plan published in June 2023 by NHS England<sup>2</sup> sets out their commitment and approach to workforce planning. It intends to expand dentistry training places by 40% by 2031/32 to meet expected demand across England. To support this ambition, it will expand places by 24% by 2028/29.

4.11 NHSE acknowledges that the SE region does not currently have sufficient dental schools to support the desired expansion. There is no dental school within the SE or East of England region – the SE has been historically under served.

## 5. What actions has NHS Sussex taken to enhance NHS dental access in Brighton and Hove?

5.1 Enhancing access to routine and UDC is one of two emergent priorities for NHS Sussex which addresses the following objectives to:

- Increase mandatory and UDC access for NHS patients, many of whom have not seen an NHS dentist for a number of years.
- Stabilise NHS dental provision in Sussex by co-designing and 'testing' new models of care using flexible commissioning opportunities.
- Support Sussex dental providers to increase the number of permanent contracted UDAs delivered in a sustainable way using recurrent funding, and
- Increase the number of patients who are 'dentally fit' in Sussex and therefore mitigate widening of health inequalities.

5.2 **Improving dental contract performance – mid year review process:** NHS Sussex is working with dental providers to understand the reasons for under

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf>

delivery and identify support to address resilience where possible. It is a statutory requirement that commissioners undertake a formal review of contractual performances at the mid-year point of the financial year to determine the number of UDAs that the dental contractor has delivered between 1 April and 30 September. Commissioners have contacted all contractors who have not achieved the required levels of activity to identify potential issues and determine areas of potential support and agree actions to enhance performance before the end of this financial year.

- 5.3 **Geographically targeted re-procurement in areas experiencing the highest reduction of UDAs:** Following a successful procurement, we have a new dental contract for an additional 21,000 permanent UDAs located in Moulsecoomb, Brighton which includes additional requirements to provide some urgent access sessions, extended hours, a non-standard dental chair to support greater weight and support for the starting well initiative for younger children. A further procurement was undertaken in 2022 for 17,256 UDAs but the provider was unable to secure suitable premises within the agreed timeframe. NHS Sussex is working with the provider to determine if new arrangements can be made, with mobilisation within the next three months.
- 5.4 **Commissioning additional temporary UDAs:** We have contacted all existing dental providers holding an NHS dental contract to determine whether they have capacity to provide additional temporary UDAs. To date, we have commissioned 10,300 additional temporary UDAs in Brighton and Hove.
- 5.5 **Additional hours scheme:** We have contacted all existing dental providers holding an NHS dental contract to determine whether they have capacity to provide additional hours. The scheme is aimed at increasing access for new patients but also includes clinically vulnerable people, for example, those requiring dental treatment before undertaking cardiac surgery, cancer patients, care home residents and LAC. There are six practices in Sussex which currently have the capacity and workforce to offer additional sessions and three of these are in Brighton and Hove:
- Goodwood Court Dental Surgery, 52/54 Cromwell Road, Hove, BN3 3DX
  - New Church Dental Road Practice, 264 New Church Road, Hove, BN3 4EB
  - Norfolk Square Dental Practice, 40 Norfolk Square, Brighton, BN1 2PE
  - Priory Road Dental Surgery, 371 Priory Road, Hastings, TN34 3NW
  - Flint House Dental Practice, 22 Strood Road, St. Leonards-on-Sea, TN37 6PN
  - Springfield Road Dental Surgery, 6 Springfield Road, St. Leonards-on-Sea, TN38 0TU
- 5.6 **Approvals for 'overperformance' in 2023/24:** In December all dental providers were invited to confirm whether they had capacity to 'overperform' by up to 10% of contract value within 2023/24, as per national guidance (see section 2.5 for further information). In Brighton and Hove four dental practices received approval for over-performance out of a total of twenty-five practices across Sussex.

- 5.7 **Continued engagement with Local Dental Committees (LDC) and Kent, Surrey and Sussex (KSS) Local Dental Network (LDN) to test and pilot innovative approaches to enhance dental access:** We have committed funding from our dental budget to prioritise areas of innovation following the publication of *Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners* (9 October 2023)<sup>3</sup>. This guidance sets out flexibilities which exist within the current national dental contractual framework to tailor services to meet specific population needs, and to take steps to support commissioners with opportunities to put additional investment into new or existing contracts to improve oral health and/or increase dental access.
- 5.8 **Rapid commissioning of permanent UDAs in areas of highest need:** We have developed a new approach to enable existing dental practices to permanently increase the number of UDAs they provide. We have calculated the number of UDA per head of population per locality. This pilot seeks to 'level up' the number of UDAs per head of population in areas with the largest gaps in dental access based upon their Index of Multiple Deprivation (IMD) ranking. Based on this analysis West Sussex will be targeted in phase one of this initiative. The additional capacity will be mobilised in West Sussex between December 2023 and February 2024. It is our intention to roll out additional phases of this scheme to other areas early in 2024.
- 5.9 **Urgent dental care (UDC) and stabilisation pilot in areas of highest need:** This project seeks to address UDC and stabilisation for adults and children with the highest clinical need in areas where access to NHS dental provision is most challenging. The stabilisation element of this project is fundamental to supporting patients to achieving stable oral health and reducing current and future reattendance at A&E and other health and care services. We are asking ten dental providers to test an alternative approach to providing NHS urgent dental care for patients who have not had access to an NHS dentist during the previous twenty-four months. The pilot aims to:
- Improve access to UDC in targeted areas of need across Sussex.
  - Provide new patients, who often have high level clinical needs, with the opportunity to have a course of treatment to stabilise oral health.
  - Support patients to access general routine dental care after receiving UDC and stabilisation treatment.
  - Effectively describe the outputs and outcomes from the pilot through means of relevant data collection.
  - Publish an evaluation with recommendations for the future co-design of UDC services across Sussex by June 2024.
  - Build on patient experience data to help us to improve dental services in Sussex.
- 5.10 This work is being led by the UDC and stabilisation clinical working group which is working with the profession and using public health data to determine the location of pilot sites. The location of pilot sites will be determined following the eligibility criteria below:

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<sup>3</sup> <https://www.england.nhs.uk/long-read/opportunities-for-flexible-commissioning-in-primary-care-dentistry-a-framework-for-commissioners/>

- Whether the provider operates in or near a priority location (based on Local Authority (LA) determination).
- Amber or red status of IMD ranking for LA district.
- UDAs per head of population below the Sussex average
- UDC provision per head of population below the Sussex average
- NHS111 patients contacts and A&E attendances in, arising from or near the location, higher than the Sussex average.
- Population density over Sussex average; and
- Asylum seekers per 10,000 population over SE regional average.

- 5.11 **Oral health improvement in care home settings:** We are developing a pilot to test an alternative model of care to provide routine and urgent dental care support for patients in a care home setting which require specific outreach activities, not defined in regulations as part of the current MDS contract requirements.
- 5.12 The national Enhanced Health in Care Homes (EHCH) Framework recognises that older people living in care homes are more likely to have experienced tooth decay and most residents with one or more natural teeth will have untreated tooth decay. This highlights the need for adequate domiciliary dental care services. We are prioritising the development of a domiciliary dental pathway to support the frail and elderly population in Sussex. We aim to pilot this pathway with general dental practices where dental therapists can provide examination, screening and treatment where needed, to participating care homes.
- 5.13 Dental therapists will be supported remotely by a dentist for second opinion and treatment planning using intraoral scanners. A working group has been established and a clinical lead identified. We are currently developing task and finish groups and surveys to engage with care home residents, their friends and family and care home staff to inform the pilot.
6. **How is the NHS Sussex Dental Recovery and Transformation Plan 2023/24 supporting the development of NHS dental services?**
- 6.1 Our Sussex Dental Recovery and Transformation Plan was approved on 13 November 2023. It has been developed based on what we know of patient need, with five priority workstreams identified for 2023/24 focusing on operational delivery, practice resilience, service development and innovation. The plan is intended to be the start of ongoing work and subject to further refinement pending updated Oral Health Needs Assessment (OHNA) profiles, the publication of a national dental recovery plan and the second phase of dental system reform.
- 6.2 These priorities align with the Sussex Health and Care Shared Delivery Plan by supporting increased access and reducing variability in primary care, addressing health inequalities and, more widely, influencing the creation of integrated community teams.

## **Priority 1: Engagement and co-design**

**How are we improving information and signposting to NHS dental services?**

- 6.3 We regularly review and update our Sussex Health and Care website to provide information to help signpost patients to NHS dental services.
- 6.4 We send regular reminders to dental practices to review and update their practice information on the NHS website every ninety days in line with the national dental system reforms (the latest reminder was sent on 19 October 2023). In November 2023, NHS Sussex contacted all dental providers who had not updated the website in the last three months to ensure they are compliant.

**How are we engaging dental professionals and supporting the co-design of services?**

- 6.5 We are integrating dentistry into the wider primary care network within the Sussex Health and Care system. All Sussex dental professionals now have access to the NHS Sussex intranet platform which allows them to keep up to date with dental specific and wider primary care issues, and to provide their feedback.
- 6.6 We have developed a dental edition of our regular primary care bulletin email which covers local topics and invitations to participate in development activity.
- 6.7 We continue to work with the East Sussex Brighton and Hove LDC and KSS LDN to test and pilot activities to enhance routine and urgent dental care access.

**How are we sharing feedback about the current challenges in dentistry in Sussex?**

- 6.8 We held a dental briefing session for Sussex Members of Parliament in September 2023. There was a recognition of the challenges and the work being done locally to address current issues with dental access.

**Priority 2: Continued insight to understand need and capacity:**

**How are we improving our understanding of the oral health needs of our population?**

- 6.9 We continue to engage with NHSE SE Public Health dental consultants to progress the update of OHNAs from each LA area, to inform collective understanding of current oral health needs for our population.
- 6.10 We are committed to integrate data on dental service availability with OHNA data and insight from engagement.
- 6.11 To support our scoping and strategy development we have collated insight about the dental needs of communities that experience health inequalities and poorer health outcomes. Further work is needed to address the gaps that have been identified.
- 6.12 We will use a Population Health Management (PHM) approach to undertake

targeted engagement with people with highest clinical need (including Core20PLUS5 population, protected characteristics and 'hard to reach' groups).

- 6.13 We have identified priority groups for our first phase of engagement based upon stakeholder feedback across Sussex: people requiring domiciliary care (whether living in care or nursing homes or living in their own home), refugees and migrants, LAC, autistic people and people with learning disabilities. Engagement with these communities will focus on access, but also their experiences of dental care and the opportunities to inform pathway development, based upon the specific needs of each group.
- 6.14 We will work with people, communities, and their representatives to gain insight into barriers to accessing dental services for those groups for whom we lack information. The methods for gathering insight will depend upon each specific group, but could take the form of focus groups, surveys, attendance at established meetings or forums and the involvement of intermediary individuals who support these communities. This insight work has commenced with LAC and domiciliary care and will be developed further to support the review of clinical services.
- 6.15 We will work with NHS colleagues to better understand how medical conditions and medications can impact upon the oral health needs of patients, to allow for targeted patient involvement.
- 6.16 We will continue to work with Public Health colleagues to better understand how NHS Sussex can support people to 'Live Well' regarding oral health, with a particular focus on smoking, diet, and alcohol consumption.

### **How are we supporting Children and Young People with improving their oral health?**

- 6.17 The Core20PLUS5 approach for children and young people identifies 'oral health: addressing the backlog for tooth extractions in hospital for under 10's', as one of five key clinical areas of health inequalities. We have been developing a comprehensive dataset to support our understanding of oral surgery waits for children under ten years old. The data shows an improvement in wait times over the past twelve months across Sussex and that the number of children treated is increasing. The 18-week performance for extractions for children within our Community Dental Services provided by Sussex Community NHS Foundation Trust (SCFT) has improved since April 2021 and has been mostly compliant for the last year.
- 6.18 The SCFT Community Dental Service team, led by the Consultant in Paediatric Dentistry is conducting a study asking foster parents about their experiences in accessing dental care. The findings will be shared with the Managed Clinical Network (MCN) for Special Care and Paediatric Dentistry (SCPD) in February 2024 and will inform the development of medical pathways for children newly into care and how dentists can be involved.
- 6.19 NHSE have developed a LAC pathway toolkit for dental professionals, which we have shared via our dental newsletter and on our intranet.

- 6.20 The additional hours scheme described in Section 5.5 identifies LAC as a specific cohort for inclusion, whether or not they have been to the practice previously.

**Priority 3: Operational capacity and resilience and clinical governance:**

**How are we supporting dental provider's resilience and operational capacity?**

- 6.21 We are developing a provider resilience dashboard to proactively monitor contract performance and capacity and identify early warning triggers. We are also scoping and testing support options.
- 6.22 We have undertaken a review UDA rates across Sussex.
- 6.23 We are considering how the new guidance on Flexible Commissioning opportunities can be applied to redirect funding into new or existing contracts to address areas of need.
- 6.24 We are implementing a pilot approach to rapidly commission permanent UDAs. (see Section 5.8 for further information).
- 6.25 We are developing a flexible commissioning 'proof of concept' UDC & stabilisation model in areas of highest clinical need. This will be evaluated to develop learning to inform our future approach. Activity is planned within early 2024 (see Section 5.9 for further information).
- 6.26 We continue to support and evaluate the implementation of the national dental system reforms introduced in July 2022 (see section 2.5 for further information).

**Priority 4: Workforce recruitment, retention and training:**

**How are we supporting the dental workforce in Sussex?**

- 6.27 We are co-developing a local dental workforce retention and training plan with the Dental Deanery for London and Kent Surrey and Sussex, part of NHSE WTE, formerly Health Education England.
- 6.28 We are supporting the rollout of the Dental Nurse apprenticeship programme at Chichester College Group (covering colleges in West Sussex and Brighton). Two cohorts per year are planned from March 2024. We are promoting this opportunity to dental providers with details on funding arrangements.
- 6.29 We are monitoring the use of skill mix and promoting the involvement of Dental Care Professionals within courses of treatment, and NHSE training resources. This supports dental hygienists and dental therapists to work within their full scope of practice to open and close courses of treatment and contributes to increasing opportunities for patients to access routine dental care.
- 6.30 We are planning the implementation of Schwartz Rounds in the Sussex dental system. These facilitated reflective sessions are opportunities to support dental team resilience and wellbeing.

## **Priority 5: Clinical service development and transformation:**

### **How are we developing our dental services in Sussex?**

- 6.31 Five clinical service areas have been identified for service review and prioritisation: Mandatory Dental Services, Unscheduled/Urgent Dental Care, Special Care and Paediatric Dentistry, Sedation Services, and Oral Surgery.
- 6.32 A comprehensive review of each service area based on clinical standards and future patient need will commence by March 2024.
- 6.33 We will co-develop service specifications and undertake service re-commissioning where appropriate.
- 6.34 We are developing and piloting an integrated pathway for domiciliary patients aligned to MDS/SCPD pathways, as described in Sections 5.10-5.12.
- 6.35 We are developing a pathway of care to facilitate dental access for LAC as described in Sections 6.18-6.20.

## **7. Conclusion**

- 7.1 This report provides an update on the work undertaken over the last twelve months to understand the current issues impacting upon access to NHS dental services which includes extensive engagement with dental professionals, using feedback from patients and an in-depth understanding of the available data regarding the performance of dental services to inform the Sussex Dental Recovery and Transformation Plan for 2023/24.
- 7.2 The actions we have taken include improving dental performance via the mid-year review process to determine areas of potential support and agree actions to enhance performance. We have procured 21,000 permanent UDAs, 10,300 temporary UDAs and three practices are delivering the additional hours scheme in Brighton and Hove. The offer remains 'open' to dental providers in Brighton and Hove who have the capacity and workforce to provide the additional temporary hours and additional hours scheme. We continue to engage with the Brighton and Hove LDC and KSS LDN to test and pilot innovative approaches to enhance dental access, utilising the new guidance "*opportunities for flexible commissioning in primary care dentistry: A framework for commissioners*". We have developed three new initiatives with the aim of enhancing access to routine and urgent dental care via the rapid commissioning of permanent UDAs, a UDC and stabilisation pilot and an oral health improvement pilot supporting patients in care home settings.
- 7.3 We recognise that further work is needed to address the current challenges in accessing NHS dental services and we are committed to working with our key stakeholders and system partners to make the best use of our existing provision, test new innovations and develop pathways based upon clinical needs.

