

**Report to:**

**ADULT SOCIAL CARE AND HEALTH SCRUTINY  
COMMITTEE**

**Relevant Officer:**

Mrs Sharon Davis, Scrutiny Manager.

**Date of Meeting:**

10 November 2022

## **DENTISTRY AND ORAL HEALTH SCRUTINY REVIEW PANEL REPORT**

### **1.0 Purpose of the report:**

1.1 To report the findings and recommendations of the Dentistry and Oral Health Scrutiny Review Panel to the Committee.

### **2.0 Recommendations:**

2.1 That the Committee requests an update on the progress made on ability to access dentists in approximately 12 months.

2.2 That the Committee meets to input into the development of the Oral Health Strategy in due course.

### **3.0 Reasons for recommendations:**

3.1 To ensure the Committee continues to review Dentistry as appropriate ensuring improved accessibility for residents.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

4.0 Other alternative options to be considered:

The Committee could choose to not undertake the work, however, this is not recommended.

### **5.0 Council Priority:**

5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

## **6.0 Background Information**

6.1 The topic of dentistry and oral health was raised as a key priority during the Committee's workplanning workshop held in July 2021. Anecdotally Members had been aware that access to dentists even prior to the pandemic had been somewhat difficult and this had been exacerbated by Covid. These concerns were supported by research carried out by Healthwatch Blackpool.

The main objectives of the review were:

- To ascertain access to NHS dentists and how easy it is for residents to access the treatment they require and identify any potential areas for improvement.
- To consider key policies and protocols on oral health and preventative work.

As part of the review Members considered specific issues including:

- The number of NHS dentists, number of patients per dentist, NHS policy/guidance regarding Covid and how this is applied across dentists.
- Preventative work carried out amongst children and parents in order to improve oral health.
- How patients access services, how do they make contact, make appointments, and emergency provision.
- The availability of specialist provision for people with learning difficulties and autism.

The Review Panel was Chaired originally by Councillor Adrian Hutton and latterly by Councillor Kim Critchley and comprised of Councillors Paula Burdess, David O'Hara, Danny Scott, Michele Scott and Gerard Walsh.

## **6.2 Key findings of the Panel**

The Scrutiny Panel held four meetings, the first to scope the review and remaining three to consider a vast amount of evidence from a range of representatives including NHS England, Public Health and Healthwatch Blackpool.

## **6.3 Healthwatch Blackpool**

Feedback received from Healthwatch Blackpool highlighted that patients had been raising increasing concerns with regards to accessing dentists. That some NHS patients were being told that their dentist would no longer see them unless they moved to private provision, that patients were being removed from books due to not attending in the previous two years when it had been impossible to do so due to

Covid and that those without a dentist were unable to find one that was accepting new patients. The submissions by Healthwatch backed up from a local perspective what was being reported nationally in the news and what Members had experienced themselves in the town.

#### **6.4 Access to Dentists**

Nick Barkworth, NHS England and NHS Improvement provided the latest data to demonstrate the number of patients accessing dental services and how this had changed over the years. He acknowledged the impact of Covid on the numbers and the steep decline in patient access during the pandemic was very apparent in the data. The access statistics started to improve once the Government had lifted all restrictions placed on Dental Surgeries in April 2022. Upon request, the Panel received Ward level data to form an accurate picture of access. When compared to national averages, access in Blackpool was similar or slightly better, however, it was acknowledged that levels were still not high enough and that evidence suggested that not everyone who wanted to access.

In Blackpool there were 13 General Dental Practices in primary care with 244,316 Commissioned Units of Dental Activity (UDA). This provided access for approximately 81,500 patients with urgent Care Access provided seven days per week at Whitegate Drive. There was one Community Dental Service, one Minor Oral Surgery Provider and in Orthodontics, one Specialist Orthodontic Practice with 11,000 Commissioned Units of Orthodontic Activity (UOA) which allowed access for approximately 524 Case Starts.

It was noted that emergency provision was still in place and working effectively for patients that needed immediate access but could not access regular dentist appointments, however, there were concerns that once emergency treatment was completed, the problem of accessing regular check up appointments for those patients remained. The Panel felt that focusing on prevention and preventing the need for an emergency appointment should be a key focus and to do this routine appoints were necessary.

#### **6.5 Announced Changes to Dentistry**

The Panel also received information on how NHS dentistry was commissioned, the way in which performance monitoring was carried out and the existing way in which contracts were made. During the course of the review meetings, the Government made an announcement regarding reforms to dental contracts which would change six key areas over the course of 2022/2023:

- Introduce enhanced Units of Dental Activity (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 more activity in year, where affordable
- Improve information for patients by requiring more regular updating of the Directory of Services.

The potential impact of these changes were unknown but it was hoped that they would bring about a reduction in wait times and improved access by ensuring staff were utilised efficiently, that patients were recalled routinely based on risk factors freeing up capacity and surgeries were appropriately remunerated for higher needs patients. Due to the changes to be implemented, the Panel agreed to conclude the review and recommend that the Adult Social Care and Health Scrutiny Committee receive a report in approximately 12 months to review the impact the changes had made and whether any further work was required.

## 6.6 Oral Health Strategy

The Panel's secondary focus was on improvement to oral health and prevention of poor dental health. The Council's Public Health team reported on the ongoing oral health schemes in Blackpool including the supervised tooth brushing scheme, toothpaste and toothbrush distribution, milk fluoridation scheme and campaigns used previously such as GULP! (Give up loving pop!). A report was also received from BetterStart regarding their work with 0-5 year olds to improve oral health.

Figures from the Public Health England Oral Health Survey (2019) showed 33.4% of five-year old children have some dental decay experience. The prevalence of dental decay in Blackpool is currently 10% higher than the national average for the 5 year olds, with the highest levels of experience of dental decay found with Better Start wards. The Panel received an overview of the number of extractions in a hospital setting and noted that the numbers had been declining over the last few years. Although difficult to evidence the reasons, it was hoped that the work being undertaken on prevention was having an impact.

It was noted that the Council's Oral Health Strategy was still in the early stages of development and that it would be appropriate and helpful for the Adult Social Care and Health Scrutiny Committee to have an early input into the development of the Strategy in light of the work of this Panel.

Does the information submitted include any exempt information?

No

**7.0 List of Appendices:**

None.

**8.0 Financial considerations:**

8.1 None.

**9.0 Legal considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Equalities considerations:**

11.1 None.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 None.

**13.0 Internal/external consultation undertaken:**

13.1 None.

**14.0 Background papers:**

14.1 None.