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## **Report to Health and Adults' Social Care Scrutiny Committee**

**8 March 2023**

### **Dentistry in West Sussex – Feedback from Evidence Gathering Session**

**Report by: Director of Law and Assurance**

**Electoral division(s): All**

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#### **Summary**

The Health and Adult Social Care Scrutiny Committee has identified access to NHS Dentistry as an issue of concern and carried out an evidence gathering session on 19 January 2023 to learn more about provision in West Sussex. Evidence was provided by NHS Sussex, NHS England and Public Health as well as a number of key witnesses, who provided context and views on how to address the challenges identified. This report sets out the evidence gathered, for the Committee to consider any next steps.

#### **Focus for Scrutiny**

The Committee is asked to review the evidence set out in the report and identify any next steps.

#### **Key Lines of Enquiry include:**

1. The evidence provided (sections 2 and 3 of the report) - how well this reflects the current situation regarding NHS dentistry and whether there are any other aspects to consider
2. Whether the Committee is assured by the work being undertaken by NHS Sussex to address the challenges identified
3. The conclusions of the evidence gathering session (Section 4) and if the committee wishes to take forward any of the next steps identified
4. Whether there would be any value in carrying out further scrutiny of this issue, and if so, how and when and what outcomes are being sought

The Chairman will summarise the output of the debate for consideration by the Committee.

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#### **Proposal**

##### **1 Background and context**

- 1.1 The topic of dentistry was first considered by the Health and Adult Social Care Scrutiny Committee on 21 January 2022, where a series of recommendations was sent to NHS England in order to make the availability of dentistry more easily accessible to West Sussex residents.
- 1.2 Following the meeting, members still had concerns on this topic, therefore the Business Planning Group established an evidence gathering session for 19

January 2023 in order to hear from key witnesses on the ground, as well as receiving an update from NHS Sussex.

- 1.3 Evidence gathering sessions are a key way in which scrutiny committees can inform their work, as recommended by the new Statutory Guidance on Overview and Scrutiny in Local and Combined Authorities.
- 1.4 The session was run virtually, with NHS Sussex setting the scene of current work. This was followed by the testimony of three key witnesses (as detailed below) and a summing up session, where members were able to consider next steps.
- 1.5 The Committee agreed that a formal report of this session should be brought to the next meeting of the committee in order to consider its conclusions formally, and whether any further scrutiny of this topic area was required.

## **2 NHS – Setting the Scene**

- 2.1 NHS Sussex attended the session in order to set the scene on the topic, with further input from Public Health at West Sussex County Council and NHS England, who previously commissioned this work and attended the meeting of the Committee when this was last discussed in January 2021. They set out the following key points through a presentation and answers to member questions as follows:
  - On 1 July 2022, a new way of working was enacted for health and care across the country and here in Sussex, the Sussex Health and Care Integrated Care System (ICS) and NHS Sussex Integrated Care Board (ICB) were established. The creation of this new statutory framework meant that NHS Sussex was one of the first systems in the country to take on delegated commissioning responsibility for Pharmaceutical, General Ophthalmic and Dentistry (Primary, Secondary and Community) services.
  - Delegated commissioning involves a very different way of working with the opportunity to create and strengthen links with NHS England South East region Prescription Ordering Direct team, our neighbourhood and placed based partnerships to embed local dental professional and clinical leadership into the co-design and commissioning of dental services at a local level.
  - Dentistry in the NHS faces a challenging time ahead. The provision of mandatory dental services is struggling to match demand and in some areas dental providers are unable to provide the capacity required to support local population need. Sussex has seen a rise in NHS dental contract hand-backs. Since April 2020, 17 routine NHS high street dental contracts were handed back in Sussex. This equates to 87,537 units of dental activity (UDAs), or approximately 12.5 full time NHS dentists.
  - Access to NHS dental services was adversely impacted by the COVID-19 pandemic and will take some considerable time to return to pre-pandemic levels of activity and access
  - The issue of workforce retention was highlighted as a key challenge. The paucity of local oral health data for our most protected characteristic and hard to reach groups is a potential barrier to improving oral health outcomes and commissioning dental services in line with population need.
  - The current commissioning activity showed that contracts were not delivered in full, suggesting that practices are not able to deliver
  - Areas of higher deprivation are less likely to access dental services.

- NHS Sussex has identified dentistry as a priority area of focus. There are 3 key activities it will undertake in the short term to inform the current position:
  - a) Convene a Dental Working Group comprising representation from system partners including Local Authority Public Health Consultants and Healthwatch Sussex as well as Commissioners from NHS Sussex and NHS England South East region dental team to co-develop the dental plan. One of the immediate priorities is to work with Public Health colleagues to undertake a needs assessment to identify levels of dental care need and to identify gaps and/or inequities in service
  - b) Seek to further understand the challenges facing local dental providers by arranging dental provider engagement event(s) to inform future commissioning and procurement plans.
  - c) Work with Local Dental Networks in Sussex to identify initiatives which focus upon addressing current challenges with dental access, in specific geographies and/or hard to reach members of our communities. Commissioners are looking at additional funding opportunities (that sit outside the current NHS dental contract) referred to as *flexible commissioning arrangements*. This funding would be available if dental providers are willing and have the capacity to provide additional dental activity. Opportunities to locally commission are beneficial
- NHS dentists who have already handed back their NHS contract may be unwilling to take on NHS dental contracts in the future.
- Working outside the national contract is a lot of work for providers and commissioners
- Further work around prevention was unanimously highlighted as where further work was required. Oral health prevention is a priority within the dental plan.
- Good practice interventions being put in in other areas that can be replicated across West Sussex

### **3 Witness Testimony**

- 3.1 The session heard from three witnesses as detailed below in order to set out the issues facing West Sussex residents at a local level.

#### **West Sussex Dental Committee**

- 3.2 A representative from the West Sussex Dental Committee highlighted the specific issues faces dentists in West Sussex, as set out below:
- Dentists who spend more of their time on NHS/Health Service work (as opposed to private work) tend to work longer weekly hours and take less annual leave
  - The more time dentists spend on NHS/Health Service work, the lower their levels of motivation
  - The most common contributory factors to low morale were increasing expenses and/or declining income and the risk of litigation and the cost of indemnity fees
  - Regulations are also cited as a major cause of low morale amongst principal dentists
  - Clawback: The rising and significant amount of clawback/underspend on dentistry with funding that is not ringfenced and the lack of urgent access particularly in West Sussex. It's hard to reconcile that at a time of unprecedented problems to access with a record high underspend and

clawback money from the dental budget, this funding is not being targeted right now towards urgent dental care access problems. The offer must be at a value and with conditions that enable not deter more practices to take it up. The current improved offer is still not even in line with urgent dental access slots in the North of England where cost is significantly lower.

- Nearly two-thirds of principal dentists and over half of all associate dentists across the UK often think of leaving dentistry
- Ninety-three per cent of these heavily committed NHS practice owners who had sought to do so said that recruiting an associate had been difficult
- Practice hand-backs were at concerning levels
- Difficulties in recruitment were highlighted, potential reasons for this were new graduate debt, NHS reputation, Brexit, administrative processes and registration events being too infrequent
- Retainment of current NHS dentists was a real challenge, due to cuts in remuneration, terms of work under NHS contracts, competitive market private offer and fewer carer prospects within Primary NHS Dentistry
- Financial challenges were key – practices cannot stay in the NHS as a viable business model
- Health inequalities was highlighted for the most vulnerable groups

### **Corporate Parenting Panel**

3.2 A representative from the Corporate Parenting Panel highlighted the specific issues children in care and care leavers face in relation to access to dentistry:

- Many young people need immediate dental treatment as many have had up to two years of traumatic and perilous journey time getting to the UK for safety with limited, if any access to clean water let alone toothpaste
- Some may have never seen a dentist in their life as they come from poor and extremely rural parts of the world
- Many come into care with severe dental problems, pain or infections
- As foster carers it would be hugely beneficial to have access to initial hygienist appointments for young people.
- Most have private or NHS dentists and they will cover young people for emergencies only but not routine check-ups. When they move into semi-independent or independent accommodation – the private dentists don't allow them to be seen anymore as they are not residing at the same address.
- This has a huge impact for children and young people that apart from the pain and discomfort which they are in – it can result in them hiding their smiles, affecting their self-esteem and confidence, it can affect their concentration with their education as well as their ability to relax and sleep and require long term treatment from neglect
- The Children's Asylum Team were currently paying for private dentistry for emergency treatment (extractions and infections). However, once the emergency treatment is administered – there is not the ability to have ongoing treatment readily available. They may be able to get emergency dental pain relief but not the ongoing treatment that is required and routinely not available

### **Healthwatch West Sussex**

3.3 A representative from the Healthwatch highlighted the impact current provision of dentistry was having on West Sussex residents:

- Health inequalities masked according to Sussex wide data sets
- Live poll and desk top exercise was underway to see if legislation changes in November had made a difference:
  - The trend showed a low confidence being able access NHS dentists
  - Desktop research found only 36 practices on NHS.uk from a NHS Sussex supplied list of 158 had clearly updated their status on accepting or not accepting NHS patients.
  - Research of NHS.uk, carried in the second week of January 2023, only two practices have made it clear they are accepting adult NHS patients, raising to four for children.
- Those who could afford to pay for private treatment are likely to be on NHS waiting lists blocking others who cannot financially consider private treatment
- Need to use resources creatively locally, to target health inequalities
- There appears to be limited data on impact on other parts of the NHS
- Cancer patients can't get dentists even though dentistry is required as part of their treatment. Need simpler pathways for them
- There are good practices e.g. A Chichester practice is promoting services to nurseries but need to use outreach work to get to areas where needed
- Healthwatch in Sussex is submitting evidence to national dentistry scrutiny
- Fluoridisation – need be bold with water companies
- Dentistry connected to children and young people's mental health, oral assessment report needs updating

## **4 Conclusions and Next Steps**

4.1 Members of the Health and Adult Social Care Scrutiny Committee are asked to review the output from this session, and consider what could be taken forward as outcomes or recommendations from this meeting, a summary of areas to consider are:

- Listen to what patients want and need and consider what and how this can be achieved in order to increase provision
- Continue pressure to government to work with profession to deliver contract reform
- Work locally with the ICB to improve what can be done locally
- Consider alternative funding arrangements to UDAs
- Strategies and incentives for recruitment & retention are required
- The Children's Oral Health Assessment report requires updating
- Request that the NHS allocates funds to pay for the university fees for these dentists which then could tie them to work for the NHS for a minimum set time period
- Prevention: There is good practice from other areas to look at
- That the proposed working group from NHS Sussex is a good initiative
- Support dental engagement groups in local areas
- Engage with MPs on this issue
- For the output of this session to be shared with the House of Commons Select Committee undertaking the inquiry into dentistry as part of its evidence gathering
- Consider how specific issues relating to children in care and care leavers could be addressed

- 4.2 Taking into account the conclusions listed above, below are some areas that the committee could chose to take forward:
- 1) Share the findings with relevant NHS bodies and ask them to take action on specific points and report back (with a timeline).
  - 2) The Chairman to write to MPs on behalf of the Committee asking them to take the conclusions of this session into account.
  - 3) Write to the Cabinet Member for Public Health to highlight the importance of preventative work
  - 4) The Committee to review in twelve months to assess progress against the various plans/actions in place and assess progress
  - 5) Request that the Oral Health Assessment Report be updated.
  - 6) An update be provided to the Corporate Parenting Panel on the outcomes of this meeting

## **5 Finance**

- 5.1 This section is not applicable as this is a progress report and does not make any proposals.

## **6 Risk implications and mitigations**

- 6.1 This section is not applicable as this is an update report and does not make any proposals.

## **7 Policy alignment and compliance**

- 7.1 Our Council Plan – This section is not applicable as this is an update report and does not make any proposals.
- 7.2 Legal implications – This section is not applicable as this is an update report and does not make any proposals.
- 7.3 Equality duty and human rights assessment – Dentistry has been identified in this session as having some negative impacts on certain groups, which need to be addressed.
- 7.4 Climate change – This section is not applicable as this is an update report and does not make any proposals and does not impact directly on this responsibility.
- 7.5 Crime and disorder – This section is not applicable as this is an update report and does not make any proposals and does not impact directly on this responsibility.
- 7.6 Social value – This section is not applicable as this is an update report and does not make any proposals and does not impact directly on this responsibility.

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**Background papers:** None.