OXFORDSHIRE COUNTY COUNCIL

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Dentistry Provision in Oxfordshire:

REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY COUNCIL, DR OMID NOURI

INTRODUCTION AND OVERVIEW

1. At its meeting on 18 April 2024, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on the current state of Dentistry provision in Oxfordshire.

2. The Committee felt it crucial to receive an update on the current state of Dentistry services, particularly in light of the increased demand for such services throughout the county, as well as the increasing difficulties that residents are experiencing in being able to access NHS dentistry services. The Committee also sought to assess the degree to which the ICB was taking adequate steps to address both the increases in demand for Dentistry services as well as the challenges around accessing NHS dentistry.

3. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes the nature of Dentistry services. When commissioning this report on Dentistry provision, some of the insights that the Committee sought to receive were as follows:

   - As per a previous HOSC recommendation to the Secretary of State for Health and Social Care around this matter, whether there were any ongoing considerations for fluoridating Oxfordshire's water supply.

   - Details around the NHS dentistry contracts, and the extent to which changes to the contacts are having an impact in improving capacity and access.

   - Whether there is sufficient capacity in the NHS to provide NHS dentistry services in light of increased demand for such services given the difficulties of residents being able to afford private dental care.

   - Whether there is any progress in enabling new dental trainees to be placed on the NHS dental register as swiftly as possible.

   - The extent to which information on how to access NHS dental services, or on eligibility around NHS treatment, is easily accessible and available for residents.

- Any steps that will be taken to avert the prospects of dentistry deserts.

- For clarity around the amount of dentistry underspends in Oxfordshire as well as how these are being utilised.

- An update on any general Countywide Oral Health patterns since the Committee held this item last year in April 2022.

SUMMARY

4. The Committee would like to express thanks to Hugh O'Keefe (Senior Programme Manager – Pharmacy, Optometry and Dental Services Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Daniel Leveson (BOB ICB Place Director, Oxfordshire) for attending this meeting item on 18 April 2024 and for answering questions from the Committee.

5. The BOB ICB Senior Programme Manager for Pharmacy, Optometry and Dental Services explained that the report included an update on the progress made since the last HOSC meeting they attended the previous year. The ICB had been dealing with continuous issues related to dental practices leaving the NHS, which had become a serious concern, and the report covered their actions in response to these departures.

6. The Committee asked whether there was any indication as to the geographical spread of practices in Oxfordshire that had not met the minimum target contracted activity required for NHS dentists to avoid financial recovery, and what the reason was for Oxfordshire's inferior performance to Buckinghamshire and West Berkshire. The BOB ICB Senior Programme Manager explained that contract delivery before the pandemic used to run at about 90% in Oxfordshire, and there had been more of an impact from the pandemic in the longer term in Oxfordshire. It could not be said that there was a particular area in Oxfordshire that was doing much better than others, although West Oxfordshire and the Vale of the White Horse were seeing slightly lower levels of provision.

7. As the distance from the capital increased, challenges arose, particularly in more rural areas. Similar patterns were observed in Buckinghamshire and the West of Oxfordshire, but not so much in West Berkshire. These areas, especially the West of Oxfordshire, faced significant challenges, with numerous practices deciding to leave the NHS and go private. This trend was more prevalent in this county than in other parts of the system. Since 2021, about 5% of the capacity was lost, with approximately three-quarters of that loss occurring in Oxfordshire. About half of the loss was specifically in the West of Oxfordshire as practices in these rural areas were making decisions to leave the NHS.

8. The Committee enquired as to the challenges facing patients trying to access local NHS dental services. The BOB ICB Senior Programme Manager clarified that, in contractual terms, dentists were only responsible for patients while

conducting the course of treatment, so they were not registered. Due to the pandemic, many patients discovered that they had not attended for more than two years and when they then called back in to the dentist they appeared as new patients. The recovery of access was fairly rapid early on in 2022. Since then, it had been slowing, and the report discussed some of the issues including gaps in treatment, leading to worse oral health, meaning those treatment plans were taking longer to complete. Thus, the backlog was taking time to clear because of the needs that were presenting.

9. In answer to the Committee's query about the low NHS pay to dentists, the BOB ICB Senior Programme Manager explained that when the NHS contract was introduced, it was argued that it would have a 'swings and roundabouts effect', as dentists would only need to see some patients for a short period of time for a check-up while other patients would need longer treatment. There had always been a recognition that there was some cross-subsidisation with private work in dentistry, as even if a dentist had a substantial NHS contract, they nearly always had private work that went with it. The problem was that this contracting model was impacted by COVID and dentists were tending to see patients with more complex needs, so the swings and roundabouts effect was not working as well. Some of the national changes aimed to adjust the pricing and bring in a new minimum price, as the pricing used for the dental contract was based on activity carried out in a reference year in 2004/5.

10. The Committee enquired about the basis of the NHS contract and the effect on dentists that did not meet their targets. The BOB ICB Senior Programme Manager elaborated that the contract provided unit payments based on treatment bands, and dentists were paid units of dental activity (UDAs) based on the numbers of treatment bands they did in a given year, within a capped allocation. Some practices opted to leave due to the risk associated with delivering these units, especially when dealing with patients with more complex needs that required more treatment, but only represented a fixed unit payment. The introduction of flexible commissioning was partly to help patients who had been struggling to get into the system, with practices participating in the scheme opening up to see these patients.

11. The Committee asked whether any efforts were being made by the ICB or NHSE to influence the government to increase financial uplifts applied to dental contracts. The BOB ICB Senior Programme Manager explained that there were contract changes in 2022 and 2024, and when these changes were considered collectively, there were benefits to dental practices. A 'new patient premium' was introduced to incentivise dental practices to take on new patients. There was talk about a new contract in 2025, but there was a financial barrier to introducing a new contract, as the dental system was heavily dependent on patient charges, which in turn depended on patient attendance.

12. The Committee enquired about progress on ensuring that new dentist trainees were registered swiftly. The BOB ICB Senior Programme Manager answered that arrangements had been made for overseas dentists to be added to the performer list more quickly. Previously, they had to undergo an examination process before they could start working on the NHS.

13. The Committee asked what was being done to help those patients from dental surgeries that had handed their contracts back. The BOB ICB Senior Programme Manager explained that a programme had been implemented, which involved approaching local practices to try to replace the activity that had been lost due to contract hand backs. In Oxfordshire, there had been some success and about another 20,000 units of dental activity (UDAs) had been commissioned, the equivalent of 3 1/2 surgeries. However, there were still significant gaps, and it was recognised that the flexible commissioning was an interim solution. The next stage was to go out to formal market procurement with the aim of seeking new practices to come into the areas where capacity had been lost.

14. The Committee queried how the ICB made sure that patients were being given correct and accurate information about where they could go to access NHS dentists. The BOB ICB Senior Programme Manager highlighted that flexible commissioning had been helping with the access issue. When the scheme was started, practices were nervous about widely publicising their access because they feared being inundated with patients. As a result, a requirement was introduced in the contract for practices to update their information. More practices were opening up in Oxfordshire, which was an early sign that the extra activity being put into the system was helping practices.

15. The Committee asked whether the ICB would be commissioning new contracts, particularly in those areas with no NHS dentists and what the time scale was for opening new practices in areas that expressed interest. The BOB ICB Senior Programme Manager acknowledged that in the past, seeking expressions of interest in very rural areas could yield no responses, and recognised that it was not enough to commission without ensuring this could be delivered. However, expressions of interest had been received in some of these areas in Oxfordshire with little NHS provision.

16. The Committee enquired whether having patients on their books prevented dental surgeries from taking on new patients. The BOB ICB Senior Programme Manager replied that a significant portion of the capacity was being utilised by patients who were regular attenders. The ICB had been attempting to restore this capacity as swiftly as possible, enabling practices to move beyond merely recalling individuals who had previously been in the system. They had suggested extending recall times, as it was not clinically indicated that everyone needed to attend as frequently as every six months. This could also create additional capacity for new patients.

17. The Committee asked whether the NHS was conducting any work to help increase awareness of the importance of oral health and hygiene. The BOB ICB Senior Programme Manager explained that the oral health promotion service in the area was run by the local authority. However, dentists had played a crucial role in promoting oral health and ensuring access, emphasising the importance of quickly integrating children into the system. This was to prevent situations where a child's first visit was due to a serious dental problem, which could instigate fear.

18. The Committee asked what steps have been taken to support the oral health of residents with mental illnesses. The BOB ICB Senior Programme Manager replied that there was a community dental service in Oxfordshire that had seen residents with mental illnesses, with dentists who had undergone special-care training, and there were numerous ways that patients could access this service.

19. The Committee asked what the ICB's position on fluoridating Oxfordshire's water supply was, and whether any consultations were planned around this. The BOB ICB Senior Programme Manager responded that there were no plans at this stage to have consultations about fluoridating the water supply. The information that came from the 2024 contract changes referenced water fluoridation, but it was referencing the schemes that were currently running. The BOB ICB Place Director for Oxfordshire added that this was a Public Health matter and not something the ICB was commissioned to do.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS

20. Below are four key points of observation that the Committee has in relation to Dentistry provision in Oxfordshire. These four key points of observation relate to some of the themes of discussion during the meeting on 18 April, and have also been used to shape the four recommendations made by the Committee. Beneath each observation point is a specific recommendation being made by the Committee.

Dentistry Underspends and prioritisation of Oxfordshire: The Committee appreciates that the new flexible commissioning model constitutes a positive step toward helping to improve the prospects of local residents being able to access dental treatment through the NHS. This certainly represents an improvement over earlier commissioning models and contracts. However, the Committee also understands that there is an urgent need for dental services within the county. This need is compounded by the fact that in the context of a cost of living crisis, many residents are struggling to afford private dental care, hence an increasing reliance on the NHS. Therefore, demand within Oxfordshire for NHS dental services has increased for two reasons:

1. There are residents whose oral health may have deteriorated for a variety of reasons including not visiting a dentist in the course of the Covid-19 pandemic.

2. Due to the difficulties around the cost of living, those on the margins of affording private dental care are no longer in a financial position to do so. Indeed, further, the Committee has received multiple reports of residents actively opting not to seek or to avoid dental treatment at all given the financial constraints they are faced with.

With this in mind, the Committee is recommending that any underspends within the Oxfordshire system are spent for and within Oxfordshire. This

spending should ideally be utilised for the purposes of both improving access to NHS dentistry for residents, as well as potentially for investments into oral health overall for Oxfordshire's population. The Committee is urging that the ICB works with relevant system partners, including the County Council, to target areas and communities of deprivation in this regard, particularly given the strong likelihood of tooth decay incidences being amongst deprived populations.

Furthermore, the Committee feels that the need for NHS dental services in Oxfordshire outweighs the need present in other areas under the BOB footprint. Therefore, it is being recommended to the ICB that priority is given to Oxfordshire in light of this increased need. The ICB should ideally work with system partners to determine how best to reinvest underspends within the Oxfordshire system for improving the overall state of dentistry access as well as oral Health for Oxfordshire's population.

Recommendation 1: *It is reiterated that underspends should be spent in Oxfordshire, and that priority is given to areas within Oxfordshire that have experienced the worst shortfall in capacity. It is recommended that the ICB prioritises areas within Oxfordshire in light of the increased need within the County relative to other areas under the BOB footprint.*

Supporting creation of new Dental practices: The Committee understands that efforts are being made in the realm of commissioning to try to improve access to NHS dentistry for residents. Nonetheless, the ICB could potentially go a step further. Given the rise of 'dentistry deserts' in certain parts of the county, the Committee recommends that the ICB also includes, within its work, support for the creation of new dental practices within Oxfordshire. The creation of new practices that would be prepared to provide NHS dental services to locals will help reduce the tendency for dentistry deserts in certain areas where many practices may have chosen to cease providing NHS treatment. The Committee is pleased to see that the ICB is working toward the establishment of new practices. This is a positive development and step, and the Committee would like to see that the ICB is closely monitoring the potential development of dentistry deserts, and that it is taking further measures, including through supporting the creation of new practices, to do so. The Committee understands that such an undertaking may require additional levels of funding or resources that the ICB may not already easily have at its disposal. Therefore, it is being recommended that the ICB works with other system partners to seek to explore avenues to fund the establishment of new dental practices in areas that may have the greatest need.

Recommendation 2: *To support the creation of new practices within Oxfordshire with urgency, and to explore avenues of funding to support the ICB in developing solutions in this regard.*

Improving Information on Dentistry Services: The Committee strongly believes in the importance of thorough communications not only with key stakeholders, but also the wider public as to the accuracy as well as the availability of information on which dentistry services are available to residents. Often, residents may not have a strong awareness of how to access dentistry services. Added to this is the confusion that residents may have around whether they are indeed eligible for NHS dental treatment. The Committee urges that the ICB works with key organisations (including Healthwatch Oxfordshire, patient groups, or even Primary Care Networks) so as to improve the availability and the accessibility of information on NHS dentistry services to residents. The increasing availability of such information would help reassure residents also that there are indeed NHS dentistry services that they may be able to access, and as to how they can go about seeking this.

The Committee understands that whilst people may feel put off from accessing GP services due to the difficulties with accessing an appointment, in the context of dentistry services, some residents may be reluctant to continue to seek dentistry services due to a lack of awareness of what is available for residents. Additionally, there is also a point about making information on dentistry services available in various languages so as to allow residents from a greater variety of ethnic backgrounds to access and understand such important information.

Furthermore, the Committee would like to emphasise the importance of providing support for vulnerable population groups. The Committee is also highly supportive of the system's commitment to do so. Nonetheless, it is vital that any vulnerable population groups that have been identified as targets for support should be able to benefit from an outreach that is as clear and effective as possible.

Vulnerable population groups may struggle to have the mental or physical capacity to seek dental care and treatment. They may also struggle to access what may ostensibly appear to be easily accessible information on dentistry. The Committee also urges that elderly residents benefit from an effective outreach. This will be particularly crucial for elderly individuals who struggle with or who do not have access to information technology.

Recommendation 3: *That urgent progress is made in improving the accuracy and the accessibility of information on dentistry services available to people; and that where groups are targeted for help, they can benefit from an effective outreach.*

Fluoridating Oxfordshire's Water Supply: During a public meeting item on dentistry provision held last year, the Committee made a recommendation around supporting a local consultation within Oxfordshire for the purposes of considering the fluoridation of Oxfordshire's water supply. Research suggests that fluoridating the water supply can produce positive oral health benefits, particularly with fluoride's ability to reduce the prospects of tooth decay. Given the

increases in patterns and incidences of tooth decay, fluoridating the county's water supply may actually produce significant benefits for residents. However, the Committee understands perfectly well that such an undertaking would most likely require a public consultation of some sort; not merely gather people's views on fluoridation but to publicise the oral health benefits of fluoride being contained in the water supply.

The Committee has written to the Secretary of State for Health and Social Care, and has recommended to the Secretary of State to support a local public consultation on the topic of fluoridating the water supply. The Committee is now recommending that the Oxfordshire system works to support a local and timely public consultation around fluoridating the county's water supply. Such systemic efforts could help to add further momentum toward achieving not merely a consultation, but also fluoridation.

Recommendation 4: *For the Oxfordshire system to seek to influence a timely consultation in Oxfordshire on the fluoridation of the County's water supply.*

Legal Implications

21. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 Power to scrutinise health bodies and authorities in the local area
 Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.

22. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.

23. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

Annex 1 – Scrutiny Response Pro Forma

Contact Officer: Dr Omid Nouri
Scrutiny Officer (Health)
omid.nouri@oxfordshire.gov.uk
Tel: 07729081160

May 2024