

Cllr J Hanna OBE

Chair, Oxfordshire Health
Overview and Scrutiny
Committee

14 November 2023

Dear Secretary of State for Health and Social Care,

Dentistry Provision in Oxfordshire

I am writing on behalf of and in my capacity as the Chair of the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) to draw your attention to some of the challenges around dentistry provision in Oxfordshire following the OJHOSC's scrutiny of the topic in April and May of this year.

Members of the OJHOSC heard evidence from a number of key invitees including NHS England, the Integrated Care Board, and Healthwatch Oxfordshire.

Following intense discussions as part of a formal meeting item in April on Dentistry provision within the County, the Committee felt it was imperative to highlight the following points and concerns. Whilst understanding that some of the challenges with access to dentistry services are not unique to Oxfordshire but are felt nationwide, the Committee feels that access to NHS/affordable dentistry within Oxfordshire has reached terribly low levels, such that urgent action is warranted to specifically address this.

Below are some of the oral health patterns and dentistry provision challenges that exist within the county. The Committee's concerns around these challenges are twofold:

1. There are underlying oral health challenges and patterns relating to tooth decay and deprivation, which requires further collective efforts to resolve, as well as potentially considering fluoridation of the county's water supply.
2. There are challenges with how dentistry services are being delivered, which are complicating ease of access to dentistry services for ordinary residents.

Tooth Decay Amongst Children within Oxfordshire is somewhat high. In an epidemiological survey conducted as part of national efforts to observe oral health nationwide, it was found that the rates of tooth decay experienced by 5 year olds within 5 Oxford District Councils were relatively high and as follows; 22 percent in Cherwell, 28 percent in Oxford, 18 percent in South Oxon, 20 percent in Vale of the White Horse, and 19 percent in West Oxon. Additionally, in a report submitted to the Committee from the ICB in its April 2023 meeting, it was highlighted that tooth decay remains the leading cause of hospital admissions amongst 5-9 year olds in England.

Ethnic Minorities are more inclined to experience tooth decay and other dental problems when compared to individuals from white groups within Oxfordshire. This is evidenced by

data released by Public Health England in 2021, which also indicates that this is the case amongst children. Although, deprivation is likely to be a crucial factor in explaining this. According to another Public Health England study published in 2021, deprivation raises susceptibility to tooth decay due to factors such as; not affording continuous and adequate dental care, and having to rely on diets which are less balanced and healthy due to an inability to afford healthier eating habits. Therefore, it is vital that efforts are made to increase the affordability of dentistry services, or to potentially even provide as much free dental care as possible for those on low-income backgrounds, including ethnic minorities who are more likely to fall under this category.

Dental Practices Terminating NHS Contracts: Through its interactions with NHS England and the Integrated care Board, the Committee learnt that there is a proclivity for dentists to avoid treating patients through the NHS, and to prefer to focus on private patients. This is partly due to the fact that private contracts can often be more rewarding. This often results in residents from more deprived backgrounds having fewer opportunities to access NHS dentist treatment, as they are less likely to afford seeking private dental care.

Furthermore, through its close interactions with Healthwatch Oxfordshire on this matter of dentistry provision, the Committee has come to understand that residents are experiencing numerous challenges including the following:

Removal from Patient Lists: People often feel removed from the 'list' of patients at a dental practice that they may have previously received treatment at, particularly after a break from seeing their dentist either during or subsequent to the Covid-19 pandemic. Patients may go back to a surgery after some time only to find that they no longer have the opportunity to book another appointment due to no longer being registered. Therefore, the Committee recommends the Secretary Of State to explore how standardised processes can be created which preclude, in as much as possible, the tendency for patients to be unregistered from dental practices simply due to not having visited or contacted the surgery for prolonged periods.

Mixed or Unclear Information on Services: People have reported often receiving mixed and conflicting information as to the services available to them. It has also been reported that patients frequently receive unclear communication about options for NHS treatments as well as the means to access these. Given that individuals within high-risk groups (such as pregnant women, asylum seekers or those with underlying health conditions) are more susceptible to poor oral health, it is vital that information on services is made as explicit as possible. This could also extend to the provision of information in various languages to take the factor of language barriers into account.

Difficulties Affording Continuous Dental Care: People often feel unable to afford follow-up care following one-off emergency treatment. In some instances, patients are having to receive emergency treatment through avenues such as NHS 111. Often these treatments are not long-term and require further, more complex procedures and follow-up treatments for the underlying dental issue to be resolved. However, in the context of a cost-of-living crisis, residents who require follow-up care encounter difficulties in affording this.

To address some of the challenges around access to dentistry within Oxfordshire, the Committee recommends the following:

Consider Fluoridation of Oxfordshire's Water Supply. The Committee understands that fluoridation of water supplies has significant clinical benefits for oral health for all residents. Indeed, it is considered more effective than high-fluoride toothpaste. However, fluoridation has not yet been introduced throughout Oxfordshire. Whilst it strongly supports the measure, the Committee recognises that changes to the water supply can be controversial. It is therefore recommended that the Secretary of State undertakes a consultation to determine the level of local support or opposition to the fluoridation of the county's drinking water. If the results are positive, the Committee urgently asks the Secretary of State to consider embarking on fluoridation of Oxfordshire's water supply given the scientific and medical evidence that this can significantly reduce the prospects of tooth decay and more serious oral complications.

By way of background, the Committee also identified the following as key areas for improvement and makes these recommendations to the Secretary Of State accordingly:

Tackling Delays for New Trainees: The Committee feels that one of the methods to increase access to dentistry is to increase the number of practitioners being able to offer treatments. The Committee has heard of delays in new dental trainees being able to register for NHS practice. New trainees tend to encounter fewer barriers and delays in registering for private dental practice. This results in two proclivities; either trainees tend to resort to registering for private dental care/with private dental practices, or they remain unemployed or not able to provide treatments at all. Whilst the Committee does not question the importance of adequate and thorough training procedures, it is recommended that any undue delays in new dental trainees being able to register for NHS practice are reduced in as much as possible.

Flexibility Over NHS Dentistry Contracts: The Committee understands that some efforts are being made to increase flexibility in the provision of NHS contracts for dentists providing treatment to patients through the NHS. The committee values this but calls for greater optimisation of the use of flexible contracts so as to enable dentists to perform as many NHS treatments as possible. It is also recommended that these contracts are sufficiently rewarding so as to provide further incentives for dentists to offer such treatments.

Use of Underspends for targeted Oral Health Programmes: The Committee is aware of the fact that underspends can exist within the Oxfordshire system, particularly in the context of Allocation Formulas for dentistry. It is therefore recommended that any underspends within the

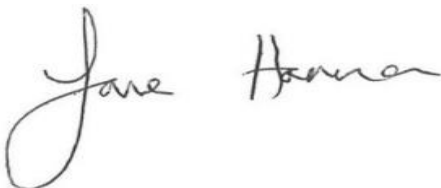
Oxfordshire system are utilised as investment into more targeted oral health programmes to support vulnerable population groups within the County. More transparency as well as a standardised method of dealing with underspends can contribute not only to reassurances to the public but also towards deciding how to best invest these underspends.

Working with Oxfordshire County Council Public Health: The Committee believes in the importance of prevention work so as to help improve oral health in the long run and to reduce the prospects of incidences of tooth decay. One useful avenue to achieve this is through greater support and coordination between Government and the Public Health Team at Oxfordshire County Council. The County may benefit from any additional further support, be this through additional funding, resources, or the sharing of expertise, so as to help bolster prevention work at the local level.

From the Committee's engagement on the subject, it is clear that dentistry has the opportunity to offer a strong base and foundation to provide exceptional healthcare provision in Oxfordshire. However, this can only be achieved and enabled by the factors outlined above.

The Committee looks forward to your engagement in this area and to any developments to address the issues raised above.

Yours sincerely,

A handwritten signature in black ink that reads "Jane Hanna". The signature is written in a cursive style with a large, looping initial 'J'.

Cllr Jane Hanna OBE

Chair, Oxfordshire JHOSC, OCC

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