

NHS  
Dentistry in  
Hinckley &  
Bosworth

*Leicestershire & Rutland*



**L.D.C.**

# Primary Care Services Dental Services

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NHS Primary Care Dental Services are the main point of contact and undertake the care of oral health needs for members of the population that choose NHS dental care. Independent Providers are commissioned via General Dental Services contracts or Personal Dental Services agreements in accordance with national regulations to provide a full range of level 1 care under NHS terms.

Patients are not registered with a practice but regular attendance may be informally regarded as such for those attending within a two-year re-attendance period. There are no limitations based on patient residence.

Care provided includes routine assessments and urgent appointments including, where necessary, radiographs to assist in treatment planning. Preventative care includes advice and, where appropriate, the application of Fluoride Varnish or Fissure Sealants. Treatment may include fillings, extractions and root canal treatment (endodontics) as well as wider oral health matters such as gum disease (periodontics) or referral for specialist consultation where an oral cancer is suspected. Some interventions may include laboratory prepared restorations – for instance crowns, bridges, partial or complete dentures.

Treatment is assigned to one of three treatment bands or urgent care that is used as the basis for remuneration of the contract holder. Some categories of patients will not be required to pay for treatment (including all children) but others pay a charge in line with the band of treatment.

Under certain circumstances, further treatment within a short timescale may be provided free of further charge.

Orthodontics (relating to improvement of appearance, position or function of crooked or abnormally arranged teeth) is provided in specified circumstances and there is a standard method for assessing whether treatment is clinically necessary and available under the NHS.

The contract holders may be independent individuals, partnerships or corporate providers. The dentists working under the contract are required to be included on the NHS National Performers List and other members of the team such as dental nurses are also required to be registered with the relevant professional bodies.

Dental practices are owned and financed by the contract holders using income generated either from the NHS or privately.

Contract delivery and the outcomes of the services provided are monitored in comparison to nationally set standards (e.g. contract delivery versus target) or national and regional norms (e.g. rates of Fluoride Varnish preventative interventions).

# Primary Care Services Dental Services

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- Primary Care orthodontic activity is commissioned via PDS (ortho) or GDS (mixed) contracts.
- The PDS contracts (agreements) provide only orthodontics and account for the majority of the primary care ortho provision.
- PDS agreements are time-limited and subject to procurement regulations.
- The GDS contracts provide both mandatory services (general dentistry) and orthodontic services.
- These contracts are not time-limited and are, therefore, held in perpetuity by the provider unless either party terminates in accordance with the terms of the contract.
- GDS contracts and PDS agreements include a contracted number of UDAs/UOAs or courses of treatment that must be provided each financial year. If you achieve less than 96% of your annual UDA target you will fail financial penalties in the form of a clawback. Practices achieving between 96% and 100% will have the shortfall rolled over into the following year
- Achieving your annual UDA target before year-end has implications. You can offset an overachievement of up to 2% of your annual target against the next year but will not be paid for any additional care that you provide above this amount and the additional patient payments that you receive will be offset against monthly NHS payments. Having achieved your UDA target, you are not required to embark on further treatment, but you must continue to provide urgent treatment and advice.

## UDA treatment bands and patient charges



Band 1 (1 UDA - £23.80) includes:

- Examination and diagnosis, treatment planning, scale and polish (if needed), prevention advice (OHE) and care (fluoride varnish or fissure sealant), study models, denture bases and maintenance (1 UDA)

Band 2 (3 UDAs - £65.20) includes:

- Everything listed in Band 1, plus
- Fillings, RCT, extractions, surgical procedures, periodontal treatment, bite-raising appliances (if not made by a laboratory).

Band 3 (12 UDAs - £282.80) includes:

- Everything listed in Bands 1 and 2, plus
- Complex treatment that includes laboratory work (crown, dentures, bridges, custom-made appliances, excluding sports guards)

Urgent treatment (1.2 UDA - £23.80) includes:

- Pain relief or temporary treatment, including
- Examination, radiographs, recementing crowns, up to extractions and not more than one permanent filling.

UDAs can be claimed for the following items, although there is no patient charge:

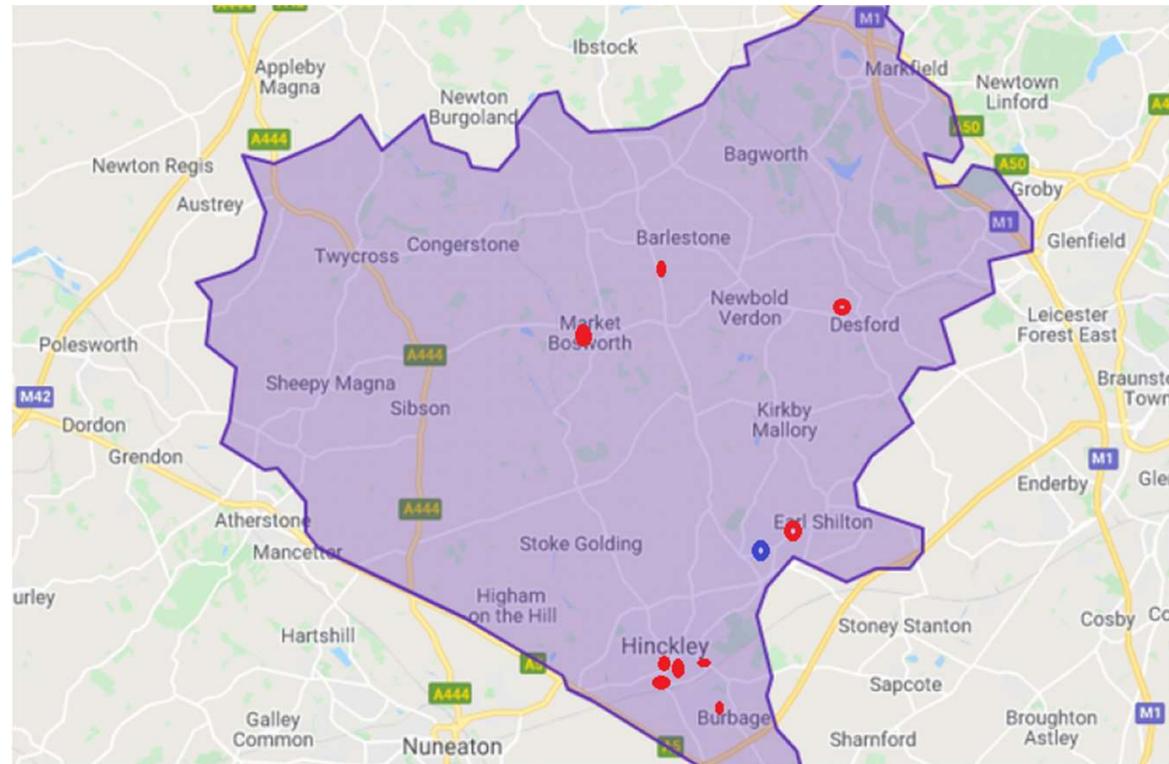
- Removal of sutures (1 UDA)
- Arrest of bleeding (1.2 UDAs)
- Repair of dentures (1 UDA) or appliances (a bridge, for example) (1.2 UDAs).

Orthodontic treatment attracts 1 UOA for an orthodontic care assessment. For a care assessment plus treatment, UOAs depend on the age of the patient:

- 4 UOAs for a patient aged under 10 years
- 21 UOAs for a patient aged from 10 years to under 18 years
- 23 UDAs for a patient aged 18 years and over.

# Hinckley & Bosworth

- The Hinckley & Bosworth Local Authority has 10 dental practices
- 8 provide some NHS GDS Services, 1 only provides orthodontics and oral surgery on the NHS, 1 is entirely private, there is also a CDS clinic
- A total of 65 dentists work in the area
- NHS England has commissioned 159,159 UDAs for the area
- Contract sizes range from 2,950 UDAs to 53,857 UDAs ( Mean average 19,895 UDAs)
- 4 practices have contracts of around 10,000 UDAs
- UDA values are between £21.34 and £29.29 (average value £25.76)



# Community Dental Services

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Community Dental Services is a referral service which provides services to children and adults. It is concerned with the provision of dental care and enabling the improvement of oral health for individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability, or more often, a combination of a number of these factors. As such, care will be provided to patients who have a need beyond the skill set and facilities of a general dental practitioner (high street dentist).

Community Dental Services provide dental treatment under general anaesthetic (GA) in secondary care sites with access to critical care facilities for children who require multiple tooth extractions, children with complex health needs and who require restorative treatment, for children when it is not possible to provide dental care using alternative treatments methods and for adults with special needs that may impact upon their ability to co-operate.

The Community Dental Services also provide additional services, for example oral health promotion, epidemiology for Local Authorities, outreach projects for vulnerable groups.

The GA pathway is commissioned under the PDS contract under a shared care arrangement, although there are problems with this arrangement and a lack of clarity regarding governance. There is a particular issue in Worcestershire with a lack of clarity regarding joint working between the community and acute trusts - particularly around special care GA.

In Hinckley & Bosworth, CDS has a specialist clinic based in Hinckley, special needs patients may also be referred to the CDS clinics in Leicester.

# Intermediate Minor Oral Surgery (IMOS) Level 2

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The specialty of Oral Surgery deals with the diagnosis and management of pathology of the mouth and jaws that requires surgical intervention. Oral Surgery involves the treatment of children, adolescents and adults and the management of dentally anxious and medically complex patients. Oral Surgery care is provided by Oral Surgeons and by Oral & Maxillofacial Surgeons as the clinical competencies of these two specialties overlap.

The IMOS service provides minor oral surgery treatment (e.g. teeth extraction of special difficulty, wisdom teeth removal, apicectomies) for adults where the surgery is too complex for the referring general dental practitioner and does not meet the secondary care dental complexity criteria.

Intermediate Minor Oral Surgery Level 2 can be performed within a primary care or a secondary care setting. Level 2 care is defined by complexity of treatment requiring a clinician with enhanced skills and experience who may be on the General Dental Council Specialist List or Accredited by NHSE. Commissioned IMOS Level 2 services have a defined referral pathway. Existing contracting arrangements varies across the Midlands region e.g. access for patients who meet the clinical criteria aged 16/17 or 18 years or above and is commissioned within primary, secondary and community care.

IMOS Level 2 services can be commissioned under a time limited Personal Dental Services Agreement with either a cost per case or with an annual activity target and contract value if delivered in a primary care setting. If delivered within secondary care dental, then this would be incorporated into the annual NHS Standard Contract with the Acute Trust.

There is only one practice providing this type of service in Loughborough. Under current proposals from NHS England to reconfigure IMOS services this contract will disappear next year. Patients will then need to travel to Coalville or Leicester

# Secondary Care Dental Services

As part of its direct commissioning responsibilities, NHS England commissions all NHS dental services: primary, community and secondary care services, including dental hospitals and urgent dental care services.

The majority of Secondary Care Dental services are specialist services at Level 3 but may incorporate Level 2 services where these are not separately available.

All Secondary Care Dental services are commissioned under the NHS Standard Contract with annual renewal possible through the contracting round.

At a national level the majority of specialist dental services are delivered in secondary care settings, in acute hospitals, foundation trusts, district general hospitals and dental hospitals funded by national and local tariff arrangements. Specialist dental services are listed below\*, however, some of these are recognised as multi-disciplinary care (dental and medical specialties). The definitions listed are in line with the General Dental Council:

- Special care dentistry – Community Dental Services
- Oral surgery – Royal Infirmary
- Orthodontics – Glenfield Hospital
- Paediatric dentistry – Community Dental Services
- Restorative (endodontics, periodontics, prosthodontics, implant dentistry) – Glenfield Hospital
- Oral medicine – Royal Infirmary
- Oral microbiology – Royal Infirmary
- Oral and maxillofacial pathology – Royal Infirmary
- Dental and maxillofacial radiology – Royal Infirmary
- Oral and maxillofacial surgery - Royal Infirmary

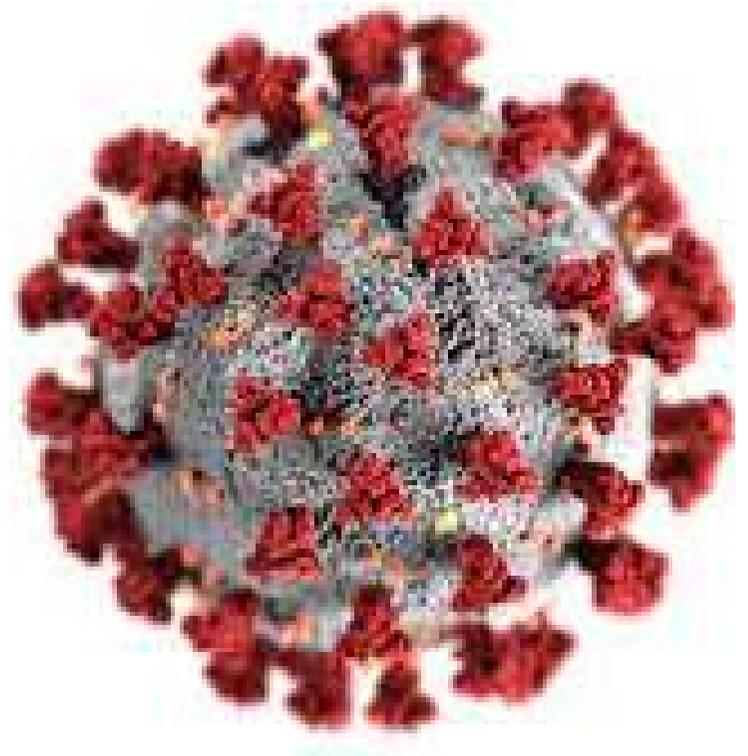
\* Not all services are provided at every secondary or tertiary provider.

For Hinckley & Bosworth secondary care services are delivered via UHL at Leicester Royal Infirmary, Glenfield Hospital or George Elliott. For some specialised services patients may be referred to Birmingham or Sheffield Dental Hospitals

# Impact of COVID 19

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- Covid 19. Activity was almost completely suspended between 25 March and 08 June 2020. Covid related restrictions meant that practices have been operating at reduced capacity since then and only returned to full activity levels on 1<sup>st</sup> July 2022.
- The dental sector has faced particular challenges during the pandemic due to the relatively high proportion of aerosol generating procedures (AGPs) undertaken and the stringent IPC protocols in place to ensure safety of both patients and staff. Capacity in practices was severely restricted due to social distancing requirements in waiting rooms and the need for down time between procedures which limits the throughput of patients.
- Significant backlogs have accumulated and practices are still working through these.



# Access

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- According to a survey undertaken by the BBC in August, no dental practices in Leicestershire were accepting new NHS patients, in Leicester city only 2% of practices were accepting new NHS patients.
- This is not just a consequence of the pandemic but is the result of long standing problems.
- The 2006 contract is generally not considered fit for purpose.
- Contracts have essentially remained unchanged since 2006. No ability to expand practices.
- Currently only commissioning sufficient dentistry to meet the needs of around 50% of the population.
- Contracts are being handed back as practices undergo private conversions and are not always recommissioned.
- The only part of the NHS to experience a reduction in spending, approximately 40% in real terms since 2010. Funding diverted to other parts of the NHS
- UDA rates. If the UDA rate is below the band 1 charge then the practice loses money every time they treat a paying patient.
- Manpower. Number of people qualifying, Brexit, overseas registration, retirement, part-time working, stress, burnout, lack of willingness to work in the NHS.
- Bureaucracy.

# Contract changes



- The current dental contract has been in place since 2006 and has been widely criticised as unfit for purpose, including most recently by the Health and Social Care Committee. A programme of contract reform has been piloted since 2010 but the pilots have now been abandoned.
- The government has announced a series of small scale changes to the NHS dental contract, which include:-
  - A minimum UDA value. This has been set at £23.00, slightly below the Band 1 charge of £23.80.
  - Dentists will now receive 5 UDAs for treating 3 or more teeth, rather than 3 UDAs as at present.
  - Root canal treatment on molar teeth will now attract 7 UDAs, as opposed to 3.
  - An increased role for dental therapists.
  - Increased intervals between dental check-ups
  - NHSE will acquire the ability to unilaterally amend contract activity, where the practice has under performed in three consecutive years
- Some of these changes will not be introduced until later this year as they will require the government to pass primary legislation for them to be introduced.

# The changes under ICS

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- **The Theory**

- From 1<sup>st</sup> April 2023 the ICB will be responsible for commissioning and operation of NHS dental services

- **The Reality**

- NHS England will retain delegated responsibility for commissioning and the operation of NHS dental services



# How we can help each other

- If access improves fewer dental patients will present in medical practice or at A&E, freeing up resources.
- Ensure dental funding is not diverted for other purposes but is reinvested in NHS dentistry either as non-recurrent or new services.
- MECC. Sugar causes dental caries, Smoking is a major contributor to gum disease, Alcohol affects gum health. Dentists provide advice on all these issues which supports what you tell people.
- Screening for Oral cancer.
- Identification of other medical problems e.g. Diabetes, Heart Disease, Mental Health
- Fluoridation. We want your support to introduce water fluoridation in Leicestershire. It can support a 52% reduction in decay rates in 5-year-olds and a 68% reduction in hospital admissions for GA extractions. In 2019/20 there were 678 Paediatric GA cases at Leicester Royal Infirmary.

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