Dentistry and Community Pharmacy update paper

September 2023

Context:

On 1 July 2022 Hampshire and the Isle of Wight Integrated Care Board (ICB), took on delegated responsibility for dentistry, pharmacy and optometry.

The ICB has an explicit purpose to improve health outcomes for their whole population and the delegation will allow us to integrate services to enable decisions to be taken as close as possible to our residents. We are working to ensure residents can experience joined-up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care.

The ICB covers Hampshire as well as Portsmouth, Southampton and the Isle of Wight.

The Covid-19 pandemic caused NHS dental providers to close for routine care, causing backlogs in routine dental treatment. In time dental practices restarted their routine treatment but with new safety controls in place, limiting the capacity for dental providers to see as many residents as before.

We know our residents continue to struggle to access dental services and we continue to work towards new procurement and an increase in Units of Dental Activity (UDA) that will lead to better access for patients.

Community pharmacies now have greater responsibility and are helping to take pressure of GP practices by treating and assessing minor ailments. However, some of the use of community pharmacies has decreased due to many prescriptions going online. We are working with pharmacies to ensure the needs of communities can be met moving forward.

Dentistry

Background:

Primary dental care is commissioned as units of dental activity (UDAs) with the number of UDAs awarded to each course of treatment dependent upon the treatment delivered. A UDA is a unit of payment given to providers which is used for different courses of treatments. More complex dental treatments would count for more than simpler treatments. For example, an examination is one UDA whereas dentures equates to 12 UDAs of clinical activity. The number of UDAs a patient will need in a year will depend upon their oral health.

NICE guidelines suggest recalls for treatment range from three to twelve months for children and three to 24 months for adults. There is a direct correlation between deprivation and oral health, with those from more deprived households often needing more UDAs a year as they may have more frequent check-ups with higher treatment need identified which attract more UDAs.

The model of existing primary dental care was introduced in 2006 when the General Dental Services (GDS) Contract and Personal Dental Services (PDS) Agreement were introduced. Under that arrangement which remains in place, contracts specify a defined number of UDAs for a defined contract value, with those issued in 2006 based on treatment proved during a 12-month test period in 2004/5. This period, now almost twenty years ago, was during the time when a dental practice could set up where they wished and deliver as much or as little NHS care as they chose. The current dental contract framework and legislation no longer allow practices to set up or provide as much as they wish; for existing practices this is limited to their contracted activity and new NHS practices can only be established after an open procurement process.

GDS contracts exist in perpetuity, unless they are voluntarily terminated by the provider or the commissioner as a result of contractual breaches.

At the current time a commissioner is not able to reduce contracted activity in one area and move this activity to an area it considers of greater need. There have been annual increases in dental budget allocations as agreed nationally, but this does not take into account increases in population size.

There have been a number of contracts that have terminated in Hampshire and Isle of Wight, particularly in Portsmouth, as a result of providers choosing to hand their contract back.

Current circumstances:

Providers of NHS primary care services are independent contractors in receipt of cash limited financial allocations from the NHS. All practices also deliver private dental care. Some provide NHS services to all groups of patients, but some are for children and charge exempt patients only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices.

It is important to note that patients do not register with a dental practice. Whereas a patient is registered to a GP practice who is required to see them, dental surgeries do not operate in this way as stated in the national contract. Dental surgeries may turn away patients who have seen them previously due to lack of availability, no matter how long that patient has been seeing that dentist for on the NHS.

Patients are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health needs.

Details of practices providing NHS dental care can be found on: https://www.nhs.uk/service-search/find-a-dentist

In addition to the services delivered in primary care there are other NHS dental services. They are:

- Unscheduled Dental Care (UDC) – most 'urgent' treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- Orthodontics - these services are based in 'primary care' but are specialist in nature and provide treatment on referral for children for the fitting of braces.
- Special Care Dentistry and Paediatrics (also known as Community Dental Services) – services for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.
- Hospital services – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.

The tables below detail NHS Dental services available in Hampshire:

Primary Care services:

Local Authority	**No. of practices**	**Units of Activity**	**Contract value** ***2022-23***
Basingstoke & Deane	17	222,645	£6,993,044.07
East Hants	9	120,556	£2,767,408.36
Eastleigh	12	204,267	£4,034,578.15
Fareham	13	142,625	£3,783,101.46
Gosport	10	131,027	£3,282,571.96
Hart	4	51,387*	£1,658,043.42
Havant	21	200,863	£3.527.684.67
New Forest	22	274,091	£6,171,576.89
Portsmouth	23	359,551	£10,497,047.66
Southampton	23	406,274	£12,077,751.85
Test Valley	7	127,979	£2,132,299.00
Winchester	10	175,238	£6,654,082.67
Isle of Wight	13	219,945	£4,233,021.79

Hart (Blackwater, Yateley, Fleet)	*7*	*68,163*	*£1,914,395*
Rushmoor (Aldershot, Farnborough)	*7*	*173,456*	*£4,929,299*

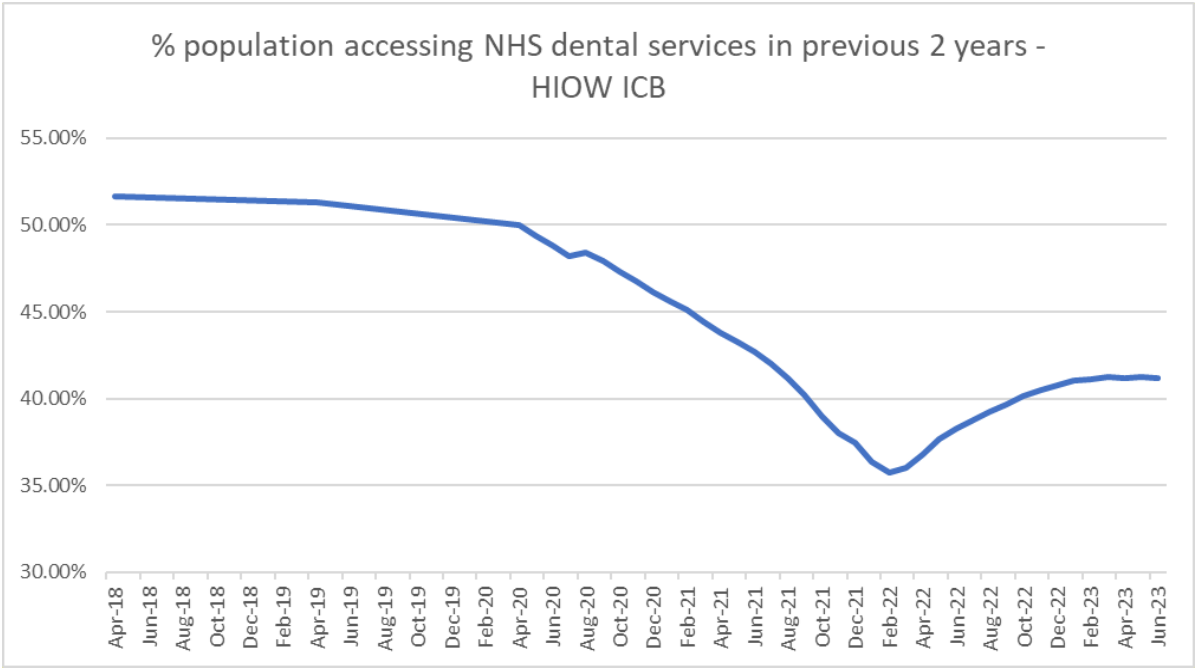
**this should be added to the submission within the NHS Frimley document as the figures are split between ICB location – copied here for ease*

Onward referral services:

Service	Provider	Area covered
Orthodontics	19 Providers	Across all areas other than Gosport*; Hart area covered in NHS Frimley paper*
Oral Surgery (complex extractions)	6 Providers	Test Valley, Basingstoke & Dean, Southampton, New Forest, Havant, Eastleigh, Fareham, IOW
Community Dental Services	Solent NHS Trust	Hampshire and the Isle of Wight
Hospital services	Hampshire Hospitals NHS Foundation Trust	Choice applies

Access:

In April 2018, 938,883 people (51.64 per cent of the population) accessed NHS dental services in the previous 2 year period. In April 2019, prior to the pandemic 933,361 people (51.34 per cent of the population) accessed an NHS Dentist attendance within a 2-year period. This is based on the recorded population of 1,831,473 living in Hampshire.



However, this fell significantly during the pandemic where practices had to close for 3 months between March and June 2020 and operated at reduced capacity until July 2022. In early 2022 the percentage of patients attending dental practices fell to **35.74 per cent in February 2022**. Access has however started to improve with **41.21 per cent** of the population (754,33 people) attending by June 2023.

Dental practices have been recalling patients, but many have had increased treatment needs due to longer gaps between attendances. This means that treatment plans take longer to complete. Dentists deliver services within cash limited budgets. This means that if it is taking longer to complete treatments for some patients it is more difficult for other patients to access care, so backlogs are still a challenge.

Whilst access to primary care is improving there are on-going challenges. These have been detailed within this section and the challenges are being compounded by workforce challenges in the service. Dental practices have found it difficult to maintain their workforce to deliver NHS services. Many dentists prefer to work fewer days on the NHS and therefore deliver less activity. This would enable them to focus more of their time on private work and in some cases, dentists are either leaving the NHS or opting not to join at the start of their career.

The dentists and practices are citing several reasons for leaving the NHS. These include:

- The focus on treatment with limited focus on oral health improvement, with implications this has on time to be made available to patients
- Delays in proposed changes to the contract at national level
- The level of nationally implemented annual financial uplifts to the contracts when compared to the costs of running their services
- The limited flexibility within the contract to use greater skill mix to deliver care
- The extent of patient dissatisfaction with access to care

This has impacted on the ability of practices to deliver their contracts, which means they may seek to reduce their NHS commitment or leave the NHS altogether. Between 2021-22 and 2023-24, a total of 16 practices handed back contracts in Hampshire and Isle of Wight. This can be compared to 17 in Sussex, 16 in Kent and Medway and 9 in Surrey Heartlands for a comparable timeframe.

When practices hand back their contracts, arrangements are put in place to commission services from local practices to cover this loss on a temporary basis prior to a procurement exercise to find a replacement. These arrangements were in place across Hampshire whilst recommissioning of services took place across the locality. In total the dental team identified to replace lost activity and increase activity by procuring 222,000 UDAs in 2022/23. Of the 222,000 UDAs that went out to procurement, 134,000 were procured successfully with 6 additional locations now providing dental services across the locality. An additional 42,000 will commence activity in the Portsmouth and Havant areas shortly as the original successful bidders did not progress to contract start and a second bidder was awarded the contracts. Alongside these additional UDAs a secondary procurement took place and led to a successful contract award for Southampton; 21,000 UDAs are now also in the mobilisation stage. This has meant that 197,000 UDAs of the original 222,000 have been allocated across the region. No bidder was awarded the 25,000 UDAs on the Isle of Wight.

It is however unfortunate that since this procurement the number of contracts which have been handed back and also the request to permanently reduce contract activity, remains a concerning issue, with the inability to recruit dentists and support staff a large factor in the reduction of dental access. Recruitment remains a national issue although it is felt more towards the coastal and rural localities.

Actions and next steps:

Access sessions

Since 2020, the NHS in the South-East has commissioned additional access sessions from practices to deliver sessions above the levels normally commissioned to help patients access care if they have an urgent treatment need. There are three practices taking part in this scheme in Hampshire based in Eastleigh, Gosport and Portsmouth.

Flexible Commissioning

In some parts of the country, ICBs are implementing Flexible Commissioning arrangements whereby practices can convert up to ten per cent of their contract value from delivery activity targets to the provision of access sessions. These sessions are used to provide access for patients who have faced challenges accessing care and to more vulnerable patient groups. HIOW ICB is monitoring the impact of these schemes as part of consideration of local adoption.

Dental Contract changes

Nationally changes were made to the NHS contract in late 2022 with the aim of addressing the challenges the dental system face. The changes will increase NHS capacity by allowing payment for higher levels of performance, increasing payments for more complex treatments, issuing updated advice about recall intervals for patient check-ups, supporting the use of more skill mix and providing more information to patients about access to NHS services.

While access to NHS dentistry is slightly higher in Hampshire as a whole compared to the Isle of Wight and our cities, we know there are smaller areas within the county which require focus.

National dental reforms continue being discussed, which we await the outcome of. A contract which includes more incentives for dentists to take on NHS work will benefit Hampshire residents and dental practitioners, who we know are keen locally to take on NHS work but require financial sustainability. We are raising this issue at all levels, including our colleagues in NHS England, and within government. The ICB attended a session of the Health and Care Select Committee in April where we reiterated that point. The committee published its findings and recommendations on 14 July 2023.

Recruitment and workforce

Recruiting and retaining dentists, as is the case with other healthcare professions, is difficult. Even where it has been possible to procure additional services, we can find that providers take dental professionals from existing NHS practices especially where they are in close proximity. The differential in UDA rate allows providers to use differing pay rates, which is

why the ICB is seeking to intervene to create equity and, we hope, improve access to services for local people. Fortunately the key responsibility that has come to Integrated Care Boards is the ability to impact the UDA rate locally. This helps us to make local interventions and ensure we create equity across dental providers in our area, which may help to mitigate the workforce challenges we face. We also have the opportunity to use patient feedback to understand local issues and where we can make targeted interventions.

Community pharmacy

Background:

The role of community pharmacies has changes over the past few years. Pharmacists have five years' training and are qualified healthcare professionals, giving advice on medication as well as various common illnesses and injuries.

In May 2023, the government went further with its change to pharmacies, meaning patients who need prescriptions can go direct to the pharmacy, rather than requiring a GP appointment for conditions such as earache, sore throats or urinary tract infections.

However, while pharmacies now have an increased role in primary care, the needs of community pharmacies are changing, as well as the age range of those using them.

Current circumstances:

Hampshire has seen a sharp rise in the number of people using online pharmacies for their prescriptions, which has seen a reduction in footfall of people using pharmacies in high streets and within supermarkets (such as Lloyds which has closed a number of branches in Hampshire over the past 12 months).

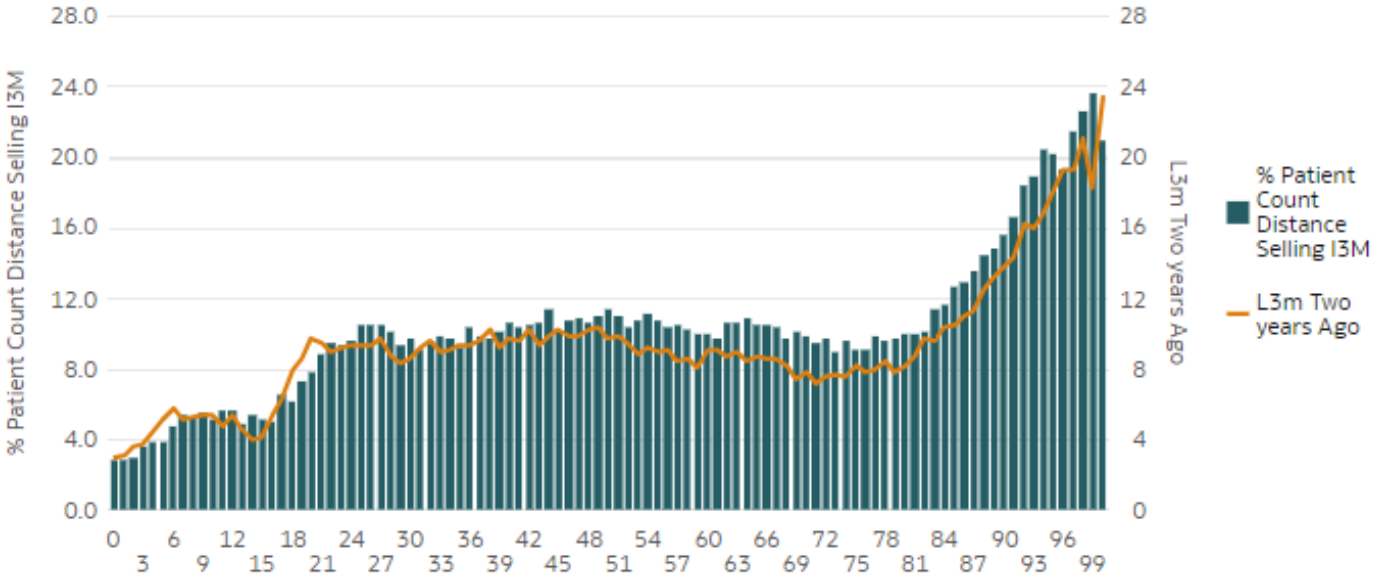
The top two pharmacies serving patients in Hampshire and Isle of Wight over the past three months are not based within the county. The largest prescription-serving pharmacy for Hampshire and Isle of Wight is based in Leeds. It served almost 70,000 more prescriptions than the second-highest dispenser, which is also based in Uxbridge.

These are both distance selling, online, pharmacies that don't have a high-street presence and effectively do not have a front door for patients in the area to see. The third most used pharmacy for prescriptions is based in the New Forest. This has a large impact on the demand for pharmacies for prescriptions in-person, which is contributing to the situation that has seen high street pharmacies close.

Actions and next steps:

The ICB is working with high street pharmacies and online sellers to ensure that there is a balance between pharmacies that have a presence and are able to see patients for other needs, while acknowledging the shift in prescription collection to a higher use of online methods.

The age range of patients who order prescriptions online is also changing, with the graph below illustrating that between 20 and 25 per cent of patients aged over 90 are using this method.



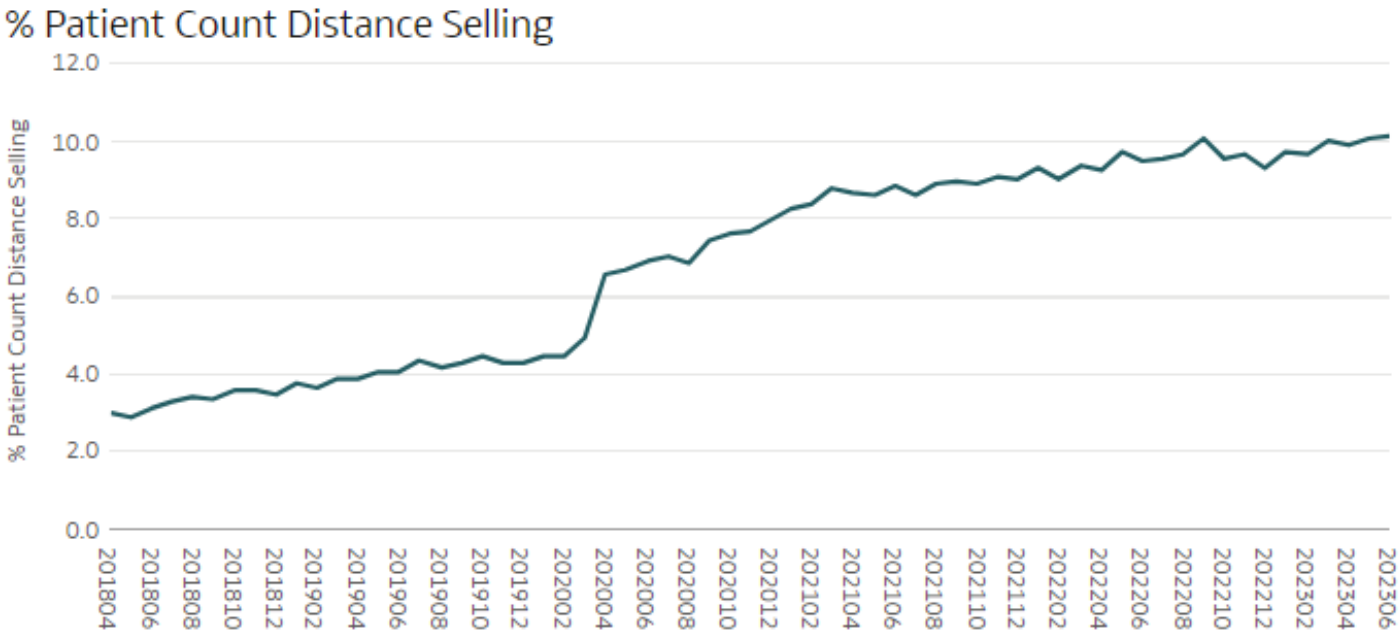
The orange line indicates the same level as of two years ago. It can also be suggested that those aged between 40 and 60-years-old could well be ordering prescriptions on behalf of elderly relatives.

Impact of Covid-19 on pharmacies

As wider contextual information, the pandemic had a large impact on the number of patients in Hampshire who stopped using pharmacies in person.

Before February 2020, there was around a 4.2 per cent number of patients using online pharmacy for their prescriptions. By April 2020, this jumped to almost seven per cent and has continued to rise steadily since.

As the graph below indicates, this is now at ten per cent of all patients in Hampshire and Isle of Wight using online pharmacies.



This impact on footfall continues to be assessed in the wider scheme of pharmacy operations and the ability to have pharmacies open to meet all needs of communities, including for medication advice, prescriptions and other sales.