

Project purpose and objectives

A topic of concern identified by the Working Group is the apparent shortfall in NHS subsidised dental provision in the Bridport (and west Dorset) area, especially for new patients. This project set out to clarify the current position regarding NHS dental provision locally. The intent is that this will enable the Group to consider whether member organisations can do anything to alleviate concerns, whilst recognising that changing NHS policy, resources, etc is well beyond its control.

Specific objectives agreed for the project were:

- To understand which local practices currently offer NHS dental services and whether any have capacity to take on more NHS-subsidised patients;
- To understand what the barriers are to local practices providing or expanding their offer of NHS dental services;
- To find out whether any NHS dental service provision caters for vulnerable groups in the area, such as those with a learning disability or the homeless;
- To find out what, if any, other NHS dental services are delivered in the local area, for example preventative services at schools.

Methodology

The project was started in late February and completed in June 2023. It involved: reviewing existing publications about dental provision in Dorset; searching websites to better understand local provision; arranging short interviews with or written responses from local dental practices; a discussion with Healthwatch Dorset given their recent research; and seeking some information about dentistry/oral health provision in local care homes and through local food banks/projects.

There are only three dental practices based within the BLAP area, all of them located in Bridport. However, three others are within the west of Dorset – two in Lyme Regis and one in Beaminster. Various practices could also be said to lie within a reasonable drive time for residents who are mobile – for example in Dorchester, Weymouth or Crewkerne.

National policy on NHS dentistry

NHS England has been responsible for commissioning dental services across England, with its South West office having managed local contracts. This, however, changed from April 2023 when contracting for primary NHS dental care was delegated to Integrated Care Boards (see below).

Dental practices are independent businesses where dentists may operate under contract with the NHS, as well as providing private dentistry. Those who take up NHS contracts are paid to provide subsidised dentistry, which is in theory offered to any adult. Dentists will contract to deliver a given number of units of dental activity (UDAs) over the coming year, with simple treatments such as a check-up or diagnosis awarded 1 UDA, slightly more complex treatments like fillings 3 UDAs and much more complex treatments like a crown or dentures 12 UDAs. Where a contracted UDA limit is not met a refund goes back to the NHS. It should be noted these NHS contracts are negotiated by individual dentists (rather than by practices).

For most adults NHS dentistry offers subsidised treatment, with patient contributions towards the cost falling into three bands (£24, £65 and £283). However, under separate funding arrangements certain groups are entitled to free NHS dentistry. These are:

- Children and young people under age 18 (or under 19 if still in full-time education);
- Women who are pregnant or have had a baby within the last 17 months;
- Anyone who is in receipt of a low income (welfare) benefit; and
- Anyone who is treated within an NHS hospital by an NHS dentist.

A small number of dental contractors also provide domiciliary treatment for residents who are unable to leave their home for physical or mental health reasons, including those in care homes.

Urgent or emergency dental care funded by the NHS is also available. This NHS 111 service is accessed locally by calling the Dorset Helpline, which is managed by the 111 Wessex Dental Advisory Service. It is limited to patients experiencing acute pain, acute infection or trauma/bleeding.

Some community services are provided for those whose particular needs cannot be met by general dental practice. In Dorset they are commissioned by NHS England from the Somerset NHS Foundation Trust. Groups served include people with severe phobias, with learning disabilities or autism, with physical disabilities, with dementia, needing bariatric equipment, undergoing chemotherapy and some homeless people. Referrals to these services can be made by social workers, care workers, school nurses, family GPs and some voluntary organisations, as well as by dental practices. They are typically delivered at main hospital sites.

Recent reports – current provision

The following information is mostly Dorset-wide¹ and is taken from three reports, which are:

1. Dental Access for Adults and Children in Dorset (NHS England, July 2022)
2. Oral Health Needs Assessment, South West of England – Appendix 7 Dorset (NHS England and NHS Improvement, January 2021)
3. Why are people finding it difficult to access NHS dental care in Dorset? (Healthwatch Dorset, February 2023)

Report 1 notes that there has been a steady fall in the number of patients in Dorset who are able to access a NHS dentist. The proportion of adults seeing a NHS dentist decreased rapidly from 45% in 2020 to 35% in 2021, albeit this figure is very close to the average for England. The proportion of children who had access to a NHS dentist was somewhat higher at 42% in 2021. Meanwhile, report 2 says that surveys show both access to NHS dentistry and its affordability are public concerns.

Report 3, which considers enquiries about access to NHS dentistry, says access has been an issue for a long time, but the situation was exacerbated by the Covid pandemic. Moreover, it is an issue that particularly affects those on low incomes (who are otherwise unable to afford treatment) and those from BME backgrounds. This report highlights that these trends leave some people experiencing pain, inconvenience and worsening dental problems. Notably, it flags a gap in dentists who will accept children for NHS treatment in the west of the county.

¹ Note that these reports include Bournemouth, Christchurch and Poole in their definition of Dorset.

Report 1 identified 102 dental practices across Dorset that delivered some NHS dentistry in 2021/22. However, a survey of practices carried out in 2022 for report 3 found no practices were currently taking on new NHS adult patients. It also found just 18 practices (out of 93 surveyed) still accepting children for NHS treatment, 17 practices that were now entirely private and 23 that maintained a NHS waiting list (though some had no idea when their list would reopen).

Report 1 explains that 25 practices across the wider county will offer urgent care slots for those triaged by and directed to them by the 111 Wessex Dental Advisory Service. It appears that some funding was used to expand the capacity of this service in 2022.

Recent reports – underlying issues

Report 2 (which was a needs assessment document, albeit from 2021) concluded that priorities for action in Dorset were:

- A targeted need for increasing general access to NHS dentistry;
- A need to plan for dental treatments likely to result from an ageing population;
- A need to recruit and retain more dentists working in NHS dentistry;
- A need to address UDA targets not being met under NHS dental contracts; and
- A need to address related health issues from smoking, alcohol consumption and obesity.

The slightly more recent report 1 acknowledges that “a key factor affecting access to NHS dentistry is workforce” and “the lack of dentists in the area undermines the ability of high street practices to meet their contracts”. For some Dorset is not an attractive place to practice, given limited training opportunities (the nearest dental school is at Bristol) and the South West region paying low UDA values. As practice running costs have risen, low UDA values can make NHS provision unviable.

Report 1 says that dentists sometimes leave because of the pressure of working in practices with NHS contracts and the better opportunities in private care. Anecdotally, it also cites more dentists now leaving than arriving from EU countries.

Web search information

Information from the NHS Find a Dentist website has been analysed to get a broad overview of nearby practices currently accepting (or not) new NHS patients. Recognising that many residents will travel out of the BLAP area for dentistry, all practices within 16 miles of Bridport are included (thereby taking in Dorchester, Weymouth and Yeovil).

As the table below shows, the website lists 41 dental practices within that distance threshold (though at least one practice is known to be missing). The analysis finds that:

- There are no practices currently stating that they will accept new NHS patients;
- Two practices linked to Dorchester and Yeovil NHS hospitals will treat their patients;
- However, over half of practices have not provided the NHS with up-to-date information.

Number of dental practices in the wider area offering (or not) NHS dentistry for new patients

	Within Bridport and the BLAP area (A)	Others within 16 miles travel (B)	Totals (A)+(B)

Accepting new NHS patients	0	0	0
Accepting NHS hospital referrals	0	2	2
Not accepting new NHS patients	2	14	16
Has not stated current position	0	23	23
Column totals	2	39	41

Source: NHS 'Find a Dentist' website (as at March 2023)

Healthwatch Dorset also highlight the lack of up-to-date information for patients. They consider that this is due to: a) information gaps on the NHS Find a Dentist website; and b) a lack of clarity on the websites of many dental practices whether they are taking NHS patients.

Local practice responses

Four local dental practices were contacted which were known to provide or have provided some NHS dentistry. Two are in Bridport and two in Lyme Regis. Three of these responded, providing information, and their contributions to this project must be acknowledged. Limited information about the fourth was gleaned from websites and local knowledge. No attempt was made to contact two further practices – one in Bridport and one in Beaminster – operating solely on a private basis.

Among the four dental practices contacted, at present:

- One has three dentists (one part-time); and
- Three have a single dentist.

Capacity of dental provision – whether NHS or private – is therefore quite limited in Dorset to the west of Dorchester and Weymouth. Even if the wholly private practices are added, that makes 8 dentists within an area where the population is around 30,000. Three of the responding practices have lost a dentist (in one case through retirement) in the recent past and been unable to replace them. It should, however, be noted that some other professionals, including dental hygienists and a dental therapist, are present at these practices.

Current NHS subsidised dentistry

Existing patients: all three of the responding practices said they are currently treating some of their existing patients under the NHS contract (which offers subsidised care to adults). However, it is understood the extent of this provision depends on the UDAs negotiated/contracted annually by individual dentists within each practice, so it may vary over time. Indeed, one of the responding practices has recently reduced its NHS contract work.

New patients: one of the responding dental practices says that it will sometimes still take on new NHS subsidised patients. Although specifics are unknown, it seems likely this is small-scale and selective. The other three practices say they are not currently taking on any new NHS-subsidised patients, though one adds that it nevertheless retains a very sizeable waiting list.

Reasons for the paucity of NHS provision

Reasons cited by the practices contacted for not taking on new NHS subsidised patients are:

- That the three UDA tiers within the NHS contract are too broad. For example, the same number of UDA points are earned if a patient has one filling or two, three or more fillings. This often leaves dentists out of pocket;
- That there is too much paperwork and scrutiny for those with an NHS contract, which is viewed as time-consuming and burdensome;
- That dentists already have enough NHS patients to reach their contracted UDA limit and don't have capacity to negotiate extra UDAs given their existing (NHS and private) workload.

Healthwatch Dorset also cites the broad nature of the UDA tiers within the NHS contract as a problem, which they consider acts as a disincentive to treating those patients with relatively unhealthy teeth, unless doing so privately.

Demand for NHS subsidised dentistry

However, all the responding practices referred to frequent enquiries from people searching for NHS subsidised dentistry. All say they receive such enquiries daily and one practice put this as high as five enquiries on a typical day. This can include enquiries from people who live well outside Dorset.

All these practices said that they refer enquirers seeking NHS dentistry to the NHS 111 (Dorset Helpline) service. According to Healthwatch Dorset, although this is the logical thing for them to do, it appears to be something of a dead end, except for people with very urgent dental needs. For everyone else – if no practices in Dorset are currently taking on NHS subsidised patients – all the NHS 111 service can do is suggest they go private.

That said, only two of the practices say they are currently taking on new private patients, with one of these stressing this is limited to small numbers given how busy they already are. In short, there is little capacity for taking on either NHS or private patients in the west of Dorset.

Insurance or payment schemes

All the practices contacted offer an insurance or regular payment scheme which can help private patients to manage their treatment costs. Typically, patients will make a monthly (direct debit) payment which covers the cost of regular dental check ups and gives them a discount on other treatments needed.

Special needs and vulnerable groups

Practices were also asked about the provision of NHS dentistry to those groups which are eligible for free dentistry (this being funded differently from the NHS subsidised dentistry for adults). All the responding practices say that they are providing free dentistry to existing patients who are: children up to age 18; or women pregnant or with a young baby; or recipients of low-income welfare benefits. However, none said they can currently offer such free NHS dentistry to new patients.

Two (only) of the practices were specifically asked whether they would provide emergency dental care to someone new referred to them by the NHS 111 (Dorset Helpline) service. Both confirmed that they would treat such cases.

A particularly vulnerable group is homeless people. It has been confirmed that charity, DentaId, makes regular visits to Weymouth, funded by the Lantern Trust, where it can provide treatments as necessary. DentaId visit with their mobile dental unit, typically treating eight patients in a four-hour session, which can include oral health checks, cleaning/polishing, X-rays, fillings and extractions. (Note that whilst the Weymouth visits target homeless people, in principle this charity will treat any group or groups in particular need.)

Local food banks or food sharing projects were also approached and three of them responded. One confirmed that it stocks and hands out toothbrushes and toothpaste to some of those it helps feed, while another said it occasionally receives donated toothbrushes and toothpaste to hand out. One project added that it has helped a couple of clients with transport so they can access emergency dental care appointments.

It was understood that some oral health care work takes place with children through schools across Dorset, some of that targeting vulnerable children, such as those with learning disabilities and with special educational needs. This can include supervised toothbrushing, oral health visits and the distribution of oral health packs. Moreover, the secondary school in the BLAP area reports that its pupils in year 7 receive a lesson about oral health care, as well as other lessons around health and wellbeing, as part of the curriculum on PSHE². At least one primary school in the BLAP area is known to hold a day where pupils bring in toothbrushes and use plaque reveal tablets.

Two local care homes were contacted. Both said that their residents typically receive dental care by visiting local practices they are registered with, assisted either by family or by care home staff. One said it had recently tried and failed to register a couple of residents as new patients. One said most residents seem to be treated as private patients, though it was aware of at least one resident receiving NHS subsidised care. No dental professionals visit these care homes, and they have no specific link with any practice. One, however, used to receive visits by a dental hygienist, which was extremely useful. This ceased when the hygienist retired a couple of years ago and they had not been able to find a replacement. Both cited residents being treated at Dorset County Hospital for urgent dental care and one said that its residents often go there for denture work.

Finally, the nearest site delivering Special Care Dentistry – for those referred because of particular needs – is the Dorset County Hospital in Dorchester. In specific circumstances a home visit may even be undertaken by this service.

Recruitment and training

All the responding practices see recruitment of dentists as a significant problem. All of them have tried to recruit in the recent past, in some cases to replace retiring or departing dentists, but all have been unsuccessful so far. One practice says it has given up trying, because the cost and time involved with going out to recruitment is a “waste of money”.

² PSHE in education stands for personal, social, health and economic.

Those spoken to recognise that this is a national problem (with NHS remuneration a key factor in that), but some consider it especially hard in a location like the west of Dorset. They refer to its relative remoteness, distance from large population centres and from major transport links. They also note there is no dental training facility nearer than Bristol and that trainees often start their careers close to those facilities.

Healthwatch Dorset make an interesting observation, that the impact of a gap in NHS dental provision is arguably greater somewhere like the west of Dorset, since the next nearest provider will be some distance away. In a large town or city, there will usually be other providers nearby.

Interestingly, one of the local dentists is an accredited 'mentor' for a newly arrived dentist from overseas, who is seeking to gain their NHS registration to practice in the UK. Additionally, an organisation that manages one of the local practices says it has recruited a dental trainee just out of university (albeit not at their local practice).

One local practice has somebody in a dental therapist role. That person has the training and experience to enable them to undertake basic treatments, such as simple fillings and extractions (which can be as NHS work). This approach allows the fully qualified dentist to focus more time on diagnostics and complex treatments.

Recent or upcoming developments

This section summarises some developments at national, regional and local levels which may be of interest going forward.

In 2022 NHS England announced some changes to their contracts with dental practices. These included: improving payments for more complex treatments; increasing the UDA value of treatments involving three or more teeth; allowing more dental professionals to provide treatments; and switching unused/refunded UDAs to other willing practices. The British Dental Association, however, feels these reforms are too small to make a real difference. Also, in future dental practices will be required to update, regularly, information they provide to the NHS Find a Dentist website.

Equally notable, from April 2023 the responsibility for commissioning NHS primary dental care has been delegated to Integrated Care Boards, which have been created at local or sub-regional level across England to improve joint working among health and care services and to generate better health outcomes that match an area's needs. In our case this means delegation to the *Our Dorset* Integrated Care Board.

The South West Dental Reform Programme was established in 2020 to improve access to dental services, develop workforce initiatives and improve oral health of the population. It is jointly run by NHS England (Dental Health Commissioning & Transformation Team), Health Education England, Integrated Care Partnerships, local authority Public Health services, Local Dental Committees, the Local Dental Network and patient representatives. It commissioned the oral health needs assessment report cited above (report 2). This led to agreed actions, including:

- Working with the NHS 111 service to streamline services and review demand against urgent dental care capacity;
- Conducting welfare checks with children on dental waiting lists to prioritise treatment for the most vulnerable;

- Conducting a dental workforce survey to understand what would keep professionals working in the area;
- Working with England's deputy Chief Dental Officer and similar counties to seek to improve rural dental recruitment;
- Working with dental (training) schools and presenting career development days to inform students about NHS dentistry opportunities;
- Discussing with other Dorset organisations whether there is scope to market the area to dental professionals;
- Mapping local authority priorities and interventions, to highlight gaps, whilst compiling an easily accessible oral health repository of patient-facing information;
- Looking into the potential for a South West-wide supervised toothbrushing scheme.

It is not known how far implementation of these actions has gone so far. That said, report 3 notes the intention to run a South West recruitment day to attract dental professionals, supported by the British Dental Journal and dental providers. Also, funding being on offer for local dentists to undertake post-graduate courses at Bristol and Plymouth universities.

Notable, too, is that Healthwatch Dorset has been holding focus groups during Spring 2023 with dental professionals, public sector officials or practitioners and voluntary sector organisations, as a follow up to its report. This has included themed groups on homelessness, asylum seekers, children in care and school children. The aim has been to identify some practical things which could improve the situation for these groups, such as distributing oral health packs. A meeting with the Local Dental Committee is also planned.

However, overall Healthwatch Dorset considers that system reform is needed to tackle "the twin crisis" of access and affordability in service provision, whilst also improving public information about the availability of NHS dentistry.

Conclusions

This rather rapid information gathering project has confirmed that the provision of NHS dentistry is problematic in the west of Dorset. Although practices which have a history of providing NHS dentistry are largely continuing to do so for their existing patients, none of them are taking on new NHS patients (other than in fairly exceptional cases).

The project also highlights the lack of capacity for dental provision in the west of Dorset, which extends beyond NHS dentistry to private care (albeit not as acutely). Recruitment of dental professionals is a significant issue in the area.

The project partially confirms the Healthwatch Dorset finding that online information for patients searching for NHS dentistry can be dated and/or unclear. In fairness, information from the nearest practices is mostly quite clear, but that from practices slightly further afield can be confusing.

The transfer (or devolution) of responsibility for NHS dentistry contracts to the Dorset Integrated Care Board may provide an opportunity. The Board may well be more willing to engage with local organisations and to consider tailored solutions.

The discussions held beg a question whether there is more that could be done, including outside of dental practices, to improve oral health advice and support. This could be in other health and care settings, in schools or through voluntary sector initiatives that support health and wellbeing. For example, whether oral health packs could be made more widely available for at-risk groups.

It may also be worth exploring whether Dentaaid offers a viable option to meet any specific and unmet needs for dental care in the area. More information will be sought about their service.

Finally, it is worth noting that Healthwatch Dorset (as the external champion for patients) say they would welcome any help BLAP and its members could give to increase the level of feedback they receive about dental services in the west of Dorset.

This project was led by Brian Wilson, with research assistance from Claire Peters-Way and Barry Bates. It received valuable support from the BLAP Health and Wellbeing Working Group, which has representation from Public Health Dorset, Jurassic Coast PCN Social Prescribing Team, Healthwatch Dorset, Age UK North, South & West Dorset, Steps 2 Wellbeing, Bridport & District Citizens Advice, Dementia Friendly Bridport and a local resident who is on the Dorset ICP Public Engagement Group.

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