Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	29 September 2022
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	NHS Dental Access
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Access to NHS dental services was significantly reduced during the COVID-19 pandemic due to the Infection, Prevention and Control measures which were necessary to safeguard patients and staff, and the fact that most dental procedures were classed as 'aerosol generating procedures' (AGPs). Since the lifting of the control measures implemented by Welsh Government at that time, the programme of Contract Reform which came into place on 1st April 2022, has been progressed.

Cefndir / Background

The current General Dental Services (GDS) Contract and Personal Dental Services (PDS) Agreements were introduced in 2006, following a drive to move away from items of service delivery of NHS dental services. The creation of three levels of banded treatment saw dentists being able to claim for Units of Dental Activity (UDAs) under these bands depending on the course of treatment required. The value of the UDA was based on an individual performer's activity during a pre-defined reference period, which created variance of remuneration between individual dentists and Practices. Despite the bundling up of activity into bands, the concerns around "treadmill" style delivery has continued. The Regulations for both GDS and PDS (specialist service provision such as orthodontics, minor oral surgery etc) remain.

In October 2018, the former Chief Dental Officer developed a programme of contract reform which was designed or intended to move away from an activity-based contract to a more holistic approach in promoting and improving oral health. This saw the introduction of the ACORN tool which is used to assess patients' oral health within three categories (red, amber and green). This allows the dentist to agree the best treatment plan with the patient.

During 2021/22, reset arrangements from Welsh Government set an aspirational recovery target of Dental Practices to increase patient access to between 40% and 60% of the pre COVID-19 access levels. The Hywel Dda average achievement was 46% by March 2022, in line with all Wales average achievement. However, there was a wide variation in achievement across individual Practices ranging from 25% to 88%. The reasons were due to recruitment

issues, high levels of staff sickness, impact of infection control on patient throughput, and high levels of patient non-attendance.

In April 2022, Dental Contract Reform was introduced by Welsh Government. Although there was initial concern and challenge, 80% of the Dental Practices in Hywel Dda have accepted the Contract Reform, with the remaining 20% opting to remain working to the existing or previous GDS (UDA) contract.

The 2022/23 Contract Reform arrangements included nationally agreed performance measures designed to improve access post COVID-19. Feedback Dental Practices in Hywel Dda is that the delivery of the performance measures will be challenging due to the region's inherent recruitment issues in relation to NHS Dentists.The 2022/23 contract arrangements will not improve access levels to dental services back to the pre COVID-19 levels, but they should result in an improvement on the 2021/22 access levels.

Asesiad / Assessment

Urgent Access

The level of demand for urgent dental care has been considerable following the incremental reset of services since April 2021, with 35% of the Health Board population accessing General Dental Services during the past 12 months, in comparison to 46% during 2019/20. The Health Board commissions in-week urgent access for patients who do not have routine access to a NHS dentist. Dental Practices are responsible for the urgent dental needs of any patients who have had a course of treatment in the past four years.

During 2019/20, the urgent dental access service provided 4100 Urgent Dental Access slots of which 89% were used. To support the sustained increase in demand, the urgent dental access service has in place provision for 6050 episodes of Urgent Dental Care throughout 2022/23, increasing Urgent Dental Access provision by 32% compared to 2019/20. During Quarter 1 of 2022/23, 98% of available Urgent Dental Access of slots were used.

Current demand has increased due to the lack of timely access for patients who do not have routine access to a NHS dentist and patients who previously accessed private dental services but are now no longer able to afford their treatment plans.

With effect from 1 April 2022, those NHS Dental Practices that have signed up to the 2022/23 Contract Reform Model are required to meet a new patient target; this target is based on their contract size and to be entitled to payment, the Dental Practice, holding the contract must accept a target number of new patients each year.

As part of the local agreements, following discussion with the Hywel Dda Local Dental Committee (LDC), it was agreed that 30% of the new patient target would be used to support patients with the greatest dental need. This has resulted in 155 appointments available each week in Dental Practices across the Health Board area. There are a further 11 appointments each week which are being provided by Practices who opted to remain with their existing contract and have the provision of urgent care appointments included as part of their contract.

Additional appointments are provided by the Community Dental Services at the Mobile Dental Unit based in St David's Park Carmarthen and, from September 2022, this will increase to five days a week and will include the provision of a course of treatment if needed.

Urgent dental access will be a feature of the Health Board's Winter Plan.

The challenges currently faced are:

- Demand - Urgent access appointments are fully booked by Thursday each week meaning the Health Board must use weekend slots, which then impacts on the following week.

- Geographical - patients are often unable to travel outside of their local area and appointments in some areas are limited and are booked up quickly. This results in approximately 1% of the available appointments not being filled..

- Late cancellations - Practices cancelling sessions due to staff sickness at short notice which means that patients cannot always be reallocated in a timely manner, as the appointments within their locality will have already been filled.

- Failure to Attend (FTA) - the FTA rate is approximately 5%.

Orthodontics
Orthodontic contracts are back to 100% of their normal Unit of Orthodontic Activity (UOA) targets from April 2022. The Health Board has discretion to apply a tolerance of 5% reduction in the UOA target if there is reason to believe, for example, the building used by the Practice does not allow for the throughput of patients or other significant mitigating factors causing reduced patient activity. To date, no Hywel Dda Dental Provider has requested consideration of a reduced delivery target and are requesting patients at the required numbers to deliver their existing contract requirements.

The current waiting time for routine patients is 3.2 years and whilst the wait is considered to be too long the Health Board has improved the waiting time to the pre COVID-19 levels, despite the access issues to treatment starting during the pandemic. Prior to this (2019/20) there were 3,861 referrals on the waiting list with the average waiting time for routine orthodontic treatment was 4.5-5 years with urgent cases being assessed within 6 months. Currently (August 2022 data) there are 2,872 patients on the waiting list with urgent cases still being assessed within 6 months. There is currently no comparison data available for other Health Boards and there are no Welsh Government targets set for NHS orthodontic waiting lists in specialist Practices.

Specialist in Intermediate and Tertiary Services
The Health Boards intermediate services are commissioned and provided via the private sector for both oral surgery and paediatric General Anaesthesia by Cambria Dental Practice, Parkway Dental Clinic and by Neath Port Talbot Hospital under a contract with Swansea Bay University Health Board (SBUHB).

There are aspirations within the Primary Care Integrated Medium Term Plan (IMTP) to develop Hywel Dda based specialist minor oral surgery services and the paediatric pathway.

The Health Board has funded a Specialist Trainee (STR) Paediatric post for two years with SBUHB, with the intention that once this person has qualified, they will deliver sessions within a Hywel Dda clinical setting. Currently the Health Boards patients are seen within SBUHB by the STR, which is fully supported by a Consultant in Paediatric Dentistry.

Further work is ongoing with the SBUHB Consultant in Special Care Dentistry to create a training programme to develop a specialist in this area who can work out of Hywel Dda UHB. One of the SBUHB Consultants has agreed to work with Hywel Dda for one year to implement this scheme and will provide a visiting service. This is currently being constrained by the re-provision of theatre time at Withybush General Hospital which is currently running at one session per month. Work is in train to try to progress an improvement on the current position however due to the theatre list being managed on a green pathway there has been some challenges in expanding this provision.

Paediatric General Anaesthesia (GA)
The longer-term plan for Paediatric GAs is to repatriate the service from Parkway Dental Clinic and provide the service in Hywel Dda but this will be dependent on the completion of the training of the STR post and the commissioning of a multi-disciplinary approach to delivering the service with support from an SBUHB Consultant. This has been articulated in the IMTP which is a three-year plan.

Currently, General Dental Practitioners refer paediatric patients who are unable or unwilling to cope with treatment in the GDS, to the Community Dental Service. In accordance with the recommendations in 'Oral Health for All', all referrals are triaged by clinicians who are experienced in behaviour management techniques and conscious sedation. At the point of triage, referrals are either accepted or rejected. Rejected referrals are returned to the referring practitioner, with the reasons for rejection documented. All accepted referrals are offered an assessment appointment at the patient's nearest CDS clinic. The purpose of the assessment appointment is to assess a patient's treatment needs and determine whether treatment can be provided without general anaesthesia. Children who are assessed and who are considered as not being able to accept treatment with inhalation sedation, are referred to Parkway Clinic for treatment under General Anaesthetic.

There is limited data available on patient outcomes, but early indications from a targeted analysis of two months of data (June and July 2021) shows that of 91 referrals accepted by the Community Dental Service a total of 17 patients were referred to Parkway Dental Clinic for treatment under GA

This initial analysis shows 19% of referrals being converted to GA compared to data for 2012/13 where approximately 50% of referrals were converted to GA. Further analysis will be undertaken to provide a full year of activity reporting which may affect this percentage.

A permanent introduction of this pathway would result in the need for investment in Community Dental Service (CDS) to ensure that patients currently accessing the service are not disadvantaged in terms of access times and treatment.

The next stage would be to provide an in-house GA service for paediatric patients; this would need to be developed in the context of the COVID-19 recovery plan and access to operating theatres across Hywel Dda hospital sites and is included in the IMTP.

Reset and Recovery

The following three schemes were identified as being key in supporting the delivery of reset and recovery of dental services and assisting in clearing the backlog to reduce further waiting times for patients to access services:

Oral Surgery Service
Aim: To increase the number of clinical sessions being delivered by clinicians with appropriate enhanced or specialist skills to successfully treat these cases. This increased capacity will reduce waiting times for oral surgery procedures, thereby decreasing the risks associated with lengthy waits for treatment.

Delivery: Opportunity to remove patients from the SBUHB routine waiting list, providing it is clinically appropriate to do so.

Urgent Dental Access
Aim: This project aims to provide additional dental resources to reduce the backlog of existing referrals of special care patients needing dental assessment and treatment. The project will initially address the highest priority cases, which currently represents over 12% of the backlog, and address a significant proportion of the patients whose referrals have been outstanding for over a year. The additional dental resources will uses pare dental surgery capacity across Community dental clinics, although Carmarthenshire will be constrained by limited surgery availability. Based on the funding requested, it is anticipated that around 33% of the back log will be addressed.

Delivery: Due to the challenges of recruitment, the current workforce undertook additional hours both in hours and out of hours, with the aim of addressing the backlog.

A total of 24 additional clinics were held across Ceredigion and Carmarthenshire, which resulted in:

- 132 patient appointments offered
- 107 appointments attended
- There were 20 Failure to Attend (FTA) appointments and 5 cancelled appointments (this included two clinics running on the weekend of a storm which resulted in 6 Did Not Attends)
- 25 courses of treatment were completed.

Orthodontics
Aim: To clear patients waiting for Orthodontic treatment referred prior to 2018 with a score of 4d on the index of Orthodontic Treatment need. There are 454 referrals falling into this category. There are 659 referrals where the patients will be aged 17+ by 31March 2022. Additionally, there are 215 referrals since 2018 where the patients will be aged 17+ by 31 March 2022.

Clearance of 1,328 referrals from the waiting list will reinstate the capacity lost due to COVID-19 in 2020/21. In 2021/22, the Health Board will lose a further 300 treatment starts if Dental Providers work to the minimum target set by WG of 82.5% contract achievement with a 5% tolerance.

Through provision of a monthly clinic to provide Specialist Orthodontic advice to General Practitioners concerning extraction of teeth and other orthodontic clinical concerns related to future or current treatment. Advice to be provided either via referral or Attend Anywhere.

Delivery: Validation using additional clerical support allowed for 296 patients to be removed from the waiting list. It was established that these patients had treatment elsewhere or no longer wished to be on the waiting list or have been uncontactable. Patients were selected for treatment under the Primary Care Recovery Funding, using the criteria set out by the Orthodontic Managed Clinical Network for South West Wales, 504 patients were assessed of which 300 have moved on to active orthodontic Treatment.

Altogether, 800 patients have been removed from the waiting list under the Waiting List Initiative (WLI) funding.

Oral Surgery Service
Aim: To increase the number of clinical sessions being delivered by clinicians with appropriate enhanced or specialist skills to successfully treat these cases. This increased capacity will reduce waiting times for oral surgery procedures, thereby decreasing the risks associated with lengthy waits for treatment. Opportunity to remove patients from the SBUHB routine waiting list, providing it is clinically appropriate to do so.
Delivery: The Primary Care recovery funding allowed for an additional 180 patients to be seen across the Parkway Clinic and Cambria provided services.

Extended Working Day
The Health Board offered additional funding on a sessional basis to see their backlog of patients in the amber ACORN category. Unfortunately, the Omicron COVID-19 wave meant that Practices who had expressed an interest in providing this service had to withdraw due to staffing issues. One Practice did progress this initiative in the period January 2022 to March 2022; they assessed and treated 144 additional patients during this period.

Dental Contract Monitoring 2022/23

Overview of activity for Practices delivering under Contract Reform practices from 1st April – 31st July 2022:

	% ACV awarded	No of practices achieving <15%	No of practices achieving 15% - 30%	No of practice achieving >30%	No of Practices achieving >80%
New patients	25%	48%	25%	27%	N/A
Supply of mandatory General Dental Services to (and completion of ACORNS for) existing patients	40%	30%	45%	25%	N/A
Fluoride varnish	5%	N/A	N/A	N/A	88%
UDAs	25%	6%	14%	80%	N/A

The above table provides a view of the current achievement against the performance metrics and illustrates the work required by Practices from September 2022 onwards, to avoid any financial recoveries of Contract payments made in advance.

It is too early in the financial year for meaningful data on patient re-attendances to be available.

Financial recoveries relating to new patients, historic patients and UDAs will be dependent on the extent to which Practices fail to achieve the target, making it difficult to predict financial recoveries relating to either performance matrix. However, the Dental Services Team (DST) will provide indicative data for the potential year-end financial recoveries for the next meeting of the Primary Care Contract Review Group (PCCRG).

Overview of activity for Practices delivering under substantive UDA contract from 1st April – 31st July 2022:

	<25% of UDA target achieved	25% or > of UDA target achieved
UDAs (95% of substantive UDA target)	27%	73%

There are no concerns with the performance above as the GDS Contract sets out an expectation of a minimum of 30% achievement of UDAs by the mid-year review.

There are outstanding concerns in relation to the accuracy of data collected to date, partially as a result of the limited time afforded to Practices in making necessary amendments to existing patient software and training of staff. The Business Services Authority (BSA) recently indicated during a meeting that it had seen a significant decrease in the volume of rejected claims due to claiming errors, and the situation is improving month on month. However, the Health Board is aware that there are Dental Practices who continue to experience difficulties relating to patient software. The Health Board will continue to work closely with Dental Practices, software providers and the BSA to support Practices in implementing the necessary changes as quickly as possible.

Dental Practices continue to report that they are concerned about being overwhelmed with patient demand and their ability to provide courses of treatment to new patients whilst also caring for historic patients who have been delayed because of the backlog created by the COVID-19 Pandemic.

Currently, the data is not mature enough to understand the achievability of the performance matrix. As the data matures over Quarter two, it is anticipated that the Health Board will have a greater understanding of activity levels and the ability for individual Dental Practices to achieve performance targets.

To support Dental Practices and understand individual Dental Practice ability to achieve relevant performance measures during Quarter 1 and Quarter 2, mid-year reports will be prepared to aid and inform discussions at mid-year review meetings.

Argymhelliad / Recommendation

The Board is asked to:

- Note and take assurance from the work undertaken to support the reset and recovery of dental services;
- Note the current position with regards to NHS dental access.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	N/A

Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Dental Access during 22/23 is accounted for in the Dental budget
Ansawdd / Gofal Claf: Quality / Patient Care:	Improving access to General Dental Services (GDS) remains a key priority for Welsh Government
Gweithlu: Workforce:	GDS Independent Contractors remain responsible for their own workforce.
Risg: Risk:	Health Board reputational risk if levels of access to Dental Services do not reset and recover in-line with other Health Board areas across Wales
Cyfreithiol: Legal:	No contractual obligation for Contractors to deliver services to non-affiliated patients so no legal risk

Enw Da: **Reputational:**	Reputational risk to The Health Board if Services are unable to reset/recover to deliver care in a timely manner
Gyfrinachedd: **Privacy:**	None
Cydraddoldeb: **Equality:**	None

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ACORN
Assessment of Clinical Oral Risk & Needs

Llywodraeth Cymru Welsh Government

Name		DOB		Date of Completion	

Inherent Patient Risks from Medical, Social and Dental history

Relevant **medical** history which impacts on oral health and /or dental care planning. Please specify	☐ **Yes Yellow** ☐ **No Green**
Relevant **social** history which impacts on oral health and/or dental care planning Please specify	☐ **Yes Yellow** ☐ **No Green**
Relevant **dental** history which impacts on oral health and/or dental care planning Please specify	☐ **Yes Yellow** ☐ **No Green**

Key Modifiable Behaviours and Protective Factors

Tooth Decay Specific Risks

0-7 years only: supervised toothbrushing with fluoride toothpaste before bedtime and one more time during the day? **OR** >7years: Brushes (self or carer) at bed time and one more time during the day with fluoride toothpaste?	☐ **Yes Green** ☐ **No Amber**
Consumes drinks other than water or milk outside of mealtimes more than once daily? (e.g. sports drinks, tea/coffee with sugar, fizzy drinks etc) **And/Or** Eats sugary snacks, sweets etc. outside of mealtimes more than once daily?	☐ **Yes Amber** ☐ **No Green**

Periodontal Health Specific Risks (12+ only)

Smokes and/or uses of tobacco products	☐ **Yes Amber** ☐ **No Green**
Brushes (self or carer) at bed time and one more time during the day?	☐ **Yes Green** ☐ **No Amber**
Uses (self or carer) inter-dental aids as advised by the dental team? e.g. interdental brushes	Yes / No

Other risks/protective factors

Household/family factors Siblings and/or family members in the same household have active tooth decay?	Yes/No
Alcohol use above recommended limit **Hint**: more than 14 units per week spread over 3 or more days and no more than 6 (female) and 8(male) units in a single occasion.	Yes /No
Other risks (including dietary) or protective factors (e.g.↑ strength F toothpaste use) Please specify	Yes/No

Clinical Findings

Soft Tissues Findings, dentures and Level of Plaque (for all patients)

Please specify findings (e.g. 2 × 2 cm suspected mouth cancer on lateral border of tongue on the right hand side, satisfactory full upper partial lower acrylic dentures etc)

Level of Plaque: low, moderate or high

Tooth Decay (for dentate only)

Total number of teeth in mouth	**N◦**	
No active tooth decay	**Green** ☐	
Active tooth decay within enamel only	**Amber** ☐	Or report **Amber** on FP17W if tooth decay risk is **Amber**.
Active tooth decay into dentine or beyond	**Red** ☐	
If Red, total number of teeth with active tooth decay	**dt**	**DT**

Other Dental Need (for all patients)

e.g. Tooth Surface Loss, Dental Trauma, repair and maintenance (e.g. cusp fracture), removal of overhangs, denture replacement required, etc Diagnosis/diagnoses (please specify):	**Tick one only** ☐ **Red** – Dental treatment required ☐ **Amber** – No treatment required but regular review required to monitor ☐ **Green** - None

Periodontal Health (Dentate and aged 12+ only)

(Please refer to BSP Classification)

Patient unable to tolerate periodontal examination ☐ (usually applies to special care dentistry patients)

BPE

BPE Score			

Bleeding on Probing (BPE code 0/1/2 and 3 with evidence of periodontitis)	<10% (Good health) ☐	10-30% (Localised gingivitis) ☐	>30% (Generalised gingivitis) ☐

If BPE score is 4 or 3 with pockets ≥ 4mm and/or bone loss from periodontitis, please complete the following section (radiographic assessment)

Extent (Pattern of bone loss)	**Local** ☐	**Generalised** ☐	**Molar-Incisor** ☐

Stage (Interproximal bone loss – use the worst site)	**Stage I (Mild)** ☐	**Stage II (Moderate)** ☐	**Stage III (Severe)** ☐	**Stage IV (Very Severe)** ☐
	<15% (or <2mm from CEJ)	Coronal third of root	Severe (Mid third of root)	Very Severe (Apical third of root)

Grade (Rate of progression for the patient's age – use the worst site)	**A (slow)** ☐	**B (moderate)** ☐	**C (Rapid)** ☐

Periodontitis	**Red** ☐	**Currently unstable** PPD ≥ 5mm or PDD ≥ 4mm and BoP at these sites	
	Amber ☐	**Currently in Remission** BoP ≥10%; PPD ≤ 4mm No BoP at 4mm sites	
	Green ☐	**Currently Stable** BoP < 10%; PPD ≤ 4mm No BoP at 4mm sites	**Green** unless any specific modifiable perio risks noted. Then recorded as **Amber** overall on FP17W.
No periodontitis	**Green** ☐	**No periodontitis** ☐ Gingivitis only ☐ Good perio health	

Diagnosis Statement: Extent – Periodontitis – Stage – Grade - Stability- Risk Factors **or** localised/generalised gingivitis only **or** good periodontal health

e.g Generalised periodontitis, Stage 3 Grade B – currently unstable-risk(s) smoker 15/day