



North Yorkshire County Council
Brief oral health report for Scrutiny of Health Committee

18/06/2021

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Data

We have access to a significant amount of data on children’s dental health because nationally, 5-year olds are looked at every two years by calibrated examiners. This also allows comparisons between regions.

Children

- In North Yorkshire, one fifth of 5-year olds experience tooth decay.
- Of those experiencing decay, by the time they are 5 years old they will already have nearly 3 teeth decayed extracted or filled teeth.
- Children living in socially deprived areas are the most affected by tooth decay. Tooth decay is almost entirely preventable.¹

National oral health survey for 5-year olds 2018/2019

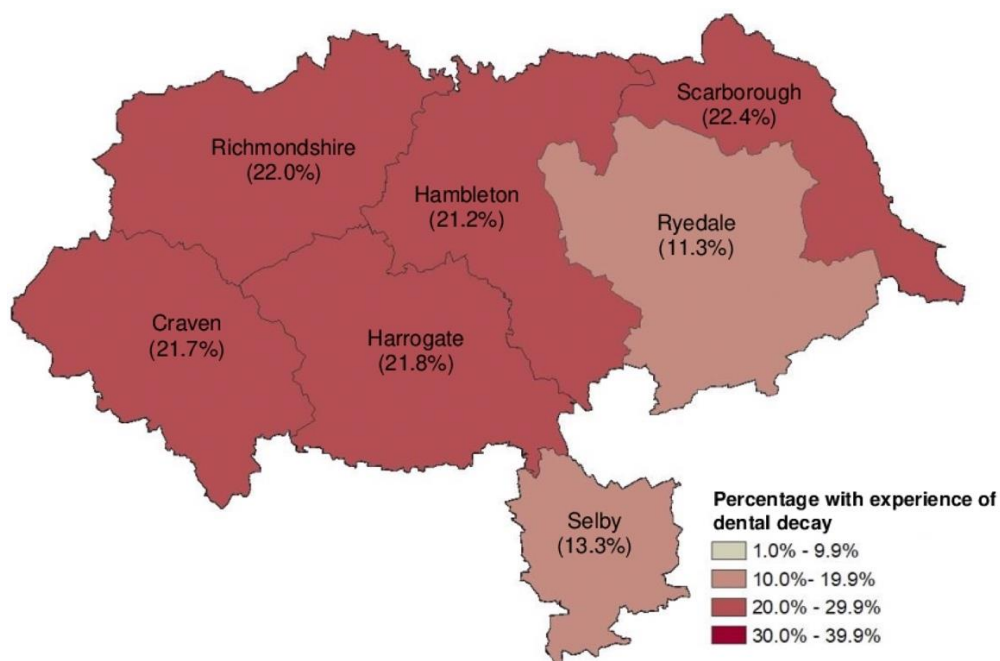
Table 1 Oral health survey of 5-year-old children 2019

	% of children with any decay experience	Average number of affected teeth
North Yorkshire	20.0	2.8
Yorkshire and The Humber	28.7	3.8
England	23.4	3.4

¹ Royal College of Surgeons of England. The state of children’s oral health in England [Available from: <https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/report-childrens-oral-health/> (accessed May 2021)]

Figure 1, presents the percentage of 5-year olds with dental decay in North Yorkshire by lower-tier local authority. The small sample size means it is not possible to provide information at ward level.

Figure 1 Percentage of 5 year olds with dental decay in North Yorkshire by lower-tier local authority



Hospital extractions under general anaesthesia

- Tooth decay is still the most common reason for hospital admissions in the 6-10-year-old age group
- Significant inequalities persist, with admission rates for tooth extraction in the most deprived communities nearly four times that of those living in the most affluent communities
- In 2019/20, in North Yorkshire, 465 children were hospitalised for tooth extractions under general anaesthesia.² This is the equivalent of approximately 8 full school buses every year.³ Important to remember that tooth decay is almost entirely preventable.⁴

² Public Health England. Hospital tooth extractions of 0 to 19 year olds [Available from: <https://www.gov.uk/government/publications/hospital-tooth-extractions-of-0-to-19-year-olds> (accessed May 2021)]

³ British Dental Association. Dentists back ideas to tackle obesity and tooth decay together [Available from: <https://bda.org/news-centre/press-releases/Pages/Dentists-back-ideas-to-tackle-obesity-and-tooth-decay-together.aspx> (accessed May 2021)]

⁴ Royal College of Surgeons of England. The state of children's oral health in England [Available from: <https://www.rcseng.ac.uk/library-and-publications/rcs-publications/docs/report-childrens-oral-health/> (accessed May 2021)]



Table 2 Children being admitted to hospital for tooth extractions 2019-2020

Local authority	Children 0-19yrs with hospital extractions
Craven	30
Hambleton	55
Richmondshire	45
Harrogate	130
Ryedale	30
Scarborough	95
Selby	80
North Yorkshire	465
ENGLAND	35,190

Impact on families and the NHS

- Oral health is an integral part of overall health. Poor oral health can affect children and young people’s ability to sleep, eat, speak, play and socialise with other children. Other impacts include pain, infections, poor diet, and impaired nutrition and growth.
- Children may miss school and parents have to take time off work for their child to attend the dentist or be admitted to hospital.
- Although largely preventable, hospital extractions for children’s teeth cost around £40 million/year to the NHS in England. This represented the biggest cost to the NHS for this age group across all areas of healthcare.
- The average 5 year old consumes their own weight in sugar each year.

What can we do?

- The good news is that we have good evidence of what works in terms of prevention. Well-chosen public health interventions help to avoid poor health and reduce the growth in demand on the NHS. They can also reduce pressure on other public services and support economic growth.
- Main interventions: reducing sugar consumption, regular brushing with fluoride toothpaste, routine visits to dentist.

Adults

Good oral health is essential for general health and wellbeing. For example, good oral health can support older people to stay independent for longer, or to recover from episodes of crisis or frailty.

Oral cancer

- Risk factors
- Poor outcome as spotted late



Impact on general health

- Poor oral health, especially gum disease has been linked to several other chronic diseases such as diabetes, cardiovascular disease, rheumatoid arthritis, and others.
- Treating gum disease could help people with Type 2 diabetes manage their blood glucose levels and may reduce their risk of diabetes-related complications. The improvement could be similar to having prescribed a second blood glucose lowering drug but without the additional side effects.⁵

⁵ D'Aiuto F, Gkraniias N, Bhowruth D, Khan T, Orlandi M, Suvan J, et al. Systemic effects of periodontitis treatment in patients with type 2 diabetes: a 12 month, single-centre, investigator-masked, randomised trial. The Lancet Diabetes & Endocrinology

**NHS England - Yorkshire and the Humber
North Yorkshire Scrutiny Committee – Dentistry**

1 Background

NHS England (Yorkshire and the Humber) is responsible for the commissioning and contracting of all NHS dental services across North Yorkshire. Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs. Dental services commissioned by NHS England for North Yorkshire residents include:

- Primary care (general high street dentistry)
- Community Dental Services (CDS)
- Orthodontics
- Urgent care
- Secondary care.

2 Dental Provision in North Yorkshire

NHS England currently commissions a total of 835,862 Units of Dental Activity (UDAs) across approximately 70 practices in North Yorkshire. Primary care providers delivered 96% of their contracted UDAs for the year ended March 2020 and 92% in 2018/19.

To improve access and reduce inequalities, an innovative approach to contracting was introduced across Yorkshire and Humber in 2019. The 'Flexible Commissioning' model translates some of the contracted UDAs into a resource envelope, which the provider can utilise to deliver care in alternative ways, i.e. dental nurses providing services for hard to reach children and other vulnerable groups of patients. There are 40 North Yorkshire practices on this scheme.

- There is one community dental service provider.
- There are thirteen orthodontic providers.
- Urgent care is provided via primary care practices and NHS111.
- There are three secondary care trusts.

3 Workplan Priorities for North Yorkshire

As well as Yorkshire and the Humber initiatives, such as flexible commissioning, work specifically aligned to North Yorkshire includes:

- Development of an out of hours urgent care service (planned for October 2021), accessed via NHS111.
- Procurement of new primary care services in Scarborough, Helmsley, Sherburn-in-Elmet and Tadcaster, where providers have handed back their NHS contracts to NHS England (circa £1.7m of activity).
- Intermediate minor oral surgery services to be procured.
- Additional specialist services at York Trust for restorative dental treatment.

4 Key Challenges – Pre-Covid

Access/inequalities: NHS England inherited a range of contracts, from Primary Care Trusts, when it was established and these 'legacy' arrangements mean that there is not a consistent pathway to services across the region as a whole and little options with regard to contract

arrangements (see the next point), in terms of both the contract that is in place and all budgets for dentistry committed to existing services.

Primary care national contract: rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider.

Procurement: procurement rules introduce further challenges to levers to change to commissioning arrangement; it is not always possible to introduce innovative ways of working without testing the market.

Recruitment and retention: difficulties faced by contractors in attracting dentists and staff to work on the East Coast, which is not confined just to North Yorkshire.

Finance allocations: unlike GP services, dental contracts are not list based and are activity based, as established in 2006. Population growth does not generate additional funding, so it is a challenge to improve access where there are new housing developments.

Patient perceptions:

- Patients generally tend to think that they are registered with a dental practice in the same way that they are registered with a GP: however, this is not the case. Dental practices do not have contractual arrangements to maintain a registered patient list but do tend to see patients regularly. Practices are obliged to only deliver a course of treatment to an individual, not ongoing regular care.
- Fee paying, non-exempt adults contribute towards the cost of NHS dental treatment with the contribution determined by the course of treatment; unlike other NHS services, which are provided free at the point of delivery, dental services are not free but subsidised.

5 Impact of Covid-19 Pandemic - The Delivery Model Since March 2020

The dental sector has faced unique challenges during the pandemic due to the proximity between a dental professional and a patient's airway and the relatively high proportion of aerosol generating procedures (AGPs) undertaken.

During the first wave of the pandemic, in the interest of patient and dental staff safety, routine and regular dental services were paused, practices were asked to close and urgent dental centres (UDCs) were established to provide access to urgent services to patients in pain.

Practices could reopen for the provision of face to face care in June 2020, subject to having the appropriate personal protection equipment and have steadily increased the activity that they can provide since that time.

The contractual arrangements for primary care practices throughout the pandemic have reflected the need to prioritise patient safety, patient access and practice sustainability.

In return for income protection, practices were required to meet a set of limited conditions, including:

- a requirement that they deliver at least 20% of normal activity volumes for the period of July to December 2020;
- a minimum of 45% of pre-covid activity for the period of January to end of March 2021;
- a minimum of 60% of pre-Covid activity from April 2021 until September 2021.

Whilst restoration of NHS dental activity continues, it will be some time before dental services return to providing care in a similar manner and to the activity levels that patients previously experienced, with many dental practices are still catching up on the backlog from when they were closed during the first national lockdown.

Given these challenges, practices have been asked to prioritise seeing patients with the greatest clinical need i.e. those requiring urgent dental care and vulnerable patients which likely means a delay for patients seeking non-urgent and more routine dental care such as check-ups. A return to full capacity, which will be dependent on the further easing of Covid-19 control measures, will be required before practices can provide more routine and regular dentistry.

Progression to resume routine dental care is being risk-managed by individual practices. In the interim we are working with our NHS dental providers to explore opportunities to increase the clinical treatment capacity available within the constraints of the Covid pandemic and infection control measures to ensure that care can be delivered safely for both patients and staff. We are therefore asking patients for their understanding and co-operation during this unprecedented and difficult time for the NHS.

6 Resumption – General Overview

The focus of NHS England's dental commissioning team is to support providers to resume services, in line with Standard Operating Procedures and IPC guidance:

- 6.1 Primary Care - All primary care providers are open and providing services outlined in national Standard Operating Procedures. Urgent care is the priority for all dental care currently and there are two ways of accessing care, i.e. via a high street dentist or via NHS111.
- 6.2 Community Dental Services (CDS) – Most primary care dental services are provided in general dental practices, however the community dental service provider has an important role in the provision of dental care for vulnerable groups who may need treatment in an alternative setting, to accommodate their needs. Harrogate and District NHS Foundation Trust provides this service across North Yorkshire at 12 clinics.
- 6.3 Orthodontics – There are thirteen orthodontic providers across North Yorkshire. Practices closed, at the request of the Chief Dental Officer, between March and June. Practices are currently being asked to deliver at least 80% of their contracted activity.
- 6.4 Secondary Care – Services provided in a hospital setting (York, Harrogate and South Tees Trusts) have recommenced and they are accepting new referrals which are clinically triaged. A prioritisation model is in place to ensure that hospitals can work through any backlog.

7 Communicating with the public

NHS England has been posting messages on social media platforms on a weekly basis. Examples of these posts are shown below.

Tweet: Please be aware that dentists are currently still prioritising vulnerable patients or those with urgent dental needs; it is therefore unlikely that routine dental care such as dental check-ups will be available at this time. #helpushelpyou

Tweet: Please note that appointments for some routine dental treatments, such as dental check-ups, are limited at this time as dentists prioritise vulnerable patients and those with urgent dental needs. #helpushelpyou

Tweet: Please ONLY visit your practice if you have an appointment and telephone to book an appointment only if essential – dentists are currently prioritising the vulnerable or those with the most urgent need. #helpushelpyou

Tweet: Toothache should initially be managed with over the counter pain relief until an appointment can be made. Chemists are open and a Pharmacist can advise you what is the best pain control to meet your needs #helpushelpyou

Tweet: Lost fillings, crowns or bridges, broken teeth or braces are not deemed to be clinically urgent and patients are advised to contact their local dental practice when they re-open. #helpushelpyou

Tweet: Only ring NHS 111 out of hours when your dental needs cannot be met by self-care and cannot wait till your practice is open to contact them for advice. #helpushelpyou



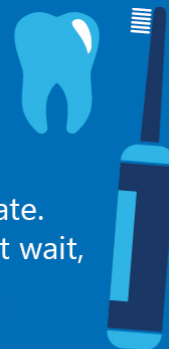
Accessing dental care



Dental Practices are open, however practices will need to prioritise patients with the most urgent need.

If you need help from a dentist:

- Contact your regular dentist or if you do not have one, call any NHS dental practice
- You will be given advice or offered an appointment if appropriate.
- For urgent dental care, out of hours or at weekends that cannot wait, please ring NHS111



Please do not visit your dental practice unless you've been advised to. This will ensure the practice can continue to provide essential care safely.

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