

Dentistry Update – Healthwatch Worcestershire HOSC

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NHS England and NHS Improvement



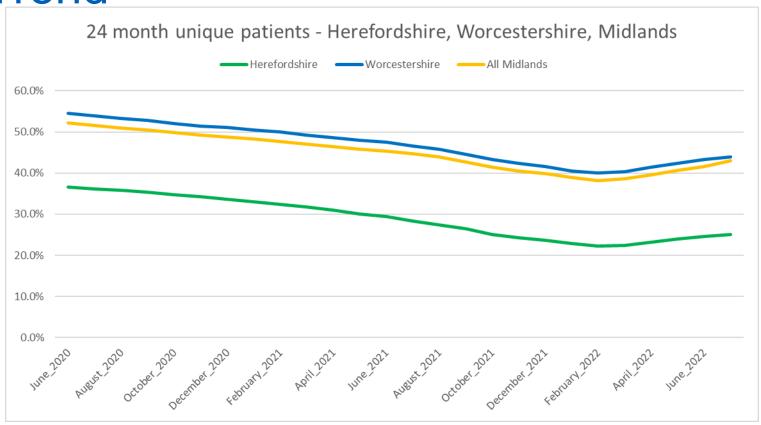


Key Points

- No Dental Registration as for GP.
- Dentistry was severely impacted by COVID pandemic in many ways although we are expecting dental practices to now operate at 100%.
- Steady recovery of services (primary and secondary care) but there are challenges with backlogs.
- Payment protection to dentists was conditional on prioritising urgent care and vulnerable patients (including children) and so meant reduced access to regular check ups.
- Worcestershire has particular challenges around workforce.
- A number of recovery initiatives are in place and we continue to explore new programmes to boost access.
- Work collaboratively with LA to strengthen oral health promotion activities – dedicated ICS wide team is being developed with significant investment.



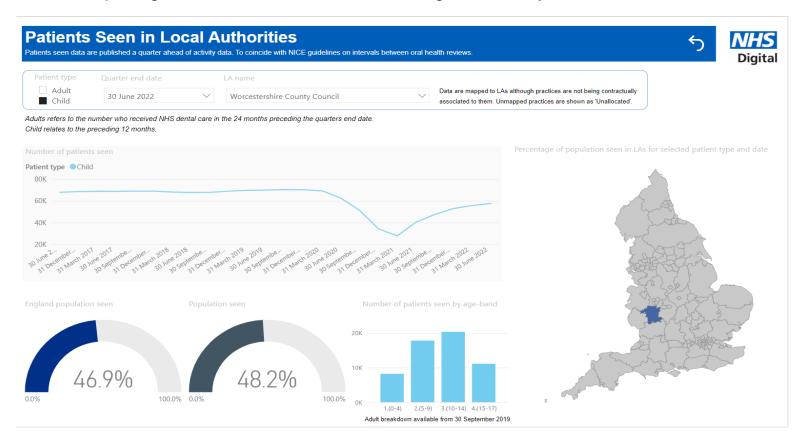
General Dental Activity – H&W Trend





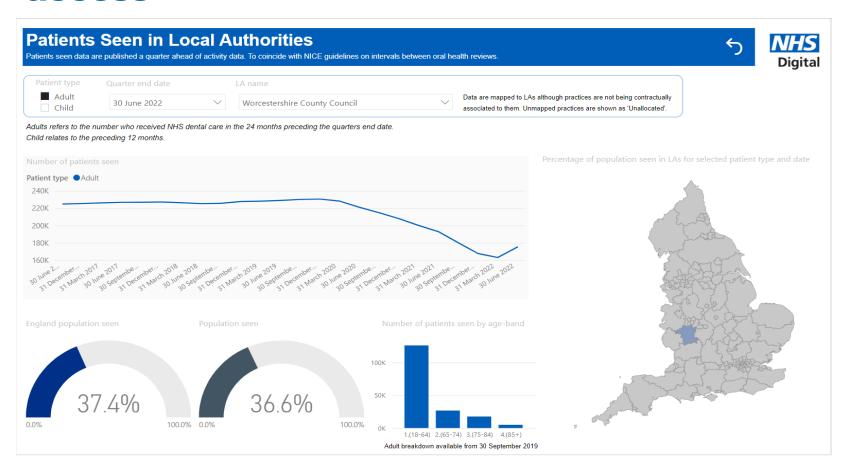
Worcestershire County Child Dental Access

48.2% equating to 57,560 children between the ages of 0 -17 years

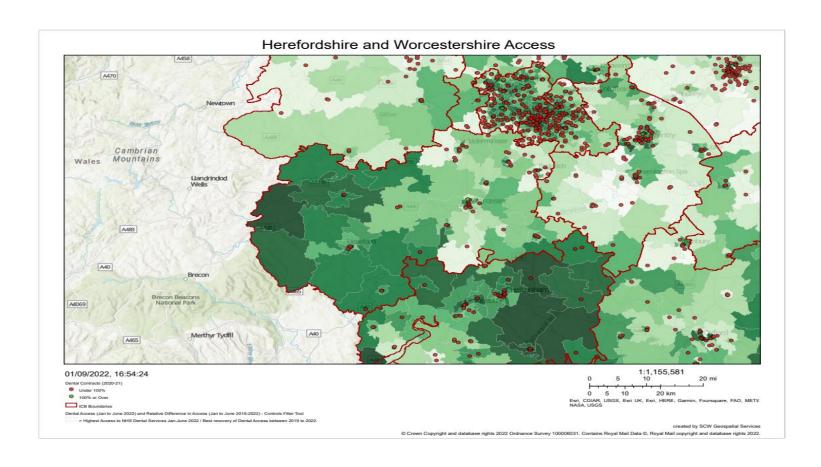




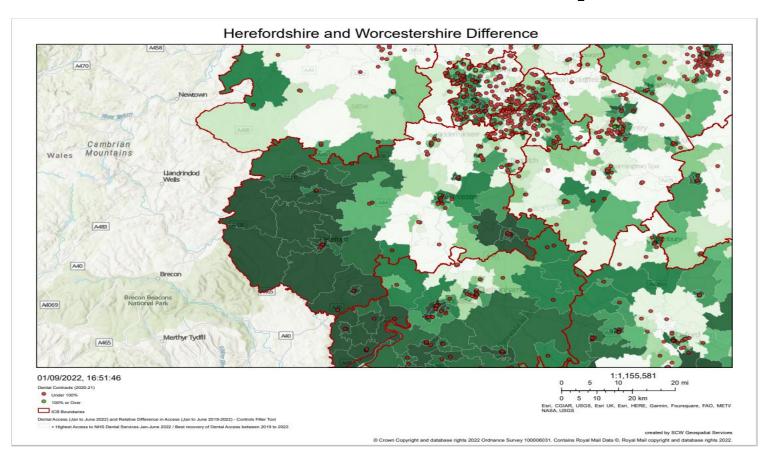
Worcestershire County Adult dental access

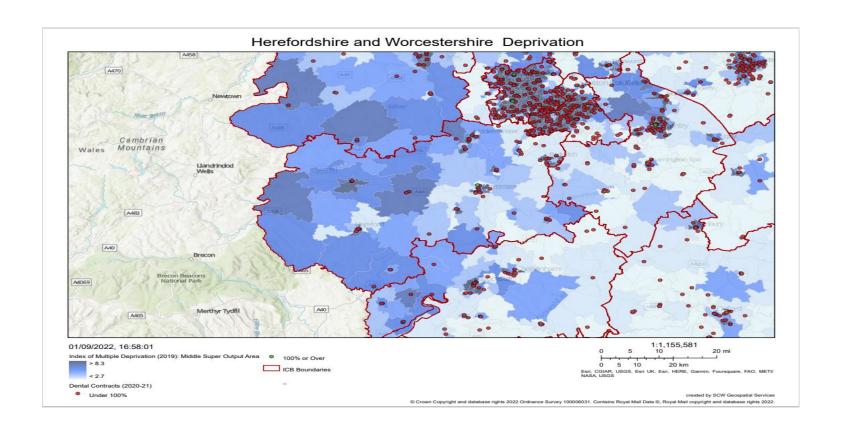


ICS General Dental Access



ICS General Dental Access Comparison







ICS

- We are starting to engage with ICS on the dental access scale of challenge.
- We have appointed to a Local Dental Network (LDN) Chair post having failed in previous two occasions.
- We have a programme of work to uplift the UDA price for dental practice to nationally recommended £23 based on a locally agreed criteria.
- Increased access initiatives to support access and in particular urgent care.

Worcestershire

- Dental Access is still of concern but not to the level of Herefordshire.
- They are specific areas of greater concern mainly in the most rural parts of the county e.g. Tenbury and Evesham (one contract termination and one contract reduction).
- We are working through proposals for both interim and long-term solutions.
- We are keen to work with the Healthwatch Team in shaping our solutions so that they
 can respond effectively to local needs.



Dental reform

- Improving care to high needs patients by flexing the payment mechanism.
- Introduction of a minimum indicative UDA value £23 to support effective delivery and recruitment.
- Personalisation of recall intervals based on patient needs not the default 6 months.
- Promoting more effective use of skill mix guidance to be issued nationally.
- Making better use of resources recognising that under delivery represents a loss of patient access to the NHS.
- Supporting practices to deliver more NHS care delivery up to 110% instead of the historical 102%.
- Improving information for patients require practices to update their details on a quarterly basis as a matter of routine and to make an ad hoc and unexpected changes to opening times as and when these occur.