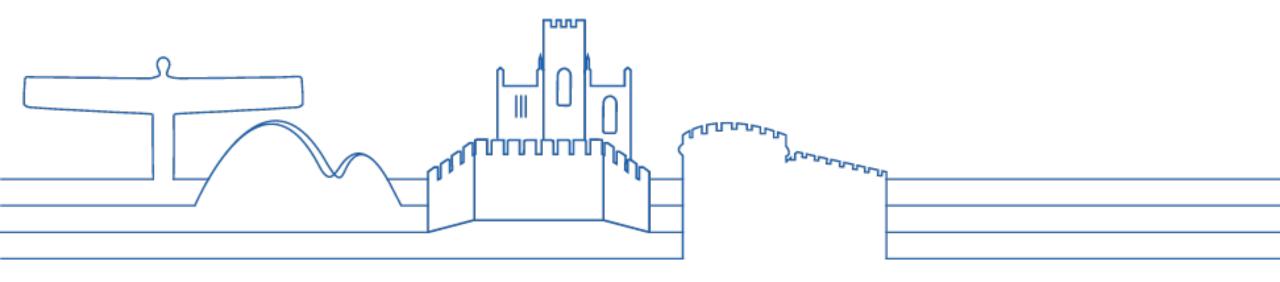
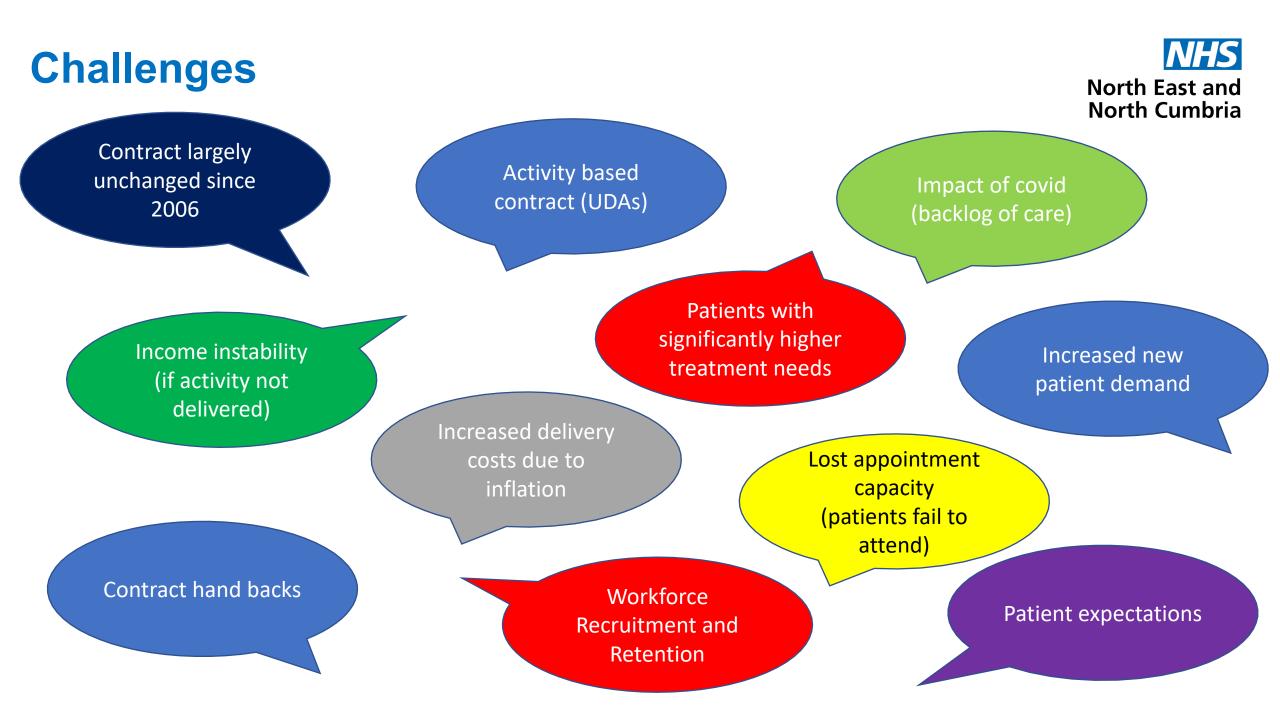


Primary Care Dental Access Recovery

David Gallagher, Executive Area Director (Tees Valley & Central) and Primary Care SRO January 2024





We will tackle the challenges in three phases

Improving access to dentistry will not be a quick fix

We are tackling this in three streams:



Immediate actions to stabilise services



A more strategic approach to workforce and service delivery



Developing an oral health strategy to improve oral health and reduce the pressure on dentistry

Recovering Access – Progress so far (1)





We have made c£3.8m non-recurrent investment available for 2023-24. £7.5m recurrent funding is earmarked for new dental contracts.



15k additional appointment slots have been commissioned to date, **plus** 48.2k appointments secured from existing practice capacity for patients in greatest clinical need.



908.5 hours of additional dental clinical triage call handling capacity is now available in 2023-24.



836 additional sessions have been commissioned from dental out of hours providers until the end of March 2024.

Recovering Access - Progress so far (2)



We have also commissioned additional treatment capacity:

- 39,080 additional Units of Dental Activity in 2023-24
- 53,537 additional Units of Dental Activity for 2024/25 (this will be made recurrent in 2025/26 if providers can demonstrate delivery)



Building Practice/Workforce Resilience



- We have a flexible commissioning scheme to provide a training grant to support employment of overseas dentists 24 months tie in period.
- We are advertising in the British Dental Journal (BDJ) to attract overseas dentists to support
 practices with workforce recruitment in areas of greatest need support dentists to secure
 inclusion on the National Dental Performers List (requirement to provide NHS care).
- Working with NHS England Regional Workforce, Training and Education Directorate and local dental networks/committees to explore opportunities to improve workforce recruitment and retention.
- Working with dental profession to identify further opportunities to 'protect, retain and stabilise local dental practices and improve dental access.

Improving Oral Health



Each local authority and respective health and well being board is responsible for their oral health strategy

- Supervised tooth brushing with schools and pre school
- Oral health training to health and social care staff
- Fluoride varnishing

There is a regional consultation planned on water fluoridation as part of Government policy

There is a consultation on water fluoridation planned

- This will be lead nationally as it is no longer the responsibility of individual councils
- Twelve weeks consultation to enable decision making for 2024/5
- The Integrated Board, ICPs and constituent partner organisations are asked to support
- Northumbrian Water are supportive for areas not already fluoridated.



Update on plans for community water fluoridation for the North East of England



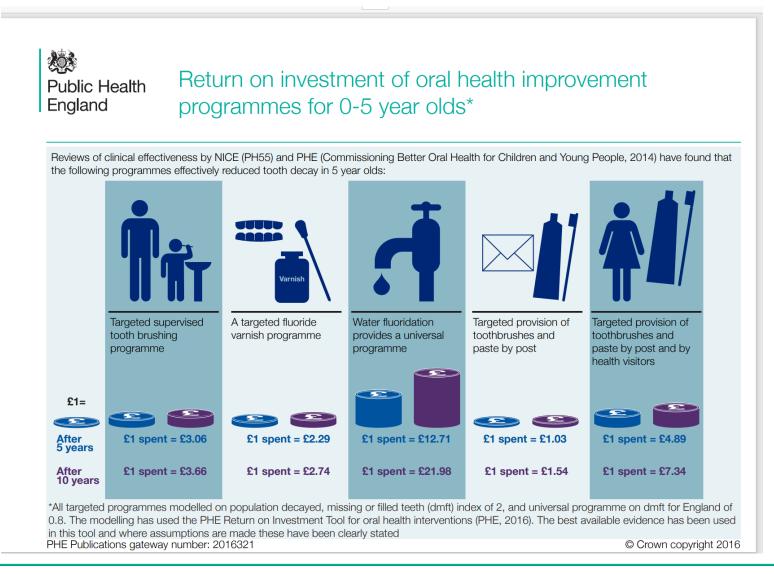


Acknowledgements: healthy teeth.org

Mix Office for Health Improvement and Disparities

Oral Health Conference 2015

Evidence-based interventions to improve oral health



Consultation narrative

What are we doing?

- The Government wants to expand water fluoridation across the north east of England to reach an additional 1.6 million people.
- This is subject to public consultation and due to start by the end of 2023.
- We are working with Northumbrian Water Ltd on a possible scheme that is feasible and affordable.
- Some areas in the north east are already covered by water fluoridation scheme since. This scheme would cover Northumberland, County Durham, Sunderland, South Tyneside and Teesside, including Redcar and Cleveland, Stockton-on-Tees, Middlesbrough and Darlington

Why are we doing it?

- Tooth decay is largely preventable. However, it remains a serious health problem
- In the region [details of oral health need / health improvement focus].
- Water fluoridation is an effective and safe public health measure.
- Fluoride in water can reduce the likelihood of experiencing dental decay and minimise its severity.
- The effect of fluoridation on hospital admissions to have teeth extracted is substantial
- The impact is greatest for those areas with higher health needs and can reduce this inequality, especially with regard to children living in the most disadvantaged circumstances

DRAFT

What are our aims and next steps?

- The government has the power to introduce water fluoridation schemes subject to consultation.
- This process is not a referendum.
- It is a chance to provide more detail on the proposal, the areas affected and give people the opportunity to respond to it.
- The consultation will run for at least 12 weeks.
- After this, ministers will take final decisions on whether to proceed.
- We are seeking views on whether or not to ask the water company to increase levels of fluoride in water to improve dental health.
- Depending on the outcome, we will work with the water company over the next few years to implement the scheme.

Achieving consensus across the NE

- Local Dental Committees, individual dentist support, paediatric dentists, Dental School and academic dental support
- All NE Directors of Public Health
- HWBs, scrutiny committees, individual members/MP, seeking support from every local authority
- Regional NHSE, NENC ICB, NHS FTs, GPs and medical directors
- Parents and communities

Where are we now?

- Consultation on track to commence early 2024
- All political stakeholders mapped out
- Seeking HWB board support from every NE local authority
- Tees Valley joint scrutiny committee in December '23
- ICB Board in January
- Communication plan in final stages of preparation
- Seeking final ministerial approval