



Dentistry in Southampton update paper

October 2023

Context:

On 1 July 2022 Hampshire and the Isle of Wight Integrated Care Board (ICB), took on delegated responsibility for dentistry, pharmacy and optometry.

The ICB has an explicit purpose to improve health outcomes for their whole population and the delegation will allow us to integrate services to enable decisions to be taken as close as possible to our residents. We are working to ensure residents can experience joined-up care, with an increased focus on prevention, addressing inequalities and achieve better access to dental care.

The ICB covers Southampton as well as Portsmouth, Hampshire and the Isle of Wight.

The Covid-19 pandemic caused NHS dental providers to close for routine care, causing backlogs in routine dental treatment. In time dental practices restarted their routine treatment but with new safety controls in place, limiting the capacity for dental providers to see as many residents as before.

We know our residents continue to struggle to access dental services and we continue to work towards new procurement and an increase in Units of Dental Activity (UDA) that will lead to better access for patients.

Background:

Primary dental care is commissioned as units of dental activity (UDAs) with the number of UDAs awarded to each course of treatment dependent upon the treatment delivered. A UDA is a unit of payment given to providers which is used for different courses of treatments. More complex dental treatments would count for more than simpler treatments. For example, an examination is one UDA whereas dentures equates to 12 UDAs of clinical activity. The number of UDAs a patient will need in a year will depend upon their oral health.

NICE guidelines suggest recalls for treatment range from three to twelve months for children and three to 24 months for adults. There is a direct correlation between deprivation and oral health, with those from more deprived households often needing more UDAs a year as they may have more frequent check-ups with higher treatment need identified which attract more UDAs.

The model of existing primary dental care was introduced in 2006 when the General Dental Services (GDS) Contract and Personal Dental Services (PDS) Agreement were introduced. Under that arrangement which remains in place, contracts specify a defined number of UDAs for a defined contract value, with those issued in 2006 based on treatment proved during a 12-month test period in 2004/5. This period, now almost twenty years ago, was

during the time when a dental practice could set up where they wished and deliver as much or as little NHS care as they chose. The current dental contract framework and legislation no longer allow practices to set up or provide as much as they wish; for existing practices this is limited to their contracted activity and new NHS practices can only be established after an open procurement process.

GDS contracts exist in perpetuity unless they are voluntarily terminated by the provider or the commissioner as a result of contractual breaches.

At the current time a commissioner is not able to reduce contracted activity in one area and move this activity to an area it considers of greater need. There have been annual increases in dental budget allocations as agreed nationally, but this does not take into account increases in population size.

There have been a number of contracts that have terminated in Hampshire and Isle of Wight, particularly in Portsmouth, as a result of providers choosing to hand their contract back. However, there have been none in Southampton in the current previous financial year.

Providers of NHS primary care dental services are independent contractors in receipt of cash limited financial allocations from the NHS. All practices also deliver private dental care. Some provide NHS services to all groups of patients, but some are for children and charge exempt patients only. The providers are required to deliver pre agreed planned levels of activity each year, known as Units of Dental Activity (UDAs). The UDAs relate to the treatment bands delivered by the practices.

It is important to note that patients do not register with a dental practice. Whereas a patient is registered to a GP practice who is required to see them, dental surgeries do not operate in this way as stated in the national contract. Dental surgeries may turn away patients who have seen them previously due to lack of availability, no matter how long that patient has been seeing that dentist for on the NHS.

Patients are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health needs.

Current circumstances in Southampton:

Details of practices providing NHS dental care in Southampton can be found on:

<https://www.nhs.uk/service-search/find-a-dentist>

In addition to the services delivered in primary care there are other NHS dental services. They are:

- **Unscheduled Dental Care (UDC)** – most ‘urgent’ treatment needs are met by the local dental practices. In addition to this there are services that provide back-up in the day and on evenings, weekends and bank holidays. Urgent dental care can be accessed via the practice normally attended by a patient or via NHS 111
- **Orthodontics** - these services are based in ‘primary care’ but are specialist in nature and provide treatment on referral for children for the fitting of braces.



- Special Care Dentistry and Paediatrics (also known as Community Dental Services) – services for patients who have additional needs which makes treatment in a primary care setting difficult. This includes treatment both in clinic and in hospital for extractions carried out under General Anaesthetic. This service also provides some of the unscheduled dental care.
- Hospital services – for more specialist treatment needs delivering Oral and Maxillofacial Surgery and Orthodontic services.

The tables below detail NHS Dental services available in Southampton as well as Portsmouth, Isle of Wight and Hampshire:

Primary Care services:

Local Authority	No. of practices	Units of Activity
Southampton	23	406,274
Portsmouth	23	359,551
Isle of Wight	13	219,945
Basingstoke & Deane	17	222,645
East Hants	9	120,556
Eastleigh	12	204,267
Fareham	13	142,625
Gosport	10	131,027
Hart	4	51,387*
Havant	21	200,863
New Forest	22	274,091
Test Valley	7	127,979
Winchester	10	175,238



Onward referral services:

Service	Provider	Area covered
Orthodontics	19 Providers	Across all areas other than Gosport; <i>Hart area covered in NHS Frimley paper</i>
Oral Surgery (complex extractions)	6 Providers	Test Valley, Basingstoke & Dean, Southampton, New Forest, Havant, Eastleigh, Fareham, IOW
Community Dental Services	Solent NHS Trust	Hampshire and the Isle of Wight
Hospital services	Hampshire Hospitals NHS Foundation Trust	Choice applies

The ICB is looking to provide temporary UDAs for providers who have the capacity to do these. This is within Southampton but also across the rest of Hampshire too. However, while the ICB is still agreeing the temporary UDAs with providers, we are unable to confirm exact numbers, though providers have come forward to express an interest within Southampton, too.

The table on the page below lists the current contracted dental practices with the NHS in Southampton. Please note that one provider as the ICB refers to them as, holds two locations on the spreadsheet, meaning the previous table lists 23 practices in Southampton, with the below table listing 24 locations.

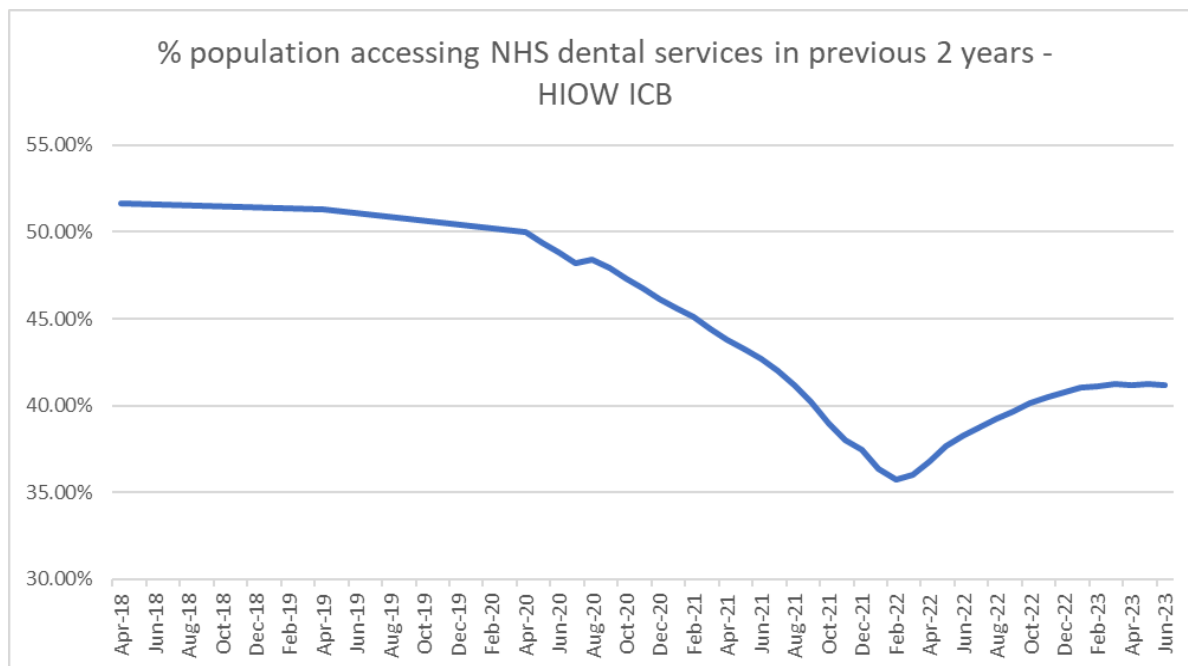
Hampshire and Isle of Wight

Contract Name	ICB	Q code	GDS/PDS	Contract start date (red = taken from Compass)	Practice address 1	Practice address 2	Practice address 3	Practice address 4	Post Code	Permanent contracted UDAs (FYE)
Astradent (3) Partnership (Mukwenda F & Plant S)	Hampshire & Isle of Wight	Q70	GDS	02/04/2006	Astradent (3)	20 Anglesea Road	Shirley	Southampton	SO15 5QJ	24,500
Damira Dental Studios Ltd	Hampshire & Isle of Wight	Q70	PDS	01/04/2023	10-12 Cannon Street		Shirley	Southampton	SO15 5PQ	21,000
Damira Dental Studios Ltd	Hampshire & Isle of Wight	Q70	PDS	01/04/2023	Unit 10	Centenary Plaza		Southampton	SO19 9UL	21,000
Dale Road Oral Care Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2012	Dale Road Oral Care Ltd	44 Dale Road	Shirley	Southampton	SO16 6QL	30,000
Astradent (1) Partnership (Mukwenda F & Plant S)	Hampshire & Isle of Wight	Q70	GDS	01/01/2009	Brunswick Place Dental	17 Brunswick Place		Southampton	SO15 2AQ	29,968
The Grove Dental Practice (Paraschos I & Rosie P)	Hampshire & Isle of Wight	Q70	GDS	27/10/2010	The Grove Dental Practice	Shirley Health Centre	Grove Road	Southampton	SO15 3UA	5,028
Damira Dental Studios Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2013	Shirley (Damira Shirley)	10-12 Cannon Street	Shirley	Southampton	SO15 5PQ	30,000
Damira Dental Studios Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2013	Weston (Damira Weston)	Weston Lane Centre for Healthy Living	Weston Lane	Southampton	SO19 9GH	20,000
Lordshill Dental Partnership (Marques R & Pretorius R)	Hampshire & Isle of Wight	Q70	GDS	01/09/2012	Dental Practice	Lordshill Health Centre		Southampton	SO16 8HY	39,000
Bassett Dental Practice Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2012	Bassett Dental Practice	21 Burgess Road	Highfield	Southampton	SO16 7AP	10,973
The Triangle Surgery Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2014	The Triangle Surgery Ltd	3 The Triangle, Cobden Avenue	Bitterne Park	Southampton	SO18 1FZ	17,591
The Dental Practice (Rhee I & Rhee H)	Hampshire & Isle of Wight	Q70	GDS	01/04/2014	The Dental Practice	1 Kenilworth Road	The Polygon	Southampton	SO15 2GD	16,368
SCA Trafalgar Ltd	Hampshire & Isle of Wight	Q70	GDS	01/10/2008	Trafalgar Dental Practice	2 Victoria Road	Woolston	Southampton	SO19 9DX	22,500
The Partnership of Spring Road Dental (Bayat A & Komath D)	Hampshire & Isle of Wight	Q70	GDS	18/06/2012	Spring Road Dental Practice	116 Spring Road	Sholing	Southampton	SO19 2QB	15,100
Alavi S	Hampshire & Isle of Wight	Q70	GDS	01/04/2006	Brighter Smile Dental Practice	31 Burgess Road	Swaythling	Southampton	SO16 7AP	17,855
Peartree Dental Care Partnership (Creedon W, Bagga S, Farmah A & Patel A)	Hampshire & Isle of Wight	Q70	GDS	01/04/2006	Dental Surgery	215 Peartree Avenue	Bitterne	Southampton	SO19 7RD	24,352
Khanna S	Hampshire & Isle of Wight	Q70	GDS	01/04/2014	Dental Practice	68-70 Warburton Road	Thornhill	Southampton	SO19 6HQ	12,122
University Dental Practice (Ansari B & Al-Gholmy M)	Hampshire & Isle of Wight	Q70	GDS	01/04/2012	University Dental Practice	222 Burgess Road	Swaythling	Southampton	SO16 3AY	14,743
Burgess Road Dental Practice (Bojjawar R & Purandare G)	Hampshire & Isle of Wight	Q70	GDS	01/04/2006	Dental Practice	314 Burgess Road	Swaythling	Southampton	SO16 3BJ	8,568
Davies T & Bhatt P	Hampshire & Isle of Wight	Q70	GDS	01/04/2014	Dental Concepts Southampton	2 Somerset Avenue	Bitterne	Southampton	SO18 5FL	8,357
Pro-Dent Dental Partnership (Elalami M & Pitchforth A)	Hampshire & Isle of Wight	Q70	GDS	01/03/2013	Pro-Dent Dental Practice	31 St Edmunds Road	Shirley	Southampton	SO16 4RF	29,757
Samadzadeh-Yaghini P	Hampshire & Isle of Wight	Q70	GDS	01/04/2012	Pasadena Dental Surgery	56 Wimpson Lane	Millbrook	Southampton	SO16 4QF	2,492
Redka R	Hampshire & Isle of Wight	Q70	GDS	15/09/2014	Queens Terrace Dental Practice	26 Queens Terrace		Southampton	SO14 3BQ	6,000
Dale Road Oral Care Ltd	Hampshire & Isle of Wight	Q70	GDS	01/04/2012	Happy Smile Dental Practice	Flat 1 & 2	10 Portland Street	Southampton	SO14 7EB	0



Access:

In April 2018, 938,883 people (51.64 per cent of the population) accessed NHS dental services in the previous 2 year period. In April 2019, prior to the pandemic 933,361 people (51.34 per cent of the population) accessed an NHS Dentist attendance within a 2-year period. This is based on the recorded population of 1,831,473 living in Southampton, Portsmouth and the rest of Hampshire.



However, this fell significantly during the pandemic where practices had to close for 3 months between March and June 2020 and operated at reduced capacity until July 2022. In early 2022 the percentage of patients attending dental practices fell to **35.74 per cent in February 2022**. Access has however started to improve with **41.21 per cent** of the population (754,33 people) attending by June 2023.

Dental practices have been recalling patients, but many have had increased treatment needs due to longer gaps between attendances. This means that treatment plans take longer to complete. Dentists deliver services within cash limited budgets. This means that if it is taking longer to complete treatments for some patients it is more difficult for other patients to access care, so backlogs are still a challenge.

Whilst access to primary care is improving there are on-going challenges. These have been detailed within this section and the challenges are being compounded by workforce challenges in the service. Dental practices have found it difficult to maintain their workforce to deliver NHS services. Many dentists prefer to work fewer days on the NHS and therefore deliver less activity. This would enable them to focus more of their time on private work and in some cases, dentists are either leaving the NHS or opting not to join at the start of their career.

The dentists and practices are citing several reasons for leaving the NHS. These include:

- The focus on treatment with limited focus on oral health improvement, with implications this has on time to be made available to patients

- Delays in proposed changes to the contract at national level
- The level of nationally implemented annual financial uplifts to the contracts when compared to the costs of running their services
- The limited flexibility within the contract to use greater skill mix to deliver care
- The extent of patient dissatisfaction with access to care

This has impacted on the ability of practices to deliver their contracts, which means they may seek to reduce their NHS commitment or leave the NHS altogether. Between 2021-22 and 2023-24, a total of 16 practices handed back contracts in Hampshire and Isle of Wight. This can be compared to 17 in Sussex, 16 in Kent and Medway and 9 in Surrey Heartlands for a comparable timeframe. However, within this financial year, no contracts for practices based within Southampton have been handed back and since the 2019/20 financial year, only one contract has been handed back in the city which was worth 700 UDAs.

When practices hand back their contracts, arrangements are put in place to commission services from local practices to cover this loss on a temporary basis prior to a procurement exercise to find a replacement. These arrangements were in place across Hampshire whilst recommissioning of services took place across the locality. In total the dental team identified to replace lost activity and increase activity by procuring 222,000 UDAs in 2022/23. Of the 222,000 UDAs that went out to procurement, 134,000 were procured successfully with six additional locations now providing dental services across the locality. A secondary procurement took place alongside these additional UDAs and led to a successful contract award for Southampton, with 42,000 UDAs starting in contracts in April 2023. A further procurement earlier this year is also looking at adding a further 21,000 UDAs within the city.

An additional 42,000 will commence activity in the Portsmouth and Havant areas shortly as the original successful bidders did not progress to contract start and a second bidder was awarded the contracts.

Actions and next steps:

Additional funding

The Integrated Care Board has recently put forward more than £1 million across Hampshire and Isle of Wight for a number of short-term initiatives.

These projects are already underway with others beginning in the next few months. Due to these early stages, it is not possible to calculate the exact additional access that this will mean to Southampton. More detail will be made public as the projects progress.

Access sessions

Since 2020, the NHS in the South-East has commissioned additional access sessions from practices to deliver sessions above the levels normally commissioned to help patients access care if they have an urgent treatment need. There are three practices taking part in this scheme in Hampshire based in Eastleigh, Gosport and Portsmouth.



Flexible Commissioning

In some parts of the country, ICBs are implementing Flexible Commissioning arrangements whereby practices can convert up to ten per cent of their contract value from delivery activity targets to the provision of access sessions. These sessions are used to provide access for patients who have faced challenges accessing care and to more vulnerable patient groups. HIOW ICB is monitoring the impact of these schemes as part of consideration of local adoption.

Dental Contract changes

Nationally changes were made to the NHS contract in late 2022 with the aim of addressing the challenges the dental system face. The changes will increase NHS capacity by allowing payment for higher levels of performance, increasing payments for more complex treatments, issuing updated advice about recall intervals for patient check-ups, supporting the use of more skill mix and providing more information to patients about access to NHS services.

While access to NHS dentistry is slightly higher in Hampshire as a whole compared to the Isle of Wight and our cities, we know there are smaller areas within the county which require focus.

National dental reforms continue being discussed, which we await the outcome of. A contract which includes more incentives for dentists to take on NHS work will benefit Hampshire residents and dental practitioners, who we know are keen locally to take on NHS work but require financial sustainability. We are raising this issue at all levels, including our colleagues in NHS England, and within government. The ICB attended a session of the Health and Care Select Committee in April where we reiterated that point. The committee published its [findings and recommendations on 14 July 2023](#).

Recruitment and workforce

Recruiting and retaining dentists, as is the case with other healthcare professions, is difficult. Even where it has been possible to procure additional services, we can find that providers take dental professionals from existing NHS practices especially where they are in close proximity. The differential in UDA rate allows providers to use differing pay rates, which is why the ICB is seeking to intervene to create equity and, we hope, improve access to services for local people. Fortunately the key responsibility that has come to Integrated Care Boards is the ability to impact the UDA rate locally. This helps us to make local interventions and ensure we create equity across dental providers in our area, which may help to mitigate the workforce challenges we face. We also have the opportunity to use patient feedback to understand local issues and where we can make targeted interventions.