

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Monday 20 November 2023.

PRESENT: Councillors J Banks (Chair), M Storey (Vice-Chair), C Cooper, D Coupe, D Jackson, J Kabuye, S Tranter and J Walker

ALSO IN ATTENDANCE: L Bosomworth (Project Lead) (Healthwatch South Tees), R Morgan (Project Development Manager) (Healthwatch South Tees) and Professor T Thompson (Dean - School of Health & Life Sciences) (Teesside University)

OFFICERS: M Adams and G Moore

APOLOGIES FOR ABSENCE: Councillor D Jones

23/18 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

23/19 **MINUTES - HEALTH SCRUTINY PANEL - 23 OCTOBER 2023**

The minutes of the Health Scrutiny Panel meeting held on 23 October 2023 were submitted and approved as a correct record.

23/20 **DENTAL HEALTH AND THE IMPACT OF COVID-19 - EVIDENCE FROM HEALTHWATCH SOUTH TEES**

The Project Development Manager and the Project Lead from Healthwatch South Tees were in attendance to provide:

- information on the local population's views and experiences of accessing and using NHS dental services; and
- details of the impacts of Covid-19 on members of the public being able to see a local dentist for both regular check-ups and emergency treatments.

The Project Lead advised that for the period between 1 April 2022 and 31 March 2023, Healthwatch South Tees had received 198 contacts via a variety of different mechanisms, such as the information signposting function, general engagement and focus groups.

Members heard that on a quarterly basis, community intelligence was gathered by Healthwatch South Tees and shared with relevant stakeholders in primary care, secondary care, social care and public health.

For the period between 1 April 2022 and 31 March 2023, of the 198 contacts, 57 of those related to dentistry. Local residents had contacted Healthwatch because they were unable to access NHS dental care, even though at times, they had highlighted that they were in pain.

The scrutiny panel was advised that the following issues had been highlighted by the local population:

- residents had been de-registered/de-listed by their dental practices, without notice;
- there were no NHS dental practices accepting new patients;
- residents who were new to the area were unable to register with an NHS dental practice;
- residents were only being offered private appointments; and
- residents had been unable to access emergency appointments via NHS 111.

It was commented that the most common issue reported to Healthwatch South Tees, was residents being deregistered and removed from their regular dental practice patient list. It was explained that because residents had not been accessing NHS dental services during Covid-

19, they had been subsequently removed from patient lists. As a result of that, Healthwatch South Tees had developed a myth buster document, which aimed to dispel the most common rumours relating to NHS dentistry.

Members heard that Healthwatch South Tees had been informed that dentists would prioritise residents 'in pain'. However, feedback received from local residents would suggest that was not the case.

Members heard that Healthwatch South Tees had contributed to the work of Healthwatch England in lobbying the Government and calling for a recovery plan for NHS dentistry. The evidence received from communities across the country had made it clear that the lack of access to NHS dentistry needed to be addressed.

Concerns were expressed by Healthwatch South Tees in respect of how the independent statutory body should respond to dentistry enquiries - as, locally, there were no available NHS appointments. Previously, Healthwatch had been advising local residents to contact NHS 111. However, now NHS 111 call handlers were recommending to residents that they contact their local Healthwatch.

It was commented that it was highly important that dental practices regularly updated their details on the NHS Choices website, as that enabled Healthwatch to access current information on availability for local people.

For the period of 1 April 2023 until 31 October 2023, Healthwatch South Tees had received 100 information and signposting contacts and 23 of those related to dentistry. The main issues reported by the public, during that period, referenced being removed from their regular dental surgery patient list, experiencing problems when trying to arrange access to dental care for children and the lack of dental provision in care homes.

The following local case studies were outlined to the scrutiny panel:

- A woman had contacted her dental practice, after a few years, as her teeth had deteriorated and she was in pain. Despite her partner and son still being registered at the practice, she had been delisted. The lady managed to get an appointment at another practice, however, the dentist refused to treat her due to the amount of work that would have been required. The woman's poor oral health had negatively impacted on her self-esteem and had resulted in reduced social interaction.
- A man required urgent care from a dentist and was unable to find a practice that would treat him, he therefore called NHS 111 and in response, the call handler advised him to contact his local Healthwatch.
- A man had contacted every dental practice listed on the NHS website, he then called the number provided for NHS England Customer Contact Centre and the call handler recommended that he contact his local Healthwatch.
- A teenager had problems with decay and her wisdom teeth, which was causing her pain down one side of her face. She had contacted lots of dental practices and no appointments were available.

The Project Development Manager advised that the national Healthwatch England survey had reported that over 70% of respondents had found it difficult to access NHS dental appointments. Therefore, lack of access to NHS dental care continued to be a problematic for people across England, not just the South Tees area. In light of the evidence gathered across England's communities, Healthwatch had reported that a fundamental reform of NHS dentistry was required, given the problems people that had been experiencing with accessing and affording an NHS dentist.

A concern reported by Healthwatch was the lack of NHS dental appointments widening health inequalities. It had been reported to Healthwatch that people in the UK had been forced to pull out their own teeth, at home, because they could not access or afford an NHS dentist.

Regionally, Healthwatch South Tees had been working with the North East and North Cumbria Integrated Care Board (ICB). Since April 2023 integrated care boards (ICBs) had taken over responsibility for commissioning primary, secondary and community dental services. Discussions had taken place between Healthwatch and the ICB to consider the immediate actions required to stabilise services that were already in place. In addition,

medium-term and longer-term approaches were being explored. As part of that process, it was planned that Healthwatch would report on data and information gathered across communities to provide an evidence-base for decision-making. It was commented that in terms of the longer-term solutions, those would primarily focus on preventative measures to reduce the pressure on dentistry.

Healthwatch South Tees had been requested by the ICB to develop a proposal, focussing on two main areas of NHS dental services. It was planned that one area would focus on the views and experiences of those residents requiring access to emergency dental services and the other would focus on the views and experiences of those wishing to access routine check-up appointments. Another area, that the ICB was keen to obtain views on, was communication and the information that was currently available for those wishing to access NHS dental services.

It was commented that further updates on the regional consultation would be shared with the scrutiny panel in due course.

Dental practices were paid in “units of dental activity” (UDAs). Therefore, current contract arrangements meant that dentists were paid for every patient they treated, rather than receiving a fee for every single treatment. For example, a dentist was paid the same fee, regardless of whether they performed one filling on a patient or 10. It was acknowledged that residents from deprived areas had poorer oral health and subsequently more deprived local authority areas had fewer NHS dentists than those in more affluent areas.

Members expressed concerns that the pandemic had resulted in patients being de-registered. In response, the Project Development Manager advised that, although accessing NHS dentistry had been an issue for many years, the pandemic had exacerbated the issue and had resulted in an increased number of residents struggling to access timely dental care.

A Member expressed concern that an NHS patient had been unable to register her children at the same practice, as she was not a private patient. It was commented that there was a need for the NHS to make access to NHS dental services equal and affordable for everyone. It was highlighted that affordability was a major barrier to dental care.

A Member raised a query regarding Healthwatch’s role in securing future improvements in NHS dentistry. In response, the Project Lead advised that Healthwatch’s role would involve gathering the views and experiences of the local population in respect NHS dentistry, which would be utilised to inform decision-making and formulate solutions across the region. A Member commented on the importance of an evidence-based approach being taken by the ICB and Healthwatch to determine future plans.

A Member raised concerns regarding the impact of the NHS dentist shortage on the diagnosis of mouth cancer. The Project Lead commented that locally, data was not currently collected on the link between access to dental care and detection of mouth cancer. A Member commented that it would be advantageous to obtain information on how lack of access to dentistry had impacted on other health services.

A Member raised a query on the potential solutions that could be implemented to improve access to NHS dentistry. In response, the Project Lead commented the current contract arrangements, which paid dentists for NHS ‘units of dental activity’ (UDAs), was not fit for purpose and needed reform.

A Member raised a query regarding the oral health of Middlesbrough’s population. In response, the Director of Public Health advised that work was being undertaken to consider a water fluoridation scheme across the North East.

A discussion ensued and concerns were raised that both NHS 111 and Healthwatch had been answering calls from patients they could not help due to the lack of NHS dental appointments.

It was commented that, once timescales and next steps had been confirmed by the ICB, it would be advantageous for Members to encourage their constituents to submit their views and experiences of NHS dentistry to Healthwatch, to ensure all local communities were represented.

AGREED

That the information presented at the meeting be considered in the context of the scrutiny panel's investigation.

23/21

DENTAL HEALTH AND THE IMPACT OF COVID-19 - EVIDENCE FROM TEESSIDE UNIVERSITY

Professor Thompson, the Dean of the School of Health and Life Sciences, from Teesside University was in attendance to provide:

- an overview of the wide range of free dental treatments offered by the University's dental practice;
- details of the restorative and preventive treatments offered by the University's dental practice for adults and children;
- information on how the University worked with local dental practices; and
- details of the patient referral process.

The scrutiny panel heard that the School of Health and Life Sciences was the largest academic unit within Teesside University and comprised over 9500 students, of which 1200 were apprentices. It was commented that the university offered:

- a Cert HE in Dental Nurse Practice, 18 student places were available each year, 9 of which were commissioned by the NHS;
- a undergraduate degree in Dental Hygiene, 45 student places were available each year; and
- a postgraduate degree in Dental Therapy.

In 2023, the university had launched its Integrated Care Academy (ICA), which was an entity that wrapped around the school and functioned as a buffer between the academic offer to allow the community to better access the activities that occurred on campus. It was within the ICA, that the university's clinical services were based.

The Student Dental Facility (SDF) within Teesside University had a focus on the oral health of the region and offered a wide range of dental treatments, including oral hygiene and dietary advice, routine scale and polish, and extensive periodontal treatments. The SDF provided a variety of restorative and preventive treatments for adults and children, utilising gold standard, evidence-based clinical practice.

It was advised that routine dental treatments were performed, however, the SDF did not perform the more complex treatments.

The SDF opened in its current format in 2020 and had been approved by the Care Quality Commission (CQC). Prior to 2020, the university had its own dental service, which was ran by qualified dentists. However, it had been acknowledged that when operating that model, not enough placement opportunities were being created and not enough patients had been accessing the service.

Members heard that patients needed to be registered with a dentist to access the SDF, as treatments could only be provided under referral from an external dental practitioner. It was explained that once registered and referred by the dental practice, the SDF would perform the treatments required, freeing up capacity at the practice.

The scrutiny panel was advised that the SDF usually served 160 patients a week at full capacity (with a maximum of 360). Currently, the SDF was only accessible during term time.

By performing routine treatments, the SDF provided local dental practices with additional capacity/time to perform more complex treatments and activities.

It was highlighted that although local dental practices were referring patients to the SDF for routine treatments, those practices continued to benefit financially as they received the units of activity (UDA).

The following benefits of the SDF were outlined to the scrutiny panel:

- local residents were able to access dental care for free, as there was no charge for patients treated by a student dental hygienist and dental therapist;
- dental hygiene and dental therapy students were able to gain a valuable and comprehensive clinical experience; and
- local dental practices retain UDA for those patients referred to the SDF.

The scrutiny panel was advised that the clinical services staffing structure was currently being reviewed, with an aim to enable the SDF to operate for 50 weeks per year.

Members heard that work was being undertaken to explore the possibility of having a single facility, which operated multiple clinics across the healthcare professions, allowing the university to offer a more holistic package of care. The possibility of offering a hub and spoke model was also being explored, to enable some clinical services to be offered in the community on either a permanent or pop-up basis.

In response to a Member's query regarding unregistered patients accessing the SDF, the Professor advised that the SDF was limited in capacity, due to the restrictions imposed by professional bodies and the cap on the number of places that could be offered.

Members heard that there were certain dental practices operating across the region (Middlesbrough, Stockton and Darlington) that referred patients to the SDF for treatment.

A discussion ensued and Members commented that it would be advantageous for those residents experiencing problems with accessing NHS dental care to gain access to the routine treatments offered by the SDF. It was understood, however, that currently there was a requirement for the SDF to receive referrals direct from dental practices. It was commented that the possibility of patients being referred to the SDF by dental practices, without the need for patients to be formally registered at the practice, should be explored.

It was commented that the patient referrals received from dental practices would diagnose problems and identify an appropriate treatment plan. The referral process was required to ensure a fully-qualified dentist effectively signed-off the routine treatments that the SDF would perform.

It was explained that the university had an ambition to open a medical school within the region and the possibility of opening a dental school was currently being considered.

It was confirmed that the following areas would be explored by the university:

- the reasons for the SDF currently operating a referral only offer; and
- the possibility of operating a triage model, to improve accessibility.

A Member commented that a financial incentive for dental practices was that a dentist could refer the patient for treatment at the university before the routine check-up and still receive the UDAs. In response, the Professor explained that until a patient's mouth had been examined, the dentist would be unable to predict whether routine treatments or more specialised treatments/procedures would be required.

A Member queried whether the clinical supervisors at the SDF were qualified to diagnose problems and identify treatment plans. In response, the Professor advised that the supervisors were qualified and trained dental hygienists and therapists, as opposed to dentists. It was commented that the potential of employing dentists at the SDF could be explored, however, that option would have a financial impact on the university. It was commented that the SDF was currently able to offer treatments for free, as part funding was received from placement tariffs and part was provided by student fees.

The Professor commented that Members were welcome to visit the SDF on campus.

Members commented on the importance of exploring options to overcome and address the current referral restrictions associated with the SDF, with an aim to improving accessibility for those experiencing problems with accessing NHS dental care.

AGREED

That the information presented at the meeting be considered in the context of the scrutiny panel's investigation.

23/22

OVERVIEW AND SCRUTINY BOARD - AN UPDATE

The Chair explained that at the meeting of the Overview and Scrutiny Board, which was held on 18 October 2023, the Board had considered:

- an update from the Executive Member for Children's Services;
- the final draft of the Council's submission to the Local Government Boundary Commission;
- a revised report on setting the work programme for the Overview and Scrutiny Board for 2023/2024;
- the Executive Forward Work Programme; and
- updates from the Scrutiny Chairs.

NOTED

23/23

ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

North Tees and Hartlepool NHS Foundation Trust (NTHFT) and South Tees Hospitals NHS Foundation Trust (STHFT) 'Group Model'

A Member commented that the Tees Valley Joint Health Scrutiny Committee had met on 2 November 2023 to receive an informal presentation on the evolving North Tees and Hartlepool NHS Foundation Trust (NTHFT) and South Tees Hospitals NHS Foundation Trust (STHFT) 'Group Model'.

Following the meeting, a statement had been prepared and shared with relevant stakeholders, detailing the comments of the committee.

The statement had been circulated to the scrutiny panel (for information) by the Democratic Services Officer.

NOTED