

Health Overview & Scrutiny Committee

Date: **31 January 2024**

Time: **4.00pm**

Venue **Council Chamber, Hove Town Hall**

Members: **Councillors:** Fowler (Chair), Baghoth (Deputy Chair), Asaduzzaman, Evans, Hill, Lyons, McLeay, Nann, Robins and Wilkinson

Invitee: Theresa Mackey (Older People's Council), Nora Mzaoui (CVS), Geoffrey Bowden (Healthwatch) and Youth Council representative

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AGENDA

19 PROCEDURAL BUSINESS

- (a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
 - (a) Disclosable pecuniary interests;
 - (b) Any other interests required to be registered under the local code;
 - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

20 MINUTES

7 - 14

To consider the minutes of the previous Health Overview & Scrutiny Committee meeting held on 18 October 2023, (copy attached).

21 CHAIR'S COMMUNICATIONS

22 PUBLIC INVOLVEMENT

To consider the following items raised by members of the public:

- (a) **Petitions:** To receive any petitions presented by members of the public to the full Council or to the meeting itself;
- (b) **Written Questions:** To receive any questions submitted by the due date of 12noon on the 25 Jan 2024.
- (c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 25 Jan 2024.

23 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

- (a) **Petitions:** To receive any petitions submitted to the full Council or to the meeting itself.
- (b) **Written Questions:** A list of written questions submitted by Members has been included in the agenda papers (copy attached).
- (c) **Letters:** To consider any letters submitted by Members.
- (d) **Notices of Motion:** To consider any Notices of Motion.

24 CHILDREN'S CANCER CHANGE PLANS - UPDATE FROM NHS ENGLAND

Update from NHSE on progress of the children's cancer change plans following completion of the public consultation (verbal presentation)

25 UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST: PRESENTATION ON PERFORMANCE

Presentation from University Hospitals Sussex on recent and ongoing work to improve performance (verbal presentation).

26 NON-EMERGENCY PATIENT TRANSPORT (PTS) CONTRACT FOR SUSSEX 15 - 26

Report of the Executive Director, Governance, People & Resources (copy attached)

Contact Officer: *Giles Rossington*

Tel: 01273 295514

Ward Affected: *All Wards*

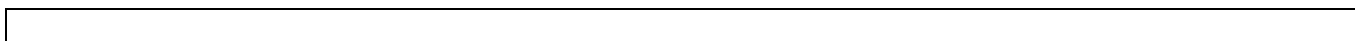
27 NHS DENTAL SERVICES IN BRIGHTON & HOVE 27 - 44

Report of the Executive Director, Governance, People & Resources on dental services in Brighton & Hove (copy attached).

Contact Officer: *Giles Rossington*

Tel: 01273 295514

Ward Affected: *All Wards*



Date of Publication - Tuesday, 23 January 2024

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FURTHER INFORMATION

For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514, email giles.rossington@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 18 OCTOBER 2023

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor

Also in attendance: Councillor Baghoth (Deputy Chair), Asaduzzaman, Evans, Hill, Nann, Robins, Wilkinson, Shanks and Sheard

Other Members present: Nora Mzaoui (CVS), Theresa Mackey (Older People's Council), Christine D'Cruz (Healthwatch)

PART ONE

11 PROCEDURAL BUSINESS

- 11.1 Cllr Fowler sent apologies: she was unwell and unable to chair the meeting. Cllr Baghoth chaired the meeting in Cllr Fowler's absence.
- 11.2 Cllr Shanks attended as substitute for Cllr McLeay; Cllr Sheard attended as substitute for Cllr Fowler. Christine D'Cruz attended as substitute for Geoffrey Bowden (Healthwatch Brighton & Hove).
- 11.3 There were no declarations of interest.
- 11.4 **RESOLVED** – that the press & public be not excluded from the meeting.

12 MINUTES

- 12.1 **RESOLVED** – that the minutes of the 12 July committee meeting be approved.

13 CHAIR'S COMMUNICATIONS

- 13.1 The Chair have the following communications:

I'd like to welcome everyone to the HOSC. At the July HOSC meeting we had a presentation from NHS England on their plans to make changes to children's cancer services in the South East. These plans are now out for public consultation, and I've asked for an update report on how the consultation went to come to our next meeting in January 2024.

Winter vaccinations

I'd encourage everyone eligible for an autumn COVID vaccination or a free flu jab to get them as soon as possible so you have the best possible protection against serious illness this winter.

Anyone eligible for a COVID-19 vaccination can book on the NHS website, through the NHS app or by calling 119. Appointments are available in pharmacies or other venues including the Brighton Centre, Brighton Racecourse and Mile Oak Medical Centre. Walk in sessions are also available at Hove Tesco on Wednesdays, Hove Polyclinic on Thursdays or St Peter's Church on Fridays.

Adults eligible for a free flu jab can book an appointment with your GP or at a pharmacy. Younger children will be invited by their GP and school-aged children will be offered this through their schools.

14 PUBLIC INVOLVEMENT

14.1 There were no public questions.

15 MEMBER INVOLVEMENT

15.1 There were no member questions.

16 PRIMARY CARE NETWORKS

16.1 This item was presented by Liz Davis, Director of Primary Care Operations, East Sussex & Brighton & Hove, NHS Sussex; and by Hugo Luck, Associate Director of Primary Care, NHS Sussex (Brighton & Hove).

16.2 In response to a question from Cllr Shanks on city GP numbers, Mr Luck responded that the numbers have plateaued in recent months, but Brighton & Hove still has a poor GP to patient ratio. There is no ready solution to the national shortage of GPs, and local focus is on recruiting more allied health professionals. Mr Luck offered to circulate more information on this issue.

16.3 Cllr Asaduzzaman asked why city Primary Care Networks (PCNs) were of such differing sizes. Ms Davis replied that GP practices had been asked to come together in PCNs representing populations of 30 to 50,000 patients, but that there was no absolute bar on PCNs being smaller or larger than this.

16.4 Cllr Evans noted that the local GP to patient ratio had been one of the worst in the country and asked whether this was still the case. Mr Luck responded that the local ratio remains poor. The long term aim is to make Brighton & Hove a more attractive place for GPs to work, but there are no short term fixes. More needed to be done to attract more GP trainees, to improve the working environment, and to recruit more allied health professionals.

16.5 In response to questions from Cllr Evans on physician's assistants, Mr Luck told the committee that there were currently 1.8 physician's assistant posts in the city. It should be stressed that physician's assistants have useful roles to play in healthcare, but that clinical responsibility for patients will remain with GPs.

- 16.6 Cllr Wilkinson asked whether there had been sufficient communication with patients on the role of PCNs. Ms Davis responded that lots of work has been done already, and that all practices are asked to display materials about PCNs. However, commissioners would welcome ideas on how to communicate better.
- 16.7 Nora Mzaoui asked about support to help people in financial difficulties access additional/enhanced services that might be hosted in a PCN GP surgery distant to the patient's own surgery. Ms Davis responded that patients should contact their patient participation group to see if there was some volunteer transport support available. However, there is no NHS Sussex funding for this. Ms Mzaoui noted that there was realistically very little funding available in practices to support patient travel, and that this was a serious problem as it is leading to people not engaging with services they need. Mr Luck acknowledged the point and noted that it was important that there was meaningful engagement with patients to identify where there were access problems. NHS Sussex are talking with Healthwatch Brighton & Hove about this.
- 16.8 In response to a question from Ms Mzaoui about training for GP receptionists, Mr Luck told members that there was no specific funding for this, but that every GP practice is expected to appropriately support its reception staff. There may also be relevant training which reception staff can access.
- 16.9 Cllr Hill asked whether the very large PCNs in the city might function better if they were split in two. Ms Davis responded that this is not for NHS Sussex to determine as it is up to GP practices how they constitute themselves as PCNs, provided that they are geographically aligned and are not too difficult to access. Mr Luck added that a PCN operating in an urban area might well have a patient population of more than 50,000 whilst covering a relatively small geographical area, so larger PCNs are not necessarily harder to access.
- 16.10 Cllr Shanks enquired about PCN impacts on continuity of care and on prevention. Mr Luck responded that assessing continuity of care can be complex, as patients differ in whether they need or value continuity of care over ease of access. Limited GP numbers mean that patients have to be triaged, with those who really need continuity of care being prioritised. In terms of prevention there are good practice examples from local PCNs. For instance, diabetes clinics have been delivered in community centres rather than GP surgeries in Hangleton & Knoll, improving access for local prevention services.
- 16.11 Theresa Mackey noted that people have been contacting the Older People's Council with concerns about access to GP services. In particular, people have complained that they have been advised to self-refer online to physio and other services, and have struggled to do this. Mr Luck acknowledged that there are issues around self-referral. Self-referral is intended to make it easier for people to book appointments and to relieve pressure on GP services, but this is still in its infancy and it is clear that there are issues with patients who are digitally excluded. NHS Sussex is working with Healthwatch on this.
- 16.12 Cllr Robins noted that some of the figures quoted in the report (e.g. at 5.32) regarding the proportion of the city's over 65 population who are frail seem far too high. Mr Luck agreed to look at the definitions of frailty being used.

16.13 The Chair thanked the presenters for their contributions.

**17 SUSSEX CANCER CENTRE: PRESENTATION FROM UNIVERSITY HOSPITALS
SUSSEX NHS FOUNDATION TRUST**

17.1 This item was introduced by Lisa Barrott, University Hospitals Sussex Director of Nursing (cancer); and by Robert Cairney, UHSx Director of Capital Development & Property.

17.2 Mr Cairney explained the background to the 3Ts development of the Royal Sussex County Hospital (RSCH) site. Ms Barrott outlined what the Sussex Cancer Centre (SCC) will deliver, and how this will represent a major improvement in cancer services for Sussex residents. Ms Barrott also detailed how the new build will provide a pleasant environment delivering therapeutic benefits for patients as well as meeting tough environmental standards.

17.3 Mr Cairney told members that plans for the SCC include

- the creation of a public plaza to be shared with the Louisa Martindale Building. This will improve access to the hospital and provide more space for patients and staff. It is particularly important that staff have access to calm spaces as delivering cancer care is very stressful.
- Access for patients by car, ambulance and public transport. These will be separate to the entrances to the main hospital and have been designed to minimise disruption to the local community.
- An additional 105 parking spaces.

17.4 Mr Cairney also outlined plans for stage 3 of 3Ts, the development of a service yard to provide logistical support to the entire hospital. This will be operational by 2027.

17.5 Cllr Wilkinson asked whether, given the longstanding capacity issues at RSCH, there were guarantees that the SCC would not get used as emergency department overflow. Ms Barrott responded that the SCC is not a fully standalone unit as it is important that there is easy access to hospital services such as radiology and to intensive care. However, the SCC is functionally separate from the main hospital and everyone at the hospital recognises the critical importance of cancer care.

17.6 In response to a question from Cllr Wilkinson on taxi ranks, Mr Cairney told the committee that the current taxi rank by outpatients would remain. There will be room to create an additional bay by the SCC with room for 2-3 cars.

17.7 Cllr Asaduzzaman asked whether there was confidence that the SCC would be future proof, particularly in terms of increased demands from an ageing population. Ms Barrott replied that this is a challenge. Additional headroom has been included in the SCC, but it is also important to note that there are cancer facilities at hospitals in Chichester, Worthing and Hayward's Heath. These can all be utilised to deal with additional future demand.

17.8 In response to a question from Cllr Evans about cancer performance across the Trust, Ms Barrott responded that there are currently significant challenges and the Trust is in

Tier 1 (the highest level of oversight). However, there have been recent improvements in waiting times.

- 17.9 Cllr Evans asked whether it was the intention to undertake more cancer surgery locally. Ms Barrott responded that the SCC is not a surgical unit. However, University Hospitals Sussex is looking at its cancer surgery pathways with the intention of increasing the range of procedures that can be delivered locally.
- 17.10 Cllr Hill asked a question about links between the SCC and city universities. Ms Barrott responded that this is a key area, with a major aim of the SCC being to improve research. There are good links with local universities. Building a reputation for quality research will also help with recruitment to the SCC.
- 17.11 The Chair thanked the presenters for their time.

18 SUSSEX POLICE & CRIME PANEL LETTER TO SUSSEX HOSCS: SUSSEX POLICE AND MENTAL HEALTH

HOSC 18 Oct 2023 Excerpt from UNCORRECTED draft minute

- 18.1 This item was introduced by John Child, Chief Operating Officer, Sussex Partnership NHS Foundation Trust (SPFT). Mr Child presented to the committee on the current challenges within the mental health urgent and emergency care pathway in Brighton & Hove and across Sussex. Mr Child outlined that the request to present to the committee was a response to correspondence between Sussex Police commissioners and HOSC Chairs outlining Sussex Police's concerns as to the impact on their operational policing capacity as a result of supporting increasing numbers of members of the public with mental health needs. Issues of concern included people requiring a mental health admission having to wait for long periods of time in the Royal Sussex County Hospital emergency department for a bed to be found; police time being taken up supporting people detained under Section 136 (S136) of the Mental Health Act because there is no free capacity in a local Health Based Places of Safety (HBPOS) (and linked to this, the police's move away from supporting mental health crisis as set out in the Right Care Right Person national guidance) .
- 18.2 Mr Child outlined the Mental Health Urgent and Emergency Care Improvement Plan informing the committee this was a health and care system plan, rather than a Sussex Partnership plan to improve these matters via a wide set of initiatives, some of which are already active and others in an advanced stage of planning. Mr Child described developments including the Havens, Blue Light Triage, Text Sussex, Blue Light Line, Staying Well Cafes, Sussex Mental Health Line and plans to remodel crisis teams. Mr Child outlined the root causes of the current challenges as additional need within the mental health urgent care pathway since the Covid pandemic but primarily as an issue of flow through the pathway, particularly in terms of the timely discharge of patients from acute psychiatric hospital into supported housing, residential and nursing care- those patients who are classified as being medically ready for discharge.
- 18.3 Cllr Nann asked who or what would fill the gap if the police were no longer fully using their S136 powers. Mr Child noted that the use of S136 has been fairly static in recent months, but had dropped appreciably in the past few years because alternative services

such as Street Triage had been introduced. Given that only around 60% of patient subject to S136 detentions end up with admission to an acute mental health bed, there is considerable scope for the system to do more to find alternative ways of supporting people in crisis, as outlined in the improvement plan.

- 18.4 Cllr Nann asked whether the police were being irresponsible in seeking to withdraw from mental health incidents. Mr Child replied that he did not believe that the police intended to withdraw totally from supporting people in acute mental health crisis, but that they were understandably concerned about the time officers had to spend staying with people they had detained under S136 because those patients cannot access a HBPOS. Mr Child said the police rightly believe that available, timely support should typically be provided by mental health professionals in a clinical setting.
- 18.5 The Chair asked whether there was confidence that the system could cope if the police withdrew support. Mr Child responded that sometimes S136 detention is absolutely the right action, and the police should and would continue to support this. Mr Child outlined that on occasion the police use S136 because people have not been able to access alternative services whilst in a crisis to prevent their mental health problems escalating and the improvement plan described was seeking to address this issue.
- 18.6 Cllr Shanks asked about numbers of acute mental health beds available within Sussex. Mr Child replied there are challenges for people accessing acute psychiatric admissions and as a result people are having to wait an excessive length of time in hospital emergency departments. Mr Child explained that was due to Health Based Places of Safety being occupied with patients waiting onward acute admission or for an alternative community placement. The root cause of the challenge was described not primarily as a lack of acute beds but rather issues with the timely discharge of people into community settings, who are waiting for supported accommodation, residential and nursing care and that if discharge pathways were improved there would be better flow and less pressure on urgent and emergency services supporting patients in mental health crisis. Mr Child gave examples of the length of delays in acute psychiatric beds across Sussex.
- 18.7 Cllr Robins voiced concerns about police withdrawal from mental health emergencies, noting that families typically only call the police when they have no one else to turn to and there is immediate life-threatening concern to the safety and welfare of family members. Mr Child responded that he was unable to speak for the police, but that he was confident that they would continue to respond to threats to life. Mr Child reiterated the greatest challenge outlined by the police is the time they spend with people after they have intervened, and the time they spend dealing with lower level mental health related incidents- not necessarily for people known to mental health services. Mr Child said that people should continue calling the police if they believe that someone's life may be in danger.
- 18.8 Cllr Nann stated that the police would be happy to continue with their S136 role if they could then pass people on to a place of safety. However, mental health services are themselves in crisis, and the structures to better support people are just not there; it is wishful thinking to believe that they can be transformed at short notice.
- 18.9 Cllr Hill asked a question about local place of safety capacity. Mr Child responded that there are 5 Health Based Places of Safety across Sussex which includes one at Mill

View Hospital in Brighton. He outlined the 5 Havens across Sussex which are also used as Alternative Health Based Places of Safety. Mr Child clarified all hospital accident & emergency departments are also deemed to be health based places of safety. He was happy to provide precise figures in writing.

- 18.10 Cllr Asaduzzaman asked what was done to support people waiting in the hospital emergency department for a mental health bed. Mr Child responded that SPFT has a mental health liaison team (MHLT) working at the Royal Sussex (in keeping with all acute hospitals across Sussex) that provides assessment and treatment for patients presenting with mental health needs. The MHLT also provide specialist support and advice to A&E staff in caring for patients waiting for acute psychiatric admission. University Hospitals Sussex employs additional mental health nursing staff to provide care to people with mental health issues. Mr Child described the steps taken to support alternatives for patients waiting for acute admission, for example if there is capacity, people waiting for an acute mental health bed will be transferred to the Haven to wait there instead, if clinically appropriate.
- 18.11 The committee discussed what to do next with this issue, as a number of members were not assured that there are adequate measures in place to deal with the police changing their role in relation to mental health crisis, and more generally to deal with problems in emergency care caused by issues accessing acute mental health beds. Members were also unhappy that they had not been given the opportunity to question Sussex Police. Members were advised by the Policy, Partnerships & Scrutiny Team Manager that the report in front of them was to note, leaving them little scope to amend it, but that they could request an update report at a later meeting, or they could refer the matter to another Council committee.
- 18.12 Resolved** that the report be noted and that the report be referred to the Health & Wellbeing Board for attention.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 24

Subject: Non-Emergency Patient Transport Services (NEPTS) Contract

Date of meeting: 31 January 2024

Report of: Executive Director, Governance, People & Resources

Contact Officer: Name: Giles Rossington
Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: All

For general release

Glossary of Terms

- **NEPTS:** Non-Emergency Patient Transport Services. NHS-commissioned services to transport eligible patients to, from and between healthcare settings where patients are unable to safely convey themselves
- **NHS Sussex:** NHS Sussex commissions NHS services for the population of Sussex. Much of this commissioning is done by local teams working at place (e.g. Brighton & Hove), but some is undertaken at a Sussex level for services with a larger population footprint, such as NEPTS
- **SCAS:** South Central Ambulance Service: NHS Trust operating emergency ambulance services across Hampshire, Buckinghamshire, Berkshire and Oxfordshire. Current NEPTS provider for Sussex
- **SECamb:** South East Coast Ambulance Service: NHS Trust operating emergency ambulance services across Surrey, Sussex and Kent

1. Purpose of the report and policy context

- 1.1 This report presents an update from NHS Sussex (see Appendix 1) on the tendering of the Sussex Non-Emergency Patient Transport (NEPTS) contract.

2. Recommendations

- 2.1 That Committee notes the update on the Non-Emergency Patient Transport contract.

3. Context and background information

- 3.1 Non-Emergency Patient Transport (NEPTS) is transport provided to patients to help them get to appointments or to travel between healthcare sites. NEPTS is only provided in specific circumstances where a patient's health condition means they would be unable to travel safely without assistance. In general, patients are expected to make their own way to appointments without NHS help.
- 3.2 The Sussex NEPTS contract was last let in 2016, with the contract awarded to Coperforma. Prior to this the contract holder was South East Coast Ambulance Service NHS Foundation Trust (SECAMB). There were major problems with the mobilisation and delivery of the new contract, and in 2017 Coperforma withdrew as provider. South Central Ambulance Service NHS Foundation Trust (SCAS) agreed to take on the contract.
- 3.3 The contract was due to be re-let in 2021/22, but was instead extended until 2025. This was due to Covid pressures and because commissioners needed to take account of the findings a national review of NEPTS (2021) which was also delayed by the pandemic. The contract was put out to tender in summer 2023, with an announcement of the preferred provider planned for January 2024. There will then be an extended mobilisation period, in accordance with market feedback received, with the new contract going live in April 2025.
- 3.4 The contract currently being tendered reflects the findings of the 2021 national review (in which Sussex was one of 3 pathfinder sites), learning taken from the previous procurement, feedback from system partners and patient groups, including Healthwatch, with Healthwatch in Brighton playing a significant role in service design, development and evaluation of the bids received.
- 3.5 The national review made a number of recommendations for NEPTS, including being clear about eligibility for patient transport and signposting people to alternative services if they did not meet eligibility criteria; ensuring that NEPTS met provider needs, so that NHS trusts were not obliged to commission parallel transport services to ensure the timely transfer or discharge of patients; designing a service that meets user expectations (e.g. including an app people could use to track their vehicle/texts to confirm a pick-up is imminent); and meeting NHS net zero targets.
- 3.6 The new service specification includes these recommendations and also describes a transformational service that both meets the statutory eligibility obligations for a NEPTS alongside meeting the wider patient transport needs to improve patient outcomes, optimise system flow and deliver efficiencies across the system.

- 3.7 Given the challenges of the 2016 contract award, members may be particularly interested in measures taken to ensure that lessons were learnt. Following the termination of the 2016 contract with Coperforma, Sussex Clinical Commissioning Groups arranged for an independent assessment of the award and mobilisation process. Sussex HOSCs and Healthwatch organisations were also very active in scrutinising the process undertaken, finding fault in areas such as the decision to proceed with the contract award with only one bid received; how diligently commissioners had assessed Coperforma's suitability as a provider; the time allotted to contract mobilisation; and whether the funding allocated to the contract was sufficient to deliver a high quality service. These areas have all been given priority consideration and incorporated in the current procurement processes and associated governance.
- 3.8 Members should note that the HOSC was not made aware of the re-tender of this contract at an early stage in planning, and was consequently not able to contribute further to the development of a contract model.
- 3.9 Commissioners for NEPTS have welcomed both Healthwatch and additional patient representation into their work when developing the new contract specification. This has taken the form of regular attendance by Healthwatch at NEPTS Task and Finish groups, inviting comment on draft Service Specifications and involving patient representation in the assessment of bids to deliver the new service.
- 3.10 It should be noted that Healthwatch have commended NHS Sussex Commissioners leading on NEPTS for their openness and transparency and for actively involving patient groups in their work and consider this provides a benchmark for what good commissioning can look like and what it can achieve.

4. Analysis and consideration of alternative options

- 4.1 Not relevant to this report to note. Members may, if they wish, make comments to NHS Sussex on the NEPTS contract model or tender process.

5. Community engagement and consultation

- 5.1 This report has been shared with Healthwatch Brighton & Hove for comment.

6. Conclusion

- 6.1 Members are asked to note an update from NHS Sussex on the current tender for Non-Emergency Patient Transport Services.

7. Financial implications

- 7.1 Not relevant to this report for information.

8. Legal implications

8.1 No legal implications have been identified.

Name of lawyer consulted: Elizabeth Culbert Date consulted 30/10/23

9. Equalities implications

9.1 Appendix 1 to this report includes information on how the new NEPTS contract addresses access for people with protected characteristics.

10. Sustainability implications

10.1 Appendix 1 to this report includes information on how the new NEPTS contract addresses NHS carbon reduction targets.

Supporting Documentation

1. Appendices

1. Information on NEPTS provided by NHS Sussex

Appendix 1

NHS Sussex Non-Emergency Patient Transport Service (NEPTS) Update

04/01/2024

1.0 Introduction

Non-emergency patient transport is defined by the Department of Health and Social Care as the non-urgent, planned transportation of patients with a medical need for transport to and from premises providing NHS healthcare, and/or between providers of NHS-funded healthcare.

The overarching principle of patient transport, as defined by NHS England, is that most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is intended for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

The only patients who will be considered eligible for non-emergency patient transport are those who have either been referred by a doctor, dentist or ophthalmic practitioner for non-primary care NHS-funded healthcare services – regardless of the setting – or those who are being discharged from NHS-funded treatment.

This report provides an update on the Sussex Non-Emergency Patient Transport Service (NEPTS) including the current service, the objectives of the new service, the procurement timeline and optimisation of the current service.

Both the current service and the transformational model for the procurement of NEPTS are overseen by the Senior Responsible Officer for NEPTS who reports monthly into the Urgent and Emergency Care governance structure of NHS Sussex.

It should be noted that access to the NEPTS service is based on healthcare needs rather than wider social care needs and therefore there is a requirement that the service operates a set of eligibility criteria. The service is different from an emergency ambulance function.

2.0 Background of NEPTS in Sussex

2.1 Timeline of Current Service

The NEPTS contract was originally procured in 2015 and awarded to Coperforma (who were the only bidder) and the contract commenced on 1st April 2016.

Due to a range of delivery challenges, which were reported to the HOSC at the time, the contract with Coperforma was terminated and a new contract negotiated with and awarded to South Central Ambulance Service NHS Trust (SCAS) which commenced on 1st April 2017.

This original SCAS contract, including the contractually permissible 1-year extension, expired on 31/03/2021. In January 2020 Sussex CCGs formally agreed a 1-year direct award (covering 01/04/2021 to 31/03/2022) with the commitment to start procurement of the new service within that time period to include recommendations from the NHS England NEPTS review, which had been suspended due to the impact of the Covid-19 pandemic situation.

As a result of continued system pressures brought about by the Covid-19 pandemic, alongside feedback from the market and the changes brought about by the national review of NEPTS, it has been necessary to further defer procurement with the service continuing under direct award.

Following advice taken from NHS England (NHSE), procurement and contracting leads across the region, in September 2022, NHS Sussex initiated an informal joint working arrangement to work collaboratively with neighbouring ICBs of Frimley, Buckinghamshire, Oxfordshire and Berkshire West (BOB), Hampshire & Isle of Wight, and Surrey Heartlands.

The objective was to understand and better align service specifications, tender methodologies and notional timeframes by engaging with the market as a collective. The approach enabled a collective understanding of market position and allowed systems to share commissioning intent and solicit feedback concerning the optimal service mobilisation window, the implications for extension of the current contracts and reduce the risk of challenge for these extensions to support a full and open procurement process.

Market engagement carried out in October 2022 suggested that any prospective bidders would need nine to 12 months to mobilise their new service based on the supply chains for ambulance vehicle chassis and bodywork.

In December 2022, based on the market feedback and the timelines of other ICBs, NHS Sussex approved the option to extend the current contract to 31st March 2025 and endorsed the revised procurement timeline for the new service to go-live on 1st April 2025.

Following this mandate and to meet statutory requirements, the NEPTS service in Sussex is currently out to tender (re-procurement). The tender has concluded in September 2023 with evaluation and assessment thereafter and contract award January 2023 to allow for the required 12 months mobilisation and support contract commencement 1 April 2025.

The new service will represent a major step-change in the patient transport service for Sussex patients and will take into account several national and local changes to patient transport requirements established in recent years.

2.2 National Review, Pathfinder and Net Zero

National guidance on the operation of patient transport services were originally set out in 1991 and updated again in 2007. NHSE undertook a national review of NEPTS in 2021 in response to calls from patient groups and charities, including Healthwatch, Kidney Care UK and Age UK, and by many in the patient transport sector themselves.

As a result of the review, NHSE has published a new national framework for NEPTS, national eligibility criteria, mobility categories, national dataset, and commissioning, contracting and core standards.

NHS Sussex was involved in the review as one of three Pathfinder sites. This included testing out a Single Point of Access model for patient transport that referred non-eligible patients to alternative travel options; strengthening the role of the Community & Voluntary Transport (CVT) sector through initiatives to improve the recruitment (and retention) of volunteer car drivers; and improving the discharge of patients from acute hospitals through setting up better co-ordination between acute and patient transport staff. The outcome of these pathfinders have helped inform the NHS Sussex service specification and will help inform future national guidance on NEPTS as and when it is published.

In addition to the NEPTS Review, NHSE has set out an ambitious roadmap to reach net zero by 2045 for the emissions it controls directly, including NEPTS. This timeline includes an ambition to achieve an 80% reduction in schedule 1 and 2 emissions between 2028 and 2032.

The net zero targets apply to all NEPTS contracts directly commissioned by the NHS, whether delivered by the NHS or by independent providers. This will require significant change: combining new vehicles, new infrastructure and where necessary adapting delivery models to the new opportunities and challenges of charging.

NHSE also has an ambition that all NEPTS vehicles should be zero emission by 2035, irrespective of contract duration. To achieve this, NHSE has set out a NEPTS transitional trajectory that applies to all NEPT vehicles.

ICBs are required to implement both the new NEPTS national standards and net zero requirements locally and these have been reflected in the new service specification.

2.3. Commissioning Gaps

In addition to the activity undertaken by the current provider South Central Ambulance Trust (SCAS), each hospital trust in Sussex currently pays for additional private patient transport provision and will often use them as an alternative to SCAS for the more time critical discharge and transfer of patients, particularly those patients in Emergency Departments, Acute Medical Units and Ambulatory Care Units who are generally staying for a short period of time so will not have their transport home booked in advance. The use of separate providers has led to inefficiencies including some duplication and “aborted” journeys where patients are booked onto both services at the same time.

This shows that whilst the contract requirements have been delivered effectively, during that time it has become apparent that there is demand within the healthcare system for a more responsive and dynamic transport service to help support rapid patient discharges and transfers from hospital.

The transportation of mental health patients between acute and mental health hospitals and between mental health facilities, including those detained under the Mental Health Act 1983, is also being arranged and funded by the mental health NHS provider and this remains an area of focus for the system.

2.4 Patient-oriented service

It is also clear from patient feedback obtained by Healthwatch in 2020 that patients want a service that is better able to keep them informed of the location of their vehicle using modern technology such as smart phone apps, for example, almost 80% would like to receive a text/call when their vehicle is 30 mins away; 95% would like to be kept informed of changes or delays to their transport; 2/3rds would like a mobile phone app to track their vehicles; and 91% would like an exact time when their transport will arrive.

With all this in mind, NHS Sussex has consolidated funding sources across acute and mental health providers and developed a vision for a new patient transport offer that includes all components and that will better meet the requirements of patients and the healthcare system in 2025 and beyond.

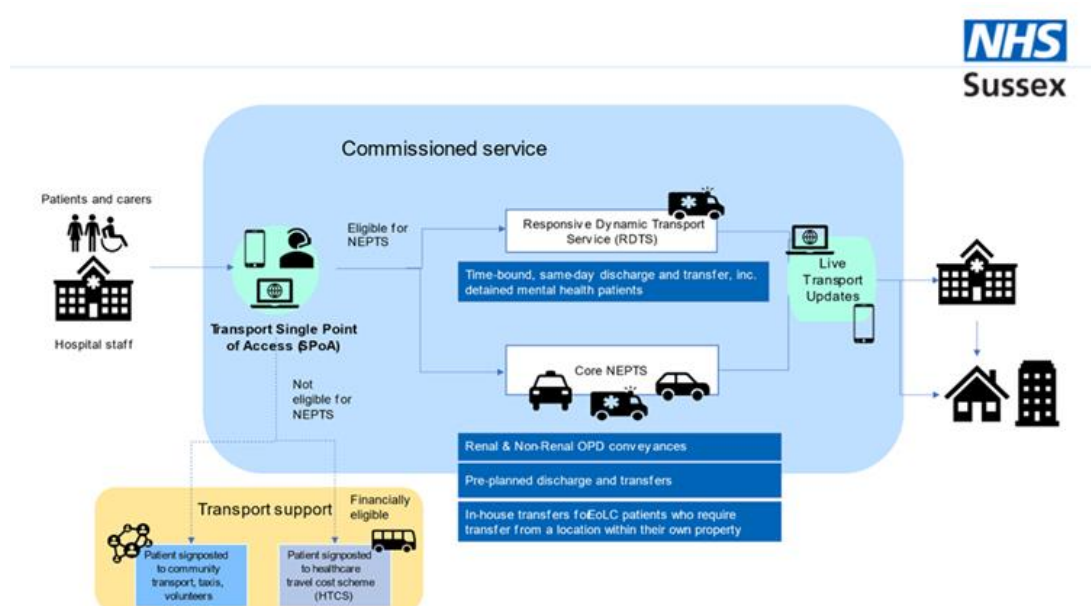
3.0 New Service Model

Underpinning the procurement process are a number of fundamental changes put forward as part of the service specification to meet improved outcomes for our population. These reflect national guidance and the learning taken by Sussex being one of the pathfinder sites for the new NEPTS delivery models:

3.1 Core Objectives

Most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. For those people who are eligible for NHS-funded transport, however, the transport provider will be required to deliver a responsive, fair, and sustainable new patient transport model for Sussex patients, described through a revised service model and a number of associated core objectives required of a NEPTS service provider.

Chart 1: New Service Model



Objective 1: Develop a single point of co-ordination for all patients seeking transport to secondary care services.

To be achieved through the development of a Transport Single Point of Coordination (SPoC). The Transport SPoC will refer patients who meet the eligibility criteria to an expanded and more responsive patient transport service and signpost in-eligible patients to alternative transport support options.

Objective 2: Provide an expanded and more responsive transport service to meet the needs of the wider healthcare system in Sussex.

To be achieved by specifying a service that includes the core, statutory NEPTS service that involves providing transport for pre-planned outpatient appointments and hospital discharges; as well as a new Responsive Dynamic Transport Service (RDTS) to meet the needs of the acute hospital trusts to provide a responsive, same-day discharge and transfer service for time-bound patients. The service will also arrange the transport of patients detained under the MHA who have been admitted to either an acute or mental health facility and need to be conveyed on the same day the booking is made.

We expect this to reduce the costly use of ad hoc journeys, reduce duplication of journeys to acute hospitals and ensure mental health patients consistently receive the same offer and are treated equally to physical health patients.

Objective 3: Use modern technology to innovate and enhance the patient experience.

This is a new requirement for the NEPTS provider to embed modern technology such as apps and web-based portals to ensure patients, their carers, and hospital staff are kept informed of the location of their transport so that they are ready on time for its arrival. The transport provider will also utilise modern technology to improve all areas of its service.

This does not replace non-digital engagement methods for those who do not use technology, however the benefits of implementing more digitally-led solutions have sought as part of wider engagement sessions and will help improve the NEPTS experience for those using digital technology.

Objective 4: Ensure everyone, including those with protected characteristics and disadvantaged groups, can access the service.

The updated service specification requires equity of access for all Sussex patients, including those with protected characteristics and disadvantaged groups, and requires that the transport provider develops methods for them to contact the service, for example, translation services for people who do not speak English or who are visually or hearing impaired. It also requires the vehicles and journeys take account of their needs, including same-sex drivers (where applicable), carrying of specialist equipment, accommodation of escorts, and flexibility in the drop-off locations.

Objective 5: Deliver NHSE's ambition that all NEPTS vehicles should be zero emission by 2035.

To ensure 100% vehicles are zero emission by 2035, the NEPTS provider will need to increase the proportion of its fleet that comprises battery electric vehicles from a baseline of 0% to 100% by 2033 in 25% increments every two years. The transport provider will also need to reduce all of its scope 1 and 2 emissions by 80% from a

19/20 financial year baseline by 2032 in line with the Delivering a Net Zero NHS statutory guidance and supporting the NHS vision - **To deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.**

Objective 6: Work collaboratively as part of the Sussex Health and Care System.

The transport provider must develop strong, collaborative working relationships and ensure excellent systems of communication exist with the entire health and care system. The transport provider will work as a member of the health and care system to help deliver the goals of the [Sussex Health and Care Strategy](#) and future iterations through supporting the actions set out in the Shared Delivery Plan. The primary role of the transport provider within this partnership is to ensure that patients access their hospital treatment on time and that the wider system has timely access to patient transport that supports patient pathway care and flow.

3.2 Engagement Work

As part of the development process for the new service, NHS Sussex has completed a full Equalities and Health Impact Assessment (EHIA); carried out engagement with patient groups; and worked closely with acute, community and mental health providers to develop the service model. NHS Sussex commissioning team also enlisted the support of Healthwatch Brighton & Hove and a patient voice representative from the outset of the procurement to help draft elements of the specification and join weekly engagement sessions to ensure quality, engagement and patient voice were at the heart of the service design. Healthwatch has given very positive feedback to the commissioning team on the openness with which we involved – and listened – to the patient voice.

NHS Sussex undertook market engagement in May 2023 to propose notional timelines for optimal service mobilisation, in the context of the emerging new service models, driven by the national review and pathfinder programmes, and recognising the ambition within and significant changes that this will introduce for providers. The mobilisation range discussed was between the NHS England provided guidance of six months and up to twelve months, considering the scale of change required.

During this market engagement event opportunity was given to interested service providers to schedule one-on-one engagement sessions with NHS commissioners to test their understanding and raise any potential challenges in delivery the suggested new service model. The transformational model was recognised as supporting the Sussex system with optimising flow and building efficiencies across the Sussex geography.

Actively seeking input from, and testing of ideas with, providers who have expressed their interest in having the opportunity to bid for this work, has been well received by the market.

4.0 Procurement Timeline

The timeline below outlines the governance route and timeline for the NEPTS procurement ahead of the contract going live on 1st April 2025.



5.0 Performance and Optimisation of Current Service

As described above, whilst the current contract no longer matches the needs of the healthcare system in Sussex, it has largely been delivered effectively since 2017. Outpatient journeys to and from a patient's residence for renal and non-renal patients, for example, have been consistently delivered throughout the duration of the contract at or above the Key Performance Indicator threshold of 85%. Outpatient journeys account for around 80% of activity and the majority of the rest of SCAS' activity is focused on discharging patients from hospital.

Despite the difficulty in making substantive changes to a directly awarded contract, NHS Sussex, SCAS and the NHS provider trusts in Sussex have worked together to deliver improvements to the service in recent years. These include:

- Helping to develop community voluntary car driver transport alternatives in Sussex for patients; this area was lacking in sufficient levels of alternative community provision,
- Implementing changes to the NEPTS call-handler script to refer patients to alternative transport providers,
- Test out the Healthcare Travel Cost Scheme (HTCS) as part of the national Pathfinder programme,
- Increase awareness of and relationships between SCAS, acute discharge teams and the voluntary sector Take Home and Settle Service at Royal Sussex County Hospital (RSCH).
- Manage demand and capacity daily to meet fluctuating demand whilst protecting discharge capacity.
- Develop a Standard Operating Procedure (SOP) for Humanitarian Transfers (transferring stable end of life patients up and down stairs within their own homes).
- Developing the Hospital Liaison Officer roles for each acute site to integrate acute and NEPTS provider operations and streamline efficient patient journeys, including introducing a single contact number for service users.

- Site focused monthly acute operational meetings to take stock of and identify solutions for improving liaison between SCAS and Sussex NHS trust providers.
- Training for the flow co-ordinators at Royal Sussex County Hospital (RSCH) to enable "training champions" of the online NEPTS booking service.
- Providing Flow-Coordinators at RSCH with more access to book bariatric patients using the online portal, so long as the patient has had a risk assessment before, rather than calling SCAS.
- Adding mobility category descriptions to the online booking portal used for the NEPTS service to reduce hospital staff booking the wrong type of vehicle.
- Establishing a pilot at RSCH Pharmacy to prioritise medication for patients who have transport booked and a deadline package of care to meet, e.g., admission to a care home by a certain time of day. The intention is to draw learning from this pilot and consider wider implementation.

6.0 Conclusion

HOSC members are asked to:

- **NOTE** the background of the NEPTS service and the positive developments that have been delivered through the current contract.
- **NOTE** the significant engagement undertaken to develop the new service specification and to bring the market with us to support timelines.
- **NOTE** that NHS Sussex, as the responsible commissioner, is currently undergoing a tendering exercise for the NEPTS contract, following several contractual extensions triggered by Covid-19 and expectation of national guidance.
- **NOTE** the transformational nature of the new service specification for NEPTS in Sussex.

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 27

Subject: NHS Dental Services in Brighton & Hove

Date of meeting: 31 January 2024

Report of: Executive Director, Governance, People & Resources

Contact Officer: Name: Giles Rossington
Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: All

1. Purpose of the report and policy context

1.1 This report provides an overview of NHS dental services in Brighton & Hove. Information supplied by NHS Sussex, the new commissioners of dentistry, is included as Appendix 1 to this report.

2. Recommendations

2.1 That Committee notes the contents of this report and its appendix.

3. Context and background information

3.1 NHS dental services have in recent years been commissioned by NHS England (NHSE) regional teams. However, with the development of Integrated Care Systems, primary care commissioning has recently been devolved to Integrated Care Boards (ICBs). In the case of Brighton & Hove, this means that the Sussex ICB, NHS Sussex, is now responsible for commissioning NHS dentistry.

3.2 More detail about NHS dental services is included in the attached paper from NHS Sussex (Appendix 1).

3.3 Members may wish to note that dental services have previously been subject to scrutiny by the HOSC. On these occasions, HOSC members were particularly concerned about whether there was sufficient NHS capacity to meet local need and about how spare local capacity was communicated to residents.

4. Analysis and consideration of alternative options

4.1 Not relevant to this report for information.

5. Community engagement and consultation

5.1 Healthwatch Brighton & Hove have been informed about this item and have circulated a paper separately to members outlining their concerns and recent actions regarding dentistry.

6. Conclusion

6.1 Members are asked to note the update on dentistry from NHS Sussex.

7. Financial implications

7.1 Not relevant to this information report.

8. Legal implications

8.1 There are no legal implications to this report.

Name of lawyer consulted: Elizabeth Culbert Date consulted (10/01/24):

9. Equalities implications

9.1 None directly to this information report. Members may be interested in provision of dental services for people in particular vulnerable groups, such as rough sleepers and neurodivergent people.

10. Sustainability implications

10.1 None identified.

Supporting Documentation

Appendices

1. Information on dental services provided by NHS Sussex

NHS Sussex paper to Brighton and Hove Health Overview Scrutiny Committee (HOSC) on Dentistry

31 January 2024

Report: To provide an update on the actions NHS Sussex has taken to fully understand the barriers to NHS dental access and activities we have taken to enhance routine and urgent care dental access for people in Sussex.
To: Brighton and Hove HOSC
From: Dr Charlotte Keeble, Director for Pharmacy, Optometry and Dentistry (POD) Commissioning, NHS Sussex

1. Introduction

- 1.1 On 19 July 2022 NHS Sussex was one of the first Integrated Care Boards (ICBs) to take on the responsibility for commissioning primary, secondary and community dental services, alongside community pharmacy and optometry services. Sussex has 313 community pharmacies, 184 optometry services and 302 primary, secondary and community dental contracts (December 2023).
- 1.2 NHS England (NHSE) delegated their POD commissioning functions to all remaining ICBs on 1 April 2023. Local Authorities (LAs) are responsible for commissioning oral health promotion services.
- 1.3 Delegated commissioning allows us to move away from transactional models towards a more collaborative approach to planning and improving services. This means that instead of us focusing on procurement and contract management, commissioner's roles are to work closely with key partners across the system (including dental providers) to understand population needs, determine key priorities and design, plan and resource services to meet those needs.
- 1.4 During the first year of delegation, our work programme has focused on four key activities:
 - Building our understanding of each POD service.
 - Establishing governance arrangements.
 - Establishing structures for effective provider engagement.
 - Assessing need, planning and arranging services - with consideration of financial obligations and regulatory compliance.
- 1.5 Enhancing access to dental services is a national and local priority. The NHS Planning and Operating Guidance 2023/24 includes a national objective to recover dental activity, improving Units of Dental Activity (UDA) towards pre-

pandemic levels.¹ Ensuring adequate primary care dentistry provision both universally as well as for the groups with the highest level of oral health need is one of the greatest immediate challenges for Sussex. Patient demand for NHS dental services currently exceeds the available capacity dental professionals are willing or able to provide.

1.6 Since POD delegation, NHS Sussex has worked in collaboration with Public Health dental consultants, the dental profession and our local communities to fully understand the barriers to NHS dental access. This report sets-out the actions we have taken to enhance routine and urgent care dental access for people across Sussex. The report is divided into the following sections:

- **Section 2: How are NHS dental services contracted?**
- **Section 3: What are the current issues impacting upon access to NHS dental services?**
- **Section 4: What does our data tell us about NHS dental access in Brighton and Hove?**
- **Section 5: What actions has NHS Sussex taken to enhance NHS dental access in Sussex?**
- **Section 6: How is the Sussex Dental Recovery & Transformation Plan 2023/24 supporting the development of NHS dental services?**

2. How are NHS dental services contracted?

2.1 The NHS has contracts with dentists to provide dental services for NHS patients. These services are accessed by patients directly, typically at high-street dental surgeries. Primary care dentists are not NHS employees and act as self-employed providers in a similar way to GPs and community pharmacists. Most dentistry is provided by independent practitioners, some of whom also provide, on a commercial basis, services which the NHS does not provide (i.e. for cosmetic purposes).

2.2 All NHS dental services are open to anyone from any area and people can receive care in any practice able to offer them an appointment. A practice is only responsible for a patient's care while in treatment, but many will maintain a list of regular patients and will only take on new patients where they have capacity to do so, such as when patients do not return for scheduled check-ups or they advise the practice that they are moving from the area. People without a regular dentist, may have to join a waiting list, look for a different dentist who is taking on new NHS patients, or choose to be seen privately.

2.3 NHS dental contracts require dentists to complete a set number of Units of Dental Activity (UDAs) – these do not relate to the number of patients. The

¹ <https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/>

various treatments people receive from dentists attract different charges based on bands and are also assessed as representing different number of UDAs.

- 2.4 There are four bands of charges for all NHS dental treatment. Each band of NHS dental treatment (Band 1, Band 2, Band 3, Urgent band) equates to a certain number of UDAs, which are based on the complexity of treatment. As a rough guide - 7,000 UDAs equates to one full time dentist. (For further information on NHS dental band charges, please see <https://www.nhs.uk/nhs-services/dentists/dental-costs/what-is-included-in-each-nhs-dental-band-charge/>).
- 2.5 The national dental contract has remained largely unchanged since its introduction in 2006. A number of new dental system reforms were announced on the 19 July 2022, this first phase of dental system reform sought to:
- Introduce enhanced UDAs to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2.
 - Improve monitoring of and adherence to personalised recall intervals.
 - Establish a new minimum indicative UDA value.
 - Address misunderstandings around use of skill mix in NHS dental care, whilst removing some of the administrative barriers preventing dental care professionals from operating within their full scope of practice.
 - Take steps to maximise access from existing NHS resources, including through funding practices to deliver up to 10% more activity in year, where affordable and,
 - Improve information for patients by requiring more regular updating of practice information through their nhs.uk profile and the NHS111 Directory of Services.
- 2.6 We await publication of the Dental Recovery Plan by the Department of Health and Social Care, which will announce further reforms.

3. What are the current issues impacting upon access to NHS dental services in Sussex?

- 3.1 NHS Sussex has undertaken both qualitative and quantitative assessment of the current issues facing service providers and patients to test the assumptions in the Dental Recovery and Transformation Plan. We want to ensure our plans maximise dental capacity and prioritise capacity where it can be used most effectively to meet the highest clinical needs and secure the greatest improvements in oral health outcomes.
- 3.2 The activities undertaken include extensive engagement with the dental profession. We convened a dental professional listening event on 12 June 2023, inviting dental professionals from primary, community and secondary dental services to identify the key challenges impacting dental service provision in Sussex. The aim of the event was:
- For dental providers to meet NHS Sussex, who has taken on the delegated commissioning responsibility for dental services.

- For dental professionals to discuss some of the current challenges facing NHS dental services.
 - To promote the sharing of good practice from other systems who have co-designed and tested transformational commissioning opportunities.
 - To stimulate ideas and identify opportunities to support the development of local commissioning priorities in line with the oral health needs of our population.
- 3.3 To inform our discussions, we invited LA Public Health consultants to attend the event and to provide local intelligence on the oral health needs of their populations and priority areas to target. For Brighton and Hove this included: gypsy and traveller communities, people with learning disabilities, children and families living in disadvantaged areas, people experiencing homelessness and insecurely housed, and vulnerable migrants including refugees and asylum seekers.
- 3.4 We asked providers to identify in priority order, the key barriers facing dental professionals delivering NHS funded services and solutions to address the problems. 86% of attendees attributed the NHS dental contract as being one of the greatest challenges facing dental professionals in Sussex, alongside inability to recruit workforce (69%) and affordability in terms of UDA rates not covering costs of providing dental treatment (69%).
- 3.5 Key themes from the discussion sessions focused upon:
- **Resilience and retention support** to facilitate greater integration of the dental workforce within the NHS. Collaboration with NHSE Workforce, Training and Education (WTE) to develop a support programme to respond to the changing needs of patients / services as well as promoting career development. A review of the UDA rates to address disparity.
 - **Enhancing universal access** by testing different commissioning options and exploring the opportunities for flexible commissioning in primary care dentistry.
 - **Addressing inequalities by identifying vulnerable groups and their oral health needs**; examples on the day focussed on care homes residents, Looked after Children (LAC), children with special needs and people experiencing homelessness. Exploring opportunities to test new models of support, including prevention interventions and training.
 - **Clinical service development** that integrates services and patient pathways.
- 3.6 In August 2023, we undertook a deep dive analysis, led by the Chief Executive Officer (CEO) for NHS Sussex. Through this data driven process, we established a base-line position on the current provision of NHS dental services and the levels of capacity (dental access) in Sussex.
- 3.7 The analysis identified issues relating to the historical commissioning arrangements which are not easy to resolve. Firstly, the amount of primary dental care services was commissioned where existing dental practices had chosen to set up. This approach did not necessarily correspond to the areas with the highest levels of oral health needs (strongly associated with deprivation).

The majority (approximately 85%) of primary care dental services hold General Dental Services (GDS) contracts in perpetuity. Under the terms of the GDS contract, it is not possible to reduce, end or relocate these contracts from areas where there is a high level of NHS dentistry to reinvest in areas with little or no NHS dentistry. These contracts cannot be changed unilaterally either by the NHS or the contract holder.

- 3.8 Secondly, the NHS dental provision for primary care dentistry is activity based requiring dentists to deliver UDAs. Under the current system, dentists treating new patients or those people with more oral health disease require longer appointment times to examine, diagnose and treat. Longer time spent with a patient is likely to impact upon a providers' ability to meet their contracted UDA target.
- 3.9 The output of our deep dive analysis informed our proposed approach and rationale for targeting our activities and phasing our plan in areas of highest need. We have identified a number of factors impacting on access to routine and urgent dental care services:
- Dental provider under-performance against commissioned activity.
 - A high number of NHS dental contract hand-backs in specific areas.
 - Workforce retention and recruitment challenges.
 - Higher acuity of dental need in areas of higher deprivation requiring dentists to undertake more complex treatment which results in patients requiring longer time with the dentist.
- 3.10 NHS Sussex has used patient feedback collected in the [April 2023 Sussex Healthwatch survey, Experiences of Dentistry in Sussex Poll](#) as well as data and insight gained through our own review of the current position of NHS dentistry in Sussex to inform and develop our Dental Recovery and Transformation Plan.
- 3.11 The Sussex Healthwatch survey findings:
- Once accessed, more people were Satisfied/Very Satisfied (29.5%) than Dissatisfied/Very Dissatisfied (17.8%) with the treatment they received.
 - 25.5% had accessed NHS dental treatment without any issues, but 40.9% of respondents were unable to receive NHS dental treatment as they had been unable to find dentists able to offer it.
 - Nearly one-in-fourteen people (6.8%) needed dental treatment but were unable to afford to pay the NHS dental charges.
 - Approximately one-fifth of people (21.8%) told us they had paid for treatment privately because they had been unable to find or access a dentist able to provide NHS treatment.
 - Some people (4.5%) had paid for private dental services, so they were able to receive an appointment or treatment faster.
 - Seven people (3.2%) told us that they had paid for treatment privately so that their child could access NHS dental services.
- 3.12 The GP Patient Survey for 2022/23 highlighted that 73% of Sussex residents who tried to access NHS Dental services over the last two years report that they were able to get an appointment. This was marginally below the England

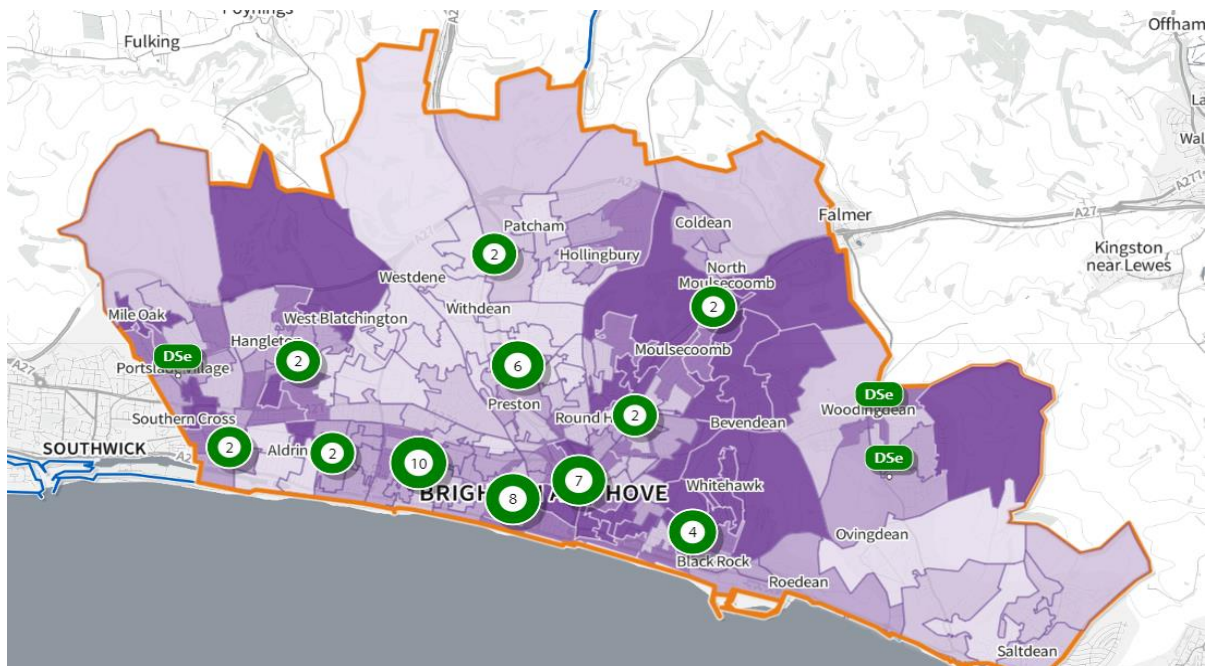
average (75%). The reasons for why residents couldn't access services were evenly split between no appointments being available and because the dentist was not taking new NHS patients.

3.13 We know that many people in Sussex are able to access their first choice of dentist and that we have a higher number of dentists for our population than other areas in the country. The public and patient feedback we reviewed highlights that some people in Sussex are finding it hard to get the care they need. Work is underway to address this, and we welcome the findings of the insight from Healthwatch which we have used to develop our plans to improve access and address inequalities across our communities.

4. What does our data tell us about NHS dental access in Brighton and Hove?

Dental service provision

4.1 Dental providers in Brighton and Hove are identified on the map below by green boxes labelled "DSe" (Dental Service) to indicate one provider, or a green circle with a number in the centre what shows how many providers are within that location. The purple shading reflects deprivation levels for the area with the deeper shades indicating higher-levels of deprivation.



4.2 There are forty-four NHS Mandatory Dental Service (MDS) dental contracts across Brighton and Hove (December 2023), some contracts cover multiple sites for a total of 395,983 UDAs (2022/23).

4.3 The table below shows the number of MDS contracts and the total population figures (2021) per Local Authority area in Sussex:

	MDS Contracts	Population (Census 2021)
West Sussex		
Adur	8	64,547
Arun	17	164,896
Chichester	13	124,068
Crawley	17	118,495
Horsham	20	146,776
Mid Sussex	18	152,570
Worthing	11	111,338
Brighton and Hove		
Brighton & Hove	43	277,107
East Sussex		
Eastbourne	13	101,685
Hastings	14	91,006
Lewes	20	99,912
Rother	15	93,111
Wealden	19	160,146

Dental contract performance

- 4.4 Under-performance by NHS dental providers against their contracted activity reduces dental access. Sussex dental performance data shows a steady decline in delivery of UDAs since 2016 (and before), decreasing from 94% in 2018/19 to 65% in 2021/22. This trend was mirrored at a regional and national level.
- 4.5 Although we have seen significant improvement between 2021 to 2022 in an increased number of UDAs delivered from 65% to 77% (+12%) across Sussex, recovery is not keeping pace with level of demand for these services, although our latest dental performance figures show steady improvement. As of October 2023, year to date delivery in Sussex against contracted UDAs is 75%.
- 4.6 The table below shows the UDA delivery against contracted performance for 2019/20 and 2022/23 by Sussex Local Authority and the Sussex total*:

Locality	Delivery	
	19/20	22/23
Brighton and Hove	94%	81%
East Sussex	87%	75%
West Sussex	89%	76%
Sussex	89%	77%

*Please note caveats to the data due to changes that took place during this period, including commissioning geographical changes and changes in payment types.

NHS dental contract hand-backs

4.7 Since the onset of the COVID-19 pandemic, we have seen an increase in NHS dental contract hand-backs. As of October 2023, there have been twenty-five NHS MDS contract hand-backs from dental practices across Sussex. There have been three contract hand-backs in Brighton and Hove equating to 20,384 potential UDA lost.

Workforce challenges

4.8 Dental workforce, recruitment and retention is particularly challenging nationally and in the South East (SE) region. Dental professionals in Sussex tell us that recruiting and retaining a dental workforce willing to deliver NHS dental services is one of the greatest challenges they currently face and is one of the main reasons dental professionals hand-back their NHS contracts. Our data shows that Sussex has had consistently more dentists per 100,000 population than the England average however, between 2017 and 2022 the figure reduced by 9% across Sussex.

4.9 For Brighton and Hove, the number of dentists has decreased by 2% since 2022. There are now sixty-eight dentists per 100,000 population in Brighton and Hove.

4.10 The national Long Term Workforce Plan published in June 2023 by NHS England² sets out their commitment and approach to workforce planning. It intends to expand dentistry training places by 40% by 2031/32 to meet expected demand across England. To support this ambition, it will expand places by 24% by 2028/29.

4.11 NHSE acknowledges that the SE region does not currently have sufficient dental schools to support the desired expansion. There is no dental school within the SE or East of England region – the SE has been historically under served.

5. What actions has NHS Sussex taken to enhance NHS dental access in Brighton and Hove?

5.1 Enhancing access to routine and UDC is one of two emergent priorities for NHS Sussex which addresses the following objectives to:

- Increase mandatory and UDC access for NHS patients, many of whom have not seen an NHS dentist for a number of years.
- Stabilise NHS dental provision in Sussex by co-designing and 'testing' new models of care using flexible commissioning opportunities.
- Support Sussex dental providers to increase the number of permanent contracted UDAs delivered in a sustainable way using recurrent funding, and
- Increase the number of patients who are 'dentally fit' in Sussex and therefore mitigate widening of health inequalities.

5.2 **Improving dental contract performance – mid year review process:** NHS Sussex is working with dental providers to understand the reasons for under

² <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf>

delivery and identify support to address resilience where possible. It is a statutory requirement that commissioners undertake a formal review of contractual performances at the mid-year point of the financial year to determine the number of UDAs that the dental contractor has delivered between 1 April and 30 September. Commissioners have contacted all contractors who have not achieved the required levels of activity to identify potential issues and determine areas of potential support and agree actions to enhance performance before the end of this financial year.

- 5.3 **Geographically targeted re-procurement in areas experiencing the highest reduction of UDAs:** Following a successful procurement, we have a new dental contract for an additional 21,000 permanent UDAs located in Moulsecoomb, Brighton which includes additional requirements to provide some urgent access sessions, extended hours, a non-standard dental chair to support greater weight and support for the starting well initiative for younger children. A further procurement was undertaken in 2022 for 17,256 UDAs but the provider was unable to secure suitable premises within the agreed timeframe. NHS Sussex is working with the provider to determine if new arrangements can be made, with mobilisation within the next three months.
- 5.4 **Commissioning additional temporary UDAs:** We have contacted all existing dental providers holding an NHS dental contract to determine whether they have capacity to provide additional temporary UDAs. To date, we have commissioned 10,300 additional temporary UDAs in Brighton and Hove.
- 5.5 **Additional hours scheme:** We have contacted all existing dental providers holding an NHS dental contract to determine whether they have capacity to provide additional hours. The scheme is aimed at increasing access for new patients but also includes clinically vulnerable people, for example, those requiring dental treatment before undertaking cardiac surgery, cancer patients, care home residents and LAC. There are six practices in Sussex which currently have the capacity and workforce to offer additional sessions and three of these are in Brighton and Hove:
- Goodwood Court Dental Surgery, 52/54 Cromwell Road, Hove, BN3 3DX
 - New Church Dental Road Practice, 264 New Church Road, Hove, BN3 4EB
 - Norfolk Square Dental Practice, 40 Norfolk Square, Brighton, BN1 2PE
 - Priory Road Dental Surgery, 371 Priory Road, Hastings, TN34 3NW
 - Flint House Dental Practice, 22 Strood Road, St. Leonards-on-Sea, TN37 6PN
 - Springfield Road Dental Surgery, 6 Springfield Road, St. Leonards-on-Sea, TN38 0TU
- 5.6 **Approvals for 'overperformance' in 2023/24:** In December all dental providers were invited to confirm whether they had capacity to 'overperform' by up to 10% of contract value within 2023/24, as per national guidance (see section 2.5 for further information). In Brighton and Hove four dental practices received approval for over-performance out of a total of twenty-five practices across Sussex.

- 5.7 **Continued engagement with Local Dental Committees (LDC) and Kent, Surrey and Sussex (KSS) Local Dental Network (LDN) to test and pilot innovative approaches to enhance dental access:** We have committed funding from our dental budget to prioritise areas of innovation following the publication of *Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners* (9 October 2023)³. This guidance sets out flexibilities which exist within the current national dental contractual framework to tailor services to meet specific population needs, and to take steps to support commissioners with opportunities to put additional investment into new or existing contracts to improve oral health and/or increase dental access.
- 5.8 **Rapid commissioning of permanent UDAs in areas of highest need:** We have developed a new approach to enable existing dental practices to permanently increase the number of UDAs they provide. We have calculated the number of UDA per head of population per locality. This pilot seeks to 'level up' the number of UDAs per head of population in areas with the largest gaps in dental access based upon their Index of Multiple Deprivation (IMD) ranking. Based on this analysis West Sussex will be targeted in phase one of this initiative. The additional capacity will be mobilised in West Sussex between December 2023 and February 2024. It is our intention to roll out additional phases of this scheme to other areas early in 2024.
- 5.9 **Urgent dental care (UDC) and stabilisation pilot in areas of highest need:** This project seeks to address UDC and stabilisation for adults and children with the highest clinical need in areas where access to NHS dental provision is most challenging. The stabilisation element of this project is fundamental to supporting patients to achieving stable oral health and reducing current and future reattendance at A&E and other health and care services. We are asking ten dental providers to test an alternative approach to providing NHS urgent dental care for patients who have not had access to an NHS dentist during the previous twenty-four months. The pilot aims to:
- Improve access to UDC in targeted areas of need across Sussex.
 - Provide new patients, who often have high level clinical needs, with the opportunity to have a course of treatment to stabilise oral health.
 - Support patients to access general routine dental care after receiving UDC and stabilisation treatment.
 - Effectively describe the outputs and outcomes from the pilot through means of relevant data collection.
 - Publish an evaluation with recommendations for the future co-design of UDC services across Sussex by June 2024.
 - Build on patient experience data to help us to improve dental services in Sussex.
- 5.10 This work is being led by the UDC and stabilisation clinical working group which is working with the profession and using public health data to determine the location of pilot sites. The location of pilot sites will be determined following the eligibility criteria below:

³ <https://www.england.nhs.uk/long-read/opportunities-for-flexible-commissioning-in-primary-care-dentistry-a-framework-for-commissioners/>

- Whether the provider operates in or near a priority location (based on Local Authority (LA) determination).
- Amber or red status of IMD ranking for LA district.
- UDAs per head of population below the Sussex average
- UDC provision per head of population below the Sussex average
- NHS111 patients contacts and A&E attendances in, arising from or near the location, higher than the Sussex average.
- Population density over Sussex average; and
- Asylum seekers per 10,000 population over SE regional average.

- 5.11 **Oral health improvement in care home settings:** We are developing a pilot to test an alternative model of care to provide routine and urgent dental care support for patients in a care home setting which require specific outreach activities, not defined in regulations as part of the current MDS contract requirements.
- 5.12 The national Enhanced Health in Care Homes (EHCH) Framework recognises that older people living in care homes are more likely to have experienced tooth decay and most residents with one or more natural teeth will have untreated tooth decay. This highlights the need for adequate domiciliary dental care services. We are prioritising the development of a domiciliary dental pathway to support the frail and elderly population in Sussex. We aim to pilot this pathway with general dental practices where dental therapists can provide examination, screening and treatment where needed, to participating care homes.
- 5.13 Dental therapists will be supported remotely by a dentist for second opinion and treatment planning using intraoral scanners. A working group has been established and a clinical lead identified. We are currently developing task and finish groups and surveys to engage with care home residents, their friends and family and care home staff to inform the pilot.
6. **How is the NHS Sussex Dental Recovery and Transformation Plan 2023/24 supporting the development of NHS dental services?**
- 6.1 Our Sussex Dental Recovery and Transformation Plan was approved on 13 November 2023. It has been developed based on what we know of patient need, with five priority workstreams identified for 2023/24 focusing on operational delivery, practice resilience, service development and innovation. The plan is intended to be the start of ongoing work and subject to further refinement pending updated Oral Health Needs Assessment (OHNA) profiles, the publication of a national dental recovery plan and the second phase of dental system reform.
- 6.2 These priorities align with the Sussex Health and Care Shared Delivery Plan by supporting increased access and reducing variability in primary care, addressing health inequalities and, more widely, influencing the creation of integrated community teams.

Priority 1: Engagement and co-design

How are we improving information and signposting to NHS dental services?

- 6.3 We regularly review and update our Sussex Health and Care website to provide information to help signpost patients to NHS dental services.
- 6.4 We send regular reminders to dental practices to review and update their practice information on the NHS website every ninety days in line with the national dental system reforms (the latest reminder was sent on 19 October 2023). In November 2023, NHS Sussex contacted all dental providers who had not updated the website in the last three months to ensure they are compliant.

How are we engaging dental professionals and supporting the co-design of services?

- 6.5 We are integrating dentistry into the wider primary care network within the Sussex Health and Care system. All Sussex dental professionals now have access to the NHS Sussex intranet platform which allows them to keep up to date with dental specific and wider primary care issues, and to provide their feedback.
- 6.6 We have developed a dental edition of our regular primary care bulletin email which covers local topics and invitations to participate in development activity.
- 6.7 We continue to work with the East Sussex Brighton and Hove LDC and KSS LDN to test and pilot activities to enhance routine and urgent dental care access.

How are we sharing feedback about the current challenges in dentistry in Sussex?

- 6.8 We held a dental briefing session for Sussex Members of Parliament in September 2023. There was a recognition of the challenges and the work being done locally to address current issues with dental access.

Priority 2: Continued insight to understand need and capacity:

How are we improving our understanding of the oral health needs of our population?

- 6.9 We continue to engage with NHSE SE Public Health dental consultants to progress the update of OHNAs from each LA area, to inform collective understanding of current oral health needs for our population.
- 6.10 We are committed to integrate data on dental service availability with OHNA data and insight from engagement.
- 6.11 To support our scoping and strategy development we have collated insight about the dental needs of communities that experience health inequalities and poorer health outcomes. Further work is needed to address the gaps that have been identified.
- 6.12 We will use a Population Health Management (PHM) approach to undertake

targeted engagement with people with highest clinical need (including Core20PLUS5 population, protected characteristics and 'hard to reach' groups).

- 6.13 We have identified priority groups for our first phase of engagement based upon stakeholder feedback across Sussex: people requiring domiciliary care (whether living in care or nursing homes or living in their own home), refugees and migrants, LAC, autistic people and people with learning disabilities. Engagement with these communities will focus on access, but also their experiences of dental care and the opportunities to inform pathway development, based upon the specific needs of each group.
- 6.14 We will work with people, communities, and their representatives to gain insight into barriers to accessing dental services for those groups for whom we lack information. The methods for gathering insight will depend upon each specific group, but could take the form of focus groups, surveys, attendance at established meetings or forums and the involvement of intermediary individuals who support these communities. This insight work has commenced with LAC and domiciliary care and will be developed further to support the review of clinical services.
- 6.15 We will work with NHS colleagues to better understand how medical conditions and medications can impact upon the oral health needs of patients, to allow for targeted patient involvement.
- 6.16 We will continue to work with Public Health colleagues to better understand how NHS Sussex can support people to 'Live Well' regarding oral health, with a particular focus on smoking, diet, and alcohol consumption.

How are we supporting Children and Young People with improving their oral health?

- 6.17 The Core20PLUS5 approach for children and young people identifies 'oral health: addressing the backlog for tooth extractions in hospital for under 10's', as one of five key clinical areas of health inequalities. We have been developing a comprehensive dataset to support our understanding of oral surgery waits for children under ten years old. The data shows an improvement in wait times over the past twelve months across Sussex and that the number of children treated is increasing. The 18-week performance for extractions for children within our Community Dental Services provided by Sussex Community NHS Foundation Trust (SCFT) has improved since April 2021 and has been mostly compliant for the last year.
- 6.18 The SCFT Community Dental Service team, led by the Consultant in Paediatric Dentistry is conducting a study asking foster parents about their experiences in accessing dental care. The findings will be shared with the Managed Clinical Network (MCN) for Special Care and Paediatric Dentistry (SCPD) in February 2024 and will inform the development of medical pathways for children newly into care and how dentists can be involved.
- 6.19 NHSE have developed a LAC pathway toolkit for dental professionals, which we have shared via our dental newsletter and on our intranet.

6.20 The additional hours scheme described in Section 5.5 identifies LAC as a specific cohort for inclusion, whether or not they have been to the practice previously.

Priority 3: Operational capacity and resilience and clinical governance:

How are we supporting dental provider's resilience and operational capacity?

- 6.21 We are developing a provider resilience dashboard to proactively monitor contract performance and capacity and identify early warning triggers. We are also scoping and testing support options.
- 6.22 We have undertaken a review UDA rates across Sussex.
- 6.23 We are considering how the new guidance on Flexible Commissioning opportunities can be applied to redirect funding into new or existing contracts to address areas of need.
- 6.24 We are implementing a pilot approach to rapidly commission permanent UDAs. (see Section 5.8 for further information).
- 6.25 We are developing a flexible commissioning 'proof of concept' UDC & stabilisation model in areas of highest clinical need. This will be evaluated to develop learning to inform our future approach. Activity is planned within early 2024 (see Section 5.9 for further information).
- 6.26 We continue to support and evaluate the implementation of the national dental system reforms introduced in July 2022 (see section 2.5 for further information).

Priority 4: Workforce recruitment, retention and training:

How are we supporting the dental workforce in Sussex?

- 6.27 We are co-developing a local dental workforce retention and training plan with the Dental Deanery for London and Kent Surrey and Sussex, part of NHSE WTE, formerly Health Education England.
- 6.28 We are supporting the rollout of the Dental Nurse apprenticeship programme at Chichester College Group (covering colleges in West Sussex and Brighton). Two cohorts per year are planned from March 2024. We are promoting this opportunity to dental providers with details on funding arrangements.
- 6.29 We are monitoring the use of skill mix and promoting the involvement of Dental Care Professionals within courses of treatment, and NHSE training resources. This supports dental hygienists and dental therapists to work within their full scope of practice to open and close courses of treatment and contributes to increasing opportunities for patients to access routine dental care.
- 6.30 We are planning the implementation of Schwartz Rounds in the Sussex dental system. These facilitated reflective sessions are opportunities to support dental team resilience and wellbeing.

Priority 5: Clinical service development and transformation:

How are we developing our dental services in Sussex?

- 6.31 Five clinical service areas have been identified for service review and prioritisation: Mandatory Dental Services, Unscheduled/Urgent Dental Care, Special Care and Paediatric Dentistry, Sedation Services, and Oral Surgery.
- 6.32 A comprehensive review of each service area based on clinical standards and future patient need will commence by March 2024.
- 6.33 We will co-develop service specifications and undertake service re-commissioning where appropriate.
- 6.34 We are developing and piloting an integrated pathway for domiciliary patients aligned to MDS/SCPD pathways, as described in Sections 5.10-5.12.
- 6.35 We are developing a pathway of care to facilitate dental access for LAC as described in Sections 6.18-6.20.

7. Conclusion

- 7.1 This report provides an update on the work undertaken over the last twelve months to understand the current issues impacting upon access to NHS dental services which includes extensive engagement with dental professionals, using feedback from patients and an in-depth understanding of the available data regarding the performance of dental services to inform the Sussex Dental Recovery and Transformation Plan for 2023/24.
- 7.2 The actions we have taken include improving dental performance via the mid-year review process to determine areas of potential support and agree actions to enhance performance. We have procured 21,000 permanent UDAs, 10,300 temporary UDAs and three practices are delivering the additional hours scheme in Brighton and Hove. The offer remains 'open' to dental providers in Brighton and Hove who have the capacity and workforce to provide the additional temporary hours and additional hours scheme. We continue to engage with the Brighton and Hove LDC and KSS LDN to test and pilot innovative approaches to enhance dental access, utilising the new guidance "*opportunities for flexible commissioning in primary care dentistry: A framework for commissioners*". We have developed three new initiatives with the aim of enhancing access to routine and urgent dental care via the rapid commissioning of permanent UDAs, a UDC and stabilisation pilot and an oral health improvement pilot supporting patients in care home settings.
- 7.3 We recognise that further work is needed to address the current challenges in accessing NHS dental services and we are committed to working with our key stakeholders and system partners to make the best use of our existing provision, test new innovations and develop pathways based upon clinical needs.

