

**Report to:** East Sussex Health Overview and Scrutiny Committee (HOSC)

**Date of meeting:** 15 December 2022

**By:** Assistant Chief Executive

**Title:** Primary Care Access update

**Purpose:** To provide an update on access to Primary Care services in East Sussex, including GP appointments and surgeries, NHS Dentistry and the Next Steps on integrating Primary Care improvement strategy.

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## **RECOMMENDATIONS**

The Committee is recommended to:

- 1) note the report outlining the updated position regarding access to Primary Care in East Sussex, including access to GPs and NHS Dentistry; and
  - 2) consider whether to include any further items on Primary Care services in the Committee's future work programme.
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## **1. Background**

1.1. The Health Overview Scrutiny Committee (HOSC) has included a number of items in its work programme to explore the impact of the Covid-19 pandemic on health services in East Sussex. One of the concerns which has been brought to the attention of HOSC members is the issue of access to primary care services such as GP practices and the ability to get an appointment with a GP.

1.2. During the pandemic, the way in which primary care services are provided changed rapidly in response to Covid restrictions and the need for social distancing to prevent the spread of the disease. Many new and innovative ways of working were introduced in response to the challenges faced by GP practices in maintaining services.

1.3. The Committee received a report on access to GP appointments and surgeries at the meeting held on 30 June 2022. This report also contained information on the eHubs pilot and the Next Steps on integrating Primary Care improvement strategy. At the East Sussex Health and Wellbeing Board meeting on 29 September 2022, the issue of difficulties in accessing NHS Dentistry services was also raised and referred to HOSC for its consideration. There has been widespread reporting in the media that people are finding it hard to get NHS dental treatment and this has been raised as an issue in East Sussex by Healthwatch as part of their ongoing work.

1.4. This report aims to provide an update of the current situation in regard to GP services, access to GP appointments, and access to NHS Dentistry in East Sussex. It also provides an update on the eHubs pilot and other work to improve access to primary care in East Sussex.

## **2. Supporting Information**

2.1. NHS Sussex has delegated powers relating to the commissioning of GP practices in East Sussex. NHS England has responsibility for the commissioning of all dental services including specialist, community and out of hours dental services. However, NHS England's commissioning policy is to move towards more place based, clinically led commissioning and is sharing or delegating commissioning of primary medical care services, including dentistry, to Integrated Care Boards (ICBs). In the case of East Sussex, the delegated commissioning of dentistry has been transferred from NHS England to NHS Sussex from 1 July 2022. NHS Sussex has provided a report covering a number of topics relating to access to these primary care services. The report is attached as **appendix 1**.

2.2. Representatives from Healthwatch will also attend the meeting to outline their work and findings on access to NHS Dentistry. Healthwatch has provided an overview report for the Committee on their work on this subject, which is contained in **appendix 2**.

### **3. Conclusion and reasons for recommendations**

3.1 The HOSC is recommended to note the report and consider whether to include any further work, or reports, on the subject of access to primary care services in the Committee's future work programme.

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## Primary Care in East Sussex – update report

### Context

This report provides members of the Committee with an update on further work being done to improve access to general practice in East Sussex, including further support being provided this winter. It also provides an overview of NHS Sussex's new commissioning responsibilities in relation to pharmacy, optometry, and dental services, with a specific focus on dentistry.

- General practice update – page 1 to 6
- New commissioning responsibilities and an overview of dental services – page 7 to 15.

### General Practice

#### *Introduction*

As of 1 October 2022, there are 52 GP Practices and one Primary Care hub across East Sussex covering the 567,500 population.

Currently the smallest list size for a GP practice in East Sussex is Sedlescombe House in Hastings with 2,918 patients and the largest is Victoria Medical Centre in Eastbourne with a registered list of 28,585 patients. The general medical services (GMS) contract funds practices on a weighted capitation basis. Practices therefore organise their operations according to this.

In terms of patient care, GP practices are required to provide essential medical services to people registered with them between 8:00am and 6:30pm Monday to Friday.

In addition, a Nurse led Primary Care Hub in Hastings has recently been reprocured and from 2023 this service will offer a mix of booked and walk in appointments. This service is open from 8am to 6.30pm Monday to Friday and 8am to 8pm on Saturday and Sunday.

#### *Appointments in General Practice*

Since lockdown ceased, GP practices are reporting increasing demand, which is due to a range of factors, including a growing number of people with multi-morbidity; increasing complexity of physical and mental health needs; changing patient expectations; and workforce challenges.

Table 1 highlights the increased number of appointments available during 2022-23 compared to 2021 and shows that the level of appointments available in 2022-23 is comparable to pre-pandemic levels.

**Table 1: Number of GP appointments offered in East Sussex April 2019 to September 2022**

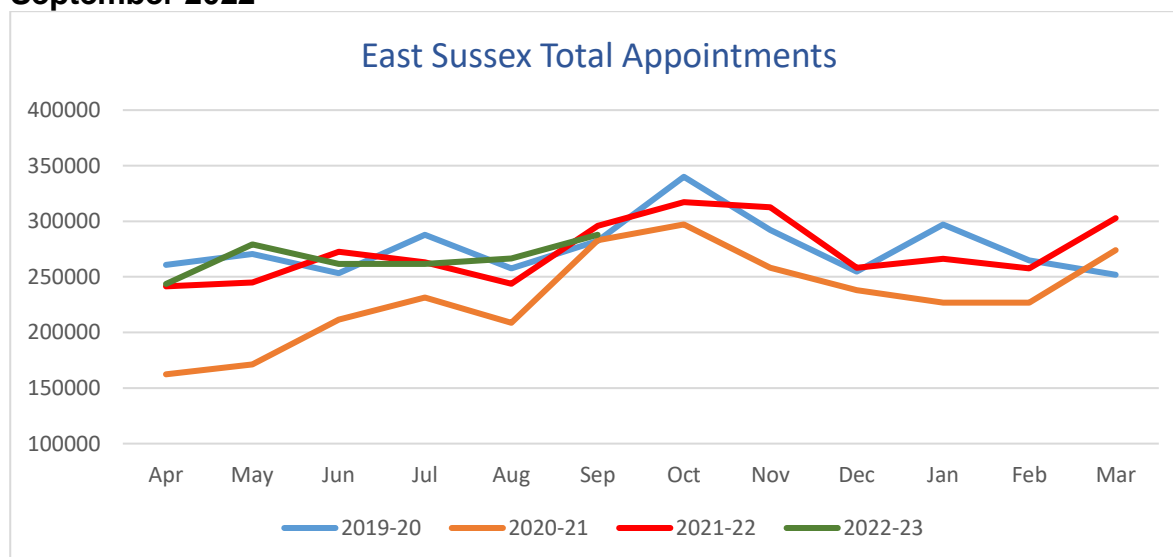


Table 2 indicates that the number of appointments per 1000 list size offered in East Sussex during the first six months of 2022-23 are above the average for Sussex, South East and England.

**Table 2: Appointments per 1000 list size**

Appointments Per 1000 List Size						
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Brighton & Hove	346	406	373	375	382	401
West Sussex	396	446	422	420	444	480
East Sussex	429	492	461	461	469	506
Sussex Total	397	453	425	425	440	474
South East	382	438	411	412	422	449
England	389	448	420	421	429	457

These figures demonstrate that notable progress has been made in increasing availability of appointments, however work continues to drive improvement as detailed below.

### Enhanced Access

From 1 October 2022, Primary Care Networks (PCNs) are required to provide Enhanced Access between the hours of 6.30pm and 8pm Monday to Friday and between 9am and 5pm on Saturday. This is known as Network Standard Hours under the PCN Directed Enhanced Service specification.

PCNs are groups of general practices working together with a range of local providers, including primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. There are 12 PCNs in East Sussex. Each PCN provides additional appointments via enhanced access across their group of GP practices in the evening and at weekends. This is either provided by offering appointments at one or more surgeries within the PCN, sub-contracted to another provider or a hybrid model.

The Enhanced Access service is still in its infancy; however, we have observed a steady improvement over the weeks since the services commenced. Guidance and advice is offered to PCNs who are finding delivering this a challenge given digital interoperability issues, workforce gaps, coding issues and lack of space. We aim to address these by working closely with the relevant local and national teams, recognising that at times, there are national constraints. The NHS Sussex Primary Care team continue to monitor the situation closely and ensure that patient choice, safety and quality of service are at the heart of these new services.

### ***Workforce profile***

Workforce availability and increasing access are intrinsically linked. The committee will be aware of media campaigns in recent months relating to low GP to patient ratios reported across England. Across Sussex, and indeed nationally, the increase in appointments highlighted above has not been matched by an increase in the whole time equivalent (WTE) GP workforce which has declined by 1.3% year-on-year but has increased by 6.6% since March 2019. The decline in GP Full Time Equivalent numbers has been mitigated to some extent by an increase in the number of other roles which are operating in general practice. Other direct patient care roles employed in practices are up by 8.3% year on year. There has also been a significant increase in clinical roles recruited by PCNs under the Additional Roles Reimbursement Scheme (ARRS) which is funded nationally by the NHS. These 14 new roles work across a group of practices in PCNs and include pharmacists, physiotherapists, paramedics, care coordinators, and nursing associates.

Across Sussex, over the last year, these ARRS roles have increased by 44.3% to a total of 516.3 WTE staff. During the period from April 2020 to September 2022 East Sussex PCNs have employed 142.4 WTE ARRS roles.

### ***Further support for General Practice***

NHS Sussex continues to invest in General Practice to support with creating better resilience in these services, to respond to Care Quality Committee findings and in some cases to respond directly to concerns raised by patients.

During 2021, additional winter funding was made available for practices and PCNs. Practices could apply for funding to support schemes to improve resilience, access, and patient experience. A second fund was made available to facilitate essential upgrades to practice security measures.

This winter, NHS Sussex has followed a similar approach and made available £3.3million to support practices, PCNs and their GP Federations. Of the £3.3 million, £830,500 is available for East Sussex practices to bid against. GP Practices and PCNs were notified about this process on 10 November 2022, inviting them to submit bids for various winter projects and initiatives. Some examples of suitable bids we expect to receive are listed below:

- Additional clinical cover – Locum or additional staff working extra sessions
- Support with workflow, either short term 3rd party provision or support to develop the existing practice staff
- Additional administrative support to bolster patient response times or to review existing DNA policies and procedures
- Care Navigation/ Signposting training to better manage patient demand
- Equipment to aid access or to meet core DES requirements, for example vital signs Kiosks, provided they can be in place in time for winter.
- PCN led initiatives that focus on high-risk cohort patients seeking to keep patients out of hospital who have had two or more hospital admissions or attendances in the last 12 months.

Alongside this, we are also progressing several key areas to optimise capacity in practices. These are described in further detail in the paragraphs below.

### ***GP Practice websites redevelopment***

GP practice websites are critical sources of information for patients; they can offer advice online to encourage self-care, information to direct patients to appropriate services, and support patients to contact and use practices in the most appropriate way.

An idealised “gold standard” modular specification for GP websites across Sussex has been developed as stage one of the project. GP practices have been provided with a matrix and support to help score potential website suppliers against their ability to meet this specification. There is an opportunity for GP Websites across Sussex to present a more consistent NHS appearance and functionality (“Brand Identity”), additionally within individual PCNs.

Stage two will investigate NHS Sussex using a Content Management System (CMS) to further increase the quality and consistency of the patient experience across Sussex whilst also improving awareness and integration of Primary Care Networks (PCNs). Across East Sussex, 24 practices have submitted an Expression of Interest to take part in this programme.

### ***Cloud Telephony***

Moving to a cloud-based system allows practices to respond to the increase in telephone calls with advanced functionality to improve practice staff and patient experience. This

provides better resilience and flexibility to the practices and the opportunity to work at scale to support PCN collaborative working.

The Digital First Programme aims is to have 95% of Sussex practices using Advanced Telephony by 31 January 2023. Currently 73% of East Sussex practices are on a cloud telephony system. Most other practices are either in the process of changing to a new system or in discussion with the Digital First team. The remaining two practices are having difficulty upgrading due to high exit costs however the Digital First team is working with them to consider options.

### ***E-hubs***

E-Hubs are seen as being a key digital enabler to support the transformation of Primary Care and the development of a single point of access. The purpose of an e-Hub is to assist with demand and capacity issues experienced by practices within a PCN/locality by building a shared physical or virtual hub. The e-Hub will use digital tools to provide additional administrative or clinical capacity for those practices within an e-Hub in managing their online consultations or administrative functions, rather than separately in each practice.

Six e-Hubs are currently mobilising covering 32 East Sussex practices. These e-Hubs are now operational but not all practices are currently included. As each e-Hub develops over the next few months, other practices will come online. E-Hubs are currently operating as part of a 12-month pilot scheme across Sussex and run for a year from their start date (the last one went live in Oct 22 so will run until Oct 23). These will be evaluated and considered to ensure alignment with the longer-term strategic direction for Primary Care. The e-Hub operational model may develop as part of this, as a key area of learning.

### ***Digital Ambassador Project***

From November, the Digital Ambassador (DA) role is being piloted for six months (started in November 2022) in four PCNs across East Sussex – Eastbourne East, Foundry, Seaford and Victoria. The role will support local people on the registered list with training to improve the awareness and take-up of digital healthcare tools and services. This will be evaluated at end of March 2023 to assess the impact of the pilot and support further roll-out if successful.

### ***GP - Community Pharmacist Consultation Service (CPCS)***

NHS Sussex is encouraging practices to participate in the GP Community Pharmacist Consultation Service (GP CPCS). GP CPCS is a pathway that GP practices can use to refer patients with a minor illness for a same day consultation with a community pharmacist. A patient with minor illness symptoms contacts the practice requesting an appointment. Following a series of questions, they are referred for a consultation with a community pharmacist and with their consent, an electronic referral message is sent to the patient's chosen pharmacy. The pharmacist sends back the patients GP a summary of the

patient's consultation by secure digital message. Currently, across East Sussex, 30 practices are using this service.

### ***Future developments and estate***

Estates developments are discussed at the Strategic Property Asset Collaboration in East Sussex (SPACES). This is a partnership of a group of public bodies and third sector organisations, which was established in 2013. The work of the SPACES Programme is guided by a Board made up of representatives from each of the constituent organisations, with the Chair of the Board rotating each year between the partners.

NHS Sussex recognises the estates pressures across the primary care footprint in East Sussex and is continuing to work with practices to address these issues.

NHS Sussex is in the process of rolling out a programme to support PCNs to develop a clinical and estates strategy. Colleagues from the National Association of Primary Care (NAPC) are running clinical workshops with groups of PCNs across Sussex. These workshops are designed to help PCNs establish and pull together the information required to write up their clinical strategy.



## An overview of dental commissioning in Sussex

### **Introduction**

On 1 July 2022, the delegated commissioning responsibility for Pharmacy, Optometry and Dentistry transferred from NHS England to all Integrated Care Boards (ICBs) in the South East region. NHS Sussex along with the five other ICBs across the South-East region were identified to be part of the first tranche of systems to co-design and develop the delegation framework and approach for each of these three services.

ICBs have received the financial allocations for Dentistry and are responsible for provision of local dental services across the ICB geography however as part of the delegation agreement, NHS England has retained some of its functions in an agreed governance framework. The NHS England Dentistry team continues to be responsible for managing local dental contracting and the performance management of dental contracts on behalf of ICBs.

As delegated responsibility for Dentistry fully transitions to ICBs, they will be expected to develop and deliver a strategy and local commissioning priorities which will develop dental services in line with local population needs and demand, prioritising reduction of inequalities in dental access and outcomes.

This information presented in this report includes information provided by the NHS England South East regional dental commissioning and Dental Public Health consultants.

There are several partners across the NHS and Local Government and the Community and Voluntary sector who are involved in collating and providing information on dentistry (refer to annex A).

### **Dentistry – the national context**

The National Health Service provides any clinically necessary treatment needed to keep an individual's mouth, teeth and gums healthy and free of pain.<sup>1</sup> Decisions about which treatment is appropriate is based on a clinical assessment and clinical judgement. A dentist must make clear which treatments can be provided on the NHS and which can only be provided on a private basis, and the costs associated for each.

Individuals who are entitled to free NHS dental treatment in England include people who are:

- under 18, or under 19 and in full-time education
- pregnant or have had a baby in the last 12 months
- being treated in an NHS hospital and whose treatment is carried out by the hospital dentist (they may have to pay for any dentures or bridges)

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<sup>1</sup> <https://www.nhs.uk/nhs-services/dentists/what-dental-services-are-available-on-the-nhs/>

- receiving low income benefits, or if they are under 20 and a dependent of someone receiving low income benefits

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).

All dental services are open to anyone from any area and people can receive care in any practice willing to offer them an appointment.

Dental surgeries will not always have the capacity to take on new NHS patients. People may have to join a waiting list, look for a different dentist who is taking on new NHS patients, or be seen privately.<sup>2</sup>

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 advise they are moving from the area.

### ***Dental checks and recommended intervals between oral health reviews***

Although many patients have historically had a dental check-up on a 6 monthly basis, the National Institute for Health and Care Excellence (NICE) evidence-based guidance on *Dental checks: intervals between oral health reviews*<sup>3</sup> recommends the interval between oral health reviews should be determined specifically for each patient and tailored to meet his or her needs, on the basis of an assessment of disease levels and risk of or from dental disease.

The recommended shortest and longest intervals between oral health reviews are as follows:

- The shortest interval between oral health reviews for all patients should be 3 months. A recall interval of less than 3 months is not normally needed for routine dental recall. A patient may need to be seen more frequently for specific reasons such as disease management, ongoing courses or treatment or emergency dental interventions
- The longest interval between oral health reviews for patients younger than 18 years should be 12 months
- The longest interval between oral health reviews for patients 18 years and older should be 24 months

<sup>2</sup> <https://www.nhs.uk/nhs-services/dentists/how-to-find-an-nhs-dentist/>

<sup>3</sup> <https://www.nice.org.uk/guidance/cg19/chapter/Recommendations>

### ***Dental services – the delivery model***

Dental services are delivered through:

- General dental practices (high-street practices) for most of the population
- Specialist dental services (may be delivered as part of GDP practices or standalone) for more advanced care such as oral surgery and complex restorative treatment
- Community dental services which deliver dental care for children and adults who have additional needs which means they need special skills and facilities to be treated safely
- Hospital dental services which act as referral centres for those patients who require access to secondary care skills and facilities, including for procedures which need to be carried out in an operating theatre.

NHS dental practices are paid and contracted to deliver an agreed number of Units of Dental Activity (UDAs). The various treatments patients receive from dentists attract different charges based on bands and are also assessed as representing different numbers of UDAs. 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.<sup>4</sup> Practices are commissioned to deliver a set number of UDAs, as a rough guide - 7,000 UDAs equate to 1 full time dentist.

### ***Dental system reform***

The Government are seeking to deliver better outcomes for patients and better support for dentists in a number of new dental system reforms announced on the 19 July 2022.<sup>5</sup> The first phase of dental system reform will:

- 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 111 Directory of Services

<sup>4</sup> <https://www.nhs.uk/nhs-services/dentists/dental-costs/what-is-included-in-each-nhs-dental-band-charge/>

<sup>5</sup> [https://www.england.nhs.uk/wp-content/uploads/2022/07/B1802\\_First-stage-of-dental-reform-letter\\_190722.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/07/B1802_First-stage-of-dental-reform-letter_190722.pdf)

There are a number of implementation steps required at a national level which needed to be enacted by Regulation change, this includes both the changes to Band 2 UDA allocation and the requirement to update the Directory of Services. NHS Sussex will work with NHS England South East Regional dental team and the Local Dental Network to support implementation.

### ***Current position of dental access***

Assessing what dental services to commission is a complex process and is dependent upon service availability, accessibility, the needs of the local population and the types of dental service required.

Many Sussex residents enjoy excellent oral health and access their first choice of NHS dentistry. The overall attendance figure for the percentage of the Sussex population accessing dental services is 41.4% compared with a South East average of 39.7% (October 2022). The number of unique dental patients seen in Sussex over the last 12 months is currently around 79% of pre-pandemic levels, which matches the SE average<sup>6</sup>. The data trend is increasing with 73,231 (11.5%) Sussex patients attending in October 2022 compared to February 2022. Like the rest of England, the picture is not perfect and there are inequalities in access to urgent, routine and specialist dental care.

During the pandemic all dental practices were required to close for face to face care on 25 March 2020 at the beginning of the first national lockdown. Dental practices continued to provide telephone advice to patients with an urgent need, including advice on pain relief and prescribing antibiotics where clinically appropriate. This resulted in significant backlogs in respect of routine dental treatment. After the requirement to close ended, NHS dental providers reopened but were required to operate in a Covid secure manner, with additional safety protocols. This reduced the appointment capacity dental providers have been able to offer, and whilst it is increasing residents are still reporting they are unable to be seen by an NHS dentist.

### ***Dentistry in East Sussex***

East Sussex has a varying degree of deprivation across the five lower tier local authorities (LTLAs) of Hastings, Eastbourne, Rother, Lewes and Wealden. There are 329 lower layer super output areas (LSOAs) in East Sussex of which 47 LSOAs are in the most deprived national quintile, with 61 LSOAs in the second. The map of deprivation below helps to visualise this, where the deeper purple colours indicate more deprived areas.

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<sup>6</sup> Unique patient is the term used to count a dental patient only once – even if they've attended a dental appointment 2,3 times etc in that period for more than one course of treatment. This figure therefore understates true attendances.

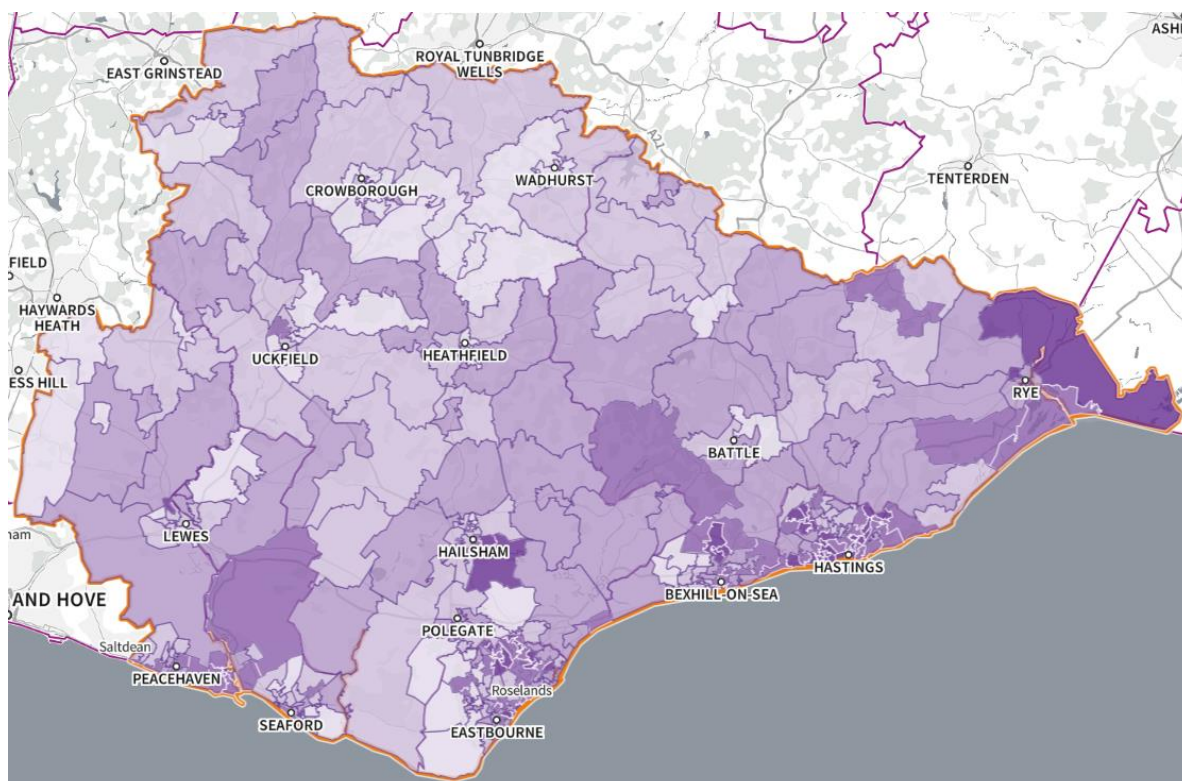


Table 1 indicates dental access in Sussex between July to December 2021 by the South East average, Sussex value and Lower Tier Local Authorities (LTLA) in East Sussex.

**Table 1: Dental access in Sussex and Lower Tier Local Authorities in East Sussex (July to December 2021) 6 months – double to compare annualised figures**

Area	Access in total population (%)	Access in 0-17 population (%)
South East average	19.1	31.6
Sussex value	20.2	33.0
Hastings	23.6	31.8
Eastbourne	19.1	29.7
Rother	20.9	28.7
Lewes	19.5	30.9
Wealden	20.9	31.7

Data source: NHS Business Service Authority



The data in table 1 shows the percentage of the resident population accessing dental services in the lower tier local authority (LTLA) and by unique attendance (counting multiple visits as one) between July to December 2021. LTLAs have been ordered in the table by the most deprived LTLA to the least deprived LTLA in East Sussex.

### ***Current commissioned dental activity***

The data in table 2 shows the contracted level of commissioned dental activity and the number of practices in each LTLA in East Sussex. LTLAs have been ordered by the most deprived LTLA to the least deprived LTLA. The figures are based on contracted UDAs earlier this year when we started the work on the commissioning intentions for Sussex. There is likely to be small recurrent reductions in contracted activity for practices which regularly underperform against the number of UDAs they are contracted to provide.

There are 73 dental practices in East Surrey contracted to provide 914,817 UDAs. This equates to approximately 131 whole time equivalent dentists. Since April 2020, there have been 3,487 UDAs from contracts handed back by dental practices.

**Table 2: Contracted level of commissioned dental activity and the number of practices in each Local Tier Local Authorities in East Sussex**

Area	Number of dental practices	Total UDAs commissioned	UDAs per head of population
Hastings	13	205,941	2.22
Eastbourne	13	162,213	1.56
Rother	14	149,021	1.55
Lewes	14	167,629	1.62
Wealden	19	230,013	1.42

Data source: NHS Business Service Authority

In addition to the contracted dental activity, the ICB is also aware of an East Sussex County Council initiative to develop dental services for homeless residents. This has been commissioned from the charity DentAid who deliver dental care using a mobile service staffed with volunteer dental staff. Information is being collected which will be helpful in informing a more permanent solution for these vulnerable groups.

### ***Improving access***

Funding has been offered to all dental practices across the South East region to increase access by providing additional sessions outside of their normal contracted hours, for example in the evening or at weekends. These sessions are for: patients who do not have a regular dentist and have an urgent need but have experienced difficulty accessing this; have only been able to receive temporary care (such as a temporary filling or first stage root treatment) and require further treatment; Looked After Children; and patients with an

urgent clinical need such as those that need to be dentally fit prior to undergoing cancer treatment or cardiac surgery.

There are two practices in East Sussex, one in Hastings and one in St. Leonards-on-Sea that currently have the staffing levels to safely undertake additional sessions. The offer of funding remains open so that should other practices subsequently determine they have the staffing levels to safely deliver additional NHS sessions, these will be established. NHS England is currently undertaking a procurement exercise to increase the level of permanently contracted activity which will enable many more patients to access care. At the current time this is limited to West Sussex due to the large number of contracts that have been handed back in the county over recent years, however this will have a knock-on effect on residents of East Sussex due to the way patients move around to access care which will release capacity as patients choose to access care closer to home.

### **Conclusion**

This report gives an overview of two key primary care medical services in East Sussex – general practice and dentistry.

NHS Sussex and NHSE are committed to ensuring that everyone across our communities have access to high quality health and care services when they need support. We recognise the importance of access to dental care and we are committed to working with NHSE and our Public Health leads to undertake further work to review all related dental performance data confirming a baseline position. It is only when all of the information combined that a 'true picture' of the service-need can be established to inform local commissioning. We are strengthening our collaboration with Kent, Surrey and Sussex Local Dental and Managed Clinical Networks, to identify local projects to address dental access and will continue to establish where further improvements can be made following the first phase of Dental System Reform.

## **Annex A:**

### **NHS and Local Government and the Community and Voluntary sector partners involved in collating and providing information on dentistry**

#### ***Kent, Surrey and Sussex Local Dental and Managed Clinical Networks***

The Kent, Surrey and Sussex Local Dental Network is hosted and supported by NHS England South East. Clinical leadership for local commissioning is provided by the Local Dental Network and Managed Clinical Network. These networks include a range of local dental professionals working in primary, community and secondary care settings and understand the clinical needs of local patients.

#### ***Public Health***

Responsibility for gathering information on the dental health needs of local populations and commissioning oral health promotion and oral health surveys was transferred to local authorities following the Health and Social Care Act 2012. Local authorities also have intelligence about their local populations which would be helpful in identifying local health needs, barriers and enabling factors for prioritisation of available resources. There are two dental public health consultants within NHSE SE Healthcare Public Health team working across the region to provide public health / dental public health support.

#### ***Health Education England***

Health Education England (HEE) provides training and support to develop the dental workforce in local areas. HEE will be merging into NHS England in April 2023. Nationally, HEE is leading a programme, Dental Education Reform Programme (DERP), which aims to improve the skills of dental care professionals, (including dental nurses, therapists and hygienists) and provide non-traditional routes for dentists to develop. The DERP initiatives are aimed at improving recruitment and retention within the dental workforce to facilitate providing the best possible services for patients.

#### ***Healthwatch***

As an independent and statutory body, Healthwatch have set out a position on NHS Dentistry and play an important role in their engagement with local communities on local issues offering insight to inform health and social care plans.<sup>7</sup>

#### ***Key relevant dental data sources***

NHS England and Public Health data dental collection comprises the following datasets:

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<sup>7</sup> <https://www.healthwatch.co.uk/news/2022-10-12/our-position-nhs-dentistry>



- **National dental activity data on dental attendance and treatments delivered.** This provides a snapshot of the services delivered locally. Generally, data is representative for patients residing in East Sussex or from outside who choose to attend dental practices in East Sussex. The data in table 1 of this report is bespoke data looking at access to dental services for residents who live in East Sussex.
- **Deprivation indices.** There is ample evidence that deprivation is linked to poorer health outcomes, including oral health outcomes. Data used in this paper includes deprivation data.
- **Ethnicity data.** There is evidence that residents from some ethnicities are less likely to attend for dental care and/ or experience poorer oral health outcomes. This may be a combination of barriers which affect their ability to live healthy lifestyles which promote health and oral health as well as the barriers they may experience in accessing care. Ethnicity data is captured on the FP17 forms submitted by dentists following completion of a course of treatment, however this data is often not sufficiently complete to provide reliable data. The 2021 Census data will be released soon, which will provide an understanding of ethnicity data by local level data which can be reviewed against other data such as deprivation.
- **Other background factors:** Some groups such as Looked-After-Children and migrant communities also experience poorer outcomes and face barriers in accessing dental care.

These datasets need to be supplemented with other local intelligence around local needs and demand, including from local authorities and patient groups. This includes the Health Watch East Sussex' report on *The Experiences of Dentistry in East Sussex since March 2020*, reflecting the experiences of local people in terms of accessing dental services before and after the pandemic period based on the 296 survey responses.<sup>8</sup>

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<sup>8</sup> <https://cdn.whitebearplatform.com/hweastsussex/wp-content/uploads/2022/03/09164642/HWES-Experiences-of-dentistry-in-East-Sussex-2021-FINAL-9.3.22.pdf>

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# Experiences of Dentistry in East Sussex

Published - November 2022

**healthwatch**  
East Sussex

# Context: Dentistry in East Sussex in 2022

## The current situation

### Context

Access to dentistry services, especially NHS provision, has been a long-standing problem and was an issue before the COVID-19 pandemic began in March 2020. However, this has become exacerbated by the backlog created by the lockdown, combined with ongoing NHS contractual and wider dental workforce capacity issues.

These conditions have had a significant impact on people of all ages seeking to maintain their oral health through regular preventative visits to a dentist or hygienist, and those seeking routine or emergency dental treatment. We acknowledge the significant contributions made by dental professionals in providing services before, during and after the lockdown, and wish to collaborate with them to develop sustainable, effective and accessible dental services in East Sussex.

### What Healthwatch has heard

Over the last two years, dentistry has consistently been in the top three reasons people in East Sussex leave feedback or make an enquiry with Healthwatch.

The feedback we have received indicates an overall decline in satisfaction with dental services when compared to pre-pandemic levels, but this is more pronounced amongst users of NHS services than for those paying for private dental services.

This primarily relates to challenges in obtaining timely access to appointments and treatment, both amongst existing patients and those seeking to 'join' practices, especially those seeking NHS treatment.

We do receive positive feedback on people's dentistry experiences which indicates that there is variability in the way services are provided, and this variation may be worth exploring further.

# Context: Dentistry in East Sussex in 2022

## The current situation

### Shortages of dental provision

Feedback suggests there is a widespread shortage of dentists in East Sussex, with some areas effectively being '**dental deserts**' due to shortages of dentists or local demand overwhelming the available supply of appointments. Shortages of hygienists and other specialists are also reported.

### Self-treatment

We have heard from people who have resorted to '**DIY dentistry**' as a last resort when faced with significant barriers or delays for accessing dental treatment. This may further risk their wider and long-term health. Some people feel left to self-manage dental pain for extended periods.

### Community dental services

Concerns have been raised about the status of community dental services, and the impacts of the pandemic in providing dentistry to those in care homes, the housebound and homeless, and people with medical conditions or a disability. A lack of dental provision can affect their quality of life.

### Impact on other NHS services

Feedback has highlighted that challenges in accessing routine and emergency dental treatment mean people are forced to use other NHS services such as GPs, Pharmacies, NHS 111 and A&E departments for assistance. However, these are often only able to offer short-term fixes rather than long-term solutions. The impact on other NHS services is currently challenging to measure, as monitoring of dental themes by other NHS services is often not collated.

### Provision of information

A significant challenge across this dental crisis has been the lack of robust public information. Details of which dentists are offering NHS treatment and accepting new patients is often out-of-date or unclear, leaving patients to 'ring round' practices to find one offering appointments.

# Context: Dentistry in East Sussex in 2022

## The current situation

### Cost of living crisis

A significant additional concern that has arisen during 2022, has been the 'cost of living' crisis which may also impact on people's ability to pay either NHS and private charges for dental treatment. Healthwatch is concerned that this may serve as an additional disincentive to seek dental treatment, especially if the only viable option for timely treatment is private dentistry, potentially leading to worse outcomes in the longer-term, particularly amongst those on low incomes.

### The Future

The shift in the commissioning of NHS dental provision from NHS England to Integrated Care Systems represents a significant opportunity to reflect on the current situation, and to bring stakeholders together to set a positive future trajectory for dentistry provision in Sussex.

This could:

- Engage with dentists and other oral health professionals to develop a comprehensive understanding of workforce, capacity and operational issues in Sussex.
- Map out dental provision and explore how a better geographical distribution may be delivered.
- Review community dental service provision and identify plans for future development.
- Collate the feedback of dentistry service users to understand their issues and concerns, but also preferences for future provision.
- Identify and set objectives for changes that deliver tangible benefits in terms of oral health outcomes across Sussex.

# Dentistry in East Sussex in 2022

## What have we heard?

### Collecting your views

Between 1<sup>st</sup> November 2020 and 1<sup>st</sup> November 2022, Healthwatch received 24 [Feedback Centre](#) reviews and 214 enquiries to our [Information & Signposting service](#) related to dentistry themes.

In early 2022, Healthwatch East Sussex published the findings of our public survey of [residents' experiences of dental services in East Sussex](#) since March 2020 and the results of our [Mystery Shopping exercise](#) which explored whether dental practices in the county were accepting NHS patients.

We have used these sources to draw out the key themes in the feedback that we have received on dentistry and summarised these below.

### Finding a dentist accepting new patients

Finding an NHS dentist accepting patients is the most common dentistry-related enquiry our Information & Signposting service receives, and it is also one of the most challenging for us to respond to constructively.

When we undertook our Mystery Shopping in late 2021 only one-in-ten dental practices in East Sussex were accepting new patients for NHS treatment on an unrestricted basis. Given the number of enquiries we receive on this theme, it is unlikely that this picture has changed and possibly worsened.

Approximately a quarter of East Sussex dental practices we spoke to received 20 or more enquiries a week from people seeking to join as NHS patients. This incurred call and time costs for patients and placed additional demands on the administrative capacity of dental practices.

Only one-in-three respondents to our dental experiences survey who had tried to become a patient at a dental practice had been successful. Some were joining as private patients, often because they could not find practices accepting patients for NHS treatment, and sometimes as they had an urgent treatment need.



# Dentistry in East Sussex in 2022

## What have we heard?

### Challenges in accessing routine and emergency dental care

We have consistently received feedback on the challenges that people are facing in getting timely access to appointments, with long waits even where services were available, especially for NHS appointments. Some people must now travel long distances for dental treatment as practices accepting patients are not close.

Anxieties are also raised about the potential long-term impacts on oral health due to variable access to preventative services such as check-ups and hygienists.

### Impacts of waiting times

Waiting times for routine and emergency dental treatments are leaving many people very frustrated, with some experiencing significant negative physical and mental effects from the delays. This can leave them resorting to DIY dentistry. Concerns are also high amongst parents for their offspring's oral health.

### Shortages of dentists and other staff

Staff shortages were highlighted by both patients and practices as a driver of limited delivery capacity, mostly a lack of dentists, but also dental nurses, hygienists and other staff. People often told us about their dentists retiring or moving elsewhere.

### Knock-on effects of delays

A lack of timely access to dental check-ups and treatment can impinge on people's ability to receive treatment for other conditions, as these can be pre-requisites for operations and other procedures.

### Dentists giving up NHS contracts

We heard from dental practices which had decided to no longer deliver NHS dental contracts. Unfortunately, this isn't always clearly communicated, and patients told us they mistakenly contacted multiple practices seeking NHS treatment as they continue to be listed by NHSE or their own websites as delivering NHS services.



# Dentistry in East Sussex in 2022

## What have we heard?

### NHS versus Private dental provision

The public and patients are often confused as to why they can be offered private dental appointments and treatment quite quickly, but cannot get the same for NHS treatment, even at the same practice. Some people pay for private treatment due to their inability to access NHS treatment in a timely way. We have also heard of practices accepting children as NHS patients if their parents join privately.

### Information on Dental services

Information on which dental practices are accepting new patients, especially NHS patients, is often challenging to access, unclear and out-of-date. This includes the NHS 'Find a dentist' website and those of individual dental practices. Regular information updates tend not to be shared by dentistry commissioners and providers through social media and other public channels in the same way as for other services. This also includes barriers in obtaining clear information on how to access community and specialist dentistry.

### Patients being 'de-registered' or removed from practice 'lists'

We have heard from people who have been unable to book appointments or deliberately avoided using their dental practice during the pandemic, who have subsequently been told they will need to access services elsewhere. Some are not told this may happen or has happened and are only informed when they seek an appointment or treatment. They are then forced to seek out another practice accepting new patients, in-turn placing pressure on other practices.

### Lack of clarity or clear information about dental treatment costs

Some people remain confused about treatment plans, eligibility for free NHS treatment, and the costs and charges for different treatments, especially NHS compared to private. This means they may be paying unnecessarily. Clarity in the communication of costs and charges remains an issue. Some patients highlighted feeling it was inappropriate to have financial discussions whilst in the 'dentists chair', especially where they need urgent or emergency treatment.

# Dentistry in East Sussex in 2022

## What have we heard?

### Repeated cancellations

Enquiries have highlighted that people are regularly experiencing routine appointments being cancelled at short-notice. We have heard from people who have said this has happened to them and have questioned whether this is how dental practices are managing demand?

This can impact on people's ability to schedule check-ups and treatment, especially those whose work makes it challenging to re-arrange suitable times.

### Community dental services

Concerns have been raised about the dental services provided to or available for those in care homes, those who are housebound or homeless, or those with medical conditions or disabilities. This is particularly concerning as these may be the most vulnerable, may be disproportionately affected and not in a position to access alternatives.

### Move towards yearly rather than six-monthly checkups

We have heard from individuals who are frustrated that their previous six-monthly check ups have now become yearly (or less frequent) check-ups and they have raised concerns that there is a shift from a preventative approach to dentistry to a remedial approach – which could cause problems for the future.

### Positive experiences of NHS dentistry

The public feedback we have received, suggests that many people's frustrations with dentistry is primarily around barriers to registration for 'new' NHS patients and lack of access to NHS dental appointments and treatment. However, when individuals do manage to see an NHS or a private dentist, the standard of treatment and care is generally good.

# Negative feedback on dental services in East Sussex

"Couldn't get emergency appointment and regular appointment cancelled. Had four trips to A&E (for two separate incidents) for antibiotics and an emergency extraction."

"Can't get an NHS dentist that I can get to & can't afford private."

"Phoned 7+ dentists most months, none of which can take NHS patients but will take private patients."

"Still can't see a dentist unless for an emergency. My dentist also retired during the pandemic and the practice can't find a replacement."

"Had to go private as NHS were only offering to do emergency appointments."

"No routine appointments available to me for 2 years. I phoned every month only to be told nothing available to me."

"What websites say and what is actually available are two different things."

## Positive feedback on dental services in East Sussex

*"Arthur Blackman clinic was exceptionally well run for emergency treatment and the on-call Dentist was very good."*

*"Fantastic – immediate appointment and my husband too on another occasion."*

*"Truly excellent service: all well explained: intervals between treatments minimised to suit me: results, so far so good! Price comparatively reasonable would happily recommend."*

*"Excellent service. They contacted us to let us know our review was due. Made a double appt so that we did not have to travel into Lewes twice. Seen promptly. No problems at all."*

*"EDS are brilliant, my normal dentist surgery is appalling, had an extraction done and ended up in A&E as it was done so badly. GP practice have helped out with getting alternative antibiotics to the ones the dentists are prescribed."*

*"Really good seen within the hour. Going on holiday that day and they fitted me in. Brilliant service."*

*"The emergency dental services are excellent and have got me out of real pain. Their service is outstanding."*

# Dentistry: Our response so far

# Dentistry in East Sussex in 2022

## The steps that Healthwatch has taken

### Responding to your questions and enquiries

Our [Information & Signposting service](#) operates to support and advise people who have a query, and to signpost anyone who needs to make a complaint.

We have received and responded to 214 enquiries related to dentistry since November 2020.

Much of our work has involved supporting people to identify dental practices accepting new patients, especially NHS patients, primarily through signposting to the Sussex Dental Helpline.

We have also supported people to identify other services that can assist them with dental pain, share feedback with dental practices, make complaints and better understand NHS dental charges.

### Communications

We have also pro-actively shared the most recent advice and information about how best to access mainstream and emergency dental services, through our website, newsletter, social media and in response to one-to-one enquiries.

We have shared updates provided by NHS England and Healthwatch England on dentistry with the public.

We published '[NHS dentistry what you need to know](#)' and '[Top ten tips when accessing NHS dentistry](#)' articles to support the public in accessing NHS dentistry appropriately.

# Dentistry in East Sussex in 2022

## The steps that Healthwatch has taken

### Healthwatch in Sussex

Healthwatch East Sussex, West Sussex and Brighton & Hove have collaborated to raise awareness of the experiences of local people in relation to dentistry. This includes with NHS Sussex commissioners, NHS England, Local Dental Committees and Healthwatch England.

Through public and patient feedback, we heard that many people were unclear on the differences between NHS and private dentists, what dental treatments they were entitled to via the NHS, what the associated charges were and who these applied to.

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In response, we collaborated to produce our ['Dentistry – A Healthwatch guide to your rights and accessing the treatment you need'](#) guide to support people's understanding of these themes.

It also outlines how to find and register with a dentist, how to feedback or complain and information to help people get support in an emergency. We have shared and promoted this widely.

### Healthwatch England and the Healthwatch network

Healthwatch at local, regional and national level have regularly highlighted to NHS England and other stakeholders the significant impacts that access to dentistry services are having on the population.

Healthwatch East Sussex have contributed our intelligence, insight and reports to Healthwatch England and participated in events to support the Healthwatch network develop a holistic picture of the state of dentistry at a local, regional and national level.




# Dentistry: Our questions





# Our questions on dentistry provision

1. What steps has and is the Sussex Integrated Care System (ICS) taking to plan for it taking responsibility for NHS dentistry commissioning in Sussex in April 2023?
  2. How will NHS dentistry workforce and contracting issues be resolved?
  3. How have other services (including the NHS, Care and VCSE organisations) been affected by the issues facing dentistry provision?
  4. How effective were the additional funds provided by Government in early 2022 to support the provision of additional capacity in NHS Dentistry? What benefits did they bring to East Sussex?
  5. How are patient and user experiences of dental services being monitored in East Sussex/Sussex?
  6. How will the long-term impacts of a lack of access to dentistry provision, especially NHS dentistry, be monitored in East Sussex?
  7. What plans are in place to support those affected by the lack of access to affordable and timely dental services, including preventative, routine and emergency treatment?
  8. What impacts might the cost-of-living crisis have on people's ability to pay for/use either NHS or private dental treatment?
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# For more information

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