

Proportion of dental practices contacted by the BBC not taking new adult NHS patients
Percentage by upper tier local authority. Tap or click for more details



August 2022
BBC/BDA

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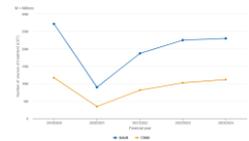
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A pandemic effect?

Adults seen in NHS dental practice
12 months to June 2019 22.0m = 50%
12 months to June 2024 18.4m = 40%

Children seen in NHS dental practice
12 months to June 2019 7.0m = 60%
12 months to June 2024 6.7m = 56%

Figure 3: CQs increased for adults and children in 2023/24



NHS Business Services Authority
Dental Statistics 2023-24

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What is the crisis?

Why is there a crisis?

How are dental teams paid?

What should NHS dentistry look like?

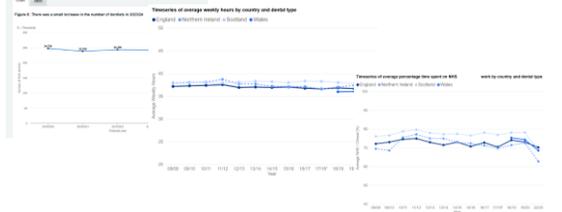


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Workforce?

Number of dental practices and dental activity in England 2010/11 to 2022/23



NHS Business Services Authority
Dental Statistics 2023-24

NHS Digital
Dentists' Working Patterns, Motivation and Morale 2022/23

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It's all about the dental contract, surely?

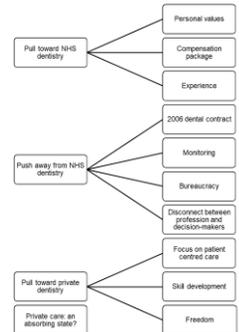
Why the move from NHS?

Interviews with English NHS dental providers
(Dentists/Therapists/Practice managers)

Variety of career stages/work settings

Mid 2022

Katherine Carr,
PhD thesis



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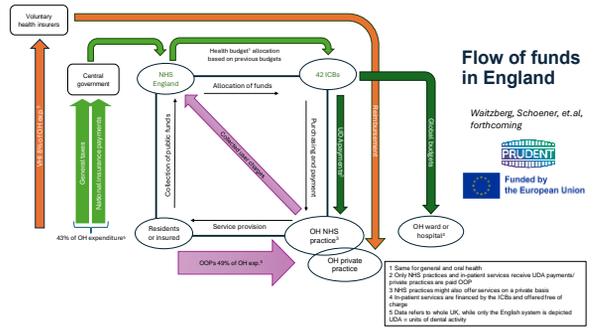
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How dental practices are paid in England



Contract with practice: x UDAs for EY (was based on activity in 2 years leading up to new contract in 2006)

Each "Course of treatment" classified into "Bands" by highest scoring item of treatment:

Band	Treatments	UDAs earned	Patient charge	Exempt from charges
1	Check- up/ diagnostics/prevention	1	£27.40	Low income (specific welfare)
2a	<3 Fillings/ Extraction	3		Pregnant "Nursing mother"
2b	Simple root canal or 3+ fillings/ extractions	5	£75.30	Under 16
2c	Molar root canal	7		
3	Crowns/ Bridges/ Dentures	12	£326.70	

e.g. if patient needs 3 simple fillings or 7 complex ones:
 Dentist gets 5 UDAs total
 Patient pays £75.30 total regardless

Average value per UDA to practice = approx. £33

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Devolved nations



	Scotland (change 2023)	Wales (proposed change 2025)	Northern Ireland
Old	Detailed "fee per item" Around 700 items Some weighted capitation (more focussed on children) Non-exempt patients paid 80% of fee except check ups (free)	Similar to English UDA system	V similar to Scottish model except no free check ups
New	Simplified fee per item (45 items) Simplified weighted capitation No change to patient charges	19 packages with nominal values Can do packages up to following amount of contract value: <ul style="list-style-type: none"> 10% urgent 10% new pts 70% care packages 5% prevention 5% other priorities Patient charge = 50-60% of care packages charge	No change – possible interest in Scottish model

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Payment methods

Cochrane Reviews: Gosden et al 2000
 Flodgren et al 2011
 Brocklehurst et al 2013



	Salaried	Fee per item	Capitation	Pay for performance
Activity	↓	↑ (for paid items) Supplier induced demand	↓ ↑ referrals Supervised neglect ↑ self-care/prevention	Specific to targeted areas

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What should an oral health system look like?

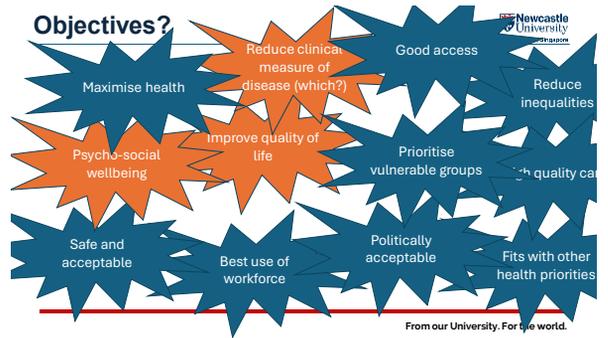


- What do we want it to do?
- What/who do we want it to cover?
- How should we prioritise the resources?
- How do we incentivise the behaviours to produce the outcomes (i.e. how do we pay dental teams)?

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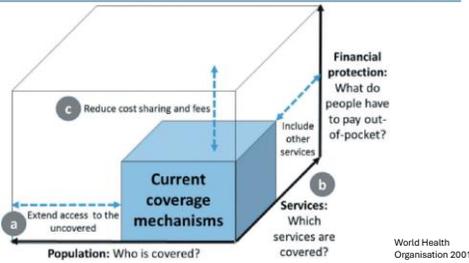
Objectives?



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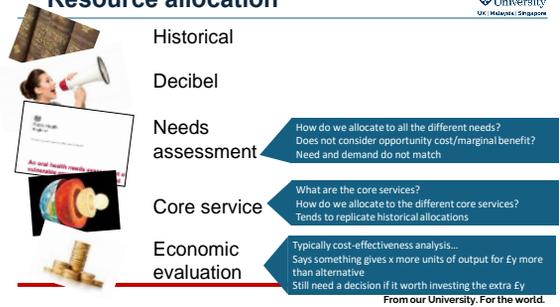
What/who should the system cover?



World Health Organisation 2001
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Resource allocation



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Integer Programming



Mathematical approach
Solve a problem
Maximise benefit (single measure)

Model*	Services					
	Hospital sealant	Mobile sealant	Hospital filling	Mobile filling	Hospital extraction	Mobile extraction
I: service-mixed (cases)	270	180	552	828	228	532
WTP eroduced	61 020	30 420	124 752	178 848	28 044	62 776

Tianviwat et al. 2009 CDOE

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Priority setting process: Programme Budgeting Marginal Analysis



1. Establish panel
2. Compile current spend
3. Determine criteria to judge ideas against
4. Identify options:
 - (a) growth
 - (b) resource release - efficiencies
 - (c) resource release from scaling back/ ceasing
5. Evaluate all options and agree best combination
6. Ensure recommendations valid and robust

Adapted from Peacock et al. British Medical Journal 2006

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RAINDROP Project

- What are the priorities for the NHS Dentistry Budget (approx. £3bn)?

- Programme Budgeting Marginal Analysis

Vernazza et al. JDRCT 2023

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RAINDROP Criteria

Domain	Weight (%)
Benefit	22.8
Preventative	13.9
Cost-benefit	12.8
Inequality	11.8
Safe/acceptable	9.1
Cost	8.2
Workforce	7.2
Patient responsibility	5.8
Innovative	2.9
Politically acceptable	2.8
Aesthetics	2.7

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Domain	Definition	Rating Scale				
		-2	-1	0	1	2
Health inequalities	1) Impact on the health status of recognised groups where there is a known health status gap (vertical)	Intervention specifically targets those not at risk	Intervention is more likely to affect those not at risk	No discrimination between groups	Intervention is more likely to impact at risk groups	Intervention specifically targets at risk groups
	2) Equal access for equal need (horizontal)	Intervention discriminates between those who have equal need	Evidence of self-selection for intervention	Unknown	Evidence of intervention being utilised by those with equal need despite discriminatory provision	Intervention provided and utilised for all who have equal need

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RAINDROP: Ideas for investment/disinvestment

Reduce/cease	Molar root canal
	Orthognathic Surgery
	Moderate need orthodontics
	Severe need orthodontics
	Adult orthodontics
Start/increase	Routine Scale and Polish
	Out of hours
	Public health input into council services
	Maintaining teeth in Care Homes
	Cognitive Behavioural Therapy
	NHS 111 to practice link
	Dental Care for the Homeless
New practices	
Preventative advice	

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Service	Current provided	Estimated cost	Score (+2 to -2)	Recommend for funding
Moderate need orthodontics	Yes	£44m	-0.21	Disinvest
Adult orthodontics	Yes	£11m	-0.18	Disinvest
Scale and Polish	Yes	£174m	-0.04	Disinvest
Root canal on molars	Yes	£190m	-0.09	Continue
Jaw surgery	Yes	£20m	0.03	Continue
Moderate + severe orthodont	Yes	£99m	0.16	Continue
Out of hours pain	Yes	£54m	0.81	Continue
Homeless care		£190m	-0.02	No invest
CBT		£824m	0.09	No invest
Preventative sessions		£659m	0.44	No invest
New dental places		£135m	0.23	Invest
Care home dentistry		£13m	0.56	Invest
PHE input contracts		£5m	0.57	Invest
NHS helpline link		£2m	0.72	Invest

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What should an oral health system look like?

What do we want it to do?

What/who do we want it to cover?

How should we prioritise the resources?

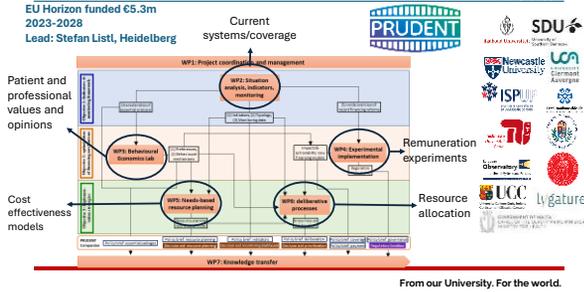
How do we incentivise the behaviours to produce the outcomes (i.e. how do we pay dental teams)?

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PRUDENT Project

EU Horizon funded €5.3m
2023-2028
Lead: Stefan List, Heidelberg



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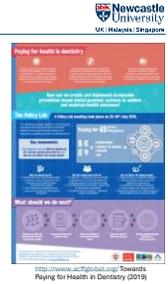
Fixing the NHS?

Need honest conversation...

- What do we really want the NHS dental system to do?
- Do we want to invest more in dentistry (what would we give up/raise taxes) /expect the patient to pay more?
- What should we cover? (Using priority setting methods)

Then we can decide how to pay dental teams...
Probably a blend of systems – the detail matters

- Ideally pay for health not activity
- Difficult as:
 - Health difficult to measure
 - Patient list difficult to define
 - Dental team not sole determinant of health



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NIHR supported oral health incubator

To build capacity and develop research careers in oral health research with an emphasis on informing policy across the UK.

The objectives are to:

1. identify barriers to careers in oral health research
2. develop a diverse community able to co-design solutions to attract and retain oral health researchers
3. upskill this workforce to conduct high quality policy relevant research
4. forge links between researchers, stakeholders and policy makers to identify areas for future research and a sustainable approach to maintain these links.

Three year project - starts officially 1st July 2025

<https://www.sheffield.ac.uk/dentalschool/research/research-themes/transforming-oral-health/incubator>

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