

PROPOSED DRAFT PILOT IN HARROW

Problem

High caries rate among children. High numbers of children cannot access an NHS dentist.

Area

London Borough of Harrow.

Rationale of Pilot

Tackling oral health inequalities and addressing unmet need among children in Harrow.

Target Population

Children aged 2 years to 5 years living in Harrow who have not seen a Dentist at all or for the last 2 years.

Target Locations

Target NHS dental practices, ideally in areas of Harrow where children have been found to have high caries rate and poor access to Dentists. These include:

Stanmore, Harrow Weald, Wealdstone North, Wealdstone South and Greenhill.

A high proportion of hospital admissions are for children registered at GPs in the South and Central areas of Harrow across North Harrow, West Harrow, Greenhill and Wealdstone which are most deprived wards in Harrow. The highest proportion (over 5%) are found in GP direct and The Northwick Surgery (Sphere PCN), Ridgeway and Enderley Road Medical Centre (Sense PCN) and Belmont Health Centre (Health Alliance PC).

***Plan:** LDC to provide addresses of NHS practices from these areas to be targeted. The proposal could be sent out to these practices along with a questionnaire for practices to complete. The questionnaire could be used to align the most suitable practices to fulfil the pilot's proposed work. Then a meeting would be arranged with these practices to discuss the pilot further.*

Challenges

- Workforce constraints.
- Covid-19 recovery.
- Child NHS appointments tend to have high 'Failed to Attend' rate in dental practices.
- Increased referrals to Whittington. However, this would be short term, but the point of increasing access so dramatically is that ultimately referrals will drop significantly long term.
- Children would be unlikely to attend daytime appointments as they will be in school/nurseries.

Training for Dentists (online courses - upskilling if needed, should be voluntary and free)

Hall Crown and Pulpotomy.

***Plan:** LDC to contact NWL Training Hub.*

Contractual Arrangements

- Reconciliation of contracts would not be subject to minimum threshold requirements and abatement deductions as per GDS contracts.
- A specific entry on Compass could be created for claims for payments to the dental practice under a new contract number.

***Plan:** NHS BSA to confirm.*

Proposed work

To include application of Fluoride Varnish on all these children's teeth. UDA Band 1 or Band 2 were relevant.

Funding

Harrow council £50 000

If the pilot were to be successful, consideration should be given for funding to be sourced by other ICBs in other London boroughs using the same proposal. In addition, more permanent funding should be sourced from Harrow ICB for future use in Harrow.

The proposal needs to be financially viable for NHS dental practices. This would ensure incentivising Practice Principles to express an interest in the pilot which is vital to the pilot success.

Financial Model

Based on the data provided below by Harrow, 2800 children aged 2 years to 5 years to be seen by a dentist with £50000 budget. We propose a fixed fee of £15 for each patient seen.

We would need ideally a minimum 11 practices to agree to the Pilot. They would then aim to see 254 patients each. Each practice would need to see 21 patients per month, that is 5 patients per week for a year. If we have 2 years or 22 practices, then these figures would be halved.

There are 40 NHS dental practices with a GDS contract in Harrow and therefore we do not see a problem in getting sufficient numbers of practices to join the Pilot.

According to the GP registrations in Harrow the child population by age 0-5 is 19,265, and total 0-18 is 64,524. The number of children by age registered with a GP is similar to the figures on NHS digital so I have just kept the figures from NHS digital.

Age	GP registered pop
0	2,747
1	3,217
2	3,184
3	3,350
4	3,368
5	3,401
All 0-5 children	19,265
6-11	20,871
12-18	24,388
All children 0-18	64,524

In the table below I have calculated what we would like to increase the uptake to. The proposal would mean significant partnership working with Health Visiting, early support and nurseries and the oral health promotion service who will be able to refer children to the dentist.

I have started from age 2 as a target as we would want to encourage families to see the dentist before 3 so that they can book the appointment as early as possible for the fluoride varnish.

Let me know your thoughts

Andrea

Age	Children seen by a dentist	Children Not seen	Percentage uptake	Additional children to be seen (that we would fund)	Total children to be seen based on current uptake	Children not seen	Percentage uptake increased to
0	61	3,041					
1	476	3,058					
2	135	2,984	29%	+1000	1,911	1,790	65%
3	355	2,913	34%	+600	1,735	1,619	63%
4	1,252	2,405	48%	+600	1,655	1,605	68%
5	1,418	2,013	49%	+400	1,618	1,618	63%

Implications of this financial model

- Time scale to be confirmed (minimum 1 year).
- Fixed fee for each child of £15. That would be £15 x 2800 = £42000.
- £8000 for marketing and administration, which does not include evaluating the pilot. If there is money left over from the marketing and administration budget, this will be fed back into paying dentists to see children at the stated fee.
- Will need a unified approach involving Pharmacists, GMPs, Opticians, Primary Schools, Nurseries, Family Hubs and Media (Newspapers, and Radio stations) to work towards signposting parents to practices booking appointments who are engaging with the pilot.
- Dentists would need to manage their own appointment books to allow for patients to be booked in within 2 weeks of calling to make an appointment. There is no obligation for dentists to see their family members unless they fall under the remit of the Pilot.
- Dentists would need to consider opening slots to children during weekday late afternoons after 4 p.m., weekends and school holidays.

Plans: Time scale to be confirmed. Unified approach and marketing strategy to be discussed.

Review of the Pilot

The pilot scheme will need to be tracked and reviewed.

Plan: NHS BSA should provide the LDC and Harrow Council and other Stakeholders with a monthly review report.

Take home messages

- We have spoken to many dentists working in London. Agree that they would be willing to take part in the pilot but only if it is financially viable. A fixed fee of £15 for each patient seen appears reasonable.
- Dentists understand the importance that all children should be seen at a Dental practice and do want to help.
- Dentists understand that this pilot is paramount in helping to reduce oral health inequality and unmet needs among children.
- In addition to financial incentives, the Mayor of Harrow and Local Politicians can be approached to award dental practices taking part in the pilot for 'giving back' and contributing positively to their local community.
- It is agreed that further research is needed to explore the behaviours, and barriers to poor dental access among these patients. The results of which could enable more targeted driven measures to help mitigate poor access.

Plans: LDC to contact Mayor of Harrow and Local Politicians. To consider the above-mentioned research, LDC to collaborate with Public Health, Healthwatch and Stakeholders.