Derby City Health Overview and Scrutiny Committee

19th April 2022

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive a report on access to NHS Dental Services, with particular focus on provision and recovery plans as services emerge from the COVID-19 pandemic.

2. The report will also include oral health promotion initiatives and activities, which is the statutory responsibility of Derby City Council's Public Health team

3. Representatives will be present from NHS England and NHS Improvement (NHSE/I), which currently oversees the commissioning of NHS Dental Services. Both the Council's Director of Public Health and Derbyshire ICS Primary Care Lead have also been invited to the meeting and unfortunately, the Director of Public Health is unable to attend the meeting due to annual leave. It should be noted that the delegation of the commissioning of NHS dental services will be the responsibility of the ICS from 1st April 2023.

4. The report has been developed between NHSE/I Commissioning Team Senior Managers, Consultant in Dental Public Health, Derby City Council (Public Health) and Derbyshire ICS Primary Care Lead.

Background

5. NHSE/I is responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g. Intermediate Minor Oral Surgery (IMOS) and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility for NHSE/I.
6. The requirement for NHS contracts in primary and community dental care has been in place since 2006.
7. Prior to the introduction of the new dental contract in 2006, any dentist (who was qualified to do so) could set up a practice and provide NHS dentistry. They could treat as many patients as presented themselves and claimed for each element of the treatment carried out under the old 'Items of Service' contracting arrangements; e.g. if a patient had two fillings, the dentist was paid twice the unit cost of a filling etc. However, the old dental contract did not work for various reasons, therefore, there was a reference period in 2005 which determined how many Units of Dental Activity (UDAs) each existing NHS dental practice would be allocated per annum and it was no longer possible for dentists to set themselves up as an NHS provider on an ad hoc basis. Any new services had to be specifically commissioned by the then Primary Care Trusts (PCTs), within their capped financial envelope.

In effect, the former PCTs, and subsequently NHS England, 'inherited' those practices that were already in existence and who wished to continue to carry out NHS dentistry under the new contracting arrangements. Sadly, a number of practices opted to become fully private at this time as they did not feel that the new UDA system would adequately recompense them for their work. This had a significant impact on the number of NHS appointments available. The PCT had no control over where these 'inherited' services were situated, or over the number of UDAs commissioned in each geographical area. Hence capacity did not, and in some areas continues to not, necessarily meet demand. Although there has been significant population changes in subsequent years, the number of UDAs commissioned (which is set contractually and cannot be amended without the agreement of both parties) has not always increased/decreased accordingly in order to meet the changing demand and need.

8. Unlike General Medical Practice, there is no system of patient registration with a dental practice and patients are free to choose to attend any dental practice, regardless of where they live. Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from repairs and replacements), the practice has no ongoing responsibility. People often associate themselves with dental practices. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GP practices and patients are theoretically free to attend any dental practice that has capacity to accommodate them. Dental attendance figures are often reported on the numbers of patients attending dental practices within a 24-month period (for adults) or 12 months (for children).

9. Prior to the pandemic, patients would often make their 'dental check-up appointments' at their 'usual or regular dental practice'. During the pandemic, contractual responsibilities changed, and practices have been required to prioritise urgent care; vulnerable patients (including children) and those at higher risk of dental health issues. In many practices, there has not been sufficient capacity to be able to offer routine dental check-up appointments to those who generally have good oral health.

10. Derbyshire has 123 general dental practices which offer a range of routine dental services; 15 of these also provide orthodontic services. There are in addition 4 specialist Orthodontic practices.

    From the above and within Derby City, there are 59 general dental practices; 6 of these also provide orthodontic services with an additional 2 specialist Orthodontic practices.

11. If patients require a complex dental extraction within a primary care setting, this is provided by the Intermediate Minor Oral Surgery Service (IMOS). There are 10 providers across Derbyshire with 4 based in Derby City. The referral service is for patients over the age of 17 years who meet the clinical criteria.

12. If patients require referral for dental treatment at hospital (secondary care) this is provided by the University Hospitals of Derby and Burton – Royal Derby Hospital. In addition, special care dental services (Community Dental Services) for adults

and children is provided by one dental provider (CDS-CIC) and delivered from a number of clinics across the area. The Derbyshire Community Dental Services new contract commenced on 1 April 2020.

13. A map of the location of local dental surgeries in Derby City is attached in Appendix 1. In some cases, there will be practices in close proximity and the numbers on the map reflect this where the scale does not permit them being displayed individually. The maps have shading showing travel times by public transport or car, which demonstrates that all dental services in the City are accessible by car within 10 minutes, by public transport within 30 minutes and that most residents would be able to walk to the nearest dental practice within 2km.

    Derby City is one of the areas in the East Midlands where access to NHS dentistry has been higher than the England average. However, since the start of the COVID-19 pandemic, two dental contracts have been handed back to NHSE/I within Derby City. The dental activity for these contracts have not been lost and NHSE/I has recommissioned them by dispersal to surrounding local dental practices in the area. Unfortunately, many practices are struggling to recruit staff (both dentists and nurses) and this is having an impact on the service they can provide.

    As part of the activity dispersal process, the NHS dental practice who is handing back their NHS activity must agree a communication letter for their patients with NHSE/I. This letter is to notify patients that the NHS dental practice will no longer be providing NHS dental care with appropriate sign posting provided on how to continue gaining access to NHS dental care from elsewhere. This ensures NHSE/I that there is no inappropriate/forced signup to private dental services but serves to enable informed patient choice.

14. A strategic review of dental access is planned and NHSE/I anticipates having access shortly to a mapping tool to identify local areas which may have specific issues which may assist in a more targeted approach to tackle these. In addition, Public Health colleagues at Derby City Council have agreed to undertake a rapid oral health needs assessment with the County Council in line with the ICS integration agenda. This is also in preparation of the full ICS delegation of commissioning responsibility for NHS dentistry effective from 1st April 2023.

15. NHSE/I is responsible for commissioning all NHS dental contract (point 5), however the limitations of the current national contract (point 6) does not allow for any local flexibility. From 1st April 2022, joint commissioning arrangements were set up between NHSE/I and the ICS in advance of the full delegation on 1st April 2023. This is where there will be opportunities within the integration agenda to deliver place based commissioning that is specific to the system rather than on a wider footprint. This does not mean that working on a wider footprint is not beneficial as there are times when it provides the opportunity to stream line services to provide best value for money (public funds) whilst ensuring best patient outcomes.

16. Prior to the pandemic, at 31 Dec 2019, 56.7% of resident adults in Derby City had accessed an NHS dentist within the preceding 24 months, compared to 49.3% in England. For children, 68.2% had accessed an NHS dentist within the preceding 12 months, compared to 58% of children in England.

17. As of the 31 Dec 2021, the proportion of resident adults had fallen to 41.3% compared to 36% in England. For children, this had fallen to 50.6%, compared to 43.2% in England.

18. Many people with busy lifestyles or who are vulnerable may not engage with routine dental care and may choose to seek dental care only when problems arise. Individuals are free to approach practices to seek urgent or emergency dental care and this would be dependent on the capacity available at each dental practice on any given day. Further information on NHS dental practices is available on the NHS website: https://www.nhs.uk/service-search/find-a-Dentist. It is acknowledged that information provided by local dentists on the NHS website may not always be fully up to date as it is not a contractual requirement for dental providers to do so. NHSE/I are currently working with dental providers to improve the availability of this information.

Dental Charges

19. Dentistry is one of the few NHS services where patients pay a contribution towards the cost of NHS care. The current charges are:
    - **Emergency dental treatment – £23.80** This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
    - **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
    - **Band 2 course of treatment – £65.20** This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
    - **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

20. Any treatment that a dentist believes is clinically necessary to achieve and maintain good oral health should be available on the NHS. More information is available here: https://www.nhs.uk/using-the-nhs/nhs-services/dentists/understanding-nhs-dental-charges/

21. All NHS dental practices have access to posters and leaflets that should be prominently displayed – see weblink for examples: NHS dental charges from 1 April 2017 (nhsbsa.nhs.uk)

22. Nationally, the proportion of adult patients who are exempt from NHS charges is just under a third, but this varies between practices. Exemption from NHS charges is when some patients do not have to pay these costs for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free treatment or prescription. Support is also available for patients on a low income.

Impact of the pandemic

23. The ongoing COVID-19 pandemic has had a considerable impact on dental services and the availability of dental care; the long-term impact on oral health is as yet unknown but it is a cause for concern. All routine dental services in England were required to cease operating when the UK went into lockdown on 23 March 2020. A network of Urgent Dental Care Centres (UDCCs) was immediately established across the Midlands in early April 2020 to allow those requiring urgent dental treatment to be seen. These UDCCs are currently still operational however referrals are of a very low volume as routine dental practices have now reopened. The UDCCs remain on standby in case of future uncontrolled issues that may affect delivery of NHS dental services (such as staff shortages due to sickness – for example as a consequence of a COVID-19 outbreak).

24. From 8 June 2020, dental practices were allowed to re-open however additional infection prevention and control measures were needed to be implemented as well as social distancing requirements for patients and staff. A particular constraint has been the introduction of the so-called 'fallow time' – a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high-speed drills or instrument and would include dental fillings or root canal treatment. This has had a marked impact on the throughput of patients and the number of appointments that can be offered. For a large part of 2020 many practices were offering only about 20% of the usual number of face-to-face appointments and relying instead on providing remote triage of assessment, advice and antibiotics (where indicated). The situation improved in early 2021, with reductions in fallow time requirements and since then practices have been required to deliver increasing levels of dental activity.

25. NHS dental practices are currently required to offer dental services to patients throughout their contracted normal surgery hours (some practices are offering extended opening hours to better utilise their staff and surgery capacity). They are also required to have reasonable staffing levels for NHS dental services to be in place. Increases in capacity have been gained in line with subsequent changes to national protocols for infection prevention and control such as reducing social distancing requirements and the introduction of risk assessments for patients who may have respiratory infections. During the latter part of 2021, practices were required to maximise capacity and to reach a minimum of 65% of normal activity for general dentistry and 80% of normal activity for orthodontics.

26. Infection prevention and control measures have been reviewed recently with new guidance enabling increase in NHS dental capacity from January 2022. The revised arrangements for the early part of 2022 are now for practices to reach a minimum of 85% of normal activity for general dentistry and 90% of normal activity for orthodontics with a plan to resume normal levels of activity from April 2022. Practices must also meet a set of conditions that include a commitment to prioritise urgent care not only for both their regular patients but also those referred via NHS111 and for vulnerable patients. The general aim is for services to be fully recovered to normal levels of activity from April 2022.

27. The graphs below and in Appendix 2 show the average pattern of delivery of activity over the course of the pandemic and how this has increased regionally, together with more local information for the Derbyshire Integrated Care System (ICS) which has generally been one of the areas where access has been higher than the England average.

Fig 1 - Derbyshire Primary Care Dental Activity vs Minimum Thresholds

This graph shows the level of activity delivered across Derbyshire during the pandemic against the minimum threshold activity set by the National Team and against the Midlands total.

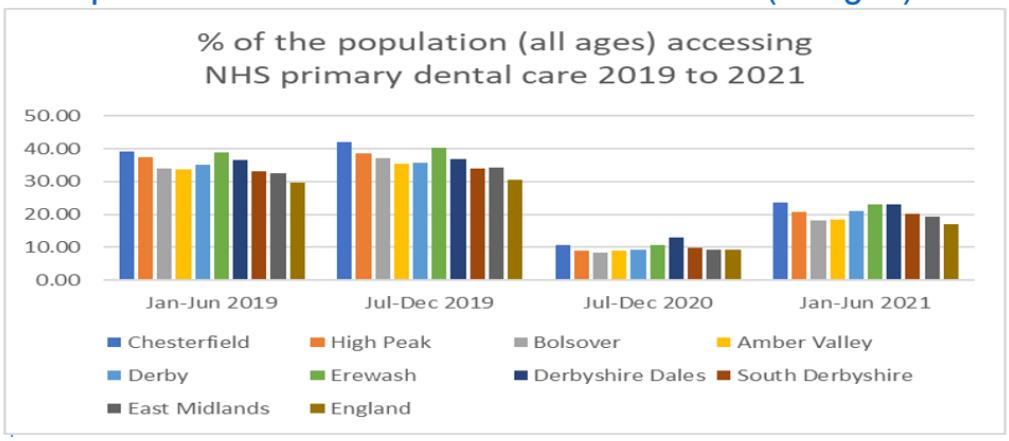
It can be seen that we have higher levels of activity for Derbyshire as a whole against the minimum thresholds set and the total Midlands activity delivered . Unfortunately data is only available at an ICS level, therefore data cannot be reported for Derby City.

Midlands Total
Derbyshire
Minimum Thresholds

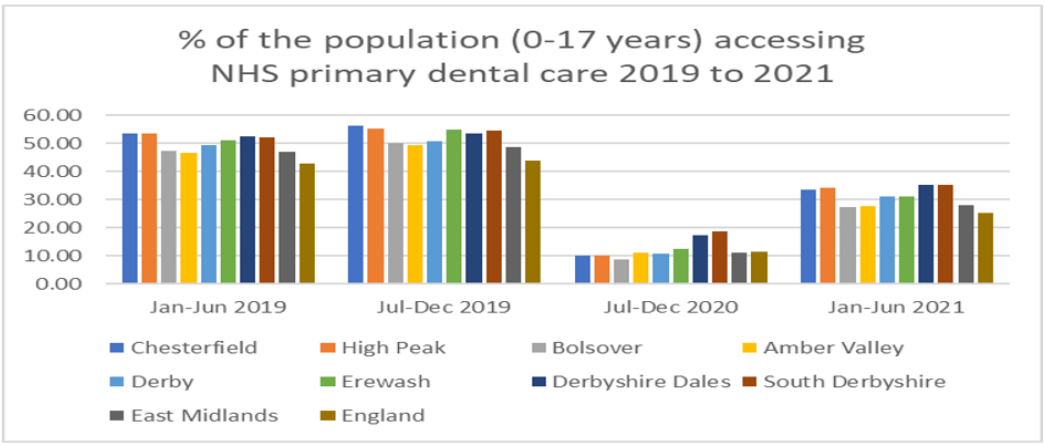
Fig 2 - Inequalities in NHS dental access across Derbyshire ICS for all ages, 0-17 years and adults.

NB: Annual data can be located within Point 48 – Access.

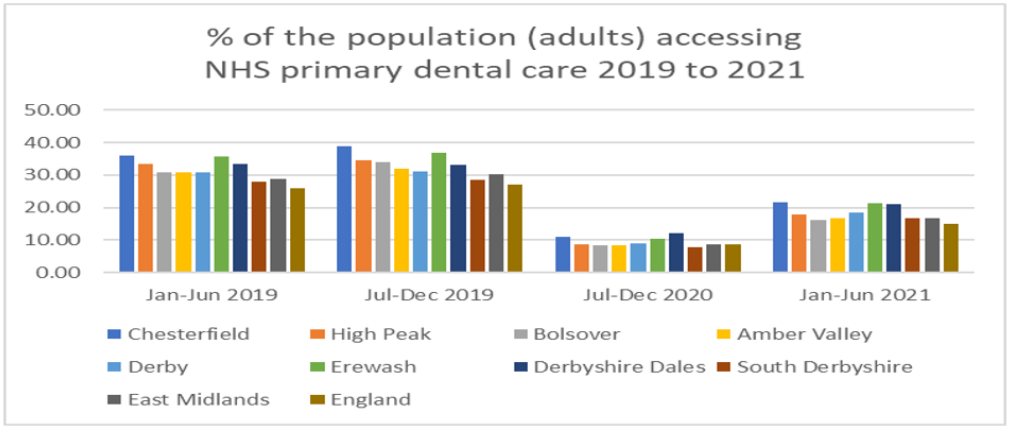
Inequalities in NHS dental access across ICS (all ages)



Inequalities in NHS dental access across ICS (0-17 years)



Inequalities in NHS dental access across ICS (adults)



28. It is estimated that across the Country there has now been the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic. The effects have been similar in community and hospital care due to restricted capacity which can be a consequence of staff absences or re-deployment of staff to support COVID-19 activities.

29. Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term effects on oral and general health due to the impact on nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar), coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar intake and alcohol intake could have a detrimental effect on an individual's health. Again, those impacted to the greatest extent by this are likely to be the vulnerable and most deprived cohorts of the population, thus further exacerbating existing health inequalities.

30. It is important to note that some of the most vulnerable in the population, whose oral health may have been affected by the pandemic as described above, are also those individuals who are at greater risk of contracting COVID-19 and of experiencing worse outcomes due to risk factors linked to other long term health conditions.

31. The NHSE/I Commissioning Team have surveyed dental practices on a number of issues so as to gain assurance that they have received and implemented the guidance that has been sent out. This includes:

    - a statement of preparedness to return
    - information on air exchanges to support appropriate use of surgeries and downtime between procedures (including financial support to get expert advice)
    - information on risk assessment of staff within the practice (including vaccination status).

Restoration of Services

32. In line with national guidance issued in response to the COVID-19 pandemic, NHS dental practices in England are currently not providing routine dental care in the same way as they were prior to the pandemic.

33. The capacity and number of appointments available will vary depending on the type of practice and the number and configuration of surgeries and waiting rooms. Specialist Orthodontic practices have continued to prioritise and care for patients already in treatment and have now successfully recovered to almost normal level of service allowing them to see new patients. These patients are being prioritised based on clinical need (to avoid harm) rather than on length of time on a waiting list. This means that there are longer than usual waiting times for patients with lower clinical need.

34. As a result of the pandemic, dental practices have undertaken risk assessments of their premises and have made changes to the way they provide dental care. This is to ensure the safety of both patients and staff. These additional safety precautions mean that practices are not able to see the same volume of patients which they were seeing prior to the pandemic due to required measures to ensure social distancing and prevent any risk of infection spreading between patients. Surgeries require "fallow time" or downtime between patients to allow for droplets to settle prior to cleaning. This will depend on the level of ventilation to the room.

35. As a result, not all practices or clinics will necessarily be able to offer the full range of dental treatment in all their surgeries. Practices have been offered a financial contribution by NHSE/I for a survey to be undertaken in obtaining expert advice on the current ventilation within their practice and any changes that can be made to improve this.

36. It is important to note that patients should expect to be contacted and asked to undergo an assessment (undertaken remotely in most instances) prior to receiving an appointment and that they are still required to follow advice around social distancing and mask wearing. The latest guidance is that patients will be treated differently depending on whether they have any respiratory symptoms and if they do, non-urgent dental care should be delayed until the patient has fully recovered and does not have any further symptoms. As part of this, patients will be asked about their COVID status and whether or not they are experiencing any symptoms. They will then be directed to the most appropriate service depending on whether they have symptoms and need urgent dental care. This pathway will not change due to the removal of free COVID-19 tests and patients will also not be required to purchase these tests in order to gain access to NHS dental services.

37. Local dental professional teams and NHSE/I commissioning teams across the country are working hard to restore NHS dental services and deal with the inevitable backlog of patients that has built up since the COVID-19 pandemic. There is significant potential for the reduction in access to services to have disproportionately affected certain population groups and therefore to have further widened existing inequalities. Those with poorer oral health and/or additional vulnerabilities are likely to have suffered more from being unable to access dental care than those with a well-maintained dentition. Furthermore, there is ongoing concern about a reluctance amongst some people to present for care because of the pandemic either because they do not want to be a burden on the health service or because they fear getting coronavirus. A campaign reassuring people that it is safe to attend NHS dental appointments has recently been launched by NHSE/I. Again, this delay in seeking care is likely to have affected some of the more vulnerable population cohorts more than the general population thus further exacerbating the health inequalities.

38. Reduced access to NHS dental care over the course of the pandemic will have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention may have struggled to gain access to NHS dental care. Some who were part way through dental treatment will undoubtedly have suffered and may have lost teeth

they would not have done otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out and some of those affected teeth will subsequently have deteriorated further as the required treatment was simply not available.

39. Orthodontic patients who are routinely seen for regular reviews will have missed appointments, though harm reviews and remote consultations should have helped identify any urgent issues. The ongoing backlog and ever-increasing waiting lists do however mean that there is still a risk of those recall intervals being extended to try and free up capacity to see new patients. Patient compliance with the required oral hygiene measures may decrease over time and consequently there is an increased risk of decay developing around the orthodontic appliances if treatment is prolonged in this way.

Recovery Initiatives

40. A large financial investment has been made to facilitate initiatives designed to increase access in both primary, community and hospital dental care. Some of the schemes that have been supported are:

    - Weekend Sessions – For Derbyshire, 11 practices are contracted to provide 96 additional sessions at a cost of £62,784. Out of the 11 practices, 2 practices are within Derby City providing 44 additional weekend sessions. Additional national funding was allocated as part of a national scheme and further applications are currently being reviewed on an on-going basis until end March 2022.
    - Weekday Sessions – For Derbyshire, 11 practices are contracted to provided 1047 additional sessions at a cost of £68,016. Out of the 11 practices, 2 practices within Derby City providing 14 additional weekday sessions. Additional national funding was allocated as part of a national scheme and further applications are currently being reviewed on an on-going basis until end March 2022.
    - Additional sessions from dental providers who are open from 8am to 8pm. For Derbyshire, 2 practices are contracted to provide 62 sessions at a cost of £40,548. Both these practices are within the Derby City area.
    - Additional Orthodontic Case Starts – an offer has been made to practices with capacity for additional activity to address waiting lists. Unfortunately, no expressions of interest were received from practices within Derby City.
    - Community Dental Services (CDS) Support Practices – the NHSE/I team have commissioned a number of dental practices across the Midlands to work collaboratively with local dental providers delivering special care dental services. This pilot is intended to provide additional capacity to assist in routine review and support the management of special care dental patients who are in the system. Unfortunately, there was no uptake from NHS dental providers in Derby City, however NHSE/I are currently trying to secure additional funding to re-run the pilot for financial year 22/23 and hope to encourage uptake from NHS dental providers in Derby City.

- Dedicated In Hours Urgent Care Slots – additional capacity for NHS 111 to signpost urgent patients without a regular dental practice. Six practices in Derbyshire are taking part and providing extra appointments. Two of the six practices are within Derby City offering 20 additional urgent care appointments per week.
- Additional recurrent investment of £150,000 for a period of 2 years to support oral health promotion and improvement was allocated jointly to Derbyshire County Council and Derby City Council to ensure that local people have access to the information and support they need to maintain good oral health.
- Additional non recurrent investment of £40,000 to support distribution of toothbrushing packs to food banks and other venues was allocated jointly to Derbyshire County Council and Derby City Council.
- Additional non recurrent investment has been secured to support Intermediate Minor Oral Surgery providers across the East Midlands to enable them to over perform against 19/20 baseline (paid on cost per case) to support with reducing waiting lists to enable patients to be seen within 6 weeks of referral into the specialist service. As at February 2022, there were 1,268 patients accepted onto the IMOS pathway by Derbyshire providers and 143 (14%) are waiting over 6 weeks to access treatment.
- Additional non recurrent investment of £27,390 to support waiting list initiatives for Derbyshire Community Dental Services during 21/22. The waiting list initiatives are to run additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment and additional dental hand pieces to support improving efficiency of dental clinics resulting in reduced fallow time between patients. Prior commitment has been secured for 22/23 to support reducing General Anaesthetic waiting list, subject to securing additional sessions at the hospital trust.
- Additional non recurrent funding to support delivery of the dental epidemiology survey for 5 year olds of £10,000 to supply each child with a tooth brushing pack as part of the epidemiology survey.
- Additional non recurrent funding of £7,000 has been agreed with Derby City Local Authority for Community Dental Services to undertake an enhanced dental epidemiology sample to allow for improved understanding of oral health need.
- Additional non recurrent funding of £5,000 to support Oral Health Promotion training resources to improve delivery of services.
- Additional non recurrent investment of £386,913 to support secondary care dental waiting list initiatives for two hospital Trusts in Derbyshire. The waiting list initiatives are to address 104 and 52 week waits across the secondary care dental specialities e.g. orthodontics, Oral Surgery and Maxillofacial. Prior commitment of £365,738 has been secured for 22/23 to support waiting list initiatives.

Vulnerable Groups

41. There are two main groups of vulnerable patients – those vulnerable due to COVID-19 and those who are vulnerable with respect to their oral health. For those in the categories who are vulnerable or shielded due to age or underlying health conditions, special arrangements will be made to ensure they are able to access care safely. Some patients may be seen by their usual practice but will usually be offered an appointment at the beginning or end of a session.

42. In addition, there are groups of patients particularly with Severe Multiple Disadvantage who are less likely to engage with routine dental services and likely to experience worse oral health. NHSE/I are working with the Derby & Derbyshire Oral Health Steering Group to address this inequality with work on undertaking an options appraisal currently underway.

Oral Health and Inequalities

43. Whilst NHSE/I is responsible for commissioning NHS dental services, public health teams in local authorities also have the overall responsibility for improving oral health for their local population and are statutorily required to provide or commission:

    1. Oral health promotion programmes to improve the health of the local population;
    2. Oral health surveys in order to facilitate:

    - Assessment and monitoring of oral health needs

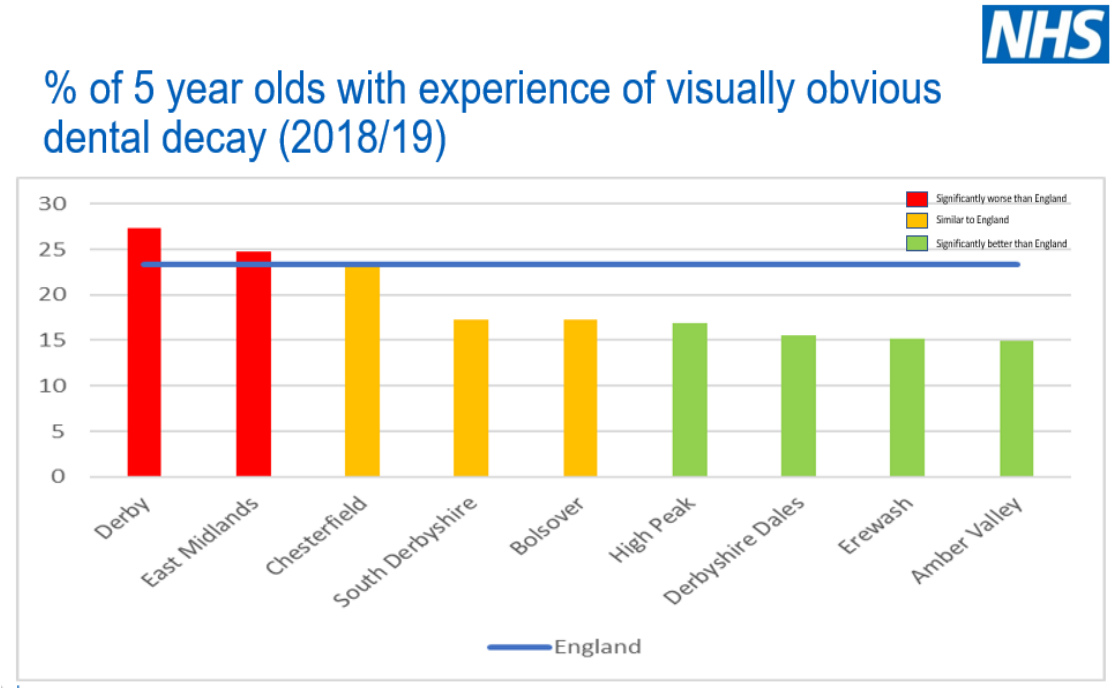
    - Planning and evaluation of oral health promotion programmes

    - Planning and evaluation of the arrangements for the provision of dental services

    Oral health is an important public health issue, with significant inequalities still evident. Deprived and vulnerable individuals are more at risk, both of and from, oral disease. The findings of the 2017/2018 survey of adults attending general dental practices in England showed that poorer oral health disproportionately affected those at the older end of the age spectrum and those from more deprived areas.[1] Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health and reduce inequalities. The 2019 national oral health survey of 5 year old children showed wide variation in both the prevalence and severity of dental decay among young children across Derbyshire (Figure 1).

    It can be seen that 5-year-old children in Derby City have significantly worse oral health compared to those living in England and the rest of Derbyshire.

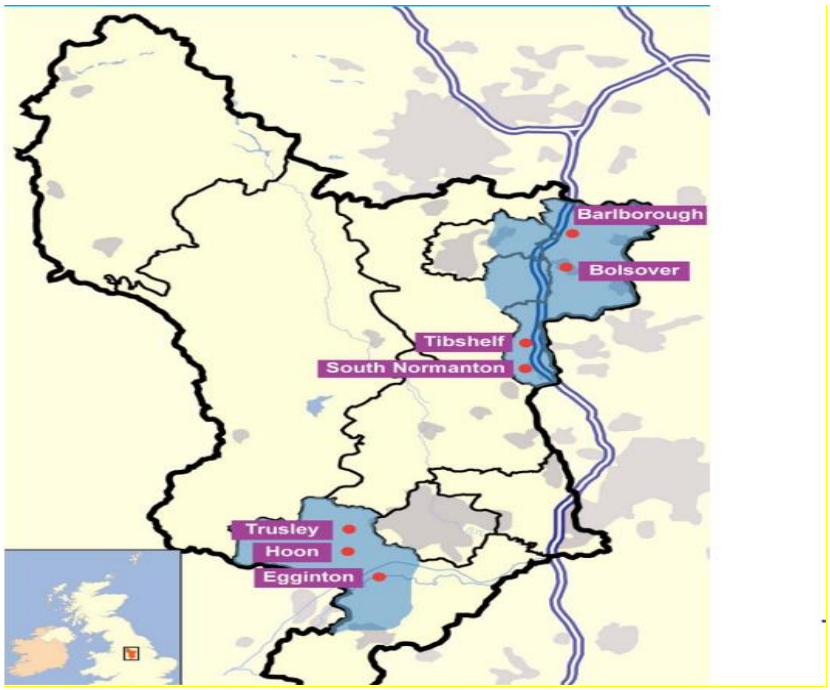
Figure 1



44. Derbyshire benefits from some water fluoridation across the County; this means that children in those areas are significantly less likely to experience tooth decay compared to their peers elsewhere in the county, region or country. About 43,000 people are supplied with artificially fluoridated water in Derbyshire. Fluoridated communities include parts of Bolsover District, bordering Nottinghamshire and parts of South Derbyshire District, bordering Staffordshire (Figure 2). Unfortunately, residents in Derby City do not benefit from water fluoridation. It is worthy of note that dental decay remains the most common reason nationally for hospital admissions in children aged 5-9 years.

    Although the responsibility for water fluoridation currently rests with the local authority, this is currently being changed as part of the Health and Care Bill that is being taken through parliament. Local authorities still have the responsibility until Royal Assent has been gained but if the Bill goes through, the Government would then be responsible for water fluoridation – it is anticipated that the changes will take effect in the summer of 2022.

Figure 2



45. The local NHSE/I dental commissioning team works collaboratively with colleagues in Derby City Council (Public Health) around prevention initiatives linked to Oral Health Promotion. Further information has been provided by the Council's public health team on the local oral health promotion initiatives for Derby City in Appendix 3.

46. NHSE/I is aware that some vulnerable groups are finding it harder than usual to access services – particularly as no walk-in options are currently available. We are continuing to review pathways and treatment arrangements for these patients to ensure that they can continue to access urgent dental care. Primarily, this has been facilitated through NHS 111. Many dental practices are operating with reduced capacity and will therefore be restricted in the care that they can offer to new patients. In addition to the Recovery Initiatives from item 38 within the report to increase patient access, the special care dental provider has also been ensuring access for vulnerable patients through their network of local clinics and dental access centres.

47. Additional dental capacity was also commissioned to support Afghan refugees repatriated to the UK and housed in local hotels. This was provided by way of dedicated domiciliary support to quarantine hotels and ongoing additional capacity at 2 local practices in Derby City (to ensure the additional workload did not negatively impact on wider patient access).

48. Some patients who have previously accessed dental care privately may now be seeking NHS care due to financial problems related to the pandemic or due to the additional Personal Protective Equipment (PPE) charges that are apparently being

levied by some private dental practices. This is putting additional pressure on services at a time when capacity is constrained. Although these patients are eligible for NHS dental care, they may find it difficult to find an NHS dental practice with capacity to take them on and may find it difficult to access NHS dental care without assistance from NHS 111.

49. It should be noted that many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHSE/I, the private element of their business may have been adversely affected by the pandemic. The Chief Dental Officer for England set up a time limited working group who undertook an investigation into the resilience of mixed economy practices. They concluded that whilst there would have been an interruption of income, the risk of a large number of practices facing insolvency over the next 12 to 18 months was low. There have been anecdotal reports of some practices being reluctant to offer NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. NHSE/I does not support such stances and have made it clear to dental providers that they should not be pressuring patients into private dental care. The NHSE/I Contracting Team will investigate any such reports but will need detailed information on the date and time of any instance so that this can be raised with the practice for a response.

Access

50. Access to NHS dentistry is analysed and reported by NHS Digital. For adults and children resident in Derby City, access to NHS dental services has been typically higher than the national averages both prior and during the pandemic. Please see latest available figures below for 31 Dec 2021.

Access (% patients accessing care in the preceding quarter to 31 Dec 2021)	Adult (24 month)	Child (12 month)
Derby City Council	41.3	50.6
Derbyshire County Council	35.5	41.4
England	36	43.2

The figures below show access rates prior to the pandemic at 31 Dec 2019 before COVID had a chance to have an impact.

Access (% patients accessing care in the preceding quarter to 31 Dec 2019)	Adult (24 month)	Child (12 month)
Derby City Council	56.7	68.2
Derbyshire County Council	47.3	57.3
England	49.3	58

It can be seen that although access to NHS dental services for adults and children in Derby City remain higher than the national average, there has been a larger drop in access (adults: 15% vs 13% and children: 18% vs 15%).

51. It became apparent early in the pandemic that children's access had been particularly badly affected and this is clear from the reductions in access in the tables above. This was due both to dental practices focussing less on routine care and on parents being reluctant to bring children to medical/dental appointments – the pattern was consistent across other NHS services too.

52. Prior to the pandemic, the local NHSE/I commissioning team had been working on encouraging parents to take children to the dentist early.

53. As capacity is currently restricted and whilst children's appointments should be prioritised, it may not be possible at present for very young children to be seen in the way that was originally being promoted. However, the NHSE/I commissioning team have been working on a new scheme to encourage child friendly dental practices locally to provide support to local Community Dental Services in collaborating on a shared care model. This will serve to free up capacity for specially trained staff to focus on tackling backlogs of child patients requiring complex dental treatment. NHSE/I have sought one practice within the County, but there has been no interest from Derby City. It is part of NHSE/I's investment plan in continuing this scheme into 2022/23 and to seek further interest and support from local NHS dental practices in re-running the scheme.

54. Work is also in hand to strengthen local prevention initiatives and the dental team have been working closely with colleagues in the Local Authority (Public Health) to further develop oral health promotion initiatives.

Out of Hours (OOH) Provision

55. Out of hours services provide urgent dental care only.

Urgent Dental Care

56. Urgent and emergency oral and dental conditions are those likely to cause deterioration in oral or general health and where timely intervention for relief of oral pain and infection is important to prevent worsening of ill health and reduce complications (SDCEP, 2013). Urgent dental care problems have been defined previously into three categories (SDCEP, 2007). The table below shows current national information about the 3 elements of dental need and best practice timelines for patients to receive self-help or face to face care.

Triage Category	Time Scale
Routine Dental Problems	Provide self-help advice. Provide access to an appropriate service within 7 days if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies	Contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

People should check their dental practice's answer machine; information should also be displayed inside the practice and on the windows. Most people are signposted to contact NHS 111 who will alert the out of hours dental provider. There is an online option for contacting NHS 111 that will often be quicker and easier than phoning – particularly when NHS 111 are dealing with large numbers of COVID-19 related calls. If using the phone, it is important to listen to all the messages and choose the appropriate option for dental pain.

57. Patients with dental pain should not contact their GP or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service.

58. People who require urgent out-of-hours dental care can attend any service in the Midlands area and for Derby City residents, the nearest sites are Derby City or North Derbyshire depending on the patient's address. At times of peak demand, patients may have to travel further for treatment depending on capacity across the system.

<u>Domiciliary Care (For patients unable to leave their own home or care home)</u>

59. For residents of Derby City, there is a dedicated General Dental Practitioner who is commissioned to provide dental care and treatment for patients in care homes and also for those who live in their own home. Some limited dental care can be provided in these settings setting such as a basic check-up or simple extraction, but patients may be required to travel into a dental surgery as this is the safest place to provide more complex dental treatment. If such patients require a dental appointment, they or their relative or carer can contact the local domiciliary provider via NHS 111. If they need more specialist dental care, they will generally be referred on to the Community Dental Service after this initial contact.

60. Prior to the pandemic, work was underway to look at new ways of collaborative working with primary care networks to strengthen support to care homes in accessing dental services or improving the oral health of their residents. This remains a priority area and some pilots have already been undertaken in other areas across the Midlands with the aim of extending successful schemes to cover other areas.

Dentures

61. If a person breaks their denture, they will need to contact their local dental practice. If they do not have a regular dentist, they should contact NHS 111. During the pandemic, dental practices have been prioritising more urgent dental care and broken dentures have not been classified as urgent care. Broken dentures can sometimes be fixed without a patient needing to see a dentist for an appointment – the dentist will assess the denture and if possible, send to the dental laboratory for the denture to be repaired. Some instances of broken dentures and all lost dentures will require new dentures to be made. This takes on average 5 appointments over a number of weeks with at least a week between appointments. This type of service has been restricted due to COVID-19.

Hospital, IMOS and Community Care

62. Infection prevention and control measures in place to protect patients and staff also mean that there is reduced capacity in community clinics and hospitals for certain procedures particularly those requiring a general anaesthetic or sedation. As a result, the wider NHS system is prioritising theatre capacity and treating the most urgent cases – for instance those with cancer. This means that some specialist services will only be available at a more limited number of centres. There may also be additional requirements for prospective patients around swabbing or isolating at home prior to treatment. This is to ensure the safety of patients undergoing surgery and those already in the hospital.

63. Secondary care dental services e.g. orthodontics, Oral Surgery, Oral Medicine, Maxillofacial (adult and paediatric) services are commissioned from two acute trusts in Derbyshire to deliver complex dental, often multi-disciplinary, treatments to patients who meet the clinical criteria in line with the NHSE/I Commissioning Guides. GDPs will make a referral into secondary care dental via the electronic referral management system and all referrals will be triaged to determine eligibility against clinical criteria. Activity and contract values are agreed annually with acute trusts. Trusts are monitored on referral to treatment (RTT) within 18 weeks, 52 week waits and in addition due to the impact of the pandemic, monitoring 104 week waits. All Trusts are required to clear any 104 week waits by July 22. As at January 22, there were 21 patients waiting over 104 week waits for Oral Surgery and the two trusts have plans in place to clear this within the target deadline. Please note that as this is commissioned on a system area footprint, data for Derby city residents is not available. Please see Appendix 4 for Midlands Oral Surgery Referral to Treat Trends. Referrals into secondary care have started to recover, please see Appendix 5, however, these remain lower than previous levels due to the reduction in routine appointments in primary care.

64. Intermediate Minor Oral Surgery (IMOS) service is a specialist referral service to provide complex dental extractions for patients over the age of 17 years who meet clinical criteria and who reside within Derbyshire. Patients have a choice of providers across Derby and Derbyshire. Pre pandemic, patients would normally be seen and treated within 6 weeks. GDPs will make a referral via the electronic referral management system. At February 2022, there were 1,268 accepted patients within the IMOS pathway for Derbyshire and 143 (14%) were waiting over

6 weeks to be treated. Derbyshire has one of the lowest IMOS waiting lists across the East Midlands. Please note as this is a specialist service commissioned on a system area footprint, data for Derby city residents is not available.

65. The Derbyshire Community Dental Services provides dental services for those patients whose oral care needs (on-going or part of a single treatment plan) that cannot be met through other NHS primary care dental contracts owing to their additional needs (medical, physical or behavioural). The service provides dental care following patient pathways that includes behavioural management techniques, sedation and general anaesthesia (GA). GDPs or health care professionals can make a referral into the service. The GA pathway for children and special care adults is managed between the CDS CIC and University Hospitals of Derby and Burton. Please note this is commissioned on a system area footprint.

66. In order to address these concerns the Local Dental Network have taken the opportunity to publicise Mouth Cancer Awareness month and to distribute a set of key messages to dental practices to help them raise awareness, identify patients with symptoms, and ensure they are aware of how to refer patients quickly to the appropriate services. This is as a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021 https://bit.ly/3vK70Ez.

67. NHSE/I are also working collaboratively with Derby City Public Health to amplify key messages.

68. The NHSE/I dental team have been working with local groups of clinicians through the Managed Clinical Networks to explain to local dentists how patients are being prioritised by services and what can be done to manage them in the interim whilst they are waiting for treatment. The aim is to keep patients safe and ensure they are being regularly monitored and that the practice knows how to escalate if the situation changes and needs become more urgent.

Staffing issues

69. Dental providers are required to undertake COVID risk assessments on their staff. Working arrangements have been altered to keep people safe where necessary and staff who are unable to see patients face to face have been involved with telephone triage or have been redeployed to help in other services such as NHS 111. The contracting team at NHSE/I monitor vaccine uptake amongst practice staff and the latest figures from a recent survey show relatively good uptake compared to the region as a whole.

    Unfortunately data is only available at an ICS level, therefore data cannot be reported for Derby City.

ICS	Response	Practice	%	eligible	1st		2nd		booster		flu	
Derbyshire	47	101	46.5%	624	599	96.0%	596	95.5%	400	64.1%	257	41.2%
Grand Total	**460**	**1149**	40.0%	**5884**	**5432**	92.3%	**5381**	91.5%	**3530**	60.0%	**2058**	35.0%

Collaborative working with local Dentists

70. There have been regular meetings with the profession via the Local Dental Committee. The local dental commissioning team at NHS EI are grateful for the co-operation received from the dental profession in mobilising Urgent Dental Care Centres and co-producing solutions to help manage the current restrictions in NHS dental services. This has included joint working between the local Community Dental Service and General Dental Practices.

71. There is a Local Dental Network (LDN) covering the Derbyshire ICS with an LDN Chair in place – Rami Khatib. There are also a number of Managed Clinical Networks (groups of local clinicians) who still meet virtually to plan care and agree guidance to help practices with good practice in managing their patients. The Urgent Care Network met weekly early on in the pandemic to help plan and deliver ongoing access to urgent dental care.

72. The NHSE/I Dental Commissioning team have also been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services. These have been distributed to local authorities, Directors of Public Health and CCGs. We have also engaged with local Healthwatch and they have shared intelligence on local concerns or on difficulties people may be having accessing NHS dental services.

73. Examples of tweets that have been shared on Twitter are given in Appendix 6.

74. Getting it right first time (GIRFT) for Oral Surgery hospital dental review. GIRFT project launch event is planned in April and the project will support restoration and recovery of secondary care dental oral surgery services.

PPE and Fit Testing

75. NHSE/I supported Urgent Dental Care Centres throughout the national lockdown to ensure that they had access to all the necessary PPE – particularly early on when supplies were limited. NHS dental practices now have access to PPE through a portal – this is to ensure ongoing supply should we see further pressures as cases increase.

76. One of the barriers originally faced in getting practices back to delivering a full range of dental services was the need to fit test staff so they could safely use these protective FFP3 masks which is an additional requirement when an Aerosol Generating Procedure is needed during the pandemic. NHS E/I initially worked with PHE (now abolished) to fit test dental staff working in the Urgent Dental Care Centres (UDCC) and Out of Hours services. We have subsequently worked with Health Education England (HEE) in training 91 dental practice staff across the Midlands who can undertake fit testing of masks for local dental practices. Some staff may not be able to use the standard FFP3 masks due to difficulties getting an acceptable fit which could be due to facial hair or the wearing of religious head-gear for cultural reasons, and in these cases staff have the option of using special

hoods instead. More and more dental practices are opting for reusable rather than disposable FFP3 masks.

COVID 19 and outbreaks in dental settings

77. There have been several COVID-19 outbreaks in the NHS dental practice setting within Derbyshire as a whole since the pandemic (unfortunately data is only available at an ICS level, therefore data cannot be reported for Derby City). Dental practices are well equipped to manage risk relating to COVID-19 as all staff are trained in infection prevention and control as part of their role in delivering dental services. 'Donning and doffing' (putting on and taking off) PPE should be very familiar to them. A dental Standard Operating Procedure for outbreak management has been circulated via all dental contract holders and to the Local Dental Committees to support practices manage any positive cases in their practices, whether visitors or staff. However as with all primary care settings, the risk of staff to staff transmission when they are outside their immediate clinical setting such as in shared reception areas or staff rooms or through community contacts outside work (such as with family or friends). NHSE/I ran a webinar in 2021 to raise awareness of good practice in Infection Prevention and Control and to share learning to prevent outbreaks in dental settings.

78. NHSE/I is working with dental providers to ensure that they operate safely and within national guidelines and have cascaded the national guidance and Standard Operating Procedures that give guidance on how care can safely be provided as we move through the pandemic. All the latest national guidance for dental practices can be found here: https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/

79. The latest Infection Prevention and Control guidance for dental practices can be found here: COVID-19: infection prevention and control dental appendix - GOV.UK (www.gov.uk). Support is being provided to practices who have staff with COVID-19 symptoms and are being advised to isolate. This is to ensure they take the relevant actions through their business continuity plans and are able to continue operating safely in providing care to their patients. Where a practice is unable to remain open, patients may be redirected to an alternate local practice or to a COVID-19 UDCC.

Opportunities for Innovation including Digital

80. There have been some positive impacts through the pandemic including the way in which local services and clinicians have worked together collaboratively to maintain and recover services.

81. The other opportunity has been the widespread acceptance of innovative ways of providing care remotely by using digital methodologies such as video consultations. This has been widely used by Hospital and Community services, and also by Orthodontic practices, to provide support and advice to patients already in treatment.

NHSE/I is exploring options to increase the use of advice and guidance through the electronic Dental Referral Management system (REGO), including the facility to upload photographs with referrals.

Purpose of the meeting

82. HOSC members are invited to consider and comment on the information provided and agree:

- whether any further information or scrutiny work is required at this time
- whether there are any comments to highlight to the relevant Cabinet Member

Supporting Information

- Appendix 1 - Location of dental practices or clinics
- Appendix 2 - Activity Trends in Primary Care
- Appendix 3 – Derby City (Public Health led) Oral Health Promotion Activity Briefing
- Appendix 4 – Midlands Oral Surgery Referral to Treatment (18 week and 52 week Waiters)
- Appendix 5 – Midlands Secondary Care Dental Referral Trends
- Appendix 6 - Examples of tweets shared by the NHS England Communication Team

Contact Points

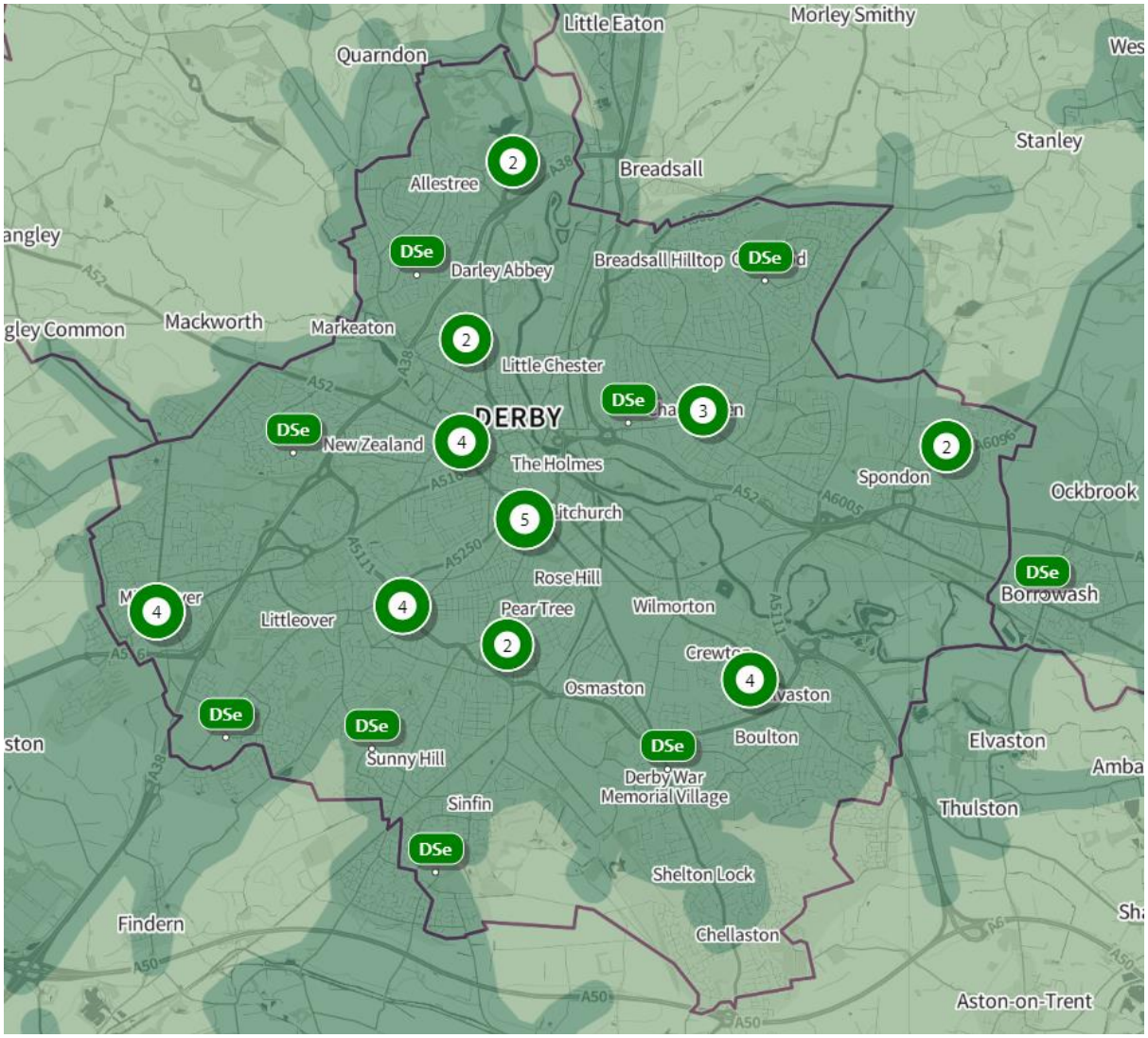
Lindsay Stephens, Democratic Services Officers, Tel: 01332 643557
Email: Lindsay.Stephens@derby.gov.uk

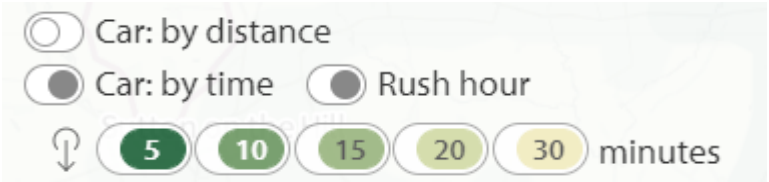
Rose Lynch – Senior Commissioning Manager NHSE/I
Email: rose-marie.lynch@nhs.net

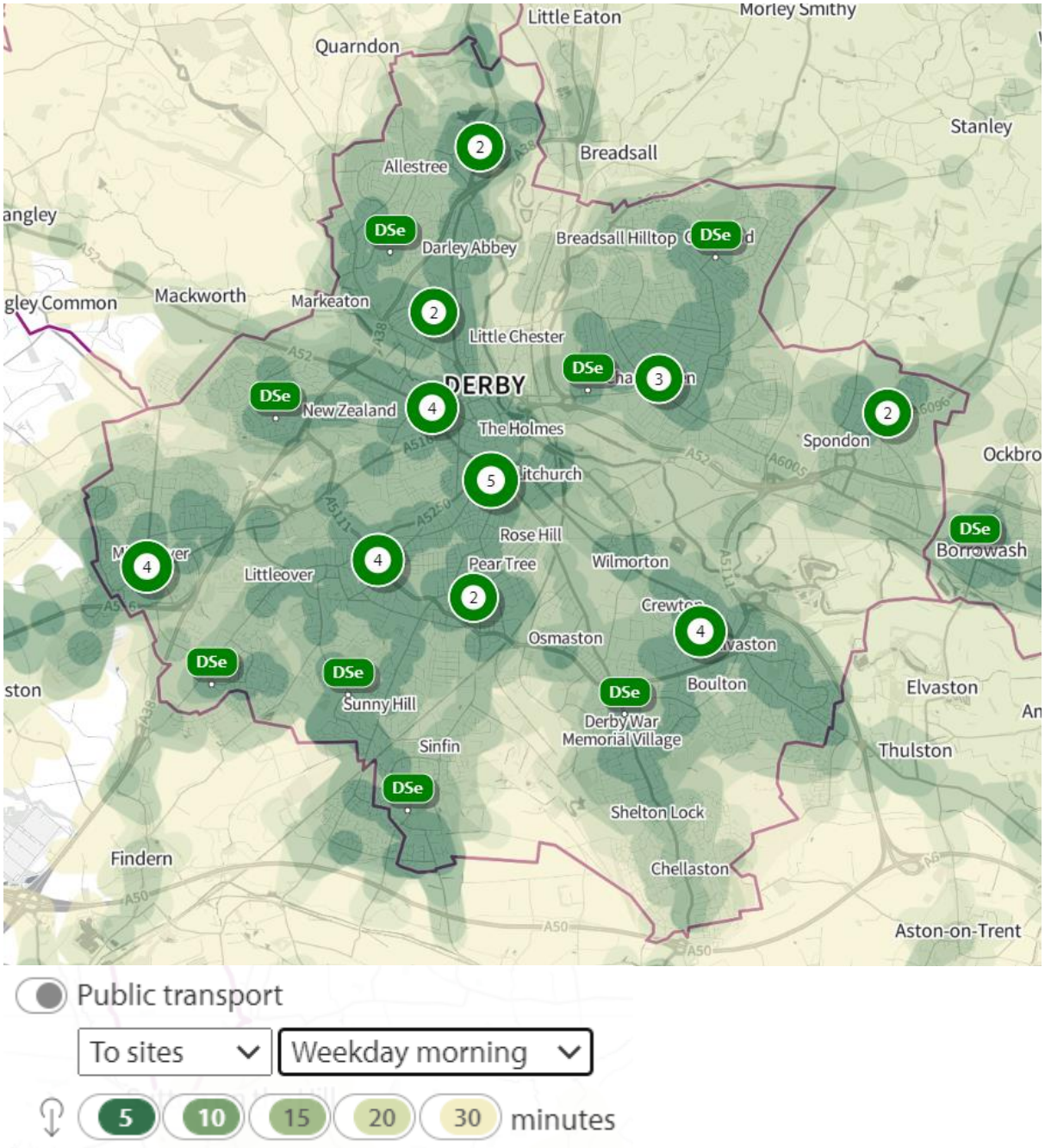
Appendix 1 Location of dental practices or clinics including orthodontic and community sites

NB:

- The numbers denote the number of NHS dental practices within the location
- DSE (dental service) indicates one NHS dental practice within the location



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Markeaton
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DERBY
New Zealand
The Holmes
Spondon
Ockbro
Rose Hill
Pear Tree
Wilmorton
Littleover
Borrowash
Osmaston
Boulton
Elvaston
Sunny Hill
Derby War Memorial Village
Sinfin
Thulston
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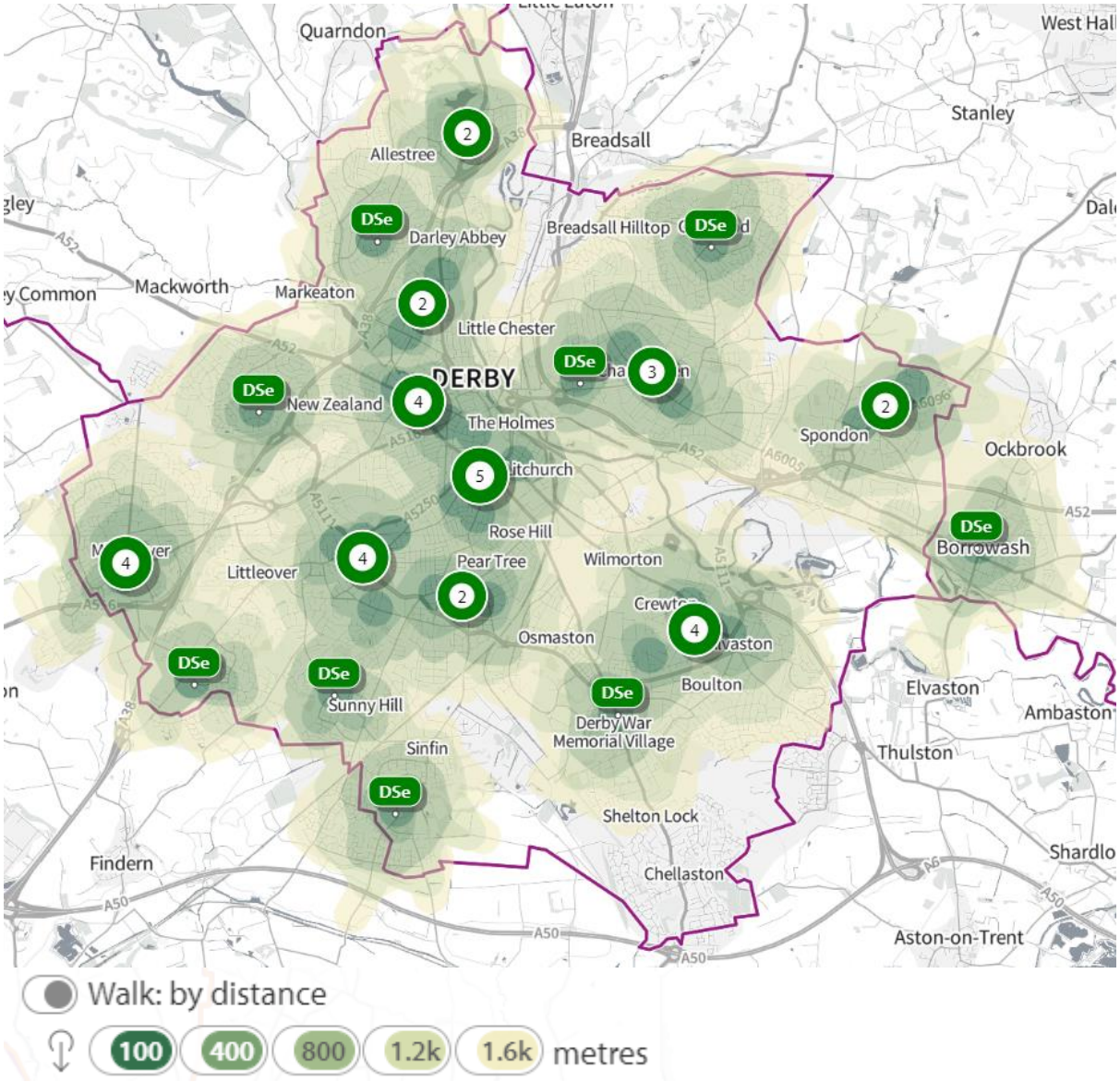
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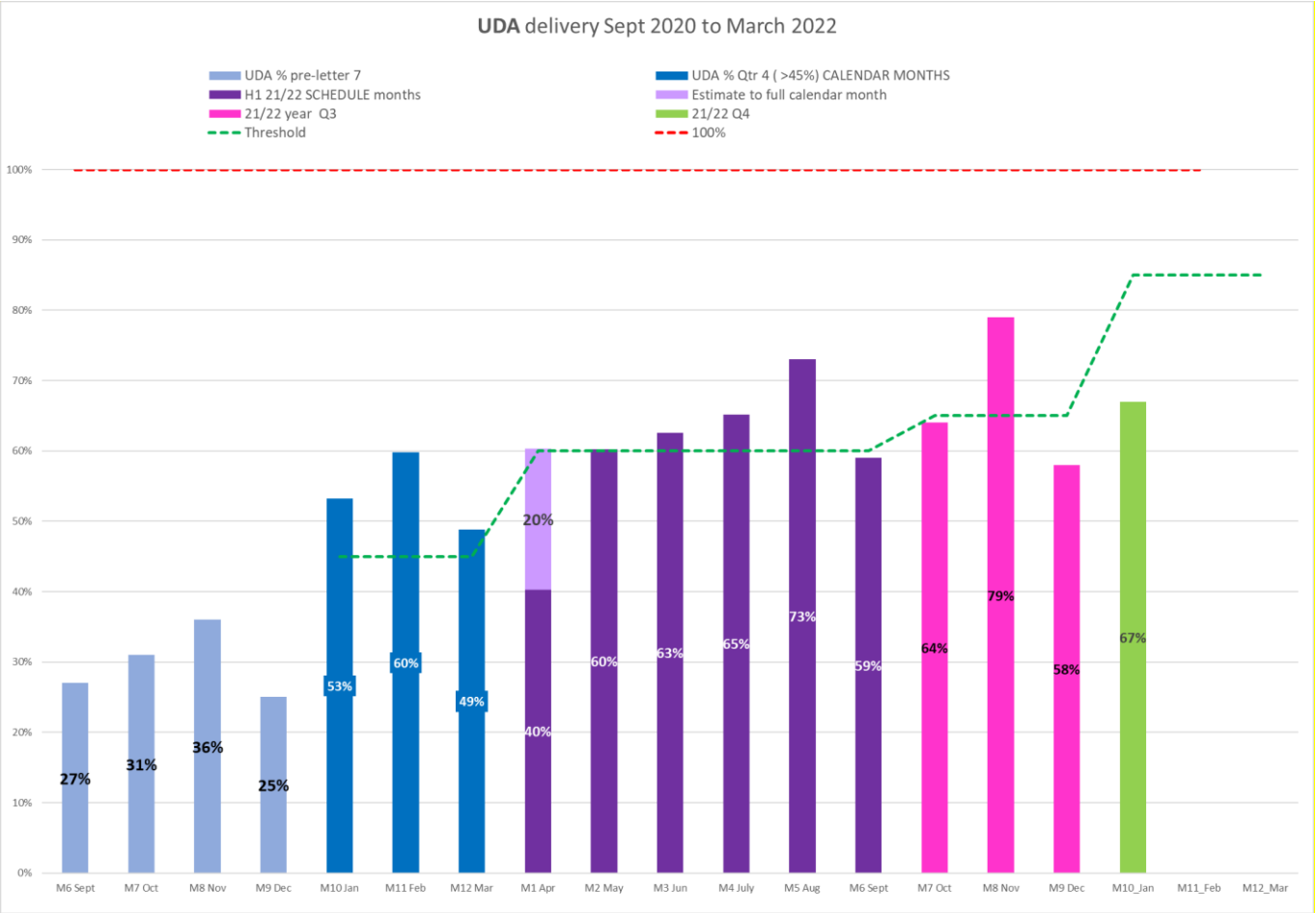
Mackworth
Markeaton
Little Chester
DERBY
New Zealand
The Holmes
Spondon
Ockbrook
Rose Hill
Borrowash
Littleover
Pear Tree
Wilmorton
Osmaston
Boulton
Sunny Hill
Derby War Memorial Village
Elvaston
Ambaston
Thulston
Sinfin
Shelton Lock
Findern
Chellaston
Aston-on-Trent
DSe
Walk: by distance
100
400
800
1.2k
1.6k
metres

Appendix 2 - Activity Trends in Primary Care for Units of Dental Activity (UDA) - Midlands



Appendix 3 – Derby City (Public Health led) Oral Health Promotion Activity Briefing

1.0 Oral health promotion and food banks 2021 - present

Objective:

- To address inequalities that exist amongst key target groups that are at greater risk of poor oral health outcomes. To focus on the six most deprived wards (Allenton, Derwent, Normanton/ Arboretum, Sinfin, Rosehill, Mackworth).

Activity:

- 1000 toothbrushes and 500 toothpastes approx. for both areas (1000 families/households).
- Inclusion of oral health promotion leaflets within each allocation of toothbrushes/paste
- Provision of knowledge and information to volunteers and key individuals by Derbyshire Oral Health Promotion team.
- Development of posters to inform families on how to access emergency dental treatment -displayed in foodbanks.
- Survey of food bank clients to establish their oral health knowledge and understanding of how to access a dentist.

2.0 Lifelong oral health media campaign 2022 – present:

Short term communications objectives:

- Increase awareness of the importance of life long oral health
- Promote whole life oral care messaging – i.e., it's not just children who need to care for their teeth
- Raise awareness that oral health problems are preventable
- Promotion of preventative measures
- Promote oral health through healthier food and drink choices

Longer term, service objectives:

- Improve early detection, and treatment, of oral diseases
- Provide consistent messaging across the system
- Reduce costs to NHS
- Reduce inequalities

Audience:

- All Derbyshire residents
- Parents / carers
- Health care providers

Key messages:

- Oral health problems are preventable
- Your food and drink choices impact your oral health
- Oral health is a lifelong journey
- Setting a good example for your children will help them with good, life long, oral health.

Delivery plan:

- *Run up to World Smile Month (May 2022)*
- Organic social media on all DCC and PH corporate feeds / Derby City feeds
- Inclusion in newsletters: Your Derbyshire, Members News, Community News, Healthy and Well etc
- Share with CVS, parish and town councils, other partners

3.0 Oral health promotion within health visiting 2016 – present:

The health visiting team will:

- Deliver brief interventions, advice and support for children, young people, and their families on oral health.
- Provide toothbrushes, paste and oral health promotion literature to every family as part of the 6–8-week development check of baby.
- At the one-year child development review share an oral promotion video demonstrating the correct way to brush a child's teeth, in addition to oral health promotion messages on sugar, bottles, and dummies. Increase reporting on the how child is being fed (breast or bottle) if the parents report their one-year-old is still using a bottle they will be invited to the oral group sessions.
- Provide regular and on-going support or vulnerable families through oral health group sessions.
- Deliver support to early years and educational settings to facilitate a whole school approach to health improvement (including oral health) based on identified needs and good practice.

Additional activities:

Safeguarding:

- Oral health is included within Derby and Derbyshire Safeguarding Partnerships Neglect audit e.g., dental care / registration with a dentist / exploring concern around dental neglect.
- Paediatric Dentistry and Adult Dentistry Safeguarding lead attend the Named and Designated Professional Bi-monthly meeting.

Understanding need:

- Oral health survey of five years olds (2019)
- Annual Dental epidemiology survey enhanced to include more schools in areas of high deprivation (2021/22)
- Public Health Analysis on hospital admissions for dental extractions in children residing in Derby and Derbyshire aged 0 to 5 years (Jan 2022)
- Healthwatch Derbyshire report "is it easy to find an NHS Dentist in Derbyshire?" (December 2021)
- Derbyshire County Council Oral Health insight report (2021)
- Derby City Joint Strategic Needs Assessment – web based/interactive.
- Understanding oral health needs of substance misusers - in development

Strategic buy in:

- Oral health is a strategic priority for Derby City Local Authority – it features in the city Children, Family and Learners Board strategic plan 2020 -22 and Derby and Derbyshire Joined Up Care Action Plan.

Derby and Derbyshire Oral Health Steering Group

Purpose of the group

This group is a multi-agency partnership working to improve overall oral health and to reduce oral health inequalities in Derby and Derbyshire. The aim is to target those at the highest risk of poor oral health. The group was established in 2020 under the stewardship of Public Health England.

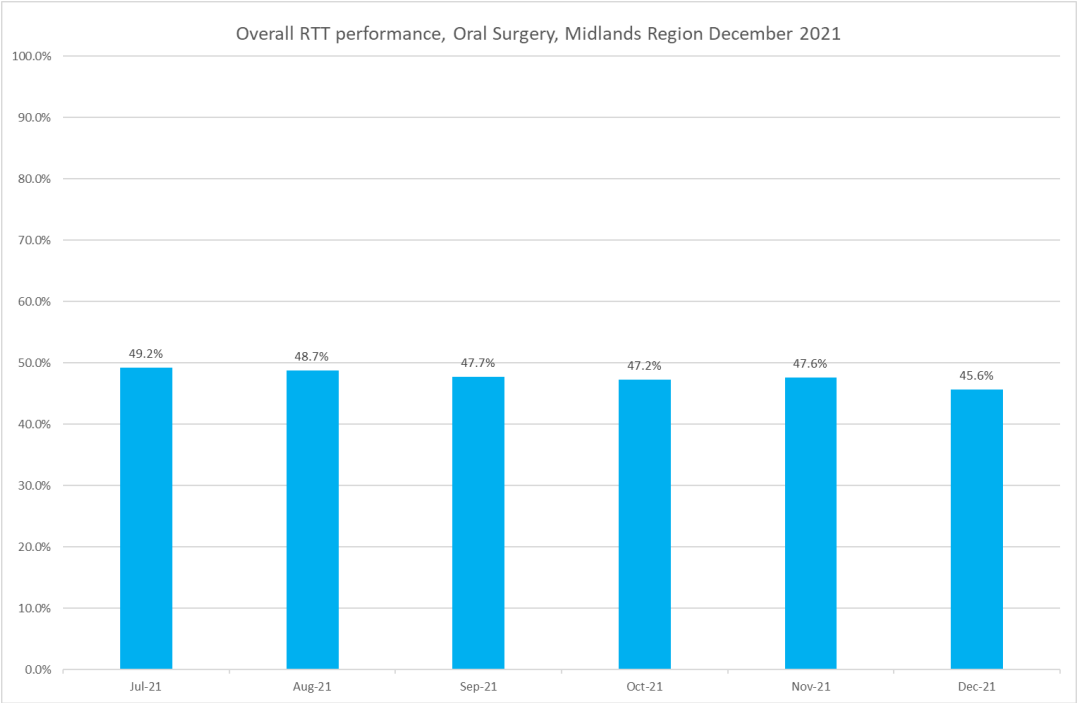
Membership:

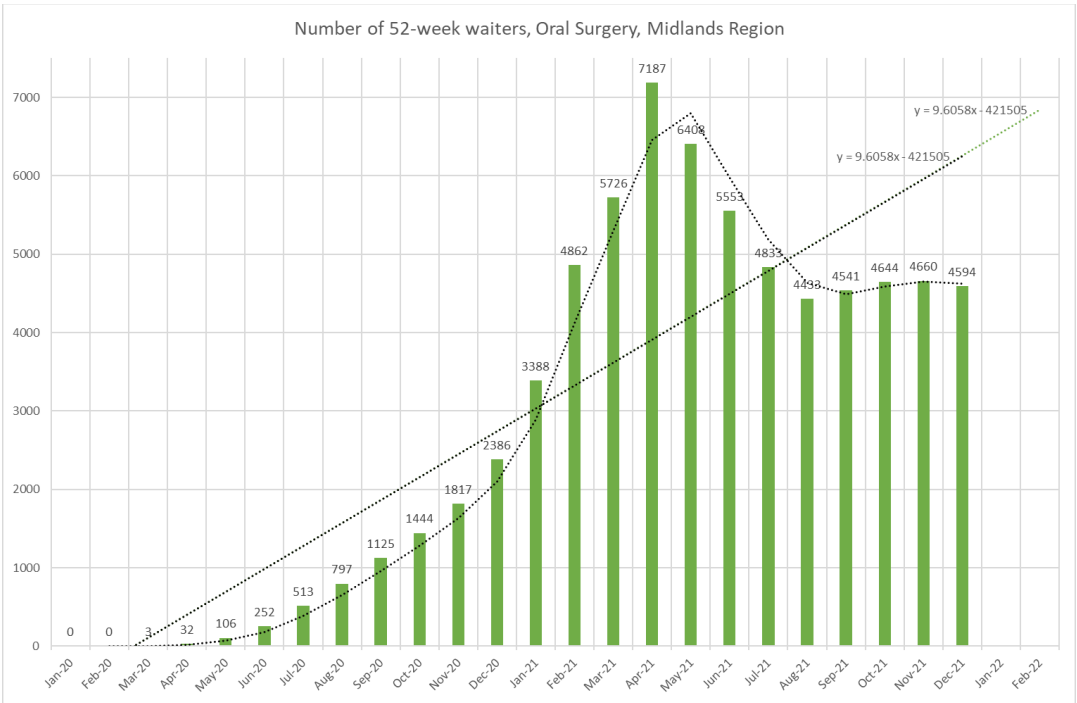
- Derbyshire County Council Public Health
- Derby City Council Public Health
- Public Health England
- NHS Midlands
- Chair of Derbyshire Local Dental Committee
- Healthwatch Derbyshire
- DCHS
- UHDB (Derbyshire Children's Hospital)
- Small Steps, Big Changes

Appendix 4 – Midlands Oral Surgery Referral to Treatment (18 week and 52 Week Waiters)

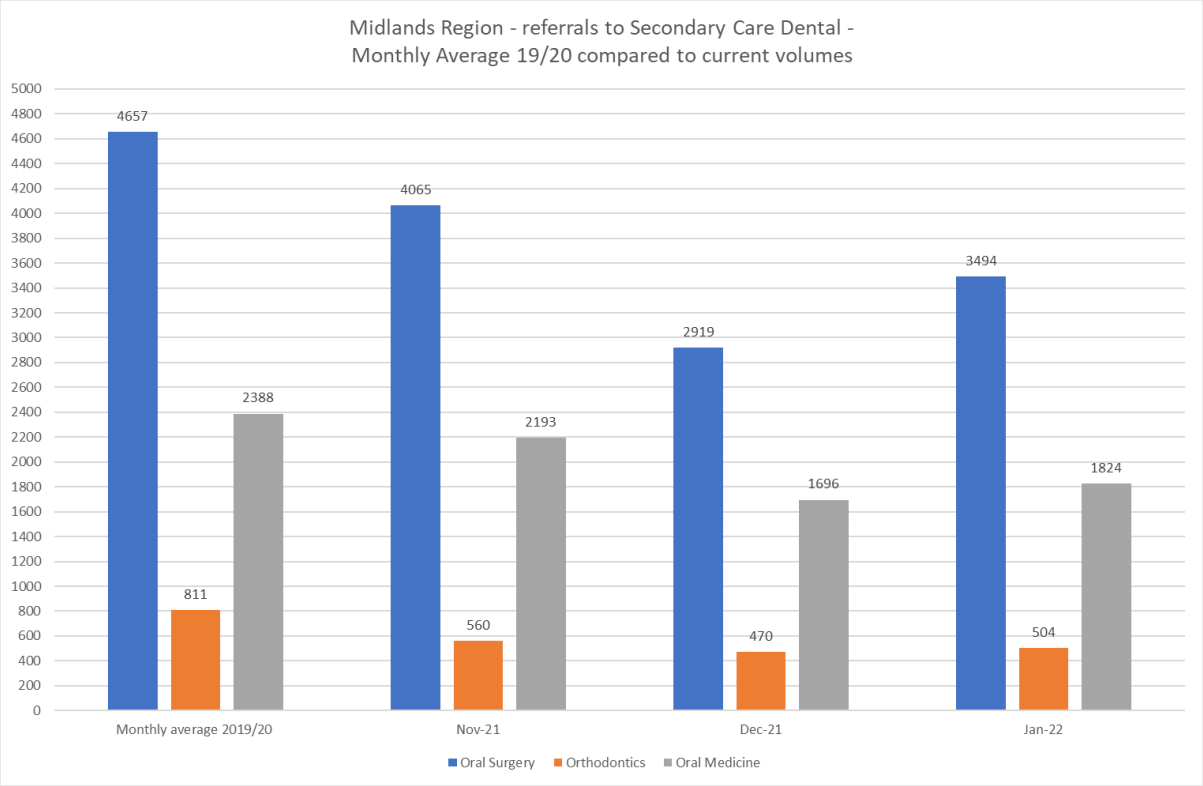
Note – the increase in 52-week waiters in April is largely due to a change in reporting process whereby maxillofacial surgery data was included for the first time. The proportion of the total waiting list that have been waiting 52 weeks or more has fallen from 19 per cent to 10 per cent between March and November.

Data cannot be split to report for Derby City.





Appendix 5 – Midlands Secondary Care Dental Referral Trends



Appendix 6 – Examples of tweets shared by the NHS England Communication Team