

Derby City Child and Young People Health Overview and Scrutiny Committee

4th September 2023

1 Background and information

- 1.1 The Derby City Children and Young People (CYP) Health Overview and Scrutiny Committee (HOSC) received a report for the meeting held on 5th September 2022. The report provided information on access to NHS Dental Services for children and young people, with a particular focus on provision and service recovery plans as a result of the COVID-19 pandemic. The report also included oral health improvement initiatives and activities, which is the statutory responsibility of the Local Authority - Derby City Council.
- 1.2 The Derby City CYP HOSC requested a further briefing update to provide:
 - An update of current NHS dental access position
 - An update on NHS dental access initiatives
- 1.3 Following the election of a New Chair for the Derby City Children and Young People (CYP) Health Overview and Scrutiny Committee (HOSC), a summary of NHS dentistry has additionally been included into this update paper to provide understanding of the background and current position to the NHS dental contract. Please refer to Dental paper submitted for 5th September 2022 HOSC for further detailed information.
- 1.4 Further to the last update in September 2022, the commissioning of all NHS dental services was fully delegated to Derby and Derbyshire Integrated Care Board (ICB)/Joined Up Care Derbyshire (JUCD) on the 1st April 2023.
- 1.5 A governance structure has been agreed that enables the ICB to set the annual plan and strategic direction of the Dental function and make localised decisions where possible, whilst the current dental commissioning team (who are hosted by Nottingham and Nottinghamshire ICB on behalf of the 5 ICBs in the East Midlands) are enabled to deliver day to day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.
- 1.6 The report has been developed by:
East Midlands Primary Care Team Senior Commissioning Manager (working on behalf of Derby and Derbyshire ICB/JUCD).

2 National NHS dental contract

- 2.1 Derby and Derbyshire ICB/JUCD 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 Derby and Derbyshire ICB/JUCD.
- 2.2 Although Derby and Derbyshire ICB/JUCD is responsible for commissioning all NHS general dental services, there are the limitations of the current national contract which may impact on the level of local flexibility which can be applied.
- 2.3 The current NHS dental contract for primary and community dental care was introduced in 2006. Prior to that, dentists could choose to set up a dental practice anywhere in the country. They could also see and treat as many patients who attended, and they claimed for each element of the dental treatment that was 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 NHS dental practice that existing at that time 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 NHS dental service had to be specifically commissioned by the then Primary Care Trusts (PCTs) within their capped financial envelope.
- 2.4 In effect, the former PCTs, and subsequent Commissioners 'inherited' those practices that were already in existence and that wished to continue to provide NHS dentistry under the new contracting arrangements. Sadly, a number of dental practices opted out of the NHS 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 dental appointments available. The PCT had no control over where these 'inherited' dental practices 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 have 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.
- 2.5 Unlike General Medical Practice (GMP), 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. Although dental practices are aware of this, there is still some misconception amongst the public regarding patient registration with dental practices.

- 2.6 Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from further treatment required within two months that falls within the same band of treatment or lower, repairs and replacements that are guaranteed for 12 months which can be replaced), the practice has no ongoing responsibility. However, people often associate themselves with a specific dental practice and are seen as “regular” patients of a dental practice. 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 GMP practices and patients are theoretically free to attend any dental practice that has capacity to accept them for a course of treatment.
- 2.7 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 were required to prioritise:
- urgent dental care
 - vulnerable patients (including children)
 - those at higher risk of oral health issues

For many practices, there has not been sufficient capacity to be able to offer routine dental check-up appointments to all those seeking access.

3 NHS dental services across Derby City

3.1 NHS General Dental and Orthodontic Services

There are 30 NHS general dental practices located within Derby City. 6 of the practices within Derby City also provide orthodontic services. In addition, there is 1 specialist orthodontic practice.

3.2 Extended hours, urgent dental care and out of hours

There is one contract in Derby City. The 8-8 NHS dental service provides access to patients from 8am to 8pm every single day of the year (365 days) and delivers both routine and urgent dental care.

- 3.2.1 Out of hours dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

Table 1: Triage category and associated timescale in relation to dental need

Triage Category	Timescale
Routine Dental Problems	Provide self-help advice and 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	Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

- 3.2.2 If a person has a regular dental practice and requires urgent dental care:
- During surgery hours, they should contact their dental practice directly.
 - Out of hours, they should check their dental practice's answer machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available).
 - For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay). There is also an online option for contacting NHS 111 that will often be quicker and easier than phoning.
- 3.2.3 If a person does not have a regular dental practice and requires urgent dental care, they can contact:
- any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the [Find a Dentist](#) facility on the NHS website
 - NHS 111, either [online](#) or on the phone (interpreters are available). For deaf people, there is also the [NHS 111 BSL Service](#) (alternatively, they can also call 18001 111 using text relay)
 - Healthwatch Derby
- 3.2.4 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. At times of peak demand, patients may have to travel further for treatment depending on capacity across the system.

3.3 Community (Special Care) Dental Service

- 3.3.1 The Derbyshire Community (Special Care) Dental Services provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental services due to their complex medical, physical or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer patients into the service. There is one dental provider (CDS-CIC) treating children, young people and adults from clinics across the Derbyshire system: there are 11 dental clinics, with one located in Derby City. The service is commissioned across the Derbyshire system footprint and although there is only one clinic located in Derby City, patients have the choice to attend alternative clinics. The new Derbyshire Community (Special Care) Dental Services contract commenced on 1 April 2020. Information on how to refer can be located on the Community Dental Services website [here](#).

3.3.2 The GA pathway for children, young people and adults is managed between CDS-CIC and the University Hospitals of Derby and Burton (UHDB) – Royal Derby Hospital. This is commissioned on a system area footprint.

3.3.3 Intermediate Minor Oral Surgery (IMOS) Service

The IMOS service is a specialist referral service in primary care providing complex dental extractions for residents in the Derbyshire system. This service is for patients over the age of 17 years who meet the clinical criteria. There are 3 IMOS providers located in Derby City.

3.3.4 Hospital dental care

Secondary care dental services e.g., Orthodontics, Oral Surgery, Oral Medicine, Maxillofacial are commissioned from UHDB to deliver complex dental (often multi-disciplinary) treatment to patients who meet the clinical criteria in line with the NHS England Commissioning Guides. Activity and contract values are agreed annually with acute trusts.

3.3.5 NHS Dental Charges

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 – £25.80 This covers emergency dental care such as pain relief or a temporary filling.
- Band 1 course of treatment – £25.80 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 – £70.70 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 – £306.80 This covers everything listed in Bands 1 and 2 above, plus crowns, [dentures](#), bridges and other laboratory work.
- More information on understanding NHS dental charges is available [here](#). All NHS dental practices have access to posters and leaflets that should be displayed prominently.

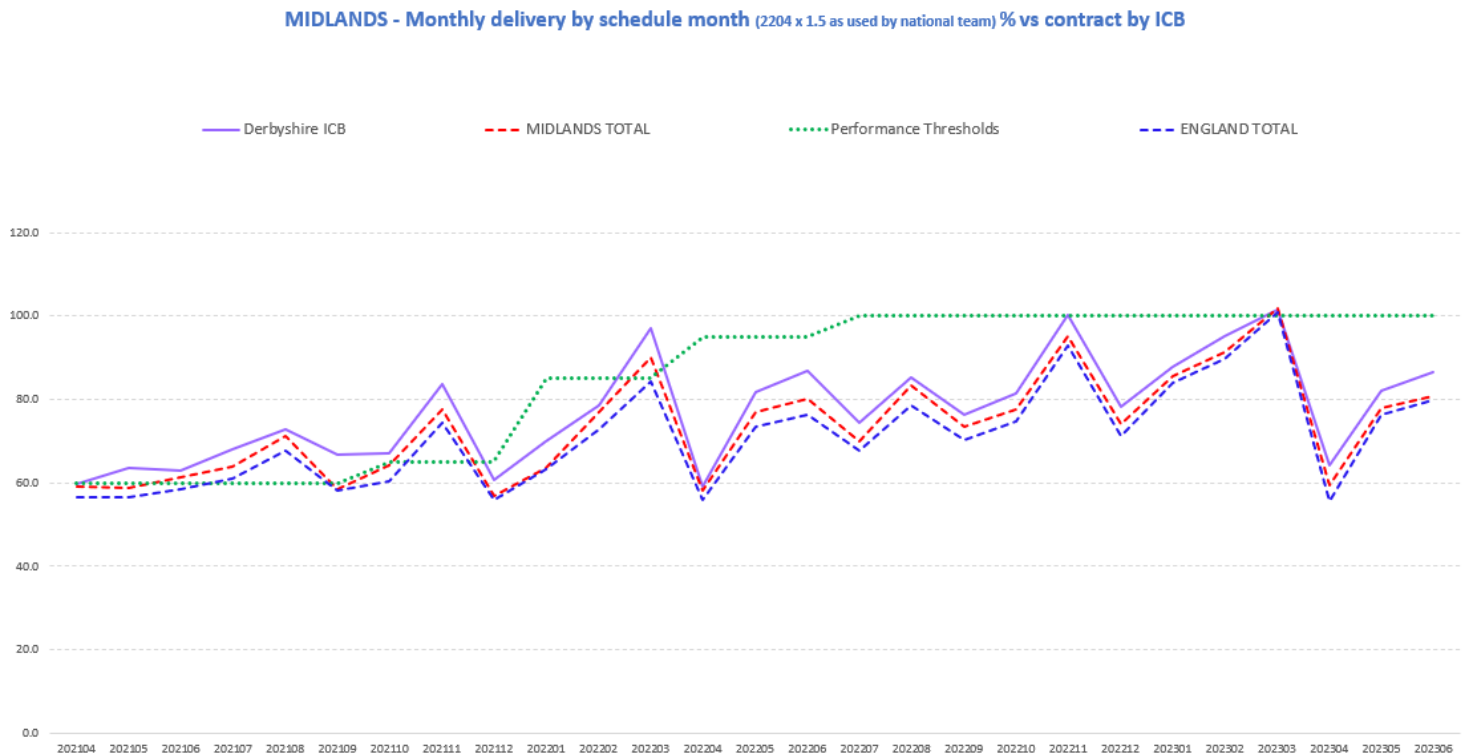
3.3.6 Exemption from NHS charges is when patients do not have to pay these costs for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription. Financial support is also available for patients on a low income through the [NHS Low Income Scheme](#).

3.4 NHS Dental access - Overall

- 3.4.1 Restoration and recovery of NHS dental services since the COVID-19 pandemic has enabled dental practices to deliver increasing levels of dental activity, however the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity has been recognised.
- 3.4.2 From 1 July 2022 primary care dental services had returned to usual contracting arrangements. This was in line with the Government's Living with COVID-19 strategy, and the removal of the dental standard operating procedure (SOP) from 1 April 2022. A temporary further period of income protection was in place for the first quarter of 2022/23 (1 April to 30 June 2022) for dental contractors delivering mandatory services, with the exception of practices that have exited the prototype programme, where income protection was in place throughout 2022/23.
- 3.4.3 NHS England have issued recent national guidance in June 2023, that due to the Covid-19 restrictions in place at the start of the year, dental contractors have continued to experience challenges in contract delivery as a consequence of the pandemic.
- 3.4.4 This guidance sets out that on an exceptional basis for 2022/23 only, a revised contract tolerance of 90% for UDA based contracts will be in place, to support practices by reducing financial recovery in 2023, and to create an extended recovery period by prioritising capacity towards patients who have been unable to access care as the NHS emerges from the pandemic.
- 3.4.5 Figure 1 on the next page shows the contract activity delivery trend for Derby and Derbyshire/JUCD ICB from April 2021 to June 2023. The graph indicates dental activity in June 2023 for Derby and Derbyshire/JUCD ICB is 86%, this is above the Midlands average of 81% and national average of 80%.

This is a fall from March 2023, when the dental activity for Derby and Derbyshire/JUCD ICB was 101% however this was below the Midlands average of 102% for the final scheduled month of the 2022/23 financial year.

Figure 1 - Delivery trend for Derby and Derbyshire/JUCD ICB since the pandemic (April 2021 to June 2023)



3.5 NHS Dental Access – Children and Young People

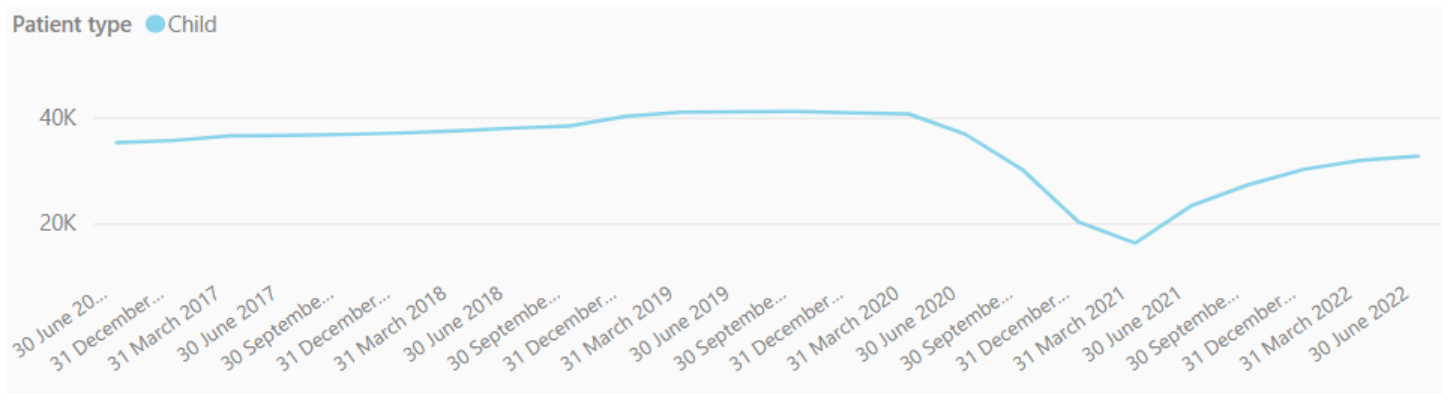
It became apparent early in the COVID-19 pandemic that NHS dental access for children and young people had been particularly badly affected. This was both due to dental practices focusing on urgent dental care and on parents being hesitant (or reluctant) to take children to medical and dental appointments – this pattern was consistent across other services too.

The National Dental Epidemiological Oral Survey is conducted each year and funded through the Public Health grant. During the school year September 2021 to July 2022 a sample of 5 year olds were examined in schools; 401 children from a population size of 3386. 21.1% of five year old children examined had evidence of decayed (into the dentine layer), missing or filled teeth. This compares to 23.7% in England and is similar to results in previous years. Although this level of oral disease is consistent with many other areas, it indicates the significant need within this age group of children. The September 2022 to July 2023 survey was conducted in the year 6 age group and findings are expected to be reported in 2024.

A survey of parents of reception children starting school in September 2022 found that, for those that responded, 31% of children did not have a dentist.

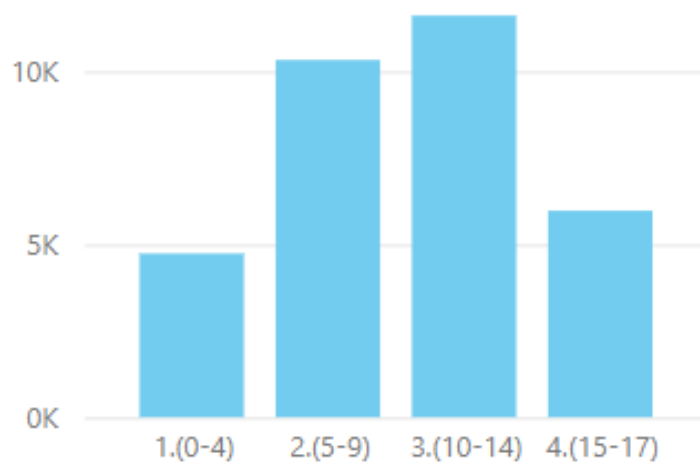
3.5.1 Figure 2 below shows the number of children and young people seen pre and post pandemic (30 June 2016 to 30 June 2022) in Derby City. From June 2019 to June 2022, there is a decrease of 8,406 children and young people not being seen.

Figure 2 – Number of children and young people seen pre and post pandemic (30 June 2016 to 30 June 2022) in Derby City



3.5.2 Figure 3 below shows the number of children and young people seen by age group as of 30 June 2022 data within Derby City.

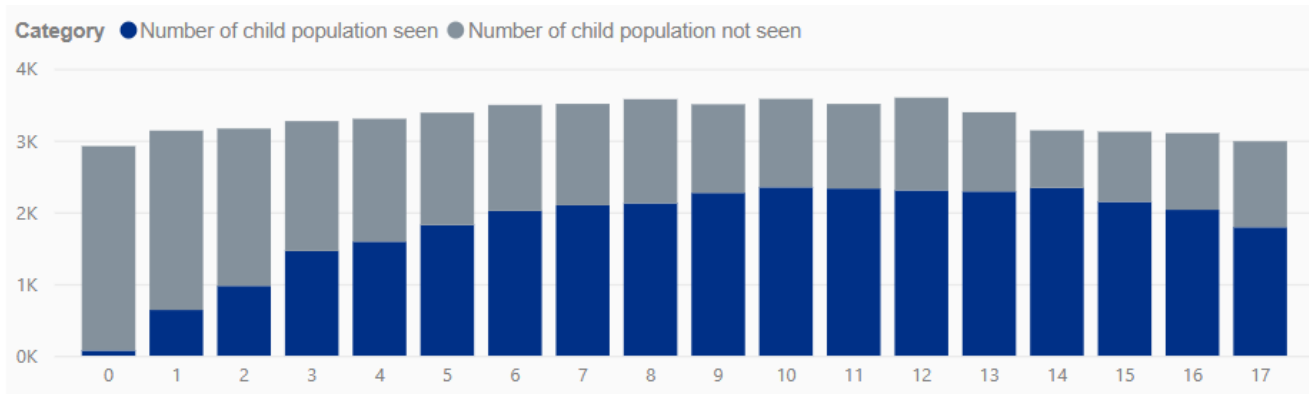
Figure 3 – Number of children and young people seen by age group within Derby City (data as of quarter ending 30 June 2022)



3.5.3 The National Institute of Health and Care Excellence (NICE) does not support routine 6-monthly dental check-ups universally for all patients. It recommends that dentists should take a risk-based approach to setting the frequency of dental check-ups. The shortest interval between oral health reviews for all patients should be 3 months and the longest interval between oral health reviews for patients younger than 18 years should be 12 months. Recall intervals of no longer than 12 months give the opportunity for delivering and reinforcing preventive advice and for raising awareness of the importance of good oral health. This is particularly important in young children, to lay the foundations for life-long dental health. There is also evidence that the rate of progression of dental decay can be more rapid in children and adolescents than in older people as it seems to be faster in primary (baby) teeth than in permanent (adult) teeth (see the [full guideline](#)). Periodic developmental assessment of the dentition is also required in children.

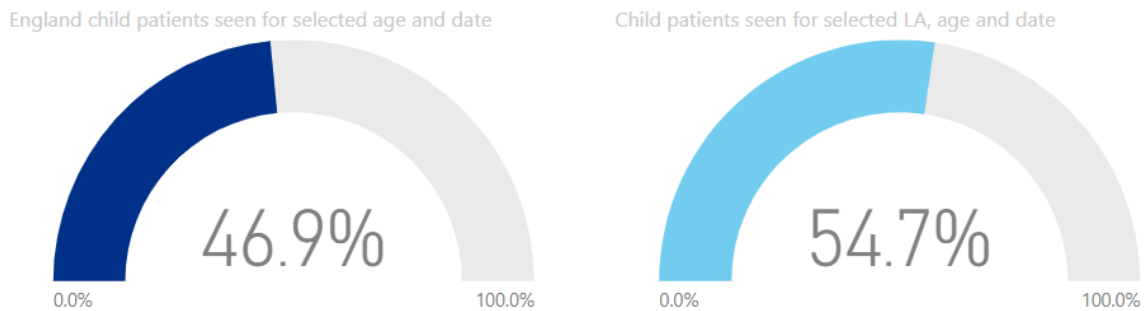
3.5.4 To coincide with NICE guidance on intervals between oral health reviews, Figure 4 on the next page shows the proportion of children and young people who have received NHS dental care in the 12 months preceding the quarter end 30 June 2022 within Derby City.

Figure 4 – Proportion of children and young people who have received NHS dental care in the 12 months preceding the quarter end 30 June 2022 within Derby City.



3.5.5 It can be seen in Figure 5 below that those aged 0-4 years have had the lowest access rate. When making any further comparisons within the age groups and comparing the rates against the national averages, it can be seen that access rates for all age groups (0-17) for those living in Derby City has been higher.

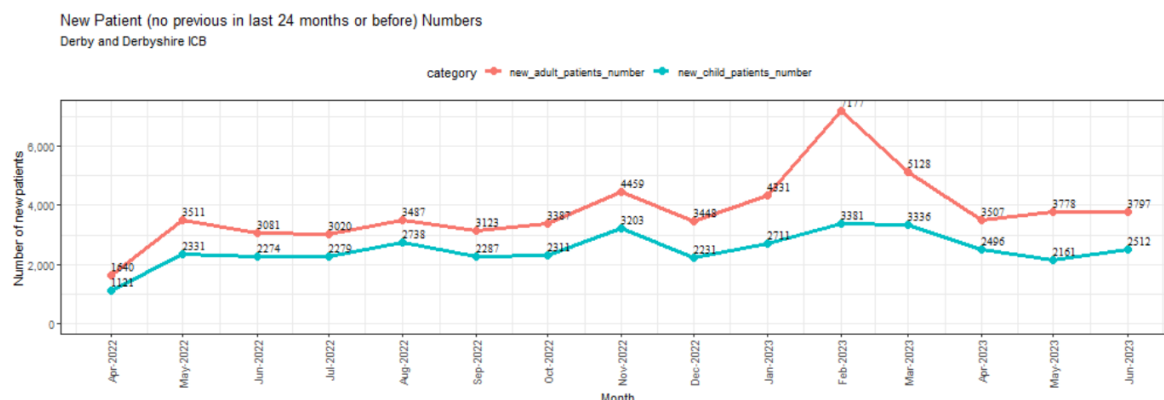
Figure 5 – Access rates (Derby City and national average) for all age groups (0-17)



3.5.6 It is estimated across Midlands that there is around 709,000 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 from staff absences or re-deployment to support COVID-19 activities.

3.5.7 Figure 6 below shows the count of new patients seen (not been seen previously in the last 24 months) between April 2022 to February 2023 for adults and children in Derby and Derbyshire/JUCD ICB.

Figure 6 – Number of new patients seen (April 2022 – February 2023)



3.6 Private dentistry

3.6.1 Private dental services are not within the scope of responsibility for Derby and Derbyshire/JUCD ICB, therefore, the ICB are unable to provide any information on activity uptake within the private dentistry sector.

3.6.2 It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care.

3.6.3 Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the current economic situation. This may place additional pressure on NHS services at a time when capacity is still constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.

3.6.4 There have been anecdotal reports of some practices reluctance across Derby and Derbyshire in offering NHS appointments (particularly routine) and instead offering the option to be seen earlier as a private patient. Derby and Derbyshire/JUCD ICB does not support any stances of pressuring patients into private dental care. Any such concerns can be raised via a complaint about any specific practice/s by contacting the ICB via email ddicb.pals@nhs.net or telephone 0800 032 32 35.

3.7 Dental contract hand-backs

- 3.7.1 Since April 2022, Derby and Derbyshire/JUCD ICB have received zero contract terminations for the Derby City area.
- 3.7.2 However, for information, as part of the dental termination process, any NHS dental practices that are handing back their NHS activity must agree a communication letter for their patients with the commissioner. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate sign posting on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to the commissioner that there is no inappropriate/forced sign up to private dental services and enables informed patient choice.
- 3.7.3 Any dental activity from a terminated contract will not be lost. The ICB, East Midlands Primary Care Team and Dental Public Health colleagues continue to review the dental access data and understand the impact for patients. The normal process for terminations is to undertake a review and recommission the dental activity by dispersal to local dental practices surrounding the terminated contract or via a full procurement process.

3.8 NHS dental services recovery initiatives 2022/23

To support access to dental services within Derby and Derbyshire/JUCD ICB a number of access initiatives have been undertaken:

- Weekend Sessions – To enable dental providers to see and treat more patients than they have capacity for during their normal contractual opening hours.
 - Across the Derbyshire system, 11 NHS general dental practices were contracted to provide 96 additional sessions at a cost of £62,784 during 2021/22. Out of the 11 practices, 2 practices were within Derby City providing 44 additional weekend sessions.
 - Following the success of the Weekend Access Scheme in 2021/22, further Expressions of Interest were invited for 2022/23. 7 practices were approved for a total of 370 additional sessions at a cost of £185,000. Out of the 7 practices, 1 practice was within Derby City providing 50 additional weekend sessions. A total of 1827 patient contacts were made during this period across Derby and Derbyshire, with 280 patient contacts within Derby City.
- Additional Orthodontic Case Starts - To address lengthy waiting times for orthodontic treatment which has been exacerbated by the CV19 pandemic.
 - Unfortunately, no Expressions of Interest were received from practices within Derby City.
- Community Dental Services (CDS) Support Practices – To relieve pressure on Community Dental Services by securing additional capacity in child friendly CDS Support Practices, thus freeing up the specially trained staff in the CDS so that they can focus on using the skills to deal with the most complex cases and increase access for children.

- Unfortunately, there was no uptake from NHS dental providers in Derby City. The lack of interest and the reasons linked to the lack of practice capacity. Nevertheless, NHS England secured additional funding to re-run the pilot for financial year 2022/23 and hoped to encourage uptake from NHS dental providers in Derby City, however no Expressions of Interest were received from practices within Derby City.
- Oral Health Promotion and Improvement - Investment from NHS England allocated to Local Authority.
 - 2023 proposed spending of NHS England oral health prevention funding across Derby and Derbyshire:
 - Support an integrated partnership approach across the JUCB to improving oral health for example, oral health communication campaigns and workforce training for our childrens' workforce £75,000.
 - Purchase and distribution of toothbrushing packs to foodbanks and other venues supporting vulnerable people and families across the ICB footprint £100,000.
 - Oral Health Promotion Resources - expenditure to enable the oral health promotion service to expand and improve their resources £5,000. Total £180,000
- Non recurrent investment to support IMOS providers in reducing waiting times for patients to be seen within 6 weeks of referral into the specialist service.
 - In June 2022, there were 990 Derbyshire patients accepted onto the IMOS pathway and 139 (14%) had been waiting over 6 weeks to be treated. This has been reduced from 628 as at June 2021 when the waiting list initiative was launched. The Derbyshire system has one of the lowest IMOS waiting lists across the East Midlands. As this is a specialist service commissioned on a system area footprint, data for Derby city residents is unfortunately not available.
- Non recurrent investment to support waiting list initiatives for Derby and Derbyshire/JUCD ICB Community (Special Care) Dental Service (CDS-CIC) to run additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment.
 - Non-recurrent investment of £27,390 was secured for the Derbyshire system Community (Special Care) Dentistry provider in reducing the waiting list in 2021/22. The waiting list initiative provided additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment. Furthermore, additional dental handpieces (drills) were also purchased to support improving efficiency of dental clinics resulting in reduced fallow time between patients at that time.

3.8.1 Commissioning objectives, priorities, and investment plan for the financial year 2023/24 will be shared with all 5 East Midlands ICBs for agreement prior to governance approval in August 2023. The recommendations within the investment plan will be for patient facing initiatives to improve dental access for all patients including vulnerable groups. Access initiatives will include some of the investment schemes detailed within section 3.8 plus some new investment schemes.

3.9 Commissioning and Procurement Plans

3.9.1 National Dental Contract Reform

National dental contract reform changes were announced in July 2022, this represented the first significant change to the dental contract since its introduction in 2006. The shift in the emphasis of financial reward, and the re-orientation of clinical activity to those patients who need it most, focuses on improving access to NHS dental care aim to make a real difference to patients:

- Introducing enhanced units of dental activity (UDAs) to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2.
- Producing supportive material for patients, the public and dental teams around the National Institute for Health and Care Excellence recall intervals and introducing an extra field on the FP17 form to help peer review and monitoring of adherence to personalised recall intervals.
- Establishing a new minimum indicative UDA value.
- Addressing 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.
- Taking steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year, where affordable.
- Improving information for patients by requiring more regular updating of the Directory of service

3.9.2 A strategic review of dental access is underway for 2023/24 and the East Midlands Primary Care team have access to a new mapping tool which will help to identify local areas which may have specific issues in order to assist with a more targeted approach in tackling issues identified. This review will additionally include collaborative working with our Consultants in Dental Public Health.

3.9.1 This review will also incorporate the findings from a Rapid Oral Health Needs assessment which will be developed in conjunction with the Dental Public Health consultant and Local Dental Network (LDN) chair.

- 3.9.2 The review recommendations will inform the general dental services procurement programme and commissioning requirements for Derby and Derbyshire/JUCD ICB which will need to be incorporated into a workplan for 2023/24.
- 3.9.3 Local Authorities and ICBs (previously referred to as Clinical Commissioning Groups (CCGs)) have [equal and joint duties](#) to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) through the Health and Wellbeing Board. Oral health is one of the health needs that may be assessed. The responsibility falls on the Health and Wellbeing Board as a whole and so success will depend upon all members working together throughout the process
- 3.9.4 Flexible Commissioning aims to refocus a section of existing commissioned activity to increase capacity to deliver specific programmes or incentivise activity. We are currently scoping options for Flexible Commissioning for consideration to offer and widen schemes to support the introduction of local flexibility across all the 5 ICBs within the East Midlands.

3.10 Collaborative working

- 3.10.1 The local dental commissioning team supporting the ICB works collaboratively with the Public Health colleagues in Derby City Council and the Dental Public Health Consultant, around prevention initiatives linked to oral health improvement.
- 3.10.2 Within Derby and Derbyshire, a wide range of preventative interventions are in place, for example oral health communication campaigns, workforce training, supervised tooth brushing programmes and the provision of tooth brushing packs for vulnerable groups.
- 3.10.3 There have been regular meetings with the profession via the Local Dental Committee.
- 3.10.4 There is a Local Dental Network (LDN) covering Derbyshire with a LDN Chair in place and a number of East Midlands Managed Clinical Networks (groups of local clinicians) who continue to meet virtually to plan care and agree good practice guidance to support practices in managing their patients.
- 3.10.5 The local dental commissioning team continue to work 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. Please see Appendix 1 which contains examples of recent tweets shared by the NHS England Communication Team.
- 3.10.6 We continue to engage with Healthwatch Derby via the East Midlands Healthwatch meetings and where intelligence is shared on local concerns or on difficulties people may be having accessing NHS dental services.

3.11 Supporting Information

Appendix 1 - Examples of tweets shared by the NHS England Communication Team

3.12 Contact Points

Lindsay Stephens, Democratic Services Officer

Email: Lindsay.Stephens@derby.gov.uk

Rose Lynch, Senior Commissioning Manager (Nottingham and Nottinghamshire ICB)
Working on behalf of the 5 Integrated Care Boards in the East Midlands

Email: rose-marie.lynch@nhs.net

Clive Newman, Director of Primary Care, Derby and Derbyshire/JUCD ICB

Email: clive.newman3@nhs.net

Appendix 1: Examples of tweets shared by the NHS England Communication Team

  <p>Want to make a dental appointment? To find your nearest dentist visit www.nhs.uk and scroll down to 'NHS Services - Find a dentist'</p> 	<p>To make a routine dental appointment, you can use our website to find those dentists nearest to you. https://www.nhs.uk/service-search/find-a-dentist</p>
 <p>Antibiotics: There are better ways to manage toothache and infection</p> <p>Check out www.nhs.uk/conditions/toothache for advice on what to do</p>  	<p>A dentist needs to examine your mouth and decide the cause of the pain. Painkillers will help manage pain caused by tooth decay and this may be best treated with a filling. Antibiotics are only needed when you have infection, swelling and a temperature.</p>
 <p>Not everyone needs to see a dentist every 6 months.</p> <p>The dentist will recommend how often you should visit.</p>  <p>Help us help yo</p>	<p>Our priority is to make sure people who have dental problems and other groups of people who need extra care such as children, are seen quickly and often.</p> <p>This means your check-up might be up to every two years if you have a healthy mouth.</p>

 <p>Got toothache? Take pain relief and check out www.nhs.uk/conditions/toothache for advice on what to do next</p>	<p> If you have toothache try taking some pain relief tablets to see if it helps. If the pain persists, then go to www.nhs.uk/conditions/toothache for advice on what to do next</p>
 <p>A tooth abscess stopping you eating? For advice on what to do next check out www.nhs.uk/conditions/dental-abscess</p>	<p> If you have a tooth abscess that is causing you pain and stopping you from eating, go to www.nhs.uk/conditions/dental-abscess for advice on what to do next</p>
<p> Chipped your tooth or lost a filling? If you are in pain, take pain relief. If it continues log on to NHS 111 for what to do next. Otherwise, make an appointment with a dentist www.nhs.uk/nhs-services/dentists</p> 	<p> Losing a filling or chipping a tooth can be painful. If so, take some pain relief and if this continues, go to https://111.nhs.uk/ for advice on what to do next. If it is not painful, make a routine appointment with a dentist https://www.nhs.uk/nhs-services/dentists/</p>