Health and Wellbeing Board

Commissioning of Dental Services

12 January 2022

NHS England and NHS Improvement (NHSEI) has been approached for an update on the position of dental services. This briefing is written as background reading and introduction to the current situation. At the January Committee a presentation will be given with high level information; the background briefing is intended to aid and promote discussion.

This briefing has been developed between NHS England and NHS Improvement Commissioning Team managers and Consultants in Dental Public Health. NHSE/I was has provided specific information as requested on children's access and the issue of identification of oral cancers. We have also spoken to the local Healthwatch to identify and respond to further issues of concern relating to private dentistry and to specific local access issues in Rugby and Bidford.

Introduction

Firstly; it is important to clarify that NHS dental care, including that available on the high street (primary care), through Community Dental Services or through Trusts is delivered by providers who hold contracts with NHS England and NHS Improvement. All other dental services are of a private nature and outside the scope of control of NHSEI. The requirement for NHS contracts in primary and community dental care has been in place since 2006.

Secondly; there is no system of registration with a dental practice. People with open courses of treatment are practice patients during the duration of their treatment, however 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 dentist who will accept them. Dental statistics are often based on numbers of patients in touch with practices within a 24 month period (for adults) or 12 months for children. Before COVID patients would often make repeat attendances at a "usual or regular dentist". This would be the list of patients who would be recalled regularly for check-ups. During the pandemic contractual responsibilities have changed and in order to benefit from payment protection practices are required to prioritise urgent care; vulnerable patients (including children) and those whose dental health makes it likely they would benefit from an opportunistic check-up. In many practices there will not yet be sufficient capacity to be able to offer routine check ups to those who generally have good oral health.

Warwickshire has 65 general dental practices; which offer a range of routine dental services; 3 of these also provide orthodontic services. There are in addition 5 specialist Orthodontic practices. Secondary care is provided by South Warwickshire NHS Foundation Trust (SWFT) and by George Eliot NHS Trust (GEH) which also provides Community Dental Services for special care adults and children from a number of clinics across the area. Patients may have to travel to the Dental Hospital in Birmingham for more specialist services such as complex Restorative dentistry, oral medicine or to the Children's Hospital where a child has complex medical issues.

A map of the location of local dental surgeries is given 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 two maps have shading showing travel times by public transport or car.

Prior to the pandemic Warwickshire had some of the highest access rates across the region. There were however some local areas where issues had been identified. Due to two practice closures in Nuneaton and Rugby and known access issues in rural communities at Bidford and Shipston on Stour an access initiative was launched late in 2019 to allow practices to be paid for overperformance for taking on new patients. Additional activity was offered to 13 practices. Unfortunately due to the early impact of the pandemic during February and March 2020 only 3 of these practices received additional funding – one was in Bidford and two were in Rugby.

A strategic review of access is planned, however there are generally other priority areas across the region where access is significantly worse. NHSEI anticipates having access shortly to a mapping tool to identify local areas which may have specific issues (in a similar way to the work conducted in 2019) which may assist in a more targeted approach to tackle these.

Before the pandemic, around 50% of the population were routinely in touch with NHS high street dental services; the numbers of people attending private services is not known; but is not 50% of the population.

Many people with chaotic lifestyles or who are vulnerable may not engage with routine care and may instead use out of hours dental services. Individuals are free to approach practices to seek dental care and further information on NHS dental practices is available on the NHS website:

https://www.nhs.uk/service-search/find-a-Dentist although information provided by local dentists may not always be fully up to date.

Dental Charges

Dentistry is one of the few NHS services where you have to pay a contribution towards the cost of your 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.

Any treatment that your dentist believes is clinically necessary to achieve and maintain good oral health should be available on the NHS.

More information here: https://www.nhs.uk/using-the-nhs/nhs-services/dentists/understanding-nhs-dental-charges/

All NHS dental practices have access to posters and leaflets that should be prominently displayed.

NHS dental charges from 1 April 2017 (nhsbsa.nhs.uk)

The proportion of adult patients who are exempt from NHS charges is just under a third but varies between practices.

Impact of the pandemic

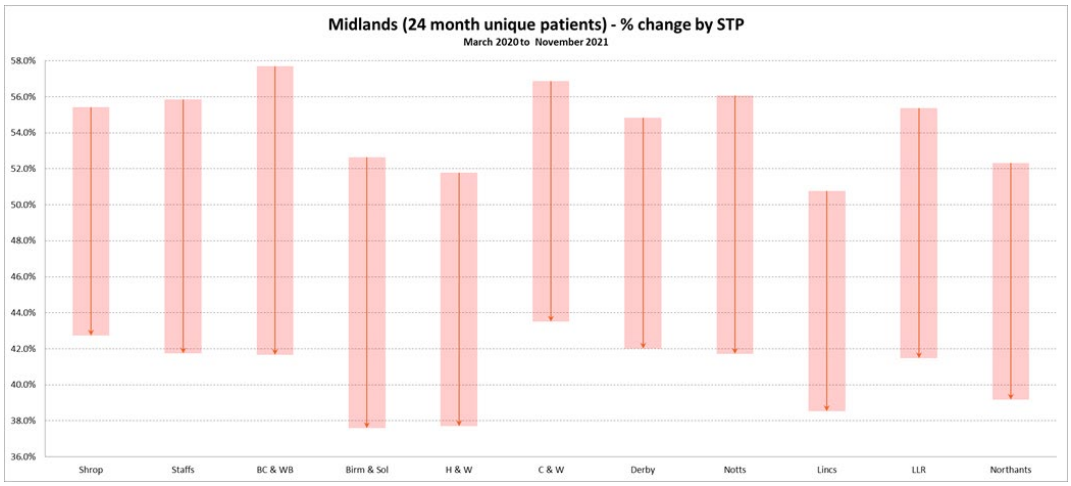
The ongoing COVID-19 pandemic has had a considerable impact on dental services and the availability of dental care; the long-term impact on oral health is as yet unknown. Routine dental services in England were required to cease operating when the UK went into lockdown on 23rd March. A network of Urgent Dental Care Centres (UDCCs) was established across the Midlands during early April to allow those requiring urgent treatment to be seen. These UDCs are not currently operational (as practices have now reopened) but remain on standby in case of future issues that may affect delivery of services (such as staff shortages due to sickness – for example as a consequence of a COVID outbreak).

From 8th June 2020, practices were allowed to re-open however they have had to implement additional infection prevention measures and ensure social distancing of 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 fillings or root canal treatment. This has had a marked impact on the throughput of patients and the number of appointments on offer. 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 and since then practices have been required to deliver increasing levels of activity.

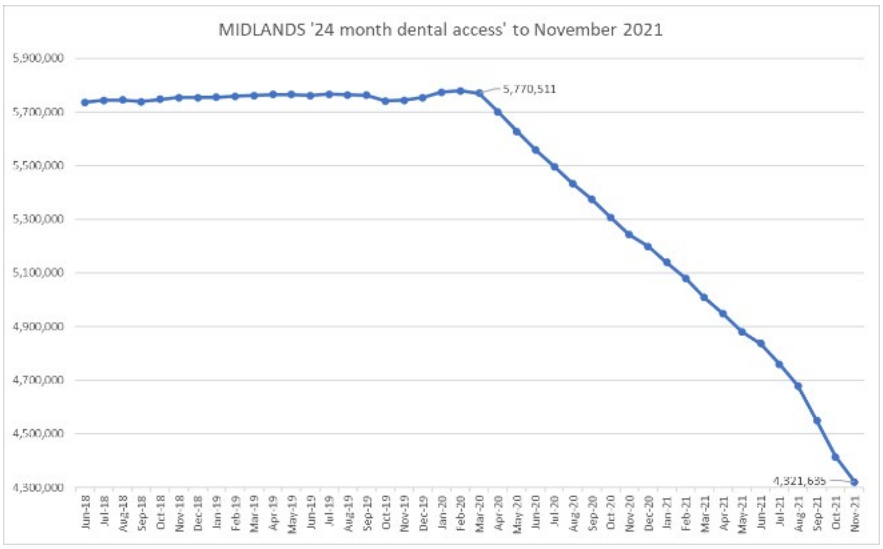
In order to qualify for payment protection, practices are required to open throughout their contracted normal surgery hours (some practices are offering extended opening to better utilise their staff and surgery capacity) and to have reasonable staffing levels for NHS services in place. Practices are currently required to maximise capacity and to reach a minimum of 65% of normal activity for general dentistry and 85% of normal activity for orthodontics. Practices must also meet a set of conditions that include a commitment to prioritise urgent care for both their regular patients and those referred via NHS111 and to prioritise additional capacity for vulnerable patients.

Infection prevention measures have been reviewed subsequently and new guidance issued recently which may increase the number of slots from January 2022. The revised arrangements for the early part of 2022 will be published just prior to Christmas.

The graphs in Appendix below 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 Coventry and Warwickshire which has generally been one of the best performing areas.



It is estimated that across the region there has been nearly 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 secondary care due to restricted capacity which can be as a consequence of staff absences or re-deployment of staff to support COVID activities.

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 oral 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.

Finally, 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.

The Dental 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 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

As explained previously, in line with national guidance issued in response to the COVID-19 pandemic, dental practices in the Midlands are currently not providing routine care in the same way as they were prior to the pandemic.

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 awaiting routine treatment.

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 able to see fewer patients than before due to required measures to ensure social distancing and prevent any risk of spreading of infection 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.

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 contribution to a survey to get expert advice on the ventilation within their practice and any changes that can be made to improve this.

It is important to note that patients should expect to be contacted and asked to undergo an assessment 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 respiratory symptoms and that non urgent care should be delayed until the patient is asymptomatic. Patients need to be honest about their COVID status and whether or not they are experiencing symptoms or have been asked to isolate. They will then be directed to the most appropriate service. This is for their own safety and the safety of staff and other patients.

Dental teams and commissioning teams across the country are working hard to restore services and deal with the inevitable backlog of patients that has built up over the last 21 months. 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 appointments has recently been launched. 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.

Reduced access to 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, will have instead received antibiotics; possibly repeated courses. Some who were part way through 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.

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 wane 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

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

- Weekend Access – For Coventry and Warwickshire 8 practices were contracted to provide 761 additional sessions at an initial cost of £304,400 with a further additional 100 sessions to be added from Jan to Mar 2022 including 1 new practice in Nuneaton.
- Overperformance – Practices who are able to deliver normal levels of activity (often those with smaller NHS contracts) are being offered funding to overperform an additional 4% (as capped by dental regulations).
- Additional Orthodontic Case Starts – an offer has been made to practices with capacity for additional activity to tackle waiting lists – the team are currently reviewing applications.
- CDS Support Practices – the team are about to recruit a number of practices (2 per local authority area) to work collaboratively to provide additional capacity to assist in routine review and managing patients who are in the care of the CDS.
- Dedicated In Hours Urgent Care Sessions – additional capacity for NHS 111 to signpost urgent patients without a regular dental practice.
- Additional non recurrent investment to support oral health improvement initiatives such as supervised toothbrushing with £10,000 allocated to the CWPT oral health promotion team to expand existing schemes across the wider ICS area (to include Warwickshire).
- Investment initiatives locally in Secondary and Community Care including £15,592 for additional sedation activity at GEH

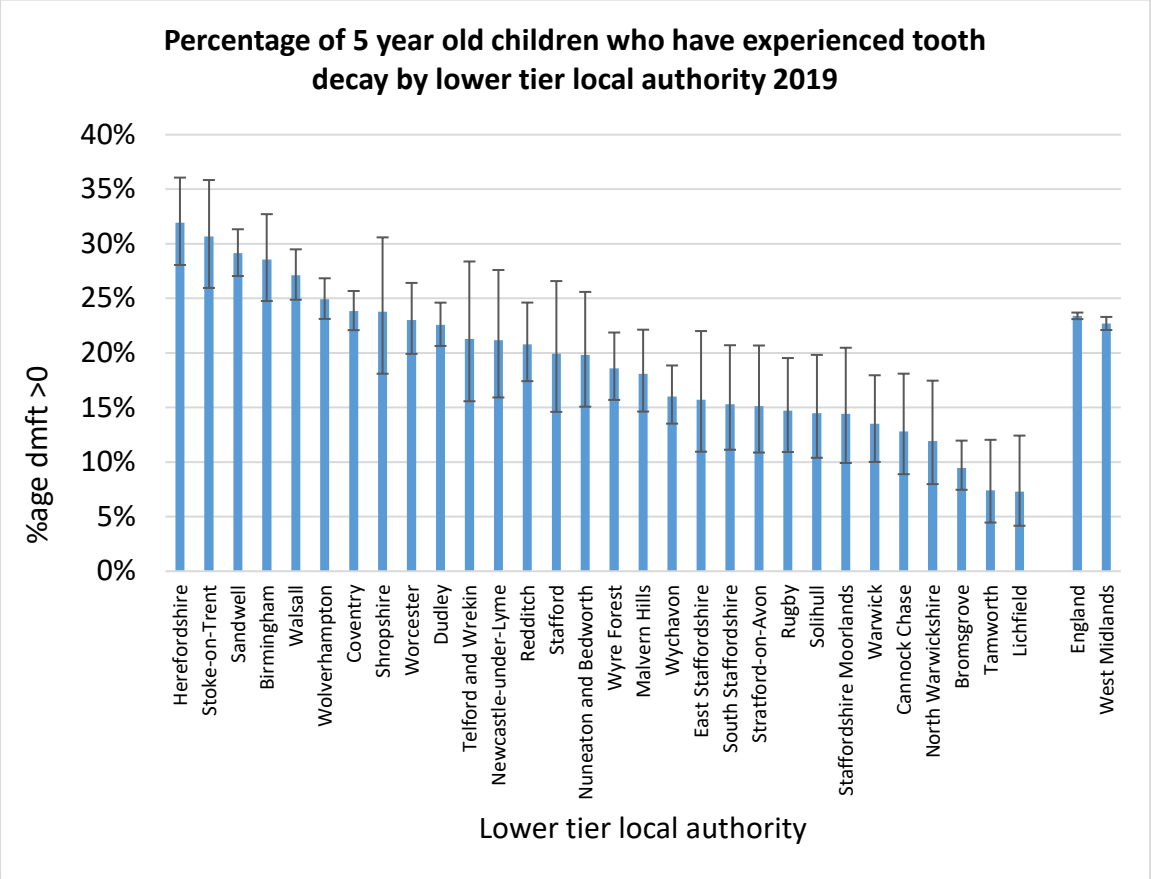
Vulnerable Groups

There are two groups of vulnerable patients – those vulnerable due to COVID 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.

There are in addition a number of groups of patients who are less likely to engage with routine dental services and likely to experience worse oral health.

Oral health and inequalities

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 (Figure 1).[2] The West Midlands benefits from water fluoridation across a large part of the geography; this means that children in those areas are significantly less likely to experience tooth decay compared to their peers elsewhere in the region or country. The whole of the population in Warwickshire benefits 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.[3]



We are aware that some vulnerable groups are finding it harder than usual to access services – particularly as no walk-in options are available. We are continuing to review pathways and treatment arrangements for these patients to ensure that they can continue to access urgent care. Primarily this is through NHS 111. Many practices are operating with reduced capacity and will therefore be restricted in the care that they can offer to new patients. Arrangements have been put in place for 6 additional dedicated urgent care sessions locally to help facilitate access for those who may not have a regular dentist. These are provided by 3 practices in Warwickshire with a fourth

practice providing additional cover over the Christmas period. In addition the CDS has been ensuring access for vulnerable patients through their network of local clinics.

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

Some patients who have previously accessed care privately may now be seeking NHS care due to financial problems related to the pandemic or due to the additional 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. These patients are eligible for NHS care, however they may find it difficult to find an NHS practice willing to take them on and are likely to be able to access care instead through ringing NHS 111.

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 NHSEI the private element of their business may have been adversely affected by the pandemic. The Chief Dental Officer set up a short life working group who undertook an investigation into the resilience of mixed 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 chance to be seen earlier as a private patient. Practices are required under the terms of the payment protection arrangements currently in place to maximise capacity and should not be pressuring patients into private care. The 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.

Children's Access

It became apparent early in the pandemic that children's access had been particularly badly affected. 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 services too.

The recent CCG mergers mean that reporting has changed over the last year however we have attempted to present comparative local detail as well as later merged data and included the March 2020 figures for pre-Covid reference.

		Child access (seen in preceding 12 months)				
Code	Name	March 2020	DEC 2020	DEC 2020	MARCH 2021	JUNE 2021
05H	Warwickshire North CCG	61.1%	37.0%	31.2%	24.4%	34.8%
05R	South Warwickshire CCG		36.6%			
05A	Coventry and Rugby CCG		26.3%			
	ENGLAND	58.7%	29.8%	29.8%	23.0%	32.8%
	MIDLANDS REGION	58.6%	29.3%	29.3%	22.4%	32.4%
LA	Warwickshire County Council	62.1%	33.7%	33.7%	28.0%	38.3%
LA	Coventry City Council	57.6%	27.6%	27.6%	18.9%	29.5%

The picture is similar to other areas and regional / national – there was a decline to a low point in March 2021 with degree of recovery by June – the numbers of children being seen remain lower than pre COVID. Warwickshire however has one of the higher than average levels of access.

Prior to the pandemic the local commissioning team had been working on encouraging parents to take children to the dentist early.

The main aim of this Starting Well scheme was to increase access to NHS Dentistry in the NHS West Midlands geography in the very young (0-2 age group). There were four objectives:

1. To identify 'influencer' groups and individuals who can play a part in encouraging and facilitating parents / carers of children aged 0-2 to visit an NHS dentist.
2. To equip influencers with resources and information to influence parents / carers of children aged 0-2 to visit an NHS dentist.
3. To equip and encourage dental teams to see more 0-2-year olds
4. To ensure sufficient capacity for practices to take on additional young patients for check ups

Apart from media campaigns, joint local working with health visiting teams and training and resources for practices there was funding made available to ensure capacity to take on additional children for check ups before the age of 2. 10 practices in Warwickshire were offered additional funding for 19/20 and 2 managed to deliver additional activity despite the impact of COVID in the early part of 2020.

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 commissioning team have been working on a new scheme to encourage child friendly practices locally to provide support to local Community Dental Services to work in a shared care model to free up capacity for specially trained staff to focus on tackling backlogs of patients requiring complex treatment. We will be seeking two practices locally in the New Year and additional training will be provided.

Work is also in hand to strengthen local prevention initiatives and the dental team have been working closely with colleagues in the Local Authority to further develop oral health promotion and to merge existing teams to provide a more resilient service across the new ICS area.

OOH Provision

Out of hours services provide urgent dental care only.

Definition of "Urgent Dental Care"

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

Please be aware that patients with dental pain should not contact their GP or turn up at A&E as this could delay treatment as they will be redirected instead to a dental service.

People can attend any service in the Midlands area and for Warwickshire the nearest sites will be at Coventry, Redditch or Solihull depending on the patient's address. At times of peak demand may have to travel further for treatment depending on capacity across the system. The Coventry and Warwickshire system also has a weekday evening service provided from the Coventry site. This is not available in other areas across the West Midlands.

Domiciliary Care (For patients unable to leave their own home or care home)

Dental care to care home residents or patients unable to travel for dental care to a practice will be provided by a specially commissioned general dental practitioner, or a more specialist dentist from the Community Dental Services. Some limited dental care can be provided in the care home setting such as a basic check-up or simple extraction, but patients are often asked to travel into a dental surgery as this is the safest place to provide more complex dental treatment. If a care home resident requires 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.

Prior to COVID 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

If a person breaks their denture then they will need to contact their local dental practice. If they do not have a regular dentist they should contact NHS 111. During COVID dental practices are prioritising more urgent care and broken dentures do not classify 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 is likely to be restricted at present due to COVID.

Secondary and Community Care

Infection control measures in place to protect patients and staff also mean that there is reduced capacity in 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.

There were problems initially in getting access to regular lists for children requiring dental treatment under general anaesthesia (as is the case across the country) but the situation in Warwickshire suffered less than in some other areas as the local CDS managed to retain regular theatre lists and were even able to repatriate local children waiting for surgery in Birmingham. Despite this only those children with the most urgent needs will be prioritised as services have to compete for theatre space with other patients who may have more urgent needs. Although there has been a good degree of recovery in Warwickshire over recent months the picture may deteriorate again in the coming weeks due to the as yet unknown impact of the latest increase in COVID infections.

There will be a backlog of care and treatment given that most provision is for urgent care and / or completion of care begun before the first lockdown. The most recent data available on 18 week waits for Oral Surgery is the position in October. SWFT were at that time reporting 369 patients waiting over 52 weeks and 667 waiting over 18 weeks and GEH 455 patients waiting over 52 weeks and 367 waiting over 18 weeks. The position at both trusts has been improving significantly over recent months. Neither trust is currently reporting any patients waiting over 104 weeks and the overall proportion of patients for the Coventry and Warwickshire ICS that are waiting over a year is currently 8.8%. These backlogs for patients waiting over a year are not unexpected due to the complete cessation of routine care earlier in the year and the limited capacity subsequently which has meant prioritisation of more recent urgent cases over those less urgent who have been waiting longer (please see Appendix 3). Referrals into secondary care have started to recover (see Appendix 4) but remain at lower than previous levels due to the reduction in routine appointments in primary care. There are concerns that some conditions may be missed due to the smaller number of patients being seen face to face.

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

The 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.

Staff issues

Dental contractors have undertaken COVID risk assessment 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 team 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.

Dental Staff												
ICS	Responses	Practices	%	eligible	1st		2nd		booster		flu	
Coventry and Warwickshire	28	96	29.2%	399	388	97.2%	378	94.7%	282	70.7%	179	44.9%
Grand Total	**450**	1149	39.2%	**5774**	**5432**	94.1%	**5287**	91.6%	**3460**	59.9%	**2024**	35.1%

Collaborative working with local Dentists

There have been regular meetings with the local dental committee and the dental team is grateful for the co-operation received from the profession in mobilising urgent dental care centres and seeking solutions to help manage the current restrictions in services. This has included joint working between the local Community Dental Service and practices. The LDC locally have been very proactive and continued to update their members regularly to share information as guidance is updated.

There is a Local Dental Network in place covering the Coventry and Warwickshire ICS and this is chaired by Alison Lee who is a Consultant in Special Care Dentistry at GEH. 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 to manage their patients. The Urgent Care Network met weekly early on in the pandemic to help to plan and deliver ongoing access to urgent care.

Every year the dental team engages with practices to gain assurance about practice opening over holiday periods so as to ensure services will be in place for patients. Information is currently being gathered for this year to ensure that services are in place over the Christmas period.

The Dental Commissioning team have 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 dental services. These have been distributed to local authorities, Directors of Public Health and CCGs. We are also engaging with local Healthwatch organisations to encourage them to share any intelligence on local concerns or on difficulties people may be having accessing services and we met recently with Warwickshire Healthwatch prior to compiling this report so that we could get local feedback on issues patients have been raising.

Examples of tweets that have been shared on Twitter are given in Appendix 5.

PPE and Fit Testing

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

One of the barriers originally to getting practices back to delivering a full range of services was the need to fit test staff so they could safely use these protective FFP3 masks. NHSEI initially worked with PHE to fit test staff working in the UDCCs and OOH services and have subsequently worked with Health Education England (HEE) to train 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 masks either due to difficulties getting an acceptable fit or due to the wearing of beards for

cultural reasons, and in these cases staff have the option of using special hoods instead. More and more practices are opting for reusable rather than disposable masks.

COVID 19 and outbreaks in dental settings

There have been only occasional COVID outbreaks in dental practice setting in Warwickshire. Dental practices are well equipped to manage risk relating to COVID as all staff are trained in infection prevention and control as part of their role in delivering dental services. 'Donning and doffing' PPE should be very familiar to them. A dental Standard Operating Procedure for outbreak management has been circulated via all contract holders and also 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 is 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). NHS EI ran a webinar last year to raise awareness of good practice in IPC and to share learning to prevent outbreaks in dental settings.

NHSEI is working with providers to ensure that they operate safely and within national guidelines and have shared national guidance and Standard Operating Procedures that give guidance on how care can safely be provided.

Nationally all the latest guidance for dental practices can be found here: https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/

Latest IPC 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 who are symptomatic or have been asked to isolate through Test and Trace. This is to ensure they take the relevant actions through their business continuity plans to continue to operate safely and provide care to their patients. Where a practice is unable to remain open then patients may be redirected to an alternate local practice or to a UDCC.

Opportunities for Innovation including Digital

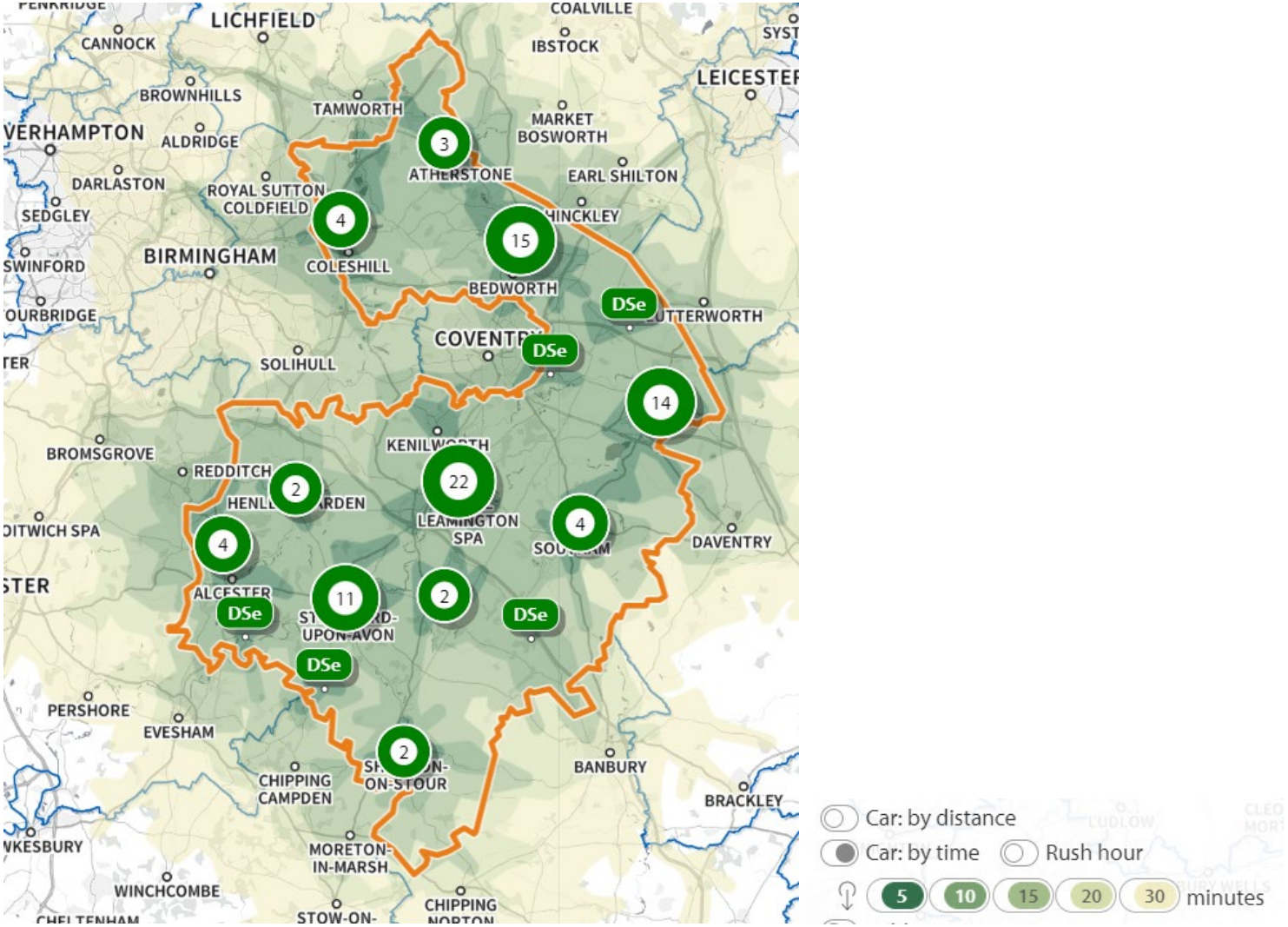
There have been some positive impacts through the pandemic including the way in which local services and clinicians have worked together collaboratively to maintain and recover services.

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 Secondary and Community services, and also by Orthodontic practices, to provide support and advice to patients already in treatment.

We are 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.

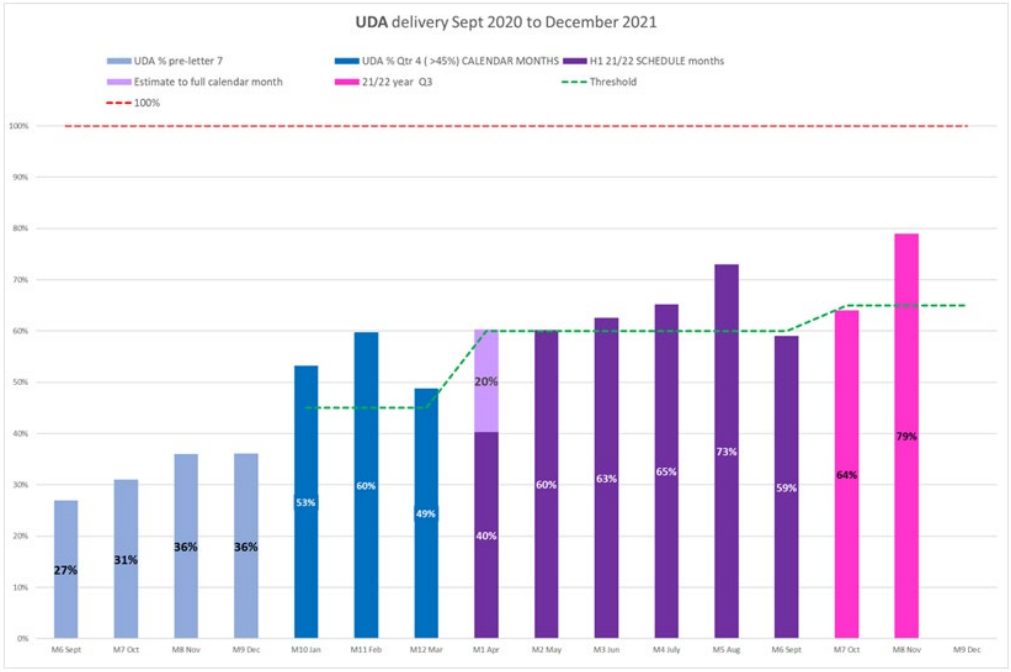
Appendix 1

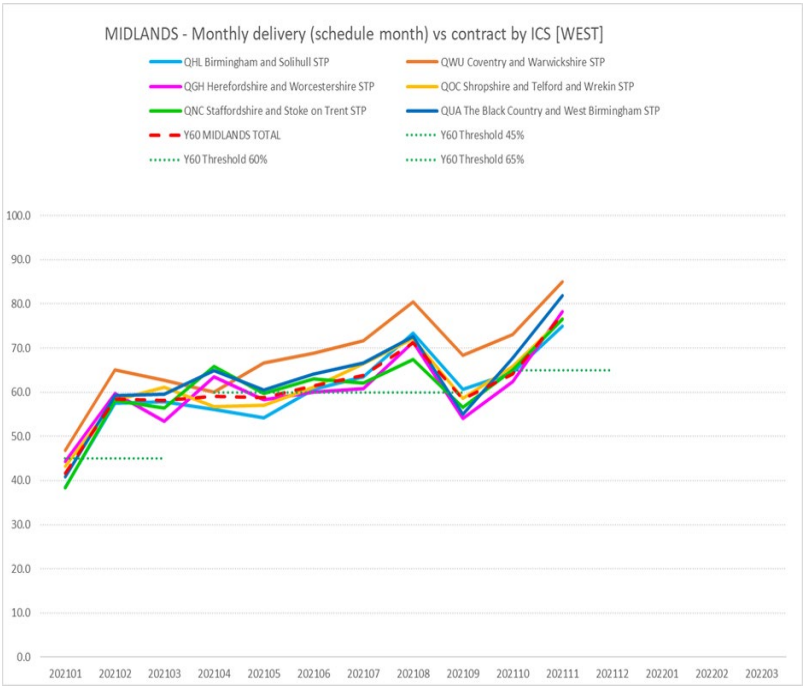
Fig 1 – Location of dental practices or clinics including orthodontic and community sites (travel times by car or public transport).



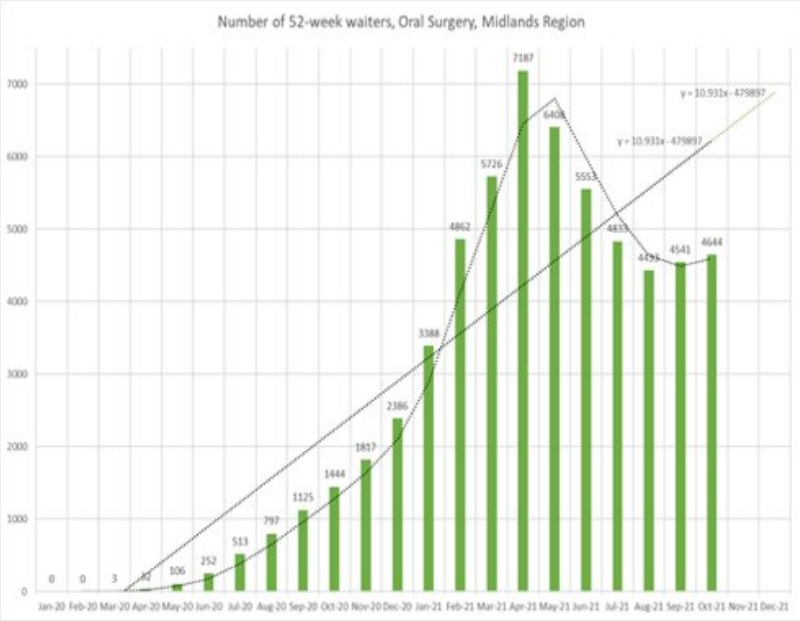
Appendix 2 - Activity Trends in Primary Care

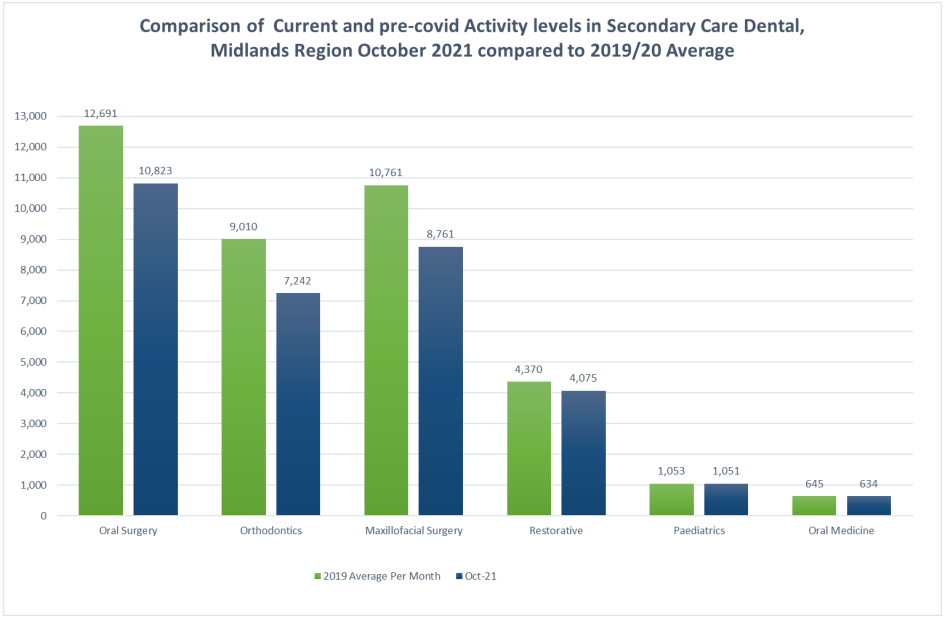
UDA delivery November (schedule month since April)



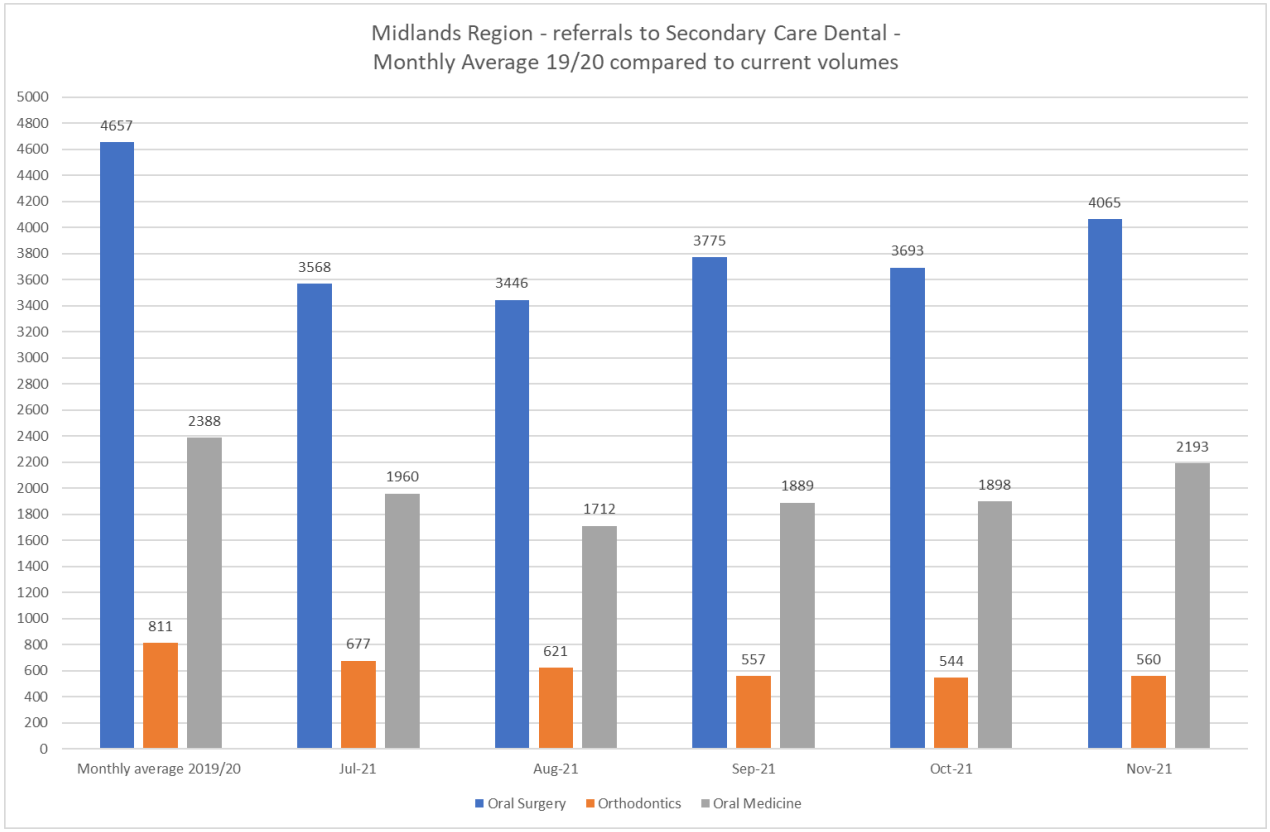


Appendix 3 – Oral Surgery Referral to Treatment (52 Week Waiters) and Activity Level Trends in Secondary Care





Appendix 4 - Dental Referral Trends



Appendix 5 – Examples of tweets shared by the NHS England Communication Team