# NHS England
# Community Dental Services Review

Presentation to Worcestershire HOSC

18th September 2019

NHS England and NHS Improvement

# Geographic Coverage of the Review

The Review covered services in the following STP areas:

- Birmingham and Solihull
- Coventry and Warwickshire
- Herefordshire and Worcestershire
- The Black Country

# What are Community Dental Services (CDS)?

- All Community Dental Services offer elements of  Children's Dentistry and Special Care Dentistry.
  - Domiciliary care in patients own homes and care homes;
  - Sedation services (in Worcester, Redditch and Malvern);
  - General anaesthetics for children and/or adults - may be offered for extractions only or for comprehensive care (provided in local hospitals).

- Across the West Midlands a varied set of other services are provided by the CDS, often for local historic reasons including:
  - More complex treatments not available locally in High St;
  - Dental Public Health services for Local Authorities (Epidemiology (Worcestershire) and Oral Health Improvement (Worcestershire)).

# The CDS in Worcestershire

- Provided by Worcestershire Health and Care NHS Trust (WHCT);
- Services are provided from the following Health Centres - Moor Street Clinic, Worcester; Kidderminster Health Centre Dental Department; Malvern Salaried Dental Centre; Evesham Community Dental Clinic; Princess of Wales Hospital, Bromsgrove; Smallwood House, Redditch;
- General Anaesthetic cases are referred into the Kidderminster Treatment Centre;
- A limited Mobile dental service is available;
- Across Worcestershire WHCT currently deal with approximately 4,000 appointments per annum for children and 2,000 for special care patients;
- By comparison, there were 292,993 courses of treatment delivered as a whole by primary care dentists in Worcestershire (source: NHS Dental Statistics for England 2017/18).

# Aims of the Review of the CDS

- To review current CDS service provision in order to

  - fully understand the nature of each service in light of the relevant Guides for Dental Commissioning;

  - identify, assess and implement options for change in order to improve access to CDS services for those who most need it across the four STP areas: Birmingham and Solihull, Coventry and Warwickshire, Herefordshire and Worcestershire and The Black Country.

# Engagement (to date and in future)

- National Consultation in respect of the Commissioning Guides – The CDS review implements the recommendations of the guides.
- Two stakeholder engagement events were held in March 2017 to discuss findings of Phase 1 (fact-finding);
- A Patient and Public Engagement Study was completed, which interviewed both existing CDS users and vulnerable groups (some of whom were not current users of the CDS);
- Further events were held in April 2018 to discuss findings of Phase 2 (patient & public engagement) and options for change;
- Publication of a findings document on 22 July 2019; response invited by email to sharon.howard5@nhs.net
- Trusts are working to develop their future plans for implementation and will engage with the Scrutiny Officer for guidance on any further engagement or Consultation necessary linked to any substantial change to local services.

# Key elements of Stakeholder Engagement

- How many Community Dental Services should there be in the West Midlands?
- What should be the ‘core offer’ of the Community Dental Services?
- How should the services most appropriately be staffed, led and managed?
- How should the services most appropriately be contracted and paid for?

# How many Community Dental Services should there be in the West Midlands?

**Why is this important?**

- More equitable access for patients;
- Quality of service (including common policies and standards);
- Making best use of staff with scarce skills and experience;
- Economies of scale;
- Fit with overall direction of travel (e.g. STPs).

# How many Community Dental Services should there be in the West Midlands?

**What are we recommending?:**

- Future Community Dental Services should be aligned with the four local STP Areas.
- That providers work collaboratively within these geographies to deliver this service for their relevant population.

**Why are we recommending it?**

- This aligns with the relevant sections of the NHS Long Term Plan and fits with the direction of travel nationally for the NHS.
- The new regional NHS England geographies are too broad to use as the unit of geography upon which future services can be configured, and the focus now is on a population-based approach to health within each STP/ICS area.

# What does this mean for Worcestershire?

- Services would be delivered on the Hereford and Worcestershire STP footprint, making it easier to integrate with wider healthcare service provision;
- Services* delivered to cover both local authority areas working to common policies and standards;
- Some elements may be more appropriately delivered across the STP area, shared between existing providers in a joined up approach(e.g. mobile dental service, bariatric provision) whereas others may be delivered by the local service;
- Consistent offer, tailored to local needs.

# What should be the core offer of the Community Dental Service?

**Why is this important?**

- Addresses current significant variance of offer to patients across the West Midlands;
- Ensures greater equity of access to services for patients;
- Helps ensure that scarce skills and experience are used where they are most needed.

# What should be the core offer of the Community Dental Service?

**What are we recommending?**

- We recommend that the services and/or patient groups listed below will comprise the core offer of Community Dental Services within the West Midlands in future:

  - For adults:

    - Level 2 Special Care Dentistry e.g. Significant communication difficulties due to multi-sensory or cognitive impairment;

    - Level 3 Special Care Dentistry e.g. No verbal communication ability due to severe cognitive impairment;

    - Unscheduled care and domiciliary services (Level 2 and 3 SCD patients).

  - For children:

    - Medically compromised children (Level 3);

    - Level 2 Paediatric Dentistry;

    - Mobile dental service for special schools (Level 2).

# What should be the core offer of the Community Dental Service?

**Why are we recommending it?**

- To ensure patients are treated in the most appropriate setting for their needs and maximise the resources available for the vulnerable population served by the CDS;
- To ensure the most appropriate use of CDS resources by utilising them where there is a genuine need to do so;
- And, equally, services should routinely be provided by high street dental services where it is appropriate for them to do so;
- To ensure greater consistency with the levels of service set out in the Commissioning Guides.

# What does this mean for Worcestershire?

- More equitable access to core services;
- Non-core elements (for example sedation services for anxious adults) may be commissioned separately;
- Existing CDS providers will be able to bid to deliver these non-core services (as will High St dentists);
- New arrangements will promote a more innovative, flexible, collaborative approach to address local needs, including those of hard to reach patients.

# How should the services be staffed, managed and led?

**Why is this important?**

- To ensure robust governance arrangements;
- To make best use of skills that are in demand (clinical, leadership etc.);
- To ensure safety while achieving value for money;
- To empower staff to challenge (appropriately).

# How should the services be staffed, managed and led?

**What are we recommending?**

- That each service should be able to offer access to Consultant and/or Specialist provision in both Special Care and Paediatric Dentistry locally.

**Why are we recommending it?**

- Clinical leadership skills are a scarce commodity.
- Provides an opportunity for leaders to operate over a wider geography and so strengthen leadership in areas where these skills are not currently available.

NOTE: We do not feel that it is appropriate to make a recommendation regarding the type of clinical leadership or service management model that should be adopted.

# What does this mean for Worcestershire?

- Joint Consultant Posts - services have sometimes been unable to attract consultants, joint working makes for a more attractive job, services are already working on this;
- Collaborative approach – services working in collaboration;
- More resilient staffing – shared teams may provide career opportunities for staff who have a particular interest;
- Improved economic viability - some trusts have found it not feasible to have highly specialised staff (e.g. sedation) given the scale of their service.

# General Anaesthetic (GA) and Sedation provision

**It is important to note a separate consultation will be undertaken in respect of the provision of GA and Sedation services**

- There are a number of problems currently with existing arrangements for treatment under GA. The CDS review gives an opportunity to address these issues;
- Theatre access is at acute hospitals who provide anaesthetic and theatre support – a number of trusts have reduced or withdrawn sessions over recent years;
- As a result there are currently long waiting times in many areas for both adult special care and children;
- The staff who provide dental treatment are employed within the community dental services rather than the acute hospital trusts;
- There are governance issues around the oversight of services delivered under these complex arrangements;

# General Anaesthetic and Sedation provision

**What are we recommending?**

- That GA services for both Paediatric and Special Care patients are consolidated and provided in future from a reduced number of specialist centres across the West Midlands (including a centre within this STP area).
- That more sedation services should be made available across the West Midlands as a local alternative to GA where clinically appropriate.
- That future services should be commissioned as a shared care model hosted by the relevant Acute Service with dental staffing provided by the relevant Community Dental Service teams. This would strengthen governance arrangements.

# General Anaesthetic and Sedation provision

**Changes to arrangements for GA would be a significant change and we will consult on these proposals**

**Why are we recommending it?**

- To consolidate services to ensure these are robust to reduce waiting times;
- To increase capacity and improve facilities by commissioning additional dedicated theatre space;
- To contract directly with Hospitals to address governance issues.

# What does this mean for Worcestershire?

- Trusts are working with Paediatric and SCD Managed Clinical Networks (MCNs) on improved pathways;
- Public Health England (PHE) are undertaking a comprehensive scoping exercise of current provision;
- Trusts will consult on their finalised plans later in the year;
- Reduced waiting times in the longer term, subject to securing additional theatre capacity at Birmingham Dental Hospital;
- Some patients, who are able to, may travel further to a specialist unit.

# Next steps: CDS Redesign

- Recruitment of dedicated Project Manager to oversee Redesign;
- Redesign to be progressed under the oversight of emerging Integrated Care Systems;
- Service Development Improvement Plans will be agreed imminently between Commissioners and Providers to implement the proposed changes within the services.
- As part of this providers will undertake a gap analysis and prepare plans for any changes necessary for implementation.
- Consultation, where necessary, before implementation.

# Questions and comments

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*Reference Slide*

# *Levels of Care: Paediatric Dentistry*

Level 1

Conditions to be performed or managed by a dentist commensurate with level of competence as defined by the Curriculum for Dental Foundation Training or its equivalent.

- Oral health assessment of need and circumstances, oral health review, risk screening and treatment planning including appropriate referral where necessary for all children
- Evidence-based preventive care, advice and interventions
- Restorations of primary and permanent teeth with the use of local anaesthesia where appropriate, including pulp therapies of primary molars and pre-formed metal crowns where appropriate
- Uncomplicated endodontic treatment of permanent teeth
- Simple partial dentures and removable space maintainers
- Routine extraction of primary and permanent teeth under local anaesthesia
- Emergency and / or urgent treatment and management of pain, infection and dento-alveolar trauma including avulsed teeth
- Timely identification and referral of significant developmental defects of the dental tissues and disturbances of the developing dentition
- Management of dento-alveolar traumatic injuries to the primary and permanent dentition (for example subluxation and mild luxation injuries of primary and permanent teeth; uncomplicated crown fracture of primary or permanent incisors)
- Appropriate referral of children requiring more complex treatment that is Level 2, 3a or 3b

Level 2

Care is defined as procedural and/or patient complexity requiring a clinician with enhanced skills and experience who may or may not be on a specialist register. This care may require additional equipment or environment standards but can usually be provided in primary care.

- Management of dento-alveolar trauma of increased complexity including
- Management of complicated crown fracture of permanent teeth
- Management of injuries to primary teeth not manageable by restoration or extraction
- Root and crown-root fractures of permanent teeth without complicating factors.
- Post-emergency follow-up of multi-tooth injuries in the permanent dentition
- Post emergency follow-up of permanent tooth avulsion and significant luxation injuries, especially where complications are more likely to develop.
- Emergency management of injuries to primary and permanent teeth where the complexity of emergency management lies beyond Level 1
- Management of hard-tissue dental defects and disturbances of the developing dentition not requiring specialist or multi-disciplinary management for example early permanent tooth surface loss, developmental defects of primary or permanent teeth amenable to and stabilised by simple restoration.
- Management of more complex problems affecting the developing dentition or dental hard tissues under the direction of a specialist or consultant in Paediatric Dentistry.
- Extraction of teeth under general anaesthesia.
- Management of children with routine oral health surveillance or treatment needs but where behavioural/psychological development or significant anxiety increases the complexity of delivery of care such as those requiring sedation.
- Management of children with routine oral health surveillance or treatment needs but where medical comorbidity or disability increases the complexity of delivery of care.
- Inhalation sedation where appropriate for all ages of children and IV sedation for children of 12 years of age and above.
- Management of children with extensive caries or early childhood caries amenable to care under local analgesia or with sedation as described above as an adjunct.
- Assessment and management (or referral to a higher level as appropriate) of children subject to a child protection plan or looked after by the local authority (usually in foster or residential care) who either have no current arrangement for on-going oral health review with the GDS or who are identified to have unmet dental needs.

*Reference Slide*

# *Levels of Care: Paediatric Dentistry*

Level 3a

Care & procedures/ conditions to be Performed or managed by a dentist recognised as a specialist in paediatric dentistry by the GDC.

- Severe early childhood caries or unstable/extensive caries (especially where treatment under general anaesthesia may be necessary).
- Moderate to severe tooth surface loss in the permanent dentition.
- Abnormalities of dental development not amenable to simple preventive or restorative management or where specialist management is needed e.g. moderate/severe molar incisor hypomineralisation (MIH), amelogenesis imperfecta, dentinogenesis imperfecta, mild to moderate hypodontia.
- Supernumerary teeth and/or delayed eruption of permanent teeth not requiring complex surgical or multidisciplinary management.
- Restorative and exodontia treatments for children being managed under the direction of a regional MDT with cleft lip and/or palate.
- Dento-alveolar trauma requiring more specialised management including:
    - o Avulsion injuries and post-avulsion management, especially where complications have developed.
    - o Management of injuries to immature permanent incisors where endodontic management is required.
    - o Moderate to severe luxation injuries, especially where complications have developed.
    - o Injuries involving significant damage to multiple teeth.
    - o Aggressive periodontitis or other less common periodontal/gingival conditions.
    - o Uncomplicated dento-alveolar surgical interventions.
- Dental care of children with significant anxiety and/or behavioural disturbance.
- Treatment planning, support and follow up for children requiring extractions under general anaesthesia.
- Treatment planning and delivery of comprehensive dental care under general anaesthesia.
- Oral health surveillance and or treatment needs where significant medical comorbidity or disability increase the complexity and risks of delivery of care. Such care may be shared with a consultant and many such children will be under the on-going care of a Paediatrician. For example:
    - o Significant cardiovascular disease.
    - o Significant abnormalities of haemostasis.
    - o Children undergoing treatment for haematological or organ malignancies.
    - o Children with significant disability or learning difficulties.
- Children with significant behavioural problems or communication disorders (autism).

Level 3b

Care should be delivered by a dentist recognised as consultant in Paediatric Dentistry.

- Assessment and management of complex dental or cranio-facial conditions which require a multi-disciplinary team input to treatment planning and care or where management of a disturbance in dental development is complicated by features requiring input/active treatment from other dental specialties. Examples include:
    - o Moderate to severe hypodontia, and significant dental hard-tissue developmental defects, especially during transition into orthodontic and definitive adult restorative management and treatment.
    - o Traumatic dento-alveolar injuries where significant complications have arisen, especially where multidisciplinary planning and care is required.
    - o Premolar transplantation.
- Patients requiring obturators or other more advanced intermediate restorative management.
- Patients with complex presentations of tooth morphology (macrodontia, double teeth, dens-in-dente, talon teeth).
- Assessment and management of oral pathology or oral medical conditions.
- Assessment, surveillance and treatment of children with significant co-morbidity being managed by other paediatric specialities (for example oncology, cardiology, haematology, hepatology, nephrology, endocrinology). This may include providing urgent dental treatment prior to open heart surgery, organ transplant or prior to commencing chemotherapy, for example.
- Assessment and management of children with a significant disability, co-morbidity, significant behavioural disturbance (e.g. children with severe autism) or severe anxiety who require hospital based and/or multidisciplinary work-up and support prior to and/or as an adjunct to delivery of dental treatment.
- Treatment planning and comprehensive care under general anaesthetic, involving more difficult surgical or restorative procedures, or where the child is undergoing joint procedures with another surgical specialty.
- Acute dental emergencies

# *Levels of Care - Adults*

- *Level 2 Special Care Dentistry - is defined as procedural and/or patient complexity requiring a clinician with enhanced skills and experience who may or may not be on a specialist register. This care may require additional equipment or environment standards but can usually be provided in primary care. Level 2 complexity maybe delivered as part of the continuing care of a patient or may require onward referral. Providers of Level 2 care on referral will need a formal link to a specialist, to quality assure the outcome of pathway delivery;*

- *Level 3 Special Care Dentistry is split into:*
  - *Level 3a - Special care needs that require management by a dentist recognised as a specialist in Special Care Dentistry at the GDC-defined criteria;*
  - *Level 3b - Special care needs to be managed by a dentist recognised as a specialist in Special Care Dentistry at the GDC defined criteria and holding consultant status.*

# Levels of Care - Adults

| Casemix category | Level 2 care: Dentist with enhanced skills or experience | Level 3 care: Registered Specialist/ Consultant |
|---|---|---|
| Communication | Significant communication difficulties due to multi-sensory or cognitive impairment | No verbal communication ability due to severe cognitive impairment |
| Co-operation | Presents with a disability, psychological or mental health state that means:<br>• only limited examination is possible<br>• significant treatment interruption due to inability to co-operate, inability to tolerate procedure or inappropriate behaviour resulting in only a limited examination<br><br>May require:<br>• Advanced anxiety and behaviour modification techniques, e.g. progressive desensitisation, Cognitive Behavioural Therapy<br>• Conscious sedation for moderate phobia / gagging, or concomitant disabling/ medical / mental health condition | Presents with severe disability or mental health state that prevents them from co-operating with dental examination and/or treatment.<br><br>May require:<br>1. Specialist experience of managing combative, agitated or inappropriate behaviour in patient at risk of harm to self or others<br>2. Basic/Advanced sedation techniques dependant of level of co-operation, anxiety and treatment required<br>3. Assessment of patient requiring dental treatment under GA<br>4. Significant clinical holding involving Level 2 or 3 holds / multidisciplinary working |
| | • Clinical holding of patient should only be undertaken following risk assessment and by a dental team with appropriate training in clinical holding [3] | |

# Levels of Care - Adults

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|---|---|---|
| Medical | ASA 3 moderately controlled medical condition(s)<br><br>Progressive degenerative medical/ disabling condition: intermediate stage where specialised service of risk assessment is required<br><br>• Management under specialist supervision | ASA 3 unstable and ASA 4 medical condition i.e. significant risk of medical emergency<br><br>Progressive degenerative medical / disabling condition: advanced stage<br><br>May require:<br>• multifactorial / multispecialty medical risk assessment<br>• treatment in medically supported hospital setting<br>• use of conscious sedation in ASA III/IV conditions<br>• shared medical care e.g. haematology, radiology, oncology, cardiology, respiratory medicine |
| Access | Requires NHS transport to access dental surgery and/or special equipment to transfer to dental chair (manual handling risk assessment, hoist) | Patients who require secondary care facilities for access |
| Oral risk | Oral hygiene requires support of third party | Access to oral cavity for dental treatment severely restricted by major positioning difficulties, inability to open mouth, or dysphagia problems<br><br>Patient unable to tolerate home oral care provided by 3rd party<br><br>Requires multi-disciplinary management of oral care with high risk factors for oral disease |
| Legal and ethical | Best interests require 2nd clinical opinion<br><br>Doubtful or fluctuating capacity to consent, clinician required to make best interest decision and consult/ correspond to do so | Patients requiring a Deprivation of Liberty standard or a court decision regarding their oral care.<br><br>Clinician required to make a non-intervention decision where there is extreme difficulty in providing care and it is not in the patients best interests to provide active treatment |