Annexe A

Core offer	Advantages of the service being provided as part of the core CDS offer	Disadvantages of the service being provided as part of the core CDS offer
Adults		
Level 2 Special Care Dentistry (SCD) (including Cognitive Behavioural Therapy and psychological therapies for Anxious Adults).	• Access to specialist SCD support (if needed); • Access to appropriate facilities for treatment (e.g. hoists); • Explicit responsibility for co-ordination of the dental care pathway lies with the CDS; • Extra time and skills available in CDS.	• Reduced locations for services compared with General Dental Practices (GDPs); • Potential deskilling of GDPs; • Impedes normalisation of dental treatment.
Level 3 Special Care Dentistry.	• Access to specialists in SCD (if needed); • Access to appropriate facilities for treatment (e.g. hoists); • Explicit responsibility for co-ordination of the dental care pathway lies with the CDS.	
Urgent care[1] and domiciliary services for patients with Level 2 or 3 complexity as defined in the NHS England Commissioning Guide to Special Care Dentistry	• Provides continuity of care for patients; • Specialist skills needed to provide the appropriate level of care.	• Limited availability of provision in some locations.

[1] In hours urgent care for Special Care Patients (level 2 and 3) should be provided by the CDS. The arrangements for Out of hours urgent care is described by the diagram at para 5.8

Annexe A

Children		
Medically compromised children (Level 3[2]) with specific conditions, significant disability or learning disability.	• Access to specialist paediatric support and experienced staff; • Access to appropriate facilities for treatment; • Explicit responsibility for co-ordination of the dental care pathway lies with the CDS; • GA not available from GDPs; • Limited provision of inhalation sedation in GDPs across the West Midlands; • Inconsistent provision of IV sedation among GDPs across the West Midlands.	• Reduced locations for services compared with General Dental Practices (GDPs); • May lead to increased DNA rates (which may exacerbate any underlying safeguarding issues); • Potential deskilling of GDPs; • More than one dentist and location required for children requiring sedation;
Level 2 Paediatric Dentistry[3] for children where there is increased complexity of delivery of service due to behavioural/psychological issues or significant anxiety – particularly where these children require inhalation or intravenous sedation and/or General Anaesthetic.		
Mobile service for special schools (Level 2)	• Access to specialist paediatric support and experienced staff; • Access to facilities for treatment ; • Explicit responsibility for co-ordination of the dental care pathway lies with the CDS.	• Time consuming and resource intensive; • Lack of involvement of parents in treatment; • Transition when leave school into other services; • Frustration of normalisation of dental treatment.

[2] In the NHS England Commissioning Standard for Paediatric Dentistry.

[3] There are some further elements of Level 2 Paediatric Dentistry – for example hard tissue dental defects and disturbances of the developing dentition, more complex problems affecting developing dentition or dental hard tissues, dento-alveolar trauma, increased complexity of delivering care due to medical comorbidity or disability children requiring acclimatisation to help overcome anxiety – which may initially form part of the core offer until the workforce at High Street dentists is sufficiently developed to enable it to be taken out of scope. While it is not envisaged that these services would remain part of the core offer of the CDS in perpetuity, it is likely that there will need to be a limited failsafe element for patients unable to access High Street dental services (for example where there is no General Dental Practice available).

A number of elements were commonly considered by participants at the Stakeholder Engagement Event and/or the Commissioners to not appropriately form part of the core offer. These are as follows:

For Adults

- Anxious Adults (acclimatisation, Inhalation Sedation, Intravenous Sedation);
- Domiciliary services (other than for Level 2 and 3 Special Care Dentistry patients);
- Level 1 Special Care Dentistry;
- Level 2 Special Care Dentistry in respect of
    - Patients with a disability where only a limited examination is possible;
    - Oral hygiene requiring support of a third party;
- Mobile services for adults.

For Children

- Level 1 Paediatric Dentistry;
- Level 2 Paediatric Dentistry in respect of
    - Management of Dentoalveolar Trauma of increased complexity;
    - Management of dental defects and disturbances;
    - Extensive caries or early childhood caries amenable to care under local analgesia or with sedation;
    - Looked After Children who have no current arrangement for ongoing oral health review or have unmet dental needs;
- Mobile services for mainstream schools.

We would envisage that these patient groups would routinely access these services through their General Dental Practice. However we recognise that there may be specific circumstances where individual patients are unable to access these services through their GDP (or it is not appropriate for them to do so) and in these instances we envisage that the CDS would provide a failsafe.

The reasons given for these elements not forming part of the core offer were commonly:

- That it would be more cost effective for the service to be provided by General Dental Practices (GDPs);
- That provision by GDPs would offer greater access to patients (for example in terms of numbers of locations);

- That if the service was to be provided by the CDS, there is a risk of reducing the availability of the relevant skills among GDPs;
- Inappropriate use of specialist skills;
- That provision by GDPs helps avoid unnecessary fragmentation of care for patients;
- That provision by GDPs helps support the normalisation of dental treatment.

A number of specific reasons were given for the non-inclusion of the provision of mobile services within mainstream schools within the core offer as follows:

- Provision would be financially unaffordable for Commissioners;
- The lack of appropriate facilities for dentistry;
- Difficulties caused when parents are not present;
- The time consuming and resource intensive nature of the service for Providers;
- Ensuring that suitable arrangements are made for transition into other services after leaving school.

At the Stakeholder Engagement Events for completeness we invited participants to comment on the advantages and disadvantages of Oral Health Promotion, Epidemiology, out of hours, Minor Oral Surgery and Dental Access Centres being included within the core offer. These have not been included in the above table as they are outside of the scope of this Review (See para 1.10). In particular, Oral Health Promotion and Epidemiology services are typically provided by Community Dental Services at present, but the commissioning responsibility for these services lies with local authorities. For this reason, these services are not considered to be part of the core offer of the community dental services commissioned by NHS England.