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HEALTH OVERVIEW AND SCRUTINY COMMITTEE
9 MARCH 2022

DENTAL SERVICES ACCESS AND ORAL HEALTH PROMOTION

Summary

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

2. The update will also include oral health promotion work, which is an area of responsibility for the Council's Public Health Team.

3. Representatives will be present from NHS England and NHS Improvement (NHSE&I), which currently oversees Dental Services. The Council's Director of Public Health and the Cabinet Member with Responsibility for Health and Well-being have also been invited to the meeting.

4. This Report has been developed between NHSE&I Commissioning Team Managers and Consultants in Dental Public Health.

Background

5. NHS dental care, including that available on the high street (primary care), through Community Dental Services (CDS) or through Trusts, is delivered by providers who hold contracts with NHSE&I. All other dental services are of a private nature and outside the scope of control of NHSE&I. The requirement for NHS contracts in primary and community dental care has been in place since 2006.

6. Additionally, 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.

7. Before the COVID-19 pandemic, 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 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.

8. Worcestershire has 63 general dental practices which offer a range of routine dental services; 2 of these also provide orthodontic services. In addition, there are 8 specialist Orthodontic practices. Secondary care is provided by Worcestershire Acute Hospitals NHS Trust (WAHT) and Community Dental Services for special care for adults and children is provided by Herefordshire and Worcestershire Health and Care NHS Trust 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.

9. A map of the location of local dental surgeries is attached in Appendix 1. In some cases there will be practices in close proximity and the numbers on the map reflect this where the scale does not permit them being displayed individually. The map has shading showing travel times.

10. Prior to the pandemic, Worcestershire was one of the areas regionally where access was less good and particular issues had already been noted in 2 rural areas (Tenbury and Upton upon Severn). Efforts were made previously to commission additional activity from practices in those areas via over delivery but with limited success due to the impact of the pandemic in early 2020. There has recently been a small contract hand-back in Bromsgrove, however lost activity has been recommissioned from other local practices in the area. Many practices, particularly in rural areas, struggle to recruit staff (both dentists and nurses) and this is having an impact on the service they can provide. A project was undertaken during 2021 with Health Education England to try and attract salaried dentists to work locally. Although a number of local practices were keen to participate, no newly qualified dentists were interested in relocating to the area.

11. A strategic review of access is planned and NHSE&I anticipates having access shortly to a mapping tool to identify local areas which may have specific issues which may assist in a more targeted approach to tackle these.

12. 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.

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

Dental Charges

14. Dentistry is one of the few NHS services where patients 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.

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

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

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

Impact of the COVID-19 Pandemic

18. 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 23 March 2020. 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 UDCCs 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 because of a COVID-19 outbreak).

19. From 8 June 2020, practices were allowed to re-open however they 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.

20. 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. Increases in capacity have been phased in line with changes to protocols for infection prevention such as relaxing of restrictions on social distancing and the introduction of risk assessments for patients

who may have respiratory infections. During the latter part of 2021 practices were required to maximise capacity and to reach a minimum of 65% of normal activity for general dentistry and 80% of normal activity for orthodontics.

21. Infection prevention measures have been reviewed subsequently and new guidance issued recently which has increased the number of slots from January 2022. The revised arrangements for the early part of 2022 is for practices to reach a minimum of 85% of normal activity for general dentistry and 90% 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. There is the aim for services to be fully recovered to normal levels of activity from April 2022.

22. The graphs below and in Appendix 2 show the average pattern of delivery of activity over the course of the pandemic and how this has increased regionally, together with more local information for the Herefordshire and Worcestershire Integrated Care System (ICS) which has generally been one of the areas where access is less good. There is also regional information on the overall impact on access of the reduced levels of activity and the cumulative loss of access across the course of the pandemic.

Fig 1 Herefordshire and Worcestershire Primary Care Dental Activity vs Minimum Thresholds

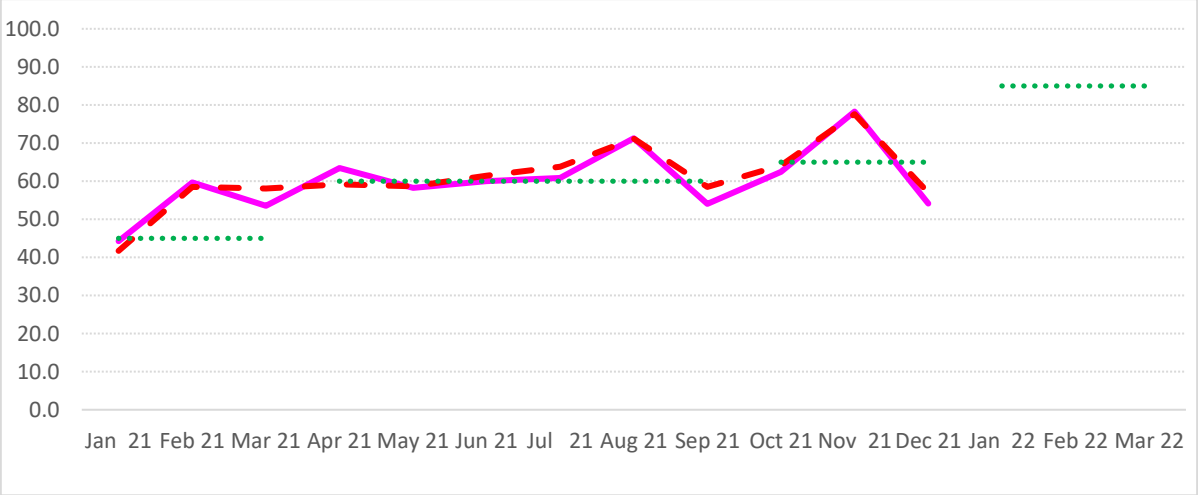


Fig 2 Change in Dental Access (from GP patient survey)

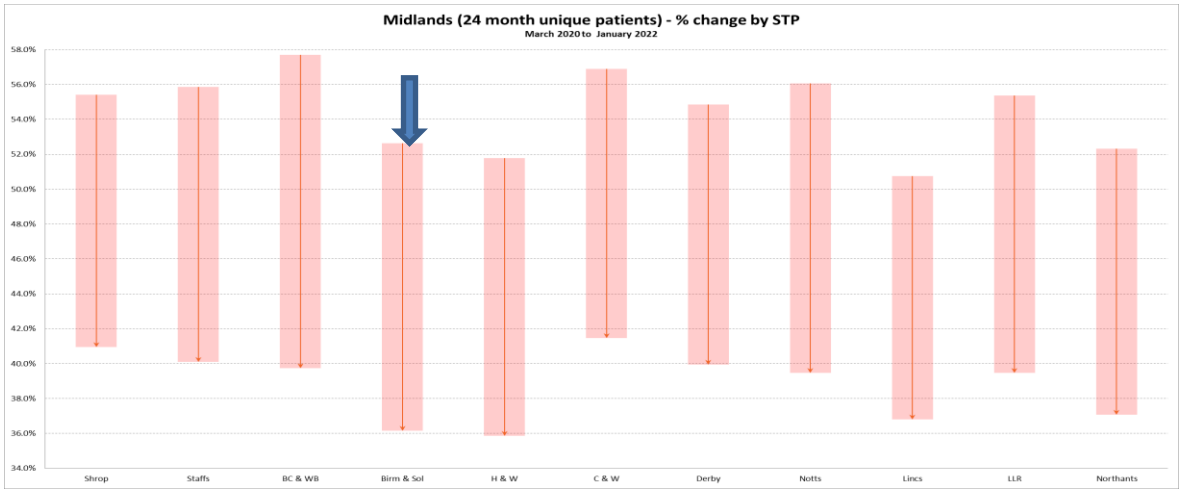
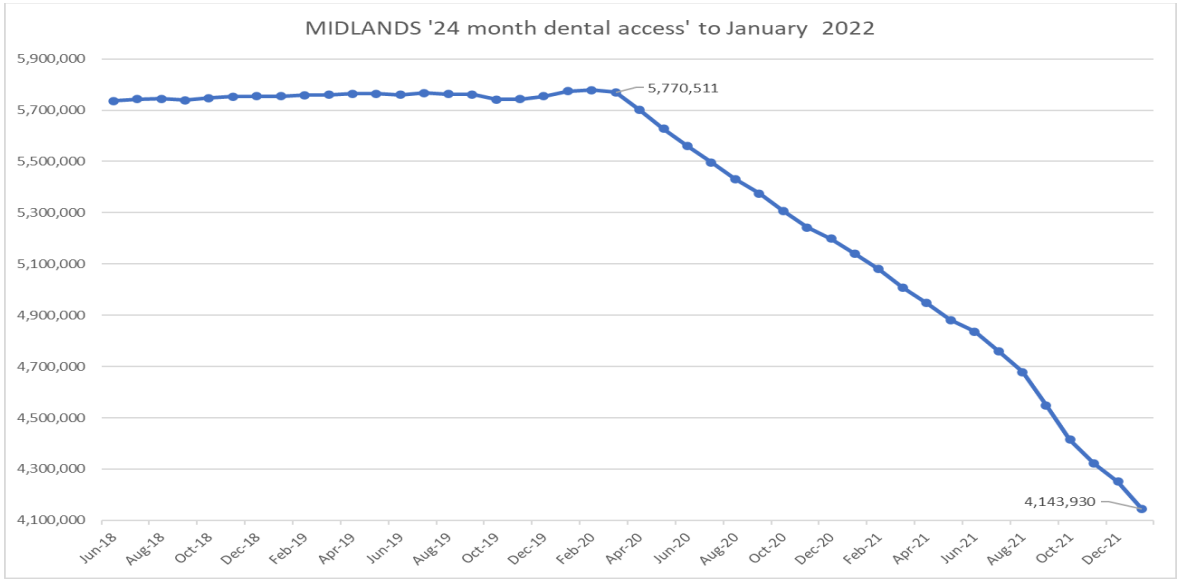


Fig 3 Midlands 24 Month Dental Access Trend



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

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

25. 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.

26. 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

27. 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.

28. 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.

29. 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.

30. 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.

31. 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-19 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.

32. 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.

33. 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.

34. 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

35. 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 – In Worcestershire, 9 practices are contracted to provide 423 additional sessions at an initial cost of £169,200 with a further additional 12 sessions to be added from Jan to Mar 2022. There has subsequently been further national money allocated as part of a national scheme and further applications are now being reviewed.
- Additional Orthodontic Case Starts – an offer has been made to practices with capacity for additional activity to tackle waiting lists – 2 practices in Redditch

and Evesham have been allocated funding to start treatment for a further 250 patients at a cost of £365,243.

- Community Dental Services (CDS) Support Practices – the team are about to recruit a number of practices to work collaboratively to provide additional capacity to assist in routine review and managing patients who are in the care of the CDS. One of these practices is in Kidderminster.
- Dedicated In Hours Urgent Care Sessions – additional capacity for NHS111 to signpost urgent patients without a regular dental practice. Two practices in Worcestershire are taking part and providing extra appointments.
- Additional non recurrent investment to support oral health improvement initiatives such as supervised toothbrushing with £11,000 allocated to the HWHCT oral health promotion team to expand existing schemes across Worcestershire. These include supervised toothbrushing and bottle swap schemes and toothbrushing packs for children being assessed as part of the epidemiology survey.
- Recurrent investment of £175,000 to further develop a joint ICS wide oral health promotion team for Herefordshire and Worcestershire who will work collaboratively with the two local authorities and other stakeholders to ensure that local people have access to the information and support they need to maintain good oral health.
- Investment for recovery initiatives locally in Secondary and Community Care including £118,320 for additional orthodontic activity at Worcestershire Acute Hospitals Trust (10 extra patients per day) and £26,146 for HWHCT for new patient assessments and recalls in the Community Dental Service.

Vulnerable Groups

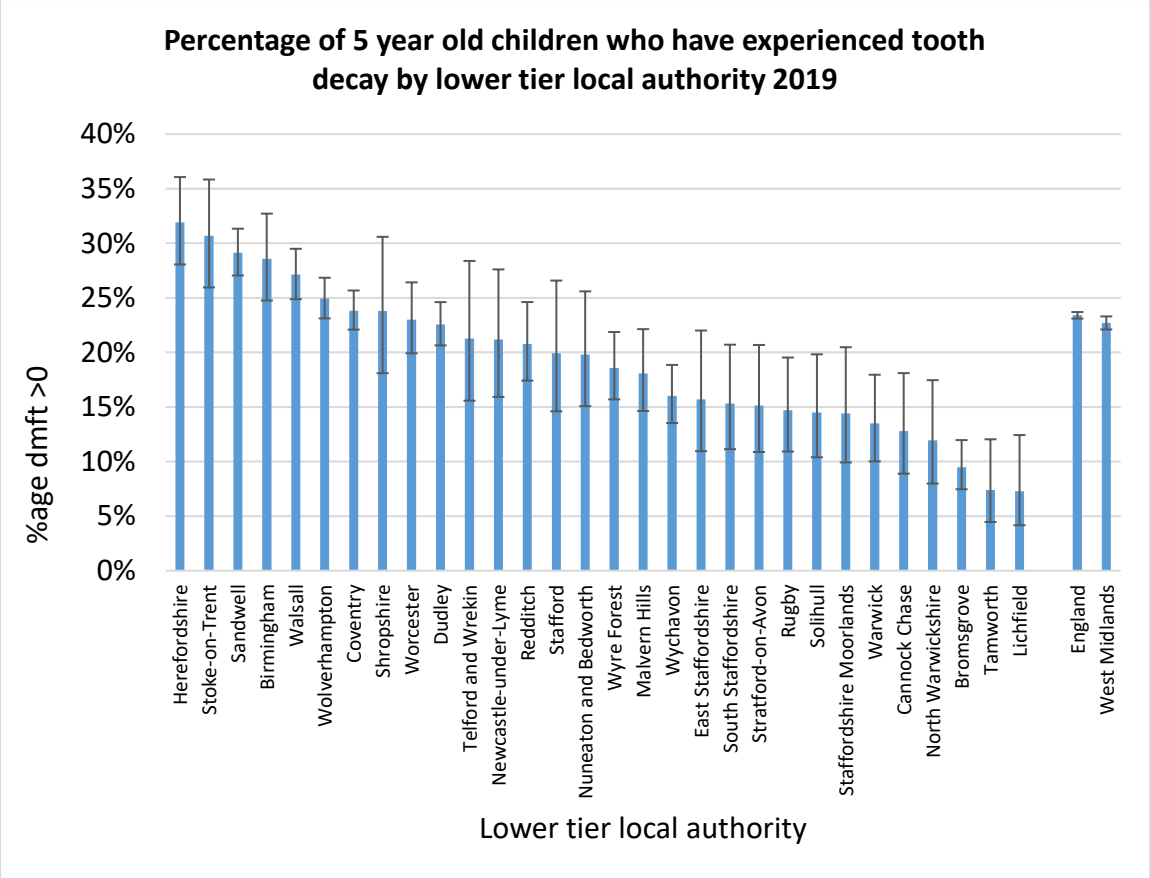
36. There are two groups of vulnerable patients – those vulnerable due to COVID-19 and those who are vulnerable with respect to their oral health. For those in the categories who are vulnerable or shielded due to age or underlying health conditions special arrangements will be made to ensure they are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

37. 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

38. 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. Only part of the population in Worcestershire 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]

39. The local dental commissioning team works collaboratively with colleagues in Worcestershire County Council (the Council) around prevention initiatives linked to Oral Health Promotion and further information has been provided by the Council's public health team on the local oral health steering group and initiatives in Appendix 3.



40. NHSE&I is 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 NHS111. 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 2 practices in Worcestershire. In addition the CDS has been ensuring access for vulnerable patients through their network of local clinics and dental access centres.

41. 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 Bromsgrove (to ensure the additional workload did not negatively impact on wider patient access).

42. 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 NHS111.

43. It should be noted that many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHSE&I the private element of their business may have been adversely affected by the pandemic. The Chief Dental Officer 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.

Access

44. Access and satisfaction with dentistry is measured through a regular GP survey. For adult access, Worcestershire was typically at around the regional average for adult and above both regional and national averages for child access. Please see latest available figures below for June 2021.

Access (% patients accessing care in latest period)	Adult (24 month)	Child (12 month)
Worcestershire County Council	43.6	28.8
Midlands	41.9	32.4
England	41.1	32.8

And the previous year figures for Jun 2020 before COVID had a chance to have an impact.

Access (% patients accessing care in latest period)	Adult (24 month)	Child (12 month)
Worcestershire County Council	48.6	59.6
Midlands	48.4	52.9
England	47.7	52.7

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

Midlands overall trend – 12-month children's access

Dec 2019	March 2020	June 2020	Sept 2020	Dec 2020
58.2%	58.6%	52.8%	43.1%	29.3%

46. Local Worcestershire Data for Dec 2020 % seen 0-17 yr olds (note this is during the pandemic when services were most constrained)

Code	Name	12-month access
18C	Herefordshire and Worcestershire CCG	28.1%

47. 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. Worcestershire however has recovered better than some other areas for children's access.

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

49. 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

50. 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 Worcestershire practices were offered additional funding for 2019/20 and 2 managed to deliver additional activity despite the impact of COVID-19 in the early part of 2020.

51. 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. NHSE&I will be seeking two practices locally and additional training will be provided.

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

Out of Hours (OOH) Provision

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

Urgent Dental Care

54. 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

55. People should check their practice's answer machine; information should also be displayed inside the practice and on the windows. Most people contact NHS111 who will alert the out of hours provider. There is an online option that will often be quicker and easier than phoning – particularly when NHS111 is dealing with large numbers of COVID-19 related calls. If using the phone, it is important to listen to all the messages and choose the appropriate option for dental pain.

56. Patients with dental pain should not contact their GP or attend A&E as this could delay treatment as they will be redirected instead to a dental service.

57. People can attend any service in the Midlands area and for Worcestershire the nearest sites are at Worcester, Redditch, Dudley or Birmingham. At times of peak demand patients may have to travel further for treatment depending on capacity across the system.

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

58. 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. In Worcestershire there is a dedicated GDP provider who covers both care homes and patients in their own home. 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 NHS111. If they need more specialist

dental care they will generally be referred on to the Community Dental Service after this initial contact.

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

Dentures

60. 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 NHS111. During COVID-19 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 the pandemic.

Secondary and Community Care

61. 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.

62. 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 Worcestershire 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 Worcestershire 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-19 infections.

63. 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 December. WAHT was at that time reporting 359 patients waiting over 52 weeks and 2035 waiting over 18 weeks with 9 waiting more than 104 weeks. NHSE&I is aware also that there are a significant number of patients who have been waiting for more than 104 weeks for orthodontic treatment at the hospital and NHSE&I is currently working

to commission additional capacity through some Consultants also working in primary care to help get more patients into treatment more quickly. The overall proportion of patients for the Herefordshire and Worcestershire ICS that are waiting over a year is currently 21%. The position had been improving significantly early in the year but has recently plateaued due to the effect of winter pressures and the impact of the latest wave of COVID-19 infections. 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 4). Referrals into secondary care have started to recover (see Appendix 5) 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.

64. 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 Dental Bulletin

65. 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

66. Dental contractors have undertaken COVID-19 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.

ICS	Responses	Practices	%	eligible	1st		2nd		booster		flu	
Herefordshire and Worcestershire	31	95	32.6%	412	398	96.6%	388	94.2%	296	71.8%	168	40.8%
Grand Total	**460**	**1149**	40.0%	**5884**	**5432**	92.3%	**5381**	91.5%	**3530**	60.0%	**2058**	35.0%

67. There is a local offer in place through a scheme organised by the CCG to provide Wellbeing support and resources to staff in primary care locally and dentists are able to access this.

Collaborative working with local Dentists

68. 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.

69. There is a Local Dental Network (LDN) covering the Herefordshire and Worcestershire ICS but there is currently a vacancy for the LDN Chair and this is being covered temporarily by Steve Claydon who is a network chair in Northamptonshire whilst the post is readvertised. 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.

70. 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.

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

PPE and Fit Testing

72. 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.

73. 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 Urgent Dental Care Centres (UDCC) and Out of Hours 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

74. There have been only occasional COVID-19 outbreaks in dental practice setting in Worcestershire. 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). NHSEI ran a webinar last year to raise awareness of good practice in IPC and to share learning to prevent outbreaks in dental settings.

75. 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/

76. 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

77. 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.

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

Purpose of the meeting

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

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

Supporting Information

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

Contact Points

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Background Papers

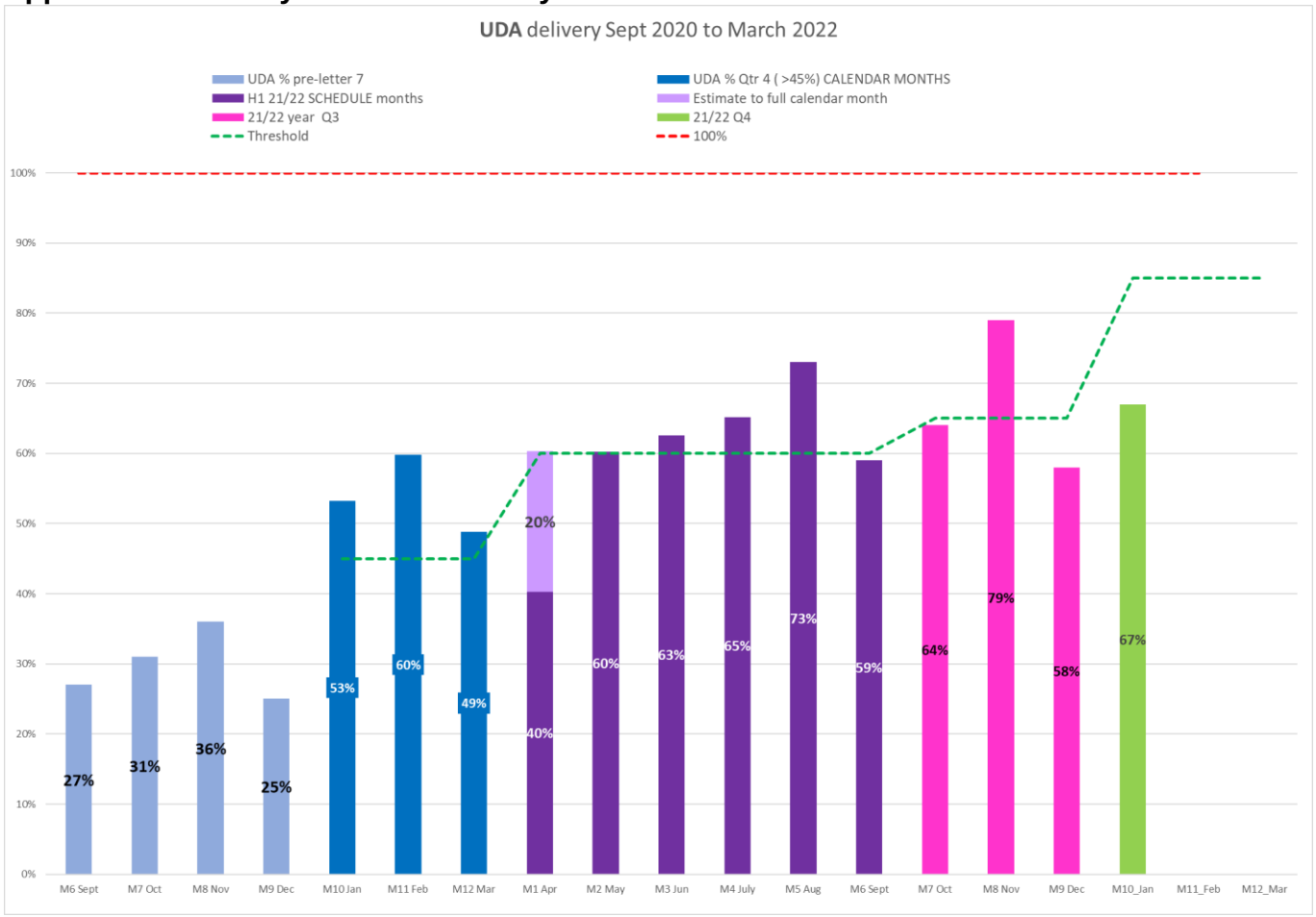
In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance) the background papers relating to the subject matter of this report are:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 18 September 2019– available on the website: weblink to agendas and minutes

worcestershire
countycouncil

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

Appendix 2 - Activity Trends in Primary Care



Appendix 3 - Oral Health Promotion Briefing

Background

Since 2013 when the duty to improve public health became the responsibility of Local Authorities, NHS England has been working with local authorities and Public Health England to develop and deliver oral health improvement strategies and commissioning plans specific to the needs of local populations.

Worcestershire County Council has a duty to improve the health of the whole population, this includes oral health which is a key factor of overall health (Health and Social Care Act, 2012). The Council inherited two statutory duties within the NHS Bodies and Local Authorities Regulations Statutory Instrument United Kingdom, (2012) specifically related to oral health:

1. Provide or commission oral health promotion programmes to improve oral health in the local population.
2. Provide or commission oral health surveys.

In response to these duties in 2017 a Worcestershire Oral Health Steering Group was formed, and an Oral Health Needs Assessment (May 2017) was carried out that informed the Joint Strategic Needs Assessment. A number of oral health promotion programmes have also been implemented.

Oral Health Promotion Programmes

There is currently a dental services contract in place between NHSE&I and Herefordshire and Worcestershire Health and Care NHS Trust, oral health promotion forms part of this contract. Based on the findings of the oral health needs assessment the Health and Care NHS Trust are commissioned to deliver three bespoke oral health promotion programmes.

Supervised toothbrushing in early year settings - The aim of this programme is to improve oral health and reduce inequalities, by preventing tooth decay in young children, through the implementation of a supervised toothbrushing scheme. The scheme is delivered in targeted early years settings based on what areas in Worcestershire have a higher number of dental carries in the under 5 population.

Activity update - The Smile Squad, which is part of the Worcestershire Community Dental Service has delivered the programme to 15 early years settings, creating presentations and training videos. There was a slow start to the programme due to the pandemic, as many nurseries were initially closed and when they did reopen were reluctant to allow external people access to the building. Majority of the settings have been engaging and keep regular commination and are very happy with the quality of resources provided. Some settings have not been so engaging, either because they feel it is not the responsibility of the nursery or there are staff shortages and limited delivery time. The Smile Squad are making contact with these nursery's through the Quality Assurance visits to see what additional support they can offer.

Oral health training for the wider professional workforce - The aim of this programme is to improve oral health and reduce inequalities through oral health training for the wider professional workforce, with a focus on education, health, and social care. This training will improve their knowledge and skills to support oral health improvement and ensure key messages and signposting is appropriate and consistent.

Activity update - Training has been delivered to 131 staff across the wider professional workforce, which has been well received. The training was delivered by the Oral Health Coordinator, this role has recently been vacated due to retirement. The Worcestershire Community Dental Service are in the process of recruiting an Oral Health Promotion Officer who will continue the training. It has been proposed there will be a focus on training residential and care home staff over the next 12 months, supporting the oral health promotion of older people across the county.

Engagement via social media - The aim of this programme is to improve oral health and reduce inequalities, by engaging with the wider professional workforce through social media. This includes promoting national, regional, and local oral health campaigns and resources.

Activity update - Currently two social media platforms are being maintained: Facebook and twitter, and nearly 40 campaigns and resources have been promoted. It will be the role of the Oral Health Promotion Officer to further develop these platforms to improve their reach, post regular social media updates from the Smile Squad and further promote campaigns and resources.

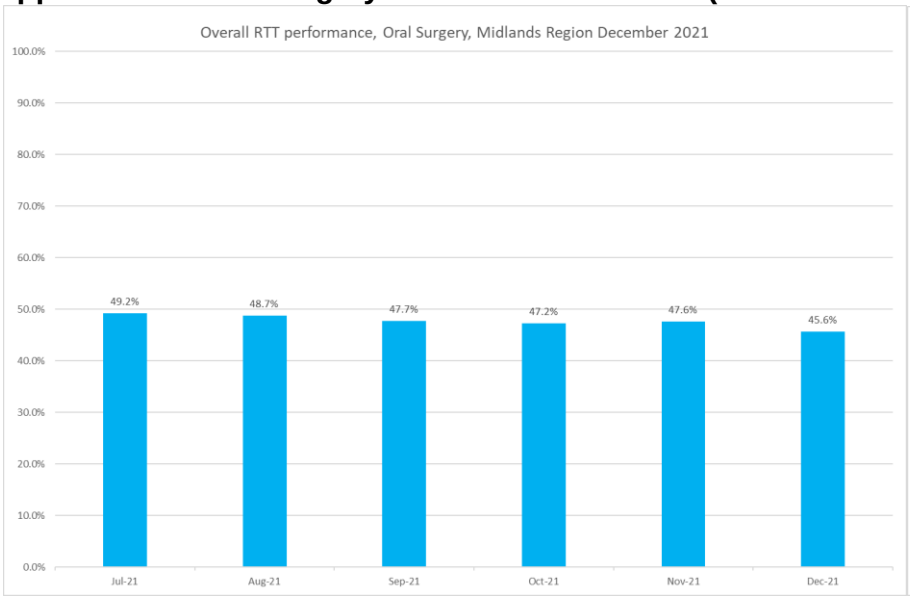
Worcestershire Oral Health Steering Group

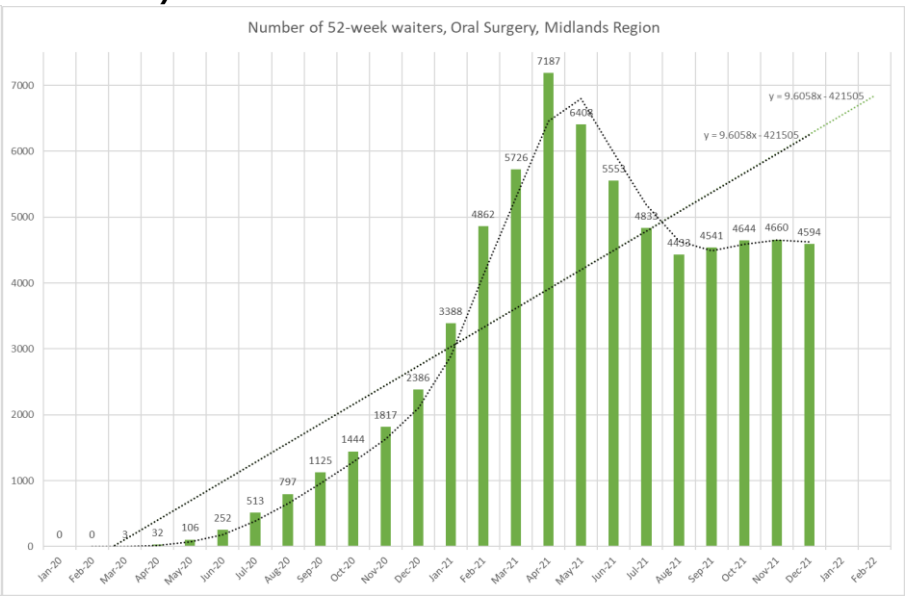
As noted above the Worcestershire Oral Health Steering Group was formed in 2017 that delivered against an Oral Health Action Plan (2019/21). The plan had three main aims:

- Primary prevention – providing clear information, raising awareness and targeted promotion
- Access to care – promoting access and referral pathways and improving supported access to dental care for people with additional needs
- Outcomes – reducing the demand for general anaesthetic in children and vulnerable adults

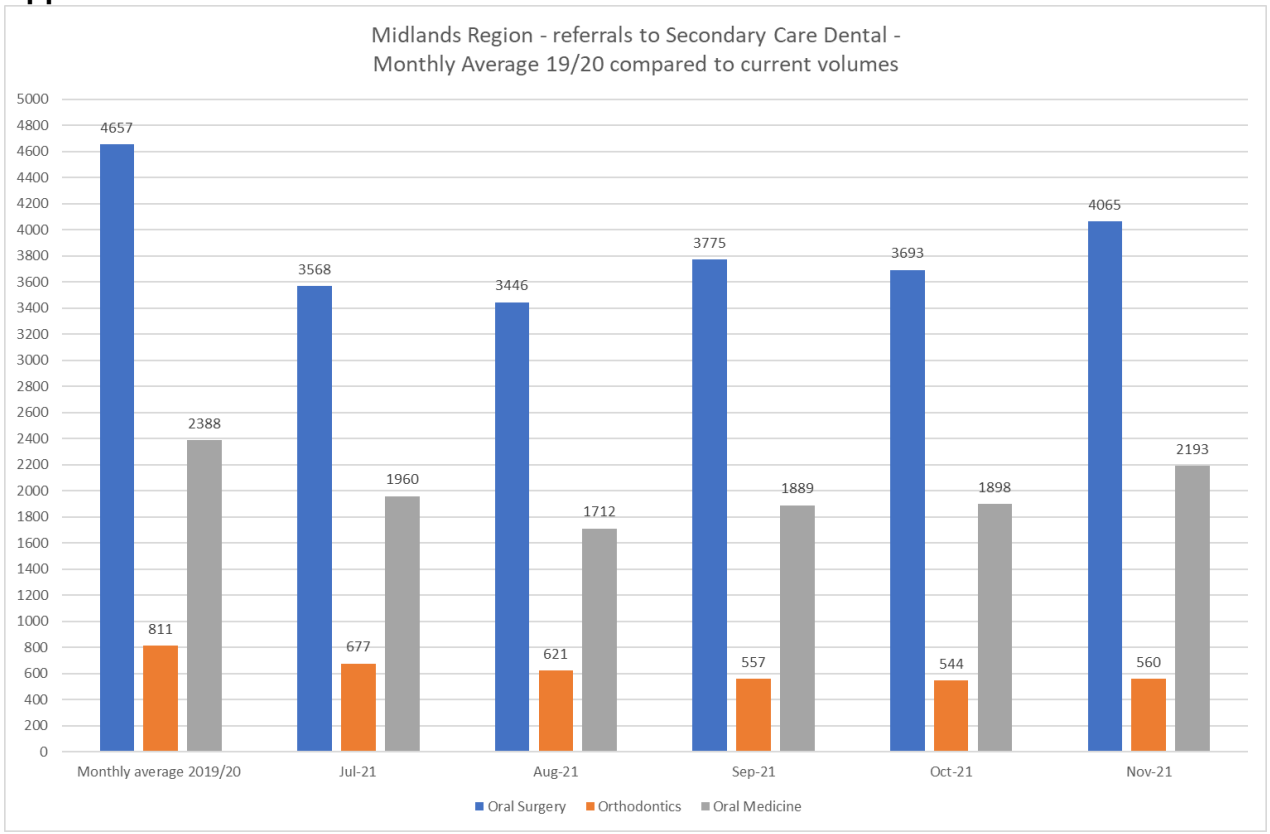
Due to the pandemic the group has not met since 2020. The next meeting of the Oral Health Steering Group will be taking place on the 30th March 2022, where it will determine what activity has taken place against the plan since 2020 and identify the impact COVID-19 has had on access to dental services. Local evidence on access to care will also be captured through engagement with local communities that is being conducted by the public health team and recent enquiries made to Healthwatch Worcestershire.

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





Appendix 5 - Dental Referral Trends



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