Briefing to Herefordshire HWBB March 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 March meeting 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 has also provided specific information 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 and to specific local access issues in Herefordshire.

Introduction

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.

Also, 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.

Herefordshire has 18 general dental practices; which offer a range of routine dental services; two of these contractors have recently given notice to terminate small contracts in Ross on Wye and in Bromyard from April 2022. Two of the general dental practices were previously part of the prototype scheme as part of national dental contract reform but these arrangements will be ending in April 2022. There is in addition 1 specialist Orthodontic practice based in Hereford. Secondary dental care is provided by Wye Valley NHS Foundation Trust (WVT) who also provide Community Dental Service for special care adults and children and in addition provide a number of dental access clinics across Herefordshire as well as a minor oral surgery service. 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 map has shading showing travel times by public transport or car.

Prior to the pandemic Herefordshire already had some of the worst access rates across the region. There have been longstanding issues attracting dentists to work in the area and these have been exacerbated recently by the pandemic. There are historically a number of small largely private dental practices in Herefordshire who have traditionally held small NHS contracts that were originally child only. There are also a few larger corporate practices. All of these practices struggle to attract and retain staff and previously had relied in some cases on staff from the EU. Brexit has had an impact on the numbers of dentists in particular willing to work in the area.

The level of commissioned services is lower than in other areas due to the difficulty attracting new providers and the impact of dentists handing back or reducing their NHS contracts. In Herefordshire we currently commission only 1.13 UDA per head of population compared to a regional average of 1.57 and a figure for Worcestershire (who share some of the same issues) of 1.44 UDA per head.

However, the effect is worse than this locally as the activity that is commissioned has historically been underutilised with practices failing to use all the UDAs allocated despite anecdotally refusing to see or take on new patients. Due to the way the contract is set up nationally it has proved extremely difficult to take action to tackle this and to release money to be reinvested into new provision. We have had anecdotal reports of practices offering to take on children only if the parents will sign up to private dental services.

The gaps are longstanding, particularly in rural areas but also in Hereford itself. For this reason we continue to commission Dental Access Centres from the Community Dental Service at Wye Valley NHS Trust in order to ensure that patients still have access to care when they have a dental problem. Initial plans are to procure immediately for a large practice or practices in Hereford to replace activity lost in recent years. The team are currently working with Healthwatch to develop a patient consultation exercise to inform this work. The commissioners are already aware that many patients are keen to see more local provision but this is going to be harder to secure and may need an innovative and non-standard approach. It is thought that the urgent priority in the interim is to attract new providers into Hereford as a start so as to take pressure off the local Community Dental Service.

Other efforts have been made to attract newly qualified dentists to the area. A scheme during 2021 was offered out in Herefordshire and Worcestershire and Lincolnshire to provide salaried dental placements in local practices with the offer of days training in the wider health system. Unfortunately, not a single dentist was interested in relocating to the area. Further work is planned as securing more staff is key to improving access locally.

A strategic review of access is planned across the Midlands, however Herefordshire is already a high priority area due to the known access issues and significant additional investment has been requested to assist in improving the situation. A market engagement exercise was undertaken during 2020 but only 2 responses were received. Indications are that attempts to find providers to support rural areas either through hub or spoke or mobile services are a major deterrent due to the difficulties for providers already in finding staff willing to work locally. NHSEI anticipates having access shortly to a mapping tool to identify local areas which may assist in a more targeted approach to tackle this in the future.

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. 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.

Infection prevention measures have been reviewed subsequently and new guidance issued recently which will increase the number of slots from January 2022. The revised arrangements for the early part of 2022 are now for reach a minimum of 85% of normal activity for general dentistry and 90% of normal activity for orthodontics with a plan to resume normal levels of activity from April 2022. 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.

The graphs 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 the Herefordshire and Worcestershire ICS compared to the average and minimum thresholds.

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

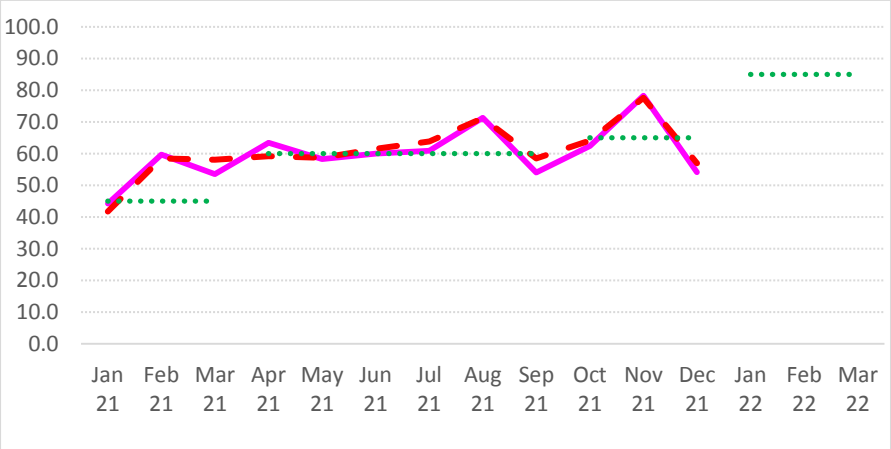
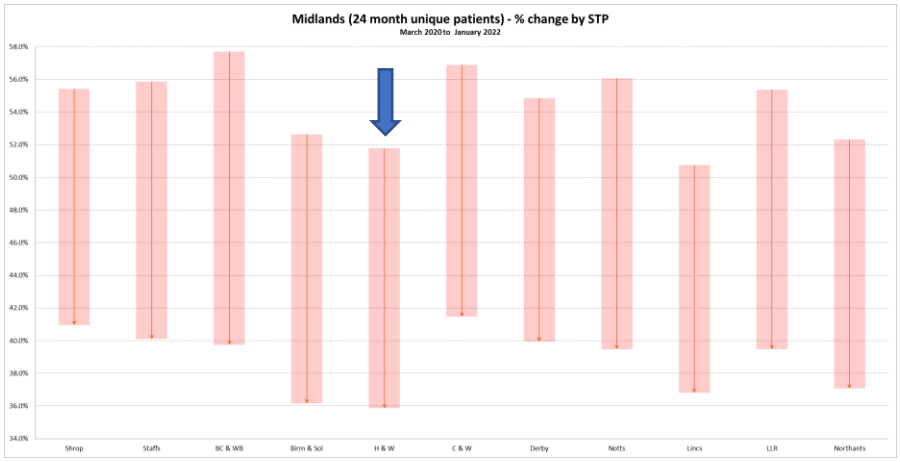


Fig 2 Change in Dental Access (from GP patient survey)



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.

Fig 3 Midlands 24 Month Dental Access Trend

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 two years. 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. 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:

- There has been additional funding to practices to facilitate Weekend Access – unfortunately there were no Herefordshire practices willing to participate.
- 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). Unfortunately there are no Herefordshire practices eligible to participate.
- 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. There is only one Specialist Orthodontic practice in Herefordshire and they are not in a position to be able to participate.
- CDS Support Practices – the team have recruited 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. Unfortunately there were no applications from practices in Herefordshire.
- Dedicated In Hours Urgent Care Sessions – additional capacity for NHS 111 to signpost urgent patients without a regular dental practice. There were no applications from Herefordshire practices but a practice in Tenbury has been secured to offer cross border support to the CDS.
- Additional non recurrent investment to support oral health improvement initiatives - £15,000 allocated to the local authority oral health promotion team to expand existing supervised toothbrushing schemes. Funding of £5,937 was also provided to expand the sample for the 5 year old epidemiological survey in order to get more detailed information to inform commissioning locally with toothbrushing packs provided for all children participating. The sample has been expanded from 500 to 750 as there was no capacity within the CDS for the larger sample originally planned.
- Investment locally in Community Dental Care of £28,400 for paediatric sessions at weekends which will continue for 22/23 to improve children's access

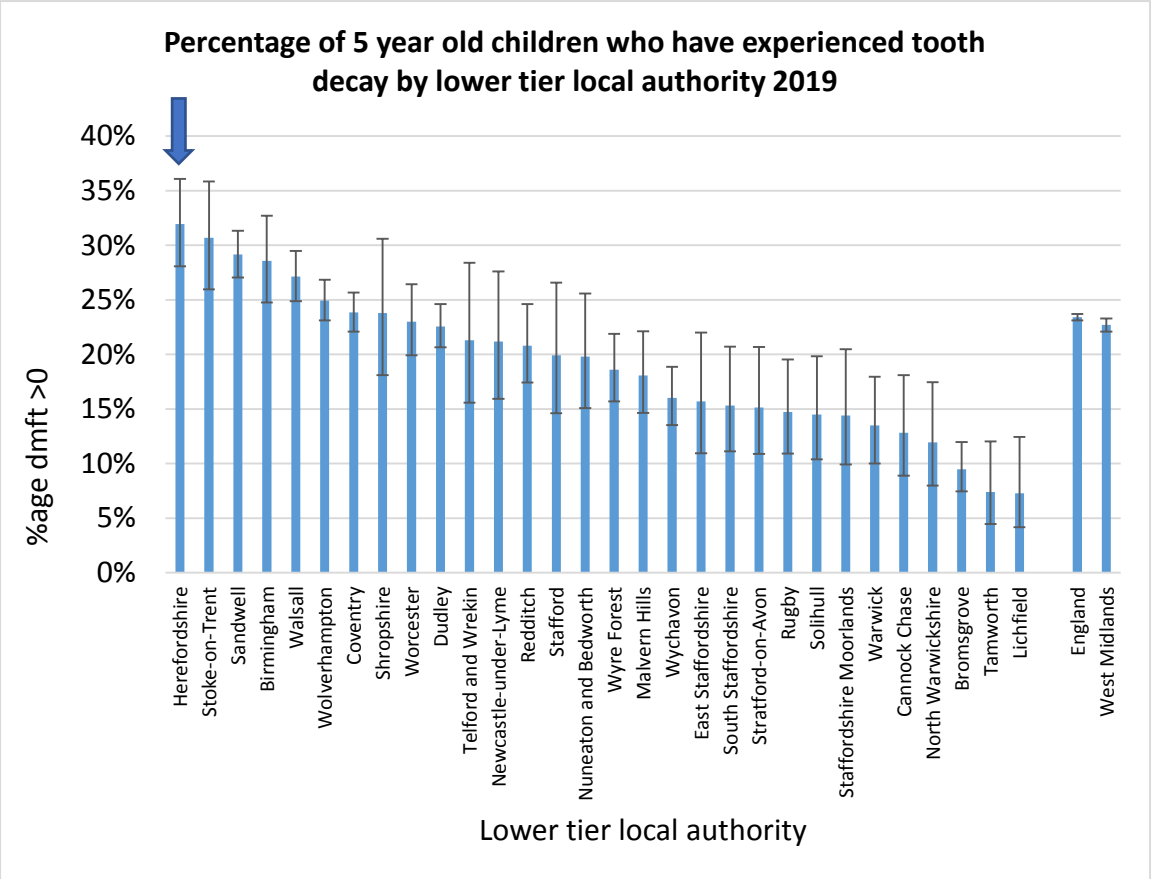
Vulnerable Groups

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. None of the population in Herefordshire currently benefits from water fluoridation and the impact of this can be clearly seen below. 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 across areas where there is known pressure and additional dedicated urgent care sessions have been commissioned to help facilitate access for those who may not have a regular dentist. Unfortunately we were unable to secure a local practice but a dental practice in Tenbury is providing cover across the boundary from Worcestershire. In addition the CDS has been ensuring access for vulnerable patients through their network of local clinics.

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. There has also been national investment recently to secure additional urgent access sessions in general dental practice but no practices locally have expressed an interest.

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.

Access and satisfaction with dentistry is measured through a regular GP survey. For Adult Access Herefordshire was typically below the regional average for both adult and child access and below the national average for child access. Please see latest available figures below for Jun 2021

Access (% patients accessing care in latest period)	Adult (24 month)	Child (12 month)
Herefordshire County Council	41.4	25.8
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)
Herefordshire County Council	44.8	50.1
Midlands	48.4	52.9
England	47.7	52.7

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%

Local ICS wide 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%

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. It is clear that Herefordshire has been badly affected. Hence a local initiative with the CDS to secure extra weekend sessions which has been extended for the coming year.

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. There were two practices in Herefordshire were offered

additional funding for 19/20 and 1 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 later in the year and additional training will be provided although it is sometimes difficult to get engagement from local contractors.

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 expand the existing HWCT team to provide a more resilient oral health promotion service across the new ICS area. They will work collaboratively with both local authority public health teams and be guided by the local strategy. Apart from the non-recurrent investment described previously there has been a recurrent investment of £175,000 to support this.

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.

There is a dedicated Out of Hours dental service based in Hereford. People can attend any service in the Midlands area but for Herefordshire the nearest sites will be either Hereford or Worcester or

Dudley depending on the patient's address. At times of peak demand patients may have to travel further for treatment depending on capacity across the system. The Herefordshire system also currently has extended hours service provision through the Wye Valley NHS Trust Dental Access Centres. This is not available in other ICS 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 is currently provided by the Community Dental Service. There has been an attempt to commission a dedicated general dental practice to provide additional domiciliary provision for the area for patients who would not normally meet the criteria to be seen by the CDS but we have so far been unable to attract any interest from either local practices or providers willing to travel to cover the area.

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 still 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 Herefordshire 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. There has been a good degree of recovery in Herefordshire over recent months and waiting lists are not as long as in some other areas.

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. WVT were at that time reporting 9 patients waiting over 52 weeks and 74 waiting over 18 weeks. The position had been improving significantly over recent months but in line with other areas has now stalled. WVT is currently only reporting one patient waiting over 104 weeks and the overall proportion of patients for the Herefordshire and Worcestershire ICS that are waiting over a year is currently 11%. 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	
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%

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 were very proactive during the early part of the pandemic in setting up urgent dental centres.

There is a Local Dental Network in place covering the Herefordshire and Worcestershire ICS although there is currently a vacancy for the Chair. We have advertised previously unsuccessfully but plan to

go out to advert again shortly. Steve Claydon who is an LDN chair from Northamptonshire has been supporting in the interim and there is also support from the Regional Chief Dentist Adam Morby. There are 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 although Out of Hours services are commissioned to cover these periods.

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 Herefordshire 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 Herefordshire. 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.

Opportunities for Innovation including Digital

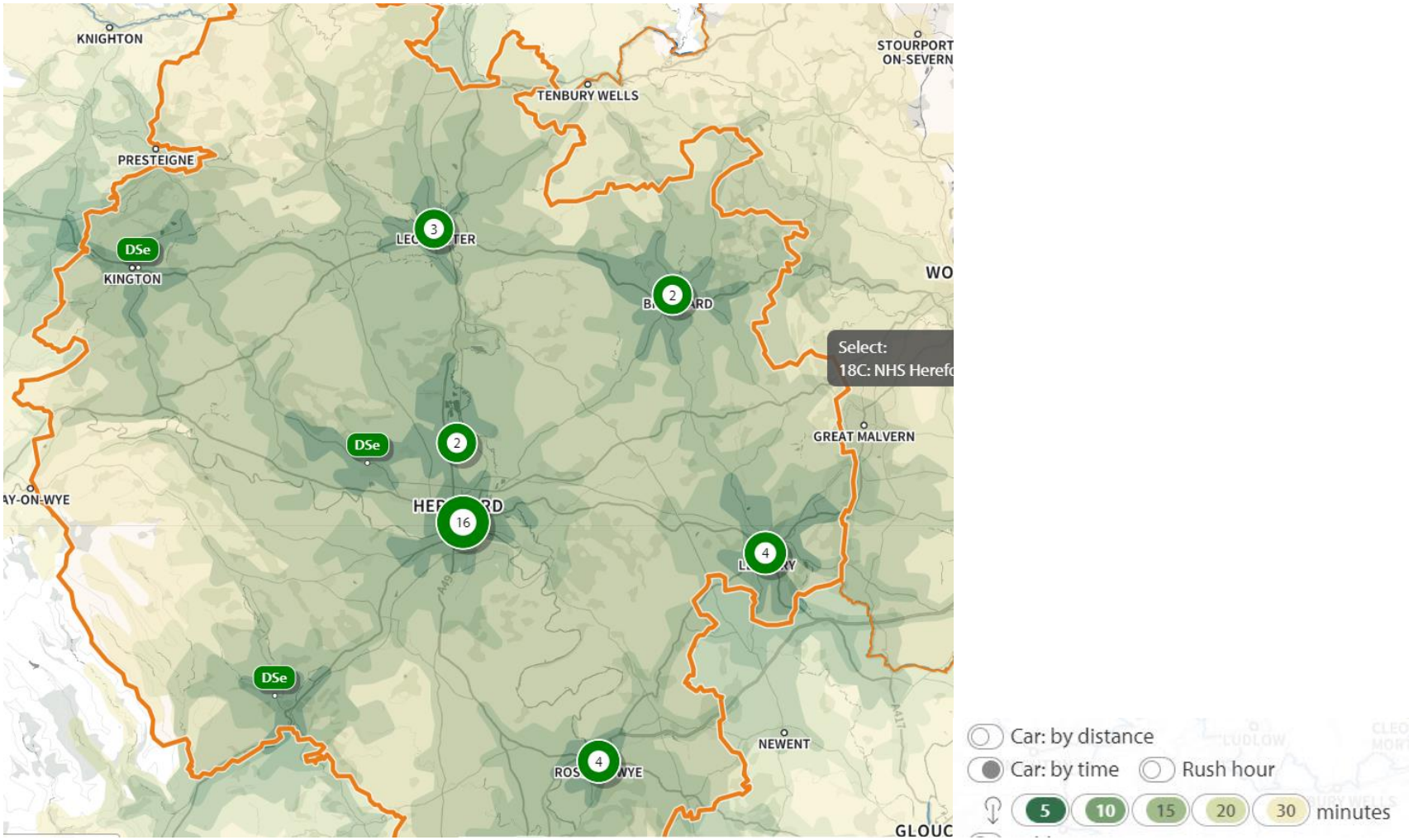
There have been some positive impacts through the pandemic including the way in which local services and clinicians have worked together collaboratively to maintain and recover services.

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.

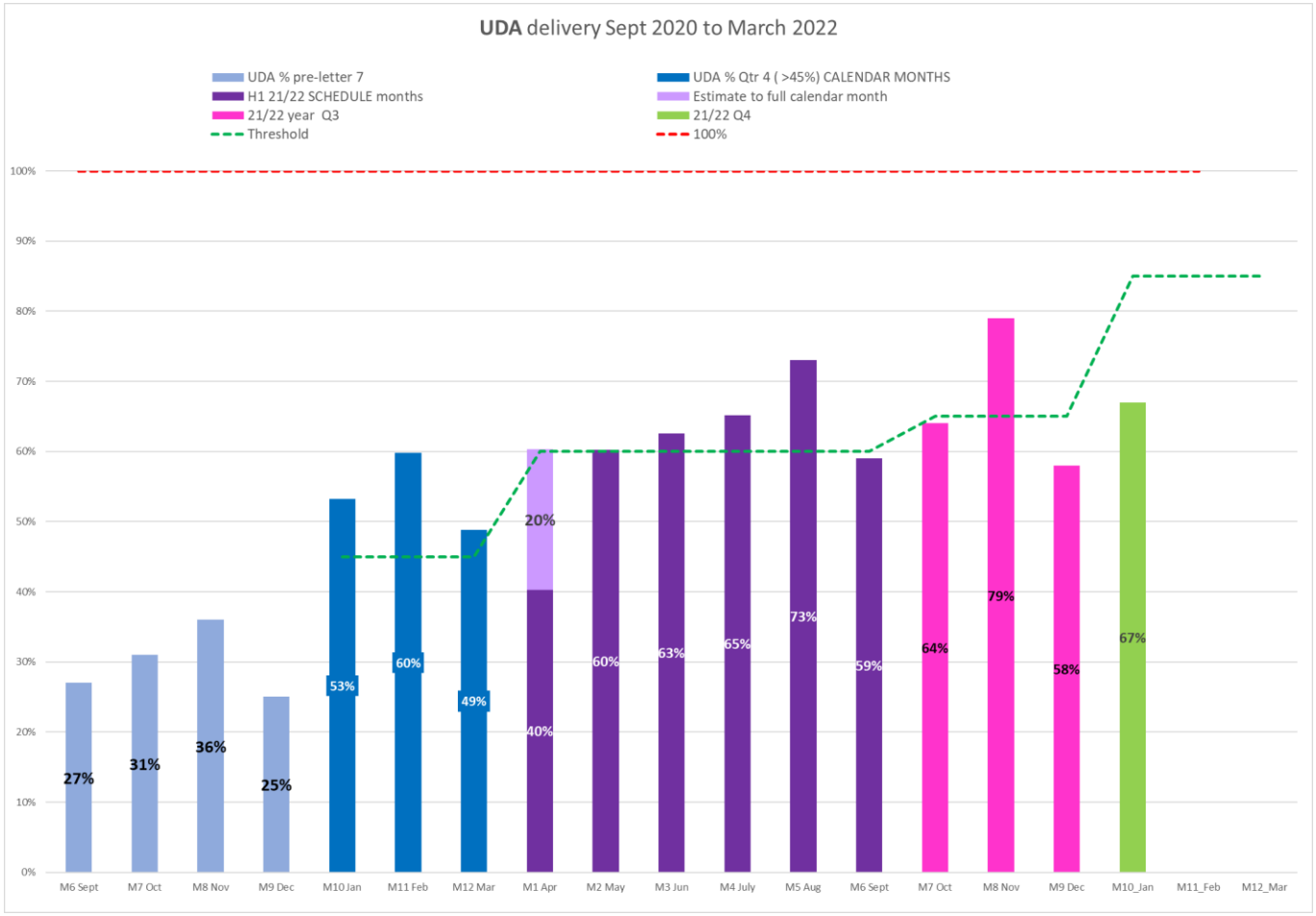
We are exploring options to increase the use of advice and guidance through the electronic Dental Referral Management system (REGO), including the facility to upload photographs with referrals.

Appendix 1

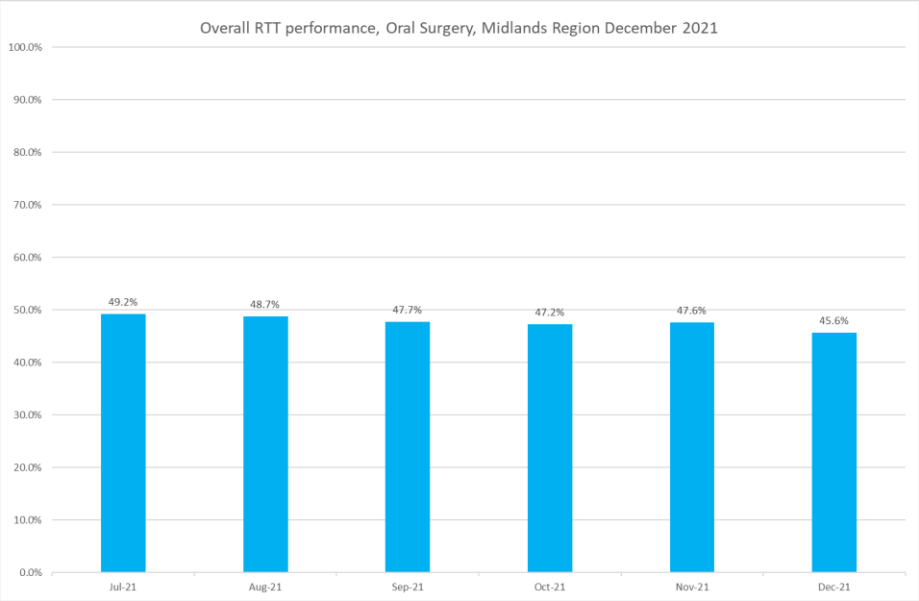
Fig 1 – Location of dental practices or clinics including orthodontic and community sites (travel times by car or public transport).

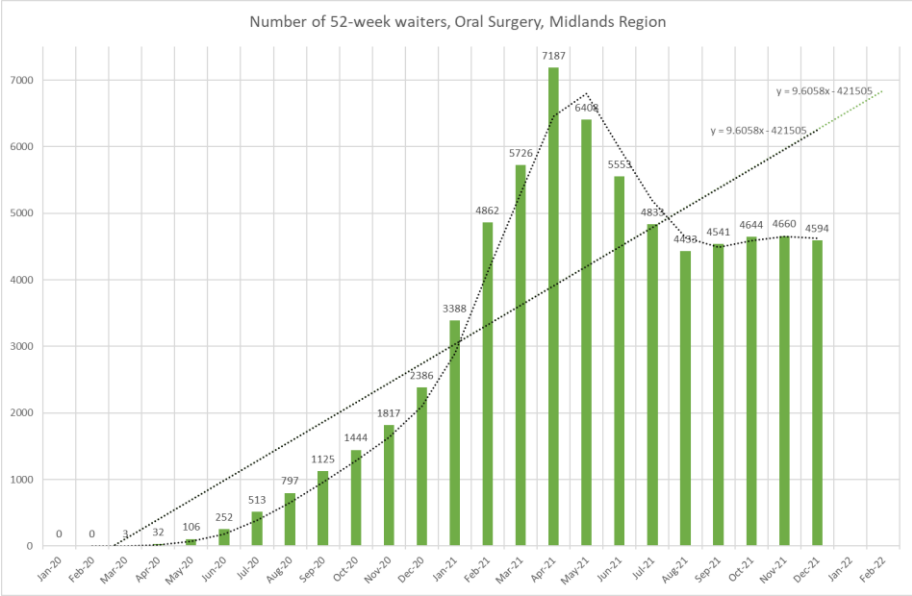


Appendix 2 - Activity Trends in Primary Care

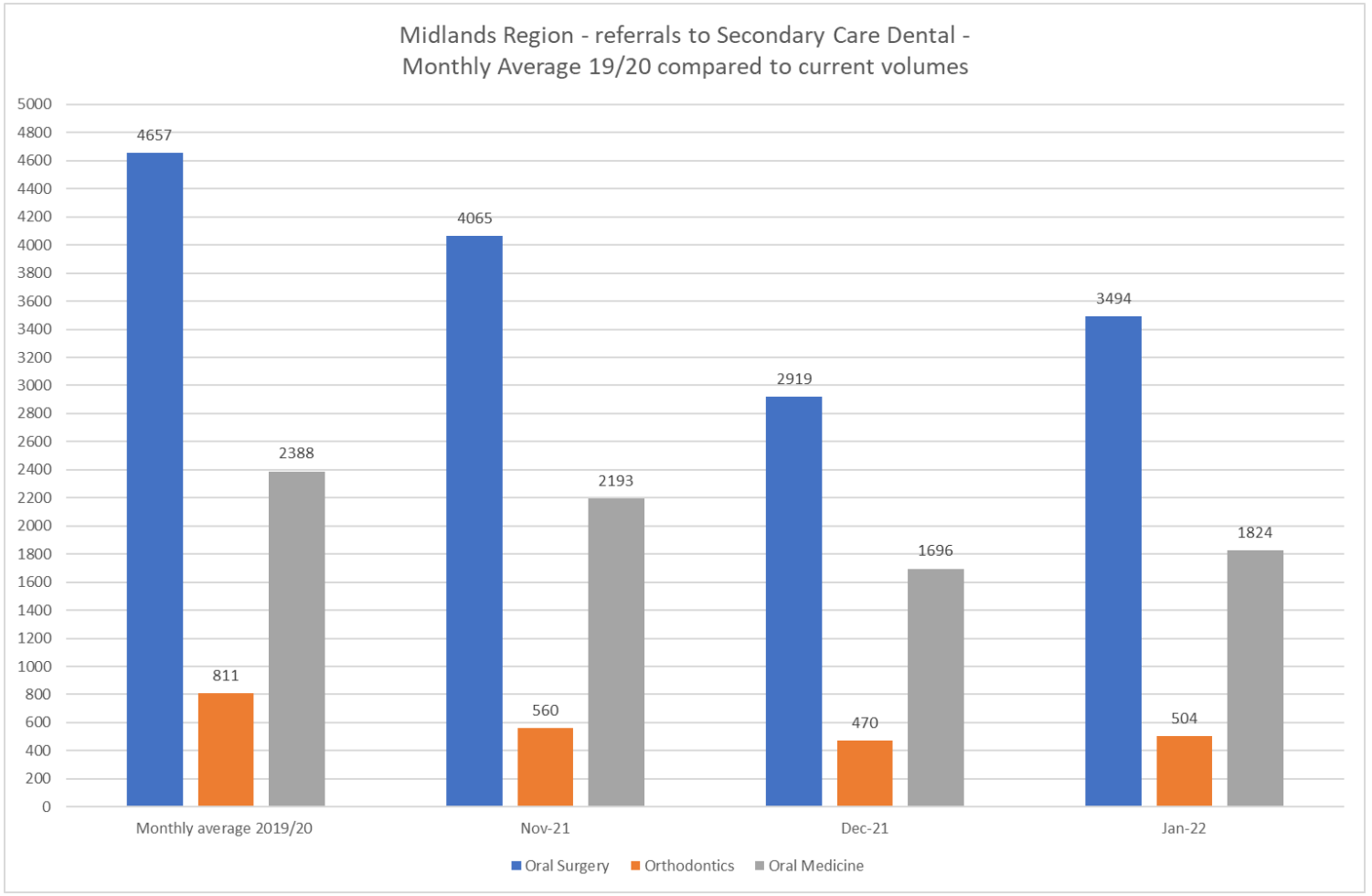


Appendix 3 – Oral Surgery Referral to Treatment (18 Week and 52 Week Waiter) Trends in Secondary Care





Appendix 4 - Dental Referral Trends



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