Report to the West Berkshire Health Scrutiny Committee

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Title: **Access to NHS Dental services in West Berkshire**

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1. Background

NHS England and NHS Improvement commissions dental services from primary, community and secondary care providers. The primary and community services are commissioned via contracts which fall within the NHS (General/Personal) Dental Services Regulations 2005. Secondary care (hospital) providers deliver services under NHS standard contracts.

NHS Patient Charge Regulations apply to the contracts falling within the 2005 Regulations, but not services provided under NHS standard contracts.

Providers of NHS primary care services are independent contractors, which means they provide services via contracts with the NHS rather than through direct NHS employment. Some provide services to all groups of patients, but some are for children and charge exempt patients only. Patients can attend whichever practice they wish. The currency of payment to dental practices is Units of Dental Activity (UDAs) and Units of Orthodontic Activity (UOAs) for Orthodontic practices. They are paid in twelve monthly instalments against an activity target each year. The practices must deliver at least 96% of that activity each year to retain all monies paid to them. Contract performance of between 96% - 100% will result in additional activity that has to be delivered in the following year. Performance below 96% will result in financial recoveries for the year in question. If practices overperform by up to 2% they can either be paid or have activity target reduction for the following year.

Patients are not registered with practices but are encouraged to attend at regular intervals with the regularity of attendance based upon their assessed oral health. In the Thames Valley area (Berkshire, Oxfordshire and Buckinghamshire) about 1.1m people (52% of the population) normally attend an NHS Dentist on a regular basis (attendance within a 2-year period). This has fallen recently due to the impact of the pandemic.

Providers of Orthodontic services are 'primary care' providers but provide treatment on referral for children. The community and hospital services provide treatment on referral. The Community Dental Service is for patients who have additional needs which makes treatment in a primary care setting difficult. The hospital service is more specialist in nature delivering Oral and

Maxillofacial Surgery and Orthodontic services. In addition there are primary care based (tier 2) Oral Surgery (more complex extractions) and Restorative (Root canal, treatment of gum disease and dentures) services in Berkshire West designed to provide less complex treatments than in a non-hospital setting. The tier 2 service providers hold what is known as 'advanced mandatory' contracts

The tables below detail NHS Dental services in West Berkshire.

Primary Care:

Primary Care Services	Number of contracts	UDAs/UOAs*	UDAs delivered 19-20**	%
GDS contracts	19	173,706	167,271	96.3%
Full NHS	10	163,483		
Child and exempt	5	3,884		
Child only	4	5,135		
Orthodontic contracts	1	10,046		

*Units of Dental/Orthodontic Activity

**Last full pre-Covid year

New NHS practices were opened in Newbury in 2009 and Pangbourne in 2012.

Other services:

Service	**Provider**
Community Dental Services	Berkshire Healthcare NHS Foundation Trust
Hospital services	Royal Berkshire NHS Foundation Trust
Tier 2 Oral Surgery	Rodericks
Tier 2 Restorative	Dr A Rai

2. Main content of report

The Impact of COVID-19 on Access to Dental Services

COVID-19 has had a greater impact on dentistry than some services due to the close proximity of dental teams members to the patients they are treating with an open mouth in a confined space. Since the pandemic all dental services have been delivered within the framework of a national Standard Operating Procedure (SOP). This outlines the requirements for ensuring patient and staff safety and arrangements for prioritising patients to receive treatment.

Additional infection, prevention, control measures (IPC) must be followed in order to reduce the risk to dental teams, patients and the wider population. IPC guidelines include specific requirements when undertaking Aerosol Generated Procedures (AGPs) which are used for treatment including fillings, scale and polish, root treatment and crown preparation. This requires a fallow time after treatment to allow aerosols to settle before an enhanced clean can be carried out. Fallow time was initially 1 hour but reduced to 30 minutes in many cases by the end of 2020. As most dental procedures involve the use of AGPs this has had a significant impact on capacity and the number of patients that can safely be seen. It is unlikely that these restrictions will be lifted until the pandemic is deemed to be over which means that capacity will continue to be reduced for some considerable time.

While access to dental care is limited across the country due to COVID-19, practices are concentrating on the provision of urgent care and treatment for patients with the greatest clinical need.

Background

During the first wave of the pandemic all dental practices were required to close for face-to-face care from 25 March 2020 until at least 8 June 2020. This was in the interests of patient and dental team safety. Although closed, practices provided remote advice, analgesia (to help to relieve pain) and anti-microbials (to treat infection) where appropriate (AAA). Following clinical assessment where this did not address a patient's needs dental practices were then able to refer patients to the Urgent Dental Care (UDC) Hubs that were set up to treat patients with the most urgent need.

In the second phase of the pandemic as infection rates dropped, there was a phased reopening of practices for face-to-face care, with all open by 20 July 2020 at the latest. In order for dentists and their teams to see as many patients as safely possible, NHS England and NHS Improvement worked closely with Ministers and determined for the period 20 July to 31 December 2020. It was agreed this would be a minimum of 20% of historic levels of NHS activity in recognition of the 1 hour fallow time and enhanced cleaning requirements. For the period 1 January to 31 March 2021 practices were required to deliver 45% of their contracted activity (70% for orthodontics) which reflected fallow time reducing to 30 minutes in many practices followed by the enhanced cleaning. Between April and September 2021 practices were required to deliver 60% of their contracted activity (80% for orthodontics). The reduced capacity applied both to primary care and referral services.

Practices may have to temporarily close if members of the dental team or their household are required to self-isolate. Practices may also have to temporarily stop provision of treatment involving AGPs where they have been unable to obtain their usual make of respirator mask and need to be fit tested to a new model. In both instances, where patients require face-to-face urgent care, the

practice can refer patients to UDC Hubs which remained open when practices resumed face-to-face care for this reason.

Current situation

Although this gradual increase in activity has improved access to urgent dental care and is starting to deliver routine care for those with the greatest clinical need, it is still some considerable way from 100% of usual activity. Provision is currently at 65% (85% for Orthodontics). This is subject to further national review at the end of December. The resulting backlog is going to take some considerable time to address.

The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Although many patients have historically had a dental check-up on a 6 monthly basis, NICE guidance states this is not clinically necessary in many instances and clinically appropriate recall intervals may be between 3 to 24 months dependent upon a patient's oral health, dietary and lifestyle choices. Therefore, many patients who are attempting to have a dental check-up may not clinically need this at the current time.

While practices continue to prioritise patients with an urgent need, if they have the capacity to provide more than urgent care, they will prioritise patients who fall within the following categories:

- require dental treatment before they undergo medical or surgical procedures,
- part way through a course of treatment when practices closed,
- have received temporary urgent treatment and require completion of this
- children
- identified as being in a high-risk category and so have been advised they should have more frequent recall intervals.

Although practices have been asked to prioritise patients with an urgent need, it may be necessary for patients with an urgent need to contact more than one practice as each practice's capacity will change on a daily basis dependent upon the number of patients seeking care and staffing levels. Where a practice has the capacity to do so, they will assess patients over the telephone to establish whether the patient requires AAA. If it is established a patient requires a face-to-face appointment, the practice can arrange for them to attend an urgent appointment at the practice or in some instances refer the patient to a UDC Hub.

NHS and private dental care

Whilst most practices provide both NHS and private care, practices have been advised that they must spend an equal amount of time on NHS care now as they have historically, albeit much of their surgery time will not be spent on face-to-face care due to the fallow time between patients. A common

misconception is that practices are attempting to convince patients to be seen privately rather than on the NHS, this is because practices are contracted to provide a set amount of NHS dentistry per year and so are unable to increase the number of NHS appointments they can offer. However, some can increase their private hours and number of private appointments available. In some instances, practices may have filled their NHS appointments but still have private appointments available and therefore sometimes patients may only be offered a private appointment when they contact practices.

Finding a dentist

Patients are not registered with a dentist in the same way as they are with a GP. A practice is only responsible for a patient's care while in treatment, but many will maintain a list of regular patients and will only take on new patients where they have capacity to do so, such as when patients do not return for scheduled check-ups or advise they are moving from the area. The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Details of practices providing NHS dental care can be found on: https://www.nhs.uk/service-search/find-a-dentist or by ringing 111 who will provide details of local dental practices providing NHS care. However, for the reasons outlined above, at the current time it is unlikely that they will be able to accept patients for non-urgent care or those people not considered as having greater clinical need.

Improving access

Funding has been offered to all practices across the South East Region to increase access by providing additional sessions outside of their normal contracted hours, for example in the evening or at weekends. These sessions are for patients who do not have a regular dentist and have an urgent need but have experienced difficulty accessing this or have only been able to receive temporary care (such as AAA, a temporary filling or first stage root treatment) and require further treatment. There are 12 practices in Buckinghamshire, Oxfordshire and Berkshire currently undertaking additional sessions, specifically for patients that would be new to those practices. The offer of additional sessions remains open so that should other practices subsequently determine they have the staffing levels to safely deliver additional sessions, these will be established.

Should any patient need urgent dental care and the practice that provides this is only able to provide temporary care, they will be able to contact one of the following practices to obtain longer term treatment. This is only for urgent care and these practices will unfortunately not be able to provide routine care.

- Smile Dental Care, Twyford, Berkshire, 01189 321803
- Loddon Bridge Road Dental Practice, Reading, Berkshire, 01189 692935
- Gentle Dental Care, Reading, Berkshire, 0118 945 2900 / 0118 945 5555
- Moonlight Dental Surgery, Slough, Berkshire, 01753 526301
- SC Dental Studio, Slough, Berkshire, 01753 550888

- Smile Dental Care Cippenham, Slough, Berkshire, 01753 577017
- Busby House Dental Centre, Didcot, Oxfordshire, 01235 816486
- Bourbon Street Dental Surgery, Aylesbury, Buckinghamshire, 01296 331100
- Haddenham Dental, Haddenham, Buckinghamshire, 01844 292118
- Risborough Dental Practice, Princess Risborough, Buckinghamshire, 01844 345192
- The Chesham Dentist, Chesham, Buckinghamshire, 01494 776 550
- Beaconsfield House Dental, Beaconsfield, Buckinghamshire, 01494 730 940

Access to referral services

The dental referral services must address the same safety issues as the primary care services, which has had impact on patient throughput. As dental practices have increased their capacity, they have prioritised patients with greater oral health needs. This impacts on the time required for treatment in primary care and means a proportionately high number of patients being referred for specialist treatment.

In line with other hospital services, the specialty of Oral and Maxillofacial Surgery saw a significant increase in the number of patients waiting more than 18 and 52 weeks for treatment as a result of the pandemic. The Integrated Care Systems are leading on the recovery of hospital waiting times. At the Royal Berkshire the number of patients waiting for more than 18 weeks within this specialty fell from 303 in January 2021 to 249 in August. The number of patients wating more than 52 weeks fell from 35 to 4 in the same period.

NHSE/I South-East has recently approved Restoration and Re-set investment funding for community-based providers of Special Care and Paediatric (Community) Dental Services and tier 2 Oral Surgery services for the period 1st November 2021 – 31st March 2023. The commissioner is working with the service providers to mobilise this additional capacity which will include increased provision of General Anaesthetic services for Special Care adults and children.

3. Next steps and review

3.1 Access to services:

Ensure access can be achieved both for patients who attend the Dentist on regular basis and those who do not via:

- Service provision in line with the national Standard Operating Procedure

- National review of contractual arrangements from 1st January 2022
- Urgent Dental Care hubs to support the wider system if needed
- Maintain access sessions for irregular attenders
- Implement NHS Restoration and Re-set programme to address backlog of patients awaiting treatment following referral

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