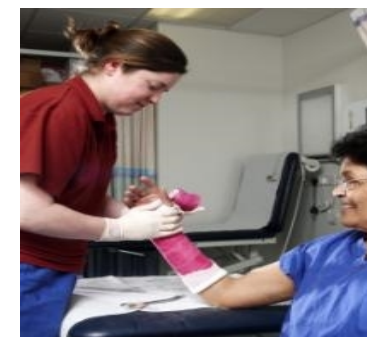
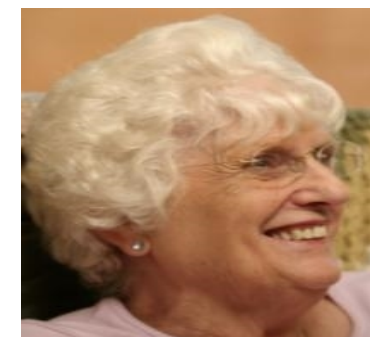


# Dental Services - London

**Kelly Nizzer** - Regional Lead for Dental and  
Optometry Services

**Jeremy Wallman** - Head of Primary Care  
Commissioning; Dentistry, Optometry and Pharmacy



# Primary, Secondary, Community & Specialist Dental Services

- Dental treatment is generally split into three categories of complexity
  - Level 1 – mandatory services delivered by any dentist in the high-street setting.
  - Level 2 – advanced mandatory and specialist services delivered by dentists with enhanced skills or recognised training in the high-street setting. Also referred to as intermediate services.
  - Level 3 – complex treatment delivered by specialists and consultant led in the secondary care setting.
- National commissioning guides recommend the acceptance criteria and delivery for complexity levels 2 and 3.
- Community Dental Services deliver a range of complexity levels for paediatric, special care, domiciliary and homeless (rough sleeping) patients.



# Primary Care Dental Services

Mixture of General Dental Services (GDS) and Personal Dental Services (PDS) agreements:

## **Contracted services**

- 1,182 providers across London (primary general and orthodontics services);
- 36 providers in Tower Hamlets
  - GDS providers are primary care dental practices that deliver mandatory services; these contracts do not have an end date;
  - PDS agreements are for a fixed period and allow for services to be re-procured on expiry. PDS are generally for advanced mandatory (e.g. Out of Hours or Specialist Services (e.g. Minor Oral Surgery)).
  - GDS providers are High Street Dental Practices who contract with the NHS to deliver an agreed level of activity known as Units of Dental Activity (UDAs) for a fixed contractual sum.
  - Part of the dental practices contractual income is derived from patient charges
  - NHS Dental Practices do not receive reimbursement in respect of premises or staff costs
  - Formal registration with NHS Dental Practices ceased on 31<sup>st</sup> March 2006.

# Dental Delivery during the Pandemic



Practices were closed for face-to-face treatment from the 25<sup>th</sup> March to the 8<sup>th</sup> June 2020. Practices were only able to provide telephone advice to patients.

NHSE directed to commission Urgent Dental Care Services; UDCHs were the only Dental Services available for face-to-face delivery, accessed via 111 and Dental Triage in London; 42 UDCH were stood up across London, comprising of Hospitals, Community Dental Services and Primary Care.

Note: London was the first Region to establish a UDCH (at GSTT), in advance of the National lockdown being declared

Practices were re-opened from the 8<sup>th</sup> June however: In order to maintain a safe environment for patients and staff Dental practices were required to have gaps between patients if they were providing (AGPS) aerosol generated treatments, thus limiting the amount of appointments that could be provided. This inevitably meant that available appointments were in shorter supply than they were pre-pandemic.

The impact of the first national lockdown is still having an impact on routine delivery and many of those delivering NHS care have a constant back log. Additionally, the acuity of patient need has increased significantly, due to outstanding treatments being deferred and consequently treatments are taking longer to complete. T

The capacity to deliver routine care e.g. new patients is a real challenge and significantly less than was available pre-pandemic

Contractual Activity Targets for practices were set at 20% in 20/21 and then increased as we emerged from the pandemic; Practices resumed 100% delivery from 1<sup>st</sup> July 2022  
For practices, their priorities continue to be urgent care and outstanding courses of treatment

Patients at higher risk of oral disease and losing teeth



# Dental services in London

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## Post Pandemic Planned Recovery Phase

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The transition intent has been focussed on a safe return to the provision of a full complement of dental care services, with a prioritisation for access to urgent whilst optimising any remaining capacity to increase provision of routine dental care.

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Urgent Dental Care Hubs and Dental Triage has been extended until March 2023 (including access to hospital urgent dental care services).

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Dental Access sessions have been commissioned from 2023 – 2026/27 to stabilise as many patients as possible to prevent inappropriate A&E and GP.

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Re-procurement of contracts that have been handed back to NHSE during the last 12 months.

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Supporting pilot programmes to deliver access and prevention to priority and inclusion health groups in support of the reduction of health inequalities for London.

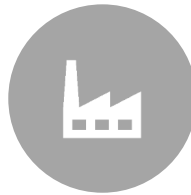
# Practice Delivery – Tower Hamlets

- 2018/19 : 82% of practices delivered >96%
- 2018/19 : 85% of practices delivered >96%
- 2019/20 : 90 % of practices delivered >96%
- 2020/21 : 100 % of practices delivered >96%

# Where are we now?



UDCH and DT services are working 24/7 and have been extended for another 3 months for patients in need of urgent care



Procurements of new practices are taking place 22/23



Stabilisation funds for 22/23 increasing access for patients who need routine treatment (fillings, extractions)



Contracts now at 95/100%



Roadmap for Dental Services

# Roadmap to recovery of Dental Services 3 - 5 Years

Phase 1	Phase 2	Phase 3	
Here and Now	Recovery Phase	Normalisation	Risks
<p>Primary Care: Currently Practices are working between 95% for since April 2022 with huge backlogs. UDCH and 111 ongoing to ensure emergencies are seen ASAP to prevent A &amp; E attendances. Access issues in most area of London due to 3 month closure of practices. UDCH Have been extended to March 2023 to ensure cover for patients in pain are seen asap. Procurement of new practices where loss of services have occurred and where highest needs have been identified. Stabilisation of patients for patients that are unable to find a dentist and need treatment following urgent dental care.</p> <p>Intermediate: Currently IMOS accepting direct referrals as per pre pandemic . Endodontics accepting patients by direct referral and via triage through the Hospital based centres. Backlogs and ongoing reduced capacity due to current ICP. Orthodontics working at 80% with many treatments delayed from 2020</p> <p>Community Dental Services: Capacity is currently reduced and poor access to GA continues to increase waiting times for paediatric and special care patients. Focus on clearing backlog with strict adherence to acceptance criteria (this may impact primary care).</p> <p>Secondary Care: Block contracts continue nationally. Activity targets are being agreed. Majority of dental patients are P3 &amp; P4 priority within trusts causing issues with access to theatres &amp; GA. Open bays causing capacity to be reduced in line with AGP and social distancing protocols. Mitigation through speed reducing hand pieces. Focus on clearing backlog. Strict adherence to acceptance criteria will have some impact in primary care. Teaching hospitals accommodating undergraduates where possible.</p>	<p>Primary Care: Innovative ways of directing patients to the right place to get routine/urgent and necessary dental services. This may include flexible Commissioning for new patients, Oral Health services for those in most need, vulnerable groups and a review of all General Dental Services along with a needs assessment re ensure demand is met where possible. Dental Access via UDCH to ensure both UDCH and routine is being carried out for all patients. (Time limited contracts to 2026 with the option to extend if necessary). OOH Services as part of the UDCH will continue for the same period.</p> <p>Needs assessment for London. Patients being stabilised where they are unable to find a local NHS Dentist.</p> <p>Intermediate care: Continuation of IMOS &amp; Endodontic service working focusing on reducing backlog. Orthodontics focusing on delayed care &amp; backlog</p> <p>Community Dental Services: Continuation of existing and development of additional Oral Health Promotion schemes. Development of services for patients in care homes. Focus on paediatrics ensuring appropriate care is delivered by GDPs and increasing secure access to GA facilities. Focus on backlog if not already addressed.</p> <p>Secondary Care: Continued prioritisation of patients according to need and reduction of backlog through increased access to GA, sedation and waiting list initiatives.</p>	<p>Primary Care: Steady State for Dental Services, back logs reduced where patients can access dental services with little or no waiting lists (back logs). Review of OH Services, Innovative Commissioning including Prevention and flexible Commissioning schemes</p> <p>Intermediate care: IMOS , Endo &amp; Ortho return to normal</p> <p>Review of all Dental Services and the possibility to close/reduce the OOH and UDCH Services.</p> <p>Community Dental Services: Return to normal provision of services with focus on waiting times. Continued development for improvement in services.</p> <p>Secondary Care: Return to normal provision of services with focus on waiting times. Continued development for improvement in services where possible.</p> <p>Ventilation works required at many sites to obtain sustainability.</p>	<p>Due to delays with the vaccine and lockdowns, this road map would be a live document and would need updating on a regular basis.</p> <p>The following would have an impact:</p> <p>Dental Funds/allocations</p> <p>Changes to the targets</p> <p>Increased need due to deterioration of oral health during pandemic</p> <p>Oral Health inequalities highlighted as a result of pandemic</p> <p>Capacity in teams (NHSI PHE)</p>



# New measures to improve access to dental care

In November 2022, the Department of Health and Social Care announced new measures to improve access to dental care:

- Introduction of regulatory changes to require dental practices to update their NHS website profiles regularly to make it clear which practices are taking on new patients and the services available.
- Encourage the use of skills mix in the practice and enabling dental therapists to treat patients

# Impacts of the COVID-19 pandemic on CYP

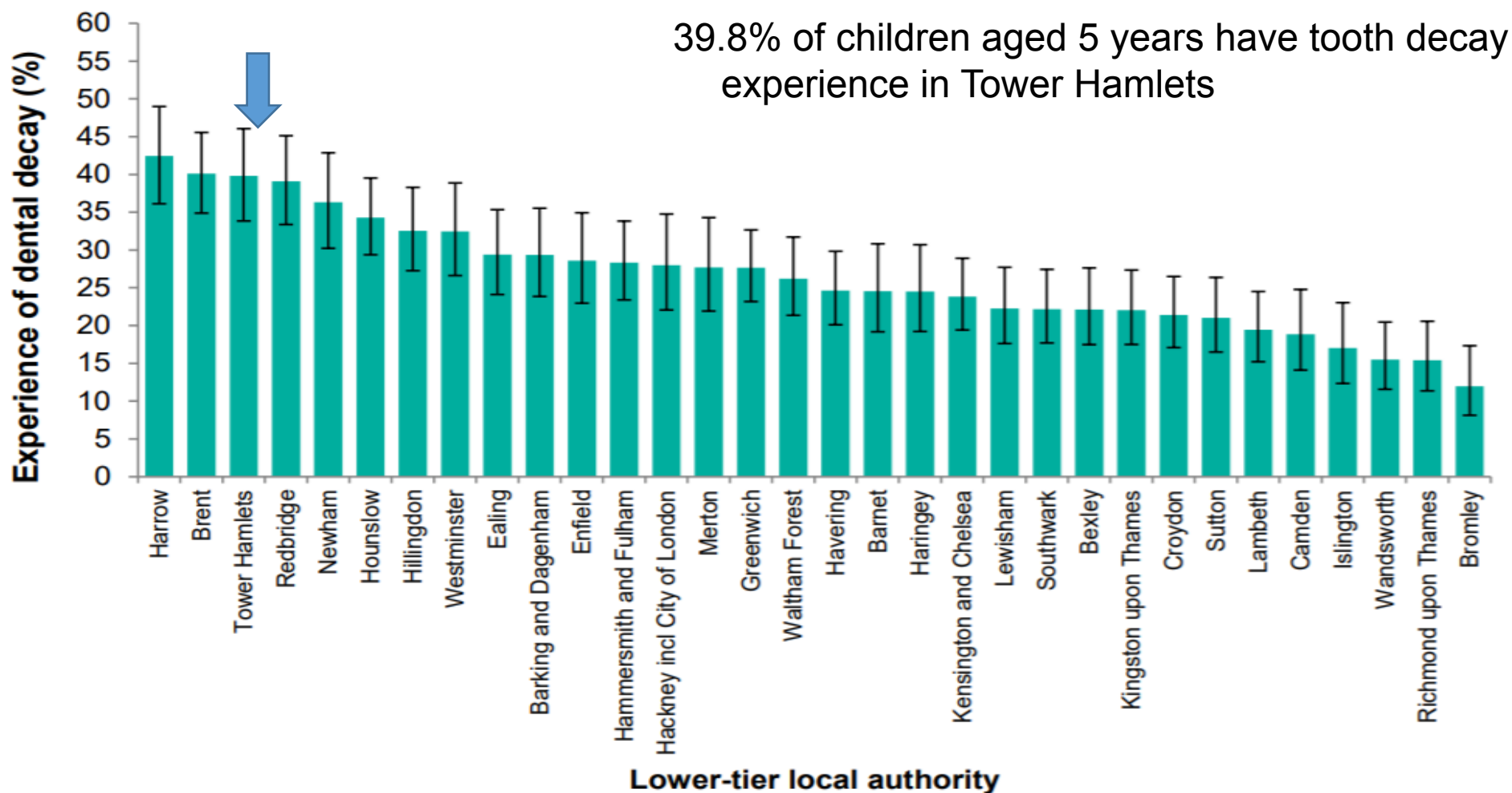


- Children consumed more junk food and snacks and fewer fruit and vegetables during lockdown; this was more prevalent among children from poorer backgrounds highlighting health inequalities (National Food Strategy, July 2020)
- Lockdown has led to food insecurity (Food Standards Agency, 2020)
- Worsening of mental health
- Impacts on education
- It is very likely that oral health has been compromised and disproportionately impacted more disadvantaged children



# Experience of tooth decay among 5 year old Children 2019

(National Dental Epidemiology Programme, 2020)



# Pilots

- Looked After Children (LAC)
- Inclusion Health Dental Pilot (homeless)
- Care Homes and Domiciliary
- Child Friendly Dental Practices

# Oral health of Children Looked After

- Children looked after have greater oral health needs and are less likely to use dental services than their peers.
- A recent scoping review carried out in the UK found evidence of **significant oral health inequalities** in
  - Caries experience
  - Traumatic dental injuries
  - Oral health and pain
  - Dental service use

(PHE, 2021)

# Healthy Smiles Oral Health Pilot for Children Looked After in London



- Launch of the pilot on 15<sup>th</sup> November 2021 with the aim to provide oral health assessments and dental care during the pandemic
- Promoted the pilot through children looked after networks, LA, Directors of Public Health, London Councils, NHS England Safeguarding Lead in London
- Integration of oral health into general health
- Co-production of resources for carers and children looked after teams: input and advice was sought from key stakeholders to co-produce resources
- Training of dental teams
- Training of Children Looked After teams
- Monitoring and evaluation of scheme

HEALTHY SMILES FOR CHILDREN  
LOOKED AFTER

WHAT CAN WE DO?



# Project Tooth Fairy

- Project Tooth Fairy (PTF) created in response to escalating paediatric waiting times for extractions under GA caused by the pandemic
- Pan-London multi-stakeholder collaborative sourced funding for the creation of three GA procedure rooms in the dental department of Barts and additional PAs required to deliver the additional capacity
- Paediatric dental waiting times greatly reduced across London trusts
- Increased collaboration with NEL CDS provider and Barts with permanent access for CDS being agreed which will reduce waiting times and number of appointments for patients and reduce pressure on Trust
- PTF's legacy is a suite of GA procedure rooms for the use of dentistry in NEL which will have a significant impact on the oral health of the local population