

BRIEFING FOR OVERVIEW AND SCRUTINY COMMITTEE ON THE CURRENT CHALLENGES FACED BY DENTISTRY IN LIGHT OF THE COVID-19 PANDEMIC

1.0 Purpose of the Report

To brief the Overview and Scrutiny Committee on the current challenges faced by dentistry in light of the COVID-19 pandemic and the impact this is having on service delivery.

2.0 Background

On 25 March 2020, the Chief Dental Officer for England advised that, in order to respond safely to the COVID-19 emergency, all routine and non-urgent dental care should pause and that local Urgent Dental Centres (UDCs) should be established to treat urgent and emergency dental problems where face to face intervention was required.

Other practices (non-UDCs) were asked to put total triage arrangements in place for access to dental services adopting an “AAA” approach: advice; analgesia; antibiotics.

In response, NHS England and NHS Improvement (NHSEI) established a national standard operating model for the delivery of NHS dental services to ensure the safety of the public and staff working in dental practices and, in accordance with that national operating model, arrangements for dental advice and urgent dental care were put in place across the North West.

The resumption of NHS dental services started with effect from 8 June 2020 and in Cheshire and Merseyside we put in place a process, in collaboration with our Local Dental Committees, to support a safe re-start of services. As a result, all dental practices across Cheshire and Merseyside are open and providing dental services including the 34 dental practices in Sefton.

3.0 Current position

There are currently 27 UDCs operating across Cheshire and Merseyside and access to and support from these will remain available as we continue to work with the profession to restore face to face care more widely in all dental practices and deliver more aerosol generating procedures (AGPs).

It is important to note that practices are required to follow the detailed guidance issued by Public Health England relating to infection prevention and control (IPC) and personal protective equipment (PPE) in order to ensure that the safety and wellbeing of patients and dental staff remains paramount.

These important safety requirements inevitably impact on the levels of patient activity that can be seen and the types of care that can be undertaken, but it remains a key focus of our work with practices as services are restored. In line with the dentistry’s standard operating procedure, dentists are continuing to prioritise patients with the highest need or priority, such as children and those most at risk of oral disease.

This safety-first approach may mean that some of our practices are not yet able to offer the full range of services that they would want to at this point in time. We have maintained the UDCs established during the pandemic and they are continuing to see and treat patients who don’t have a regular dentist or who can’t be treated by their local dental practice.

In addition to treating urgent presentations, when patients are in pain, practices are also working through their patient lists and contacting patients whose treatment was delayed due to the lockdown period, in order to prioritise those in most need first.

This has an impact on the number of patient's practices can see in a single day. Throughout the pandemic, the NHS has supported dental teams with income protection and a staggered approach to returning dentistry to pre-pandemic levels.

There are no circumstances when a practice should prioritise a routine case over an urgent case as it is a condition of income protection that they prioritise all known and unknown patients to the practice who require urgent dental care if contacted directly or via 111 services. Ultimately, dentists and their teams are skilled clinicians and they use their clinical judgement to assess and respond to patient need.

Commissioners are working closely with dental practices, Local Dental Committees and Healthwatch to try and resolve the ongoing challenges faced by patients who do not have an existing dentist and require dental treatment. The challenges faced locally are also felt more widely in other parts of the country.

Additional investment has been made in the existing Telephone Triage and Advice Helpline and we are rapidly developing a new pathway for urgent care where patients who do not have a regular dentist are offered definitive treatment following their urgent care appointment. In short this means that patients who previously would have attended once will now remain with that urgent care provider for treatment completion. Maintaining the existing network of UDC's has been agreed by commissioners for the foreseeable future utilising national guidance and permitted local flexibilities.

Working with our dental colleagues, Consultants in Dental Public Health, and the Safeguarding teams within the local authorities we have designed a referral pathway so we can offer Looked After Children a routine dental appointment. A new online referral platform has been developed to enable a non-dental professional to make a referral. The system is password protected to ensure that only named individuals can make the referral. Referrals are forwarded to the closest practice on the pathway where the patient is currently living.

A pilot pathway is in development to facilitate a dental review and treatment prior to Adjuvant Zoledronic acid treatment as part of the breast cancer pathway. Whilst this is not yet formalised, we are working with Clatterbridge to ensure patients are seen and treated so that treatment is not delayed. Following evaluation this is likely to be rolled out to all patients who require a dentally fit certificate prior to surgery.

3.0 Conclusion

NHS Dentistry is an important clinical and preventive service, so our focus is now on supporting dentists and their teams to see as many patients as safely as possible and reduce the impact on patients. However, we are mindful that current IPC arrangements will continue to prevent a return to normal practice throughput so have also retained income protection measures to support the restoration.

Tom Knight

Head of Primary Care

NHSEI North West (Cheshire and Merseyside)