



Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee 10th February 2021

Subject: Access to Dental Services during Covid-19

Following a request from the Committee to consider how dental services in Sheffield have been impacted by the Covid-19 Pandemic, the attached papers have been provided by:

- a) NHS England Yorkshire and the Humber, on the commissioning of dental services in Sheffield
- b) HealthWatch Sheffield on feedback received from service users.

Representatives from NHS England, the Local Dental Network, the Local Dental Committee and Public Health England will attend the meeting for further discussion and questions.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	x
Other	

The Scrutiny Committee is being asked to:

Consider how access to dental services has been affected by the Covid-19 pandemic, and identify any areas for follow up or recommendations.

Category of Report: OPEN

NHS England - Yorkshire and the Humber - Sheffield Scrutiny Committee – Dentistry

1. Background

NHS England (Yorkshire and the Humber) is responsible for the commissioning and contracting of all NHS dental services across South Yorkshire & Bassetlaw (SY&B). Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs. Dental services include, Primary care (general high street dentistry) and urgent care, Community Dental Services (CDS), orthodontics and secondary care

2. Dental Provision in Sheffield

NHS England commissions a total of 996,975 Units of Dental Activity across the 66 dental practices in Sheffield. A number of additional services are commissioned by NHS England for Sheffield residents including orthodontics, hospital services (provided by Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's Hospital), community dental services (provided by Sheffield Teaching Hospitals NHS Foundation Trust) and urgent care; accessed via NHS111.

3. Impact of Covid-19 Pandemic

Covid-19 has impacted, and continues to impact, on NHS dental services. There have been a number of changes, since March 2020, to manage services safely through the COVID-19 outbreak for patients and clinicians alike.

At the end of March 2020, following advice from the Chief Dental Officer, dentists were asked to stop routine treatment and provide remote consultations and triage. An urgent dental care system was established to ensure that patients, who were in pain, could access remote triage and then (face to face) treatment where it was clinically necessary and appropriate. Since 8 June 2020, dental practices have been able to re-open, to resume NHS dental services in accordance with advice set out by the Chief Dental Officer and Public Health England. However, to ensure that clinicians and patients are safe, all practices must follow the stringent infection prevention and control measures published by the Chief Dental Officer and Public Health England. This is impacting on the level of service that can be delivered by dentists and is as low as one-fifth of the activity that was being delivered prior to Covid at some practices. All dental practices are expected to follow the guidance outlined in Standard Operating Procedures, including:

- Being open for face to face care unless there are specific circumstances which prevent it.
- To prioritise patients with urgent care needs. NHS England advice is that the sequencing and scheduling of patients should take into account the urgency of needs; the particular unmet needs of vulnerable groups and practices' available capacity to undertake activity.
- Patients requiring an urgent appointment should be offered an appointment, whether or not they have been treated on the NHS previously at the practice.
- An expectation that priority must be given to patients in pain, irrespective of whether they are new patients or not to a practice, over the provision of routine dental care.

Practices are prioritising urgent dental care for those patients who require immediate attention. In addition, they are also prioritising the health and safety of both patients and staff. The nature of the treatments involved means adhering to strict infection control procedures



between appointments, this reduces the number of patients that are able to be treated on a daily basis.

The other impact is on those patients wishing to resume their routine dental check-ups and treatments. Practices have been asked to prioritise those patients with an urgent or emergency dental need. Therefore, patients requiring routine dental care such as check-ups and scale and polish will inevitably experience longer waiting times.

Current advice on accessing urgent dental advice/treatment

- Anyone with an urgent dental issue should telephone their dental practice (or any NHS practice if they don't have a regular dentist) for advice on what to do next.
- They will be triaged first over the telephone. If they need face to face care, they will be given an appointment and encouraged to attend as long as they do not have any COVID-19 symptoms or are being required to isolate. Patients who have COVID-19 or are isolating but require urgent dental care (which cannot be delayed), may be seen following individual risk assessment.
- Anyone requiring treatment is given clear instructions by the dental practice on what they need to do prior to their face-to-face appointment and arrival at the practice.
- If after telephone triage the clinician decides the issue is not deemed urgent, the patient may be given advice on how to self-manage their dental problem. They will be advised to make contact again if their situation changes.

4. Resumption – General Overview

The focus of NHS England's dental commissioning team is to support providers to resume services, in line with Standard Operating Procedures and IPC guidance.

Primary Care

All primary care providers are open and providing services outlined in national Standard Operating Procedures. Urgent care is the priority for all dental care at this time and there are 2 ways of accessing care, i.e. via a high street dentist or via NHS111.

Community Dental Services – Sheffield Teaching Hospitals Community Dental Service continue to provide face to face treatments.

Orthodontics – Due to the pandemic, routine dental services, including orthodontics, were closed for several weeks in line with government policy at the end of March 2020. From 8 June 2020, dental practices and orthodontists began to reopen to provide face to face appointments.

Secondary Care – Sheffield Teaching Hospitals NHS FT dental specialties (oral surgery, orthodontics, oral medicine, oral and maxillofacial and restorative) and Sheffield Children's NHS FT (Theatre space only for: special care, paediatrics, oral surgery, restorative) continue to provide care. The Trusts have reported that services have recommenced and that they are accepting new referrals which are clinically triaged, and a prioritisation model is in place.

5. Next steps

- For the final quarter of 2020/21, primary care providers are expected to achieve 45% of their contract target.
- This figure reflects the ongoing challenges of delivering services in the current climate.
- Arrangements for the next financial year are unconfirmed and budgets have not yet been allocated.

- NHS England continues to work with providers to ensure that services are delivered in line with the Standing Operating Procedure and the prioritisation of patients in need which is supported by Public Health England.

6. Communicating with the public

NHS England has been posting messages on social media platforms on a weekly basis. Examples of these (local) posts are shown below.

Tweet: Please be aware that dentists are currently prioritising those patients with urgent dental needs; it is therefore unlikely that routine dental care such as dental check-ups will be available at this time. #helpushelpyou

OPEN **Accessing dental care** **NHS**

Dental Practices are open, however practices will need to prioritise patients with the most urgent need.

If you need help from a dentist:

- Contact your regular dentist or if you do not have one, call any NHS dental practice.
- You will be given advice or offered an appointment if appropriate.
- For urgent dental care, out of hours or at weekends that cannot wait, please ring NHS111 or use the NHS111 online service

Please do not visit your dental practice unless you've been advised to. This will ensure the practice can continue to provide essential care safely.

Urgent dental care during COVID-19 **OPEN** **NHS**

If you think you need urgent dental treatment:

- call your regular dentist or if you do not have one, call any NHS dental practice.
- if you cannot contact a dentist, go online to 111.nhs.uk or call 111.
- if a clinical appointment is necessary, this will be arranged at your dental practice or a local UDC.
- please do not visit A&E departments or your GP with dental problems.

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Date: 29nd January 2021

What we've heard about dentistry

Throughout the pandemic, enquiries about dentistry have increased significantly, and remain one of the most common services we hear about. The overall theme is one of confusion; people have felt unable to access clear information about the changes to dentistry services over the course of the pandemic. Now that many dentists are beginning to offer more treatment, we are still hearing from people who aren't able to access care.

We know that dentists have been trying to treat patients as much as possible, and have to operate with limited capacity and strict safety procedures; we also acknowledge that local action is constrained by complex national challenges around the commissioning and contracting of dentistry services. However, the impact on people trying to access dental care during Covid has been significant, and we know that many people have been left distressed and confused by the situation.

The early stages of the pandemic – a summary:

April 2020

Dentistry is treating critical emergencies face-to-face – eg uncontrolled bleeding. Other urgent cases are being handled via telephone, with advice on self-care, or prescriptions for pain medication or antibiotics.

Many people didn't know how to access urgent care, and didn't know how to find out about changes to services. Many enquiries focussed on what people should do when they were in pain, and what to do if they didn't have a regular dentist – advice to phone NHS 111 wasn't clear to them.

May 2020

Urgent Dental Care centres open, and are treating patients by referral. Most care needs are still being managed via telephone, but there is slightly wider scope for in-person treatment.

People began to worry about deterioration as ongoing treatment plans were paused. It was difficult for members of the public and for us as Local Healthwatch to find clear information about the development of the treatment hubs and the scope of what might be offered.

June & July 2020

Local dentists begin to re-open to deliver urgent care. They can still offer limited appointments and treatment but this has expanded. Non-urgent care continues to be managed by telephone.

We worked with Healthwatch across Yorkshire & Humber [to highlight joint issues](#), including concerns for groups who were being impacted more severely, such as people with Autism or hearing loss. Communication from dentists to their regular patients has been mixed – with some still unclear about whether treatment is resuming.

August & September 2020

Some dentists resume routine work, while others are still treating only urgent cases.

We begin to hear a more mixed picture across the city; some practices resume check ups, while other people tell us they're still unable to access even urgent care.

What is happening now?

Some themes have continued into the Autumn and Winter, and some new themes are emerging. Below is a summary of the concerns we're currently hearing.

Impact of delayed treatment

We are beginning to hear from people about the longer term impacts of delayed or paused treatment. People who needed fillings or root canal work told us that they had been left in pain for a significant amount of time, and the pain medication prescribed over the phone isn't always enough to help them.

"I am aghast how he can be left in such a terrible state, in so much pain"

Lack of clarity about what is 'urgent' care

We know that dental pain can be very distressing – so when people are told their issue isn't urgent or they can't access care, it can be confusing. Local Dental Network guidance advises that dentists should triage people who contact them for treatment, but we've heard this doesn't always happen, and some people do not get chance to explain their issue. One person told us her dentures had broken and she could not eat properly, but after phoning several dentists without being triaged and being able to explain her issue, she didn't know what else to do.

"Called NHS 111, but [...] issues regarding dentures do not count as an emergency"

Others feel it's unclear what is considered urgent – for example a person with gum disease who's been unable to get this checked for over a year, as he was told it wasn't urgent.



We know that dentists have limited capacity while trying to care for patients and maintain proper safety procedures; however for patients who are told their issue isn't urgent enough, it can be difficult to accept. For these individuals, who are often in a significant amount of pain, it would be helpful to have clearer public communication about what their options are, and what they can expect when phoning a dentist for triage.

"Been trying to get an appointment for over a year, but can't get one"

Accessing a new dentist

Patients who aren't already connected with a dentist appear to be having more problems accessing treatment than those who do have a regular dentist. This includes people who are new to Sheffield, or families trying to make an appointment for a child.



NHS England guidance states that patients can phone a local dentist for urgent care even if they have not been treated there before.

However, we have heard confusion about this – whilst dental practices don't have a patient list in the same way that GP practices do, people tell us that their local dental practice has cited 'not being registered' as a reason they cannot access an appointment. It is unclear where this miscommunication is coming from, but clearer information both publicly and internally may help to alleviate this confusion.

"Contacted several dentists who have all said that she must be registered with them as an NHS patient to be seen."

NHS vs private dental care

Some people have told us there is a long waiting list – sometimes 18-24 months long – to see an NHS dentist. Others have told us that their local dental practice were unable to see them as an NHS patient at all, but said they could pay for private care and be seen more quickly. The number of people telling us about this has increased significantly since November – and people who cannot afford to pay for private care tell us they're very concerned about this disparity. Access to NHS vs private dental care could have an ongoing impact on existing health inequalities.

"Cannot afford the private prices"

"Dentists were prioritising people who had more money"

Access to clear information

Services had to change how they operate very quickly at the start of the pandemic, and this rapid change had an impact on how easily people could find out what was going on. Many of the people who phone us say they are struggling to find information online, or that they hear an out of date answerphone message when they phone their dentist.

As a local Healthwatch, we also struggled to access clear information in order to support people with their enquiries. This is partly because prior to Covid-19, access to dentistry in Sheffield and South Yorkshire was good compared to some other areas of the country. This meant we weren't previously hearing from as many people with complex access issues, and we had not developed strong routes to seek information. It took some time to find the right routes to raise issues and gather information to help the public.

We also used public communications and information; however this wasn't always detailed enough to answer the specific questions people had about their circumstances. Advice that we gave people based on this public information didn't always match their experience when they phoned their local dentist.



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