

Subject:	Dental Services During the Covid Emergency		
Date of Meeting:	14 July 2021		
Report of:	Executive Lead, Strategy, Governance & Law		
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Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 This report presents an update from NHS England (NHSE) dental commissioners on NHS dental activity during the Covid emergency.
- 1.2 Information provided by NHSE is included as **Appendix 1** to this report.

2. RECOMMENDATIONS:

- 2.1 That members note the information on dental services provided by NHS England.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 Most NHS-funded services for local populations are commissioned by Clinical Commissioning Groups (CCGs). However, some services including specialised care and dental care are commissioned by NHS England (NHSE). NHSE South East is responsible for commissioning NHS dental services in Sussex, Surrey, Kent, Oxfordshire, Hampshire, Buckinghamshire, Berkshire, and the Isle of Wight.
- 3.2 In autumn 2020 Healthwatch Brighton & Hove alerted the HOSC to a high volume of concerns raised by local people about dental services during the Covid emergency. The HOSC Chair invited NHSE commissioners to attend a HOSC meeting to answer questions. Unfortunately, it was not possible for NHSE commissioners to attend any HOSC meetings across the South East region at the height of the crisis due to capacity issues. Commissioners did offer to attend meetings as soon as capacity allowed, and have subsequently accepted an invitation to present at the July 2021 Brighton & Hove HOSC.
- 3.3 Amongst the concerns raised by Healthwatch Brighton & Hove were:
 - People were confused about which NHS dental services were available during the Covid emergency and how to access them. People reported being unable to contact the dental practice they normally used, or being told that the practice was no longer accepting NHS patients.

- People reported being told that privately-funded treatment was available, but NHS-funded treatment was not.
- It was unclear to Healthwatch how practices that undertook both private and NHS work were prioritising demand during the Covid emergency (where the need to maintain rigorous hygiene standards meant dentists might be operating at only 20% of their normal capacity).
- It was unclear to Healthwatch what plans were being formulated for the restoration & recovery of NHS dental services (e.g. dealing with the backlog of dental work).

3.4 Healthwatch organisations across England reported similar issues being raised with them, and Healthwatch England have published a report on this issue: <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20201208%20A%20review%20of%20our%20evidence%20Q2%202020-21.pdf>

3.5 NHSE commissioners have provided some supporting information on dental services and Covid. This is included as **Appendix 1** to this report.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this report for information.

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None

6. CONCLUSION

6.1 This report presents information provided by NHS England on dental services during the Covid emergency.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None to this information report

Finance Officer Consulted: Name

Date: dd/mm/yy

Legal Implications:

7.2 There are no legal implications arising from this report

Lawyer Consulted: Elizabeth Culbert

Date: 01/07/21

Equalities Implications:

7.3 Members may wish to explore what equalities issues were considered by commissioners when they planned the provision of dental services during the Covid emergency: e.g. what assessment was made of the impact on protected

groups of operating at much reduced capacity; whether the signposting of dental services posed specific access problems to some protected groups (e.g. non-native speakers of English) and what mitigations were put in place.

Sustainability Implications:

- 7.4 Reductions in dentistry capacity due to Covid hygiene measures may have led to patients being required to make longer journeys to access treatment if there was no local availability for routine/emergency care. This may have had a negative carbon impact, although it is not clear how this could reasonably have been mitigated.

Brexit Implications:

- 7.5 None identified

Any Other Significant Implications:

None identified

SUPPORTING DOCUMENTATION

Appendices:

1. Information provided by NHSE dental commissioners.

