

All dental practices were required to close for face to face care on 25 March 2020 at the beginning of the first national lockdown due to the COVID-19 pandemic. They continued to provide telephone advice to patients with an urgent need, including advice on pain relief and prescribing antibiotics where clinically appropriate.

Urgent Dental Care Hubs were set up during April with strict infection prevention control (IPC) measures in place to protect patients and staff in order to provide a referral service for those patients with the greatest urgent need. There was one hub located in Brighton in phase one during the first national lockdown with additional Sussex hubs in Crawley and Haywards Heath.

Dental services recommenced from 8 June and have remained open for face-to-face care during the current lockdown period. By 20 July all practices were required to be open for face to face treatment whether or not they carried out aerosol generating procedures (AGPs; for example fillings, root canals, crown preparations), however activity was severely restricted as only 20% of normal contracted activity was required due to the restrictions in place and fallow time required in the surgeries following all AGP treatments.

A second phase of urgent dental care hubs was introduced following the reopening of practices in June with further Sussex hubs opening in Burgess Hill, Eastbourne and St. Leonards-on-Sea.

In the national Standard Operating Procedure published in June the Office Chief Dental Officer detailed the priority order in which practices should see patients, with routine care to be provided only when urgent need had returned to pre-COVID levels.

Whilst dental services are operational, the priority remains focussed on patients who require access to urgent care, patients at higher risk of oral disease, and patients with outstanding treatment needs that cannot be delayed. All dental practices are continuing to provide remote consultations with triage and advice as necessary options.

Dental practices are also prioritising the health and safety of both patients and staff. The nature of the treatments involved means adhering to strict infection prevention control procedures between appointments, which reduces the number of patients that can be treated on a daily basis.

This has had a significant impact on those patients wishing to resume their routine dental check-ups and treatments. Patients requiring routine dental care such as check-ups and scale and polish will inevitably experience longer waiting times.

The Standard Operating Procedure (SOP) and letters from the Chief Dental Officer outlining a phased transition to the resumption of the full range of dental services are subject to regular updates.

At this stage, the patient pathway for dental care now consists of two broad stages – remote management and face-to-face management – for both urgent and routine care.

It is important to retain the initial remote stage, particularly to identify possible/confirmed COVID-19 cases (and household/bubble contacts), patients who are/were shielding, and patients at increased risk, to ensure safe care in an appropriate setting. This stage also helps to prevent inappropriate attendance, support appointment planning and maintain social distancing and patient separation.

During this phase, the baseline expectation is:

- Practices should be open for face-to-face care unless there are specific circumstances which prevent this, which should be agreed with NHS England and NHS Improvement
- Practices should prioritise urgent dental care provision, with flexibility for practices to do what is best for their patients.

NHS England and NHS Improvement has received reports that NHS dentistry is difficult to access at the moment. This is partly due to the still prevalent belief that patients register with a practice. This has not been the case since the current contractual arrangements were introduced in 2006. Under the current contract, practices' obligations extend only as far as the patient's current course of treatment; once it ends, practices do not have to see the patient again if they do not have the capacity to do so. However, most practices operate a list of patients that they consider to be theirs, and because practices can self-determine whether they accept new patients for NHS treatment this leads many to say that they are not accepting new patients.

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, where they have the capacity to provide more than urgent care they will prioritise according to clinical need such as patients that require dental treatment before they undergo medical or surgical procedures, those that were part way through a course of treatment when practices closed, those that have received temporary urgent treatment and require completion of this, looked after children and those identified as being in a high risk category and so have been advised they should have more frequent recall intervals.

All practices have varying sizes of NHS contract which will affect how many hours per week they are funded to provide NHS treatment. This means they have varying levels of capacity to see patients on the NHS on a face to face basis. In order to assist practices to determine the amount of time that should be allocated to NHS treatment, NHS England and NHS Improvement has advised that the same amount of time should continue to be allocated now as would have been the case during a typical week pre-COVID.

If patients have concerns about this they can follow up with NHS England and NHS Improvement on england.contactus@nhs.net who can provide further advice or investigate the matter with the practice concerned.

We continue to stress that all practices should deal with any patient who calls them within their NHS capacity, whether or not they have seen that patient in the past. This means that if patient enquires to whether the practice is 'taking on' NHS patients, the practice should assess whether the patient has an urgent need, is at high risk of oral disease or has outstanding treatment that need that cannot be delayed. Practices should not be utilising capacity for routine care if they are unable to meet the urgent need presenting to them. This does not necessarily mean that patients with an urgent need will automatically be offered a face to face appointment but if need to be seen is identified, the practice can arrange for this happen.

In December, NHS England and NHS Improvement implemented arrangements for the NHS dental contract for the period 1st January – 31st March 2021. This re-introduced activity targets for this period at a much lower level of 45% of contracted activity.

In April, the activity targets were increased to 60% of contracted activity which further increased access to NHS Dentistry. Whilst this will not mean capacity is at pre-pandemic levels it will mean more patients can be seen and that some will be able to open for routine appointments. As part of this expansion of capacity, dental practices have also been asked to do the following:

- Maximise safe throughput to meet as many prioritised needs as possible.
- Remain open throughout contracted surgery hours and prioritise care for patients who are considered at highest risk of oral disease, in line with the prevailing dental SOP and guidance.
- Use NHS funding to the full for the provision of NHS services.
- Comply with the contractual requirement that practices will not advise that NHS services are unavailable with a view to gaining their agreement to undergoing the treatment privately
- Continue preventative work and target efforts in a way that will reduce health inequalities (e.g. by agreeing to see irregular attenders as well as usual patients).
- Prioritise all known and unknown patients to the practice who require urgent dental care if contacted directly or via 111 services, as capacity allows.
- Keep contractual premises open throughout contracted surgery hours unless otherwise agreed via the regional commissioner.
- Complete and keep under review all staff risk assessments.

These arrangements will be subject to further review from 1st October 2021.

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. It has also not addressed the backlog of care that built up during 2020/21 when practices were closed during the first quarter, when 20% of historic activity was delivered during quarters 2 and 3 and 45% of contracted activity during quarter 4. The resulting backlog is going to take some considerable time to address.

NHS England and NHS Improvement (South-East) also has 2 practices in Sussex currently providing additional hours in support of patients who do not attend the dentist regularly and are in need of urgent treatment. This offer is continually open to all practices so we anticipate that as more practices have capacity to offer additional hours then this number will increase.

Urgent Dental Care hubs are still in place to see patients referred to them where practices cannot provide certain dental procedures due to safety considerations for members of the dental team or they have service continuity issues due to local outbreaks. Referrals to these hubs have fallen by 98% since resumption of services in June when general dental practices started to reopen, but they remain vital to the local dental systems.

As per other referral services there are on-going challenges with waiting times for dental referral services. This includes referrals to hospital Oral and Maxillofacial, Restorative and Orthodontic services; General Anaesthetic services for children and special care adults and tier 2 community based Oral Surgery, Restorative and Orthodontic services. NHSE/I (South-East) is working with a range of stakeholders on Restoration and Recovery plans with a focus on patients in the most urgent need of treatment. But all these services face the same challenges as others in terms of access to facilities in the NHS at this stage of the pandemic and the requirements to provide services safely.

New service

Following a procurement exercise, NHSE/I has commissioned a new dental practices in Moulsecomb with the equivalent of three whole time NHS dentists. The contract includes a requirement for the practice to offer a set number of appointments to patients in urgent need who do not have a regular dentist. In addition, it is required to provide a number of hours outside of normal working hours to provide more choice to patients.

Information for patients

We understand that this is a confusing time for members of the public trying to access NHS dental care. Practices are communicating with their regular patients to keep them informed of services available from their practice and what they need to do to access these. Practices are also responsible for ensuring their information is up-to-date on the NHS website so that members of the public without a regular dentist can search for services local to them.

If patients do attend a dental practice on a regular basis then they should contact that practice if they believe they have an urgent need. If not, they can search for a dentist in their local area on the NHS website (<https://www.nhs.uk/service-search/find-a-dentist>) or they can call the Sussex Dental Helpline on 0300 123 1663 who will direct them to the NHS practice closest to their home address.

We ask patients to be understanding of the current situation with regards to the prioritisation of those with urgent needs and be respectful of the clinical decision. The dentist is best placed to clinically assess their dental issue. If they are deemed non-urgent, we would ask that they don't then call the Sussex Dental Helpline for a second opinion leaving the service free to deal with other patients with urgent health issues.

Communicating with the public

Please find below a tweet/Facebook message and a digital asset for sharing on your own social media accounts:

What can your NHS dentist do for you?

The NHS provides essential treatments needed to keep your mouth, teeth and gums healthy and free of pain. Any treatment that is clinically necessary should be available. Here is some advice and details of the treatments and costs, giving you the knowledge to smile with confidence.

Finding a dentist
www.nhs.uk/dentists



Visiting your dentist during the COVID-19 pandemic

- Please only visit your practice if you have an appointment and book an appointment only if essential – dentists are currently prioritising the vulnerable or those with the most urgent need.
- Appointments for some routine treatments, such as dental check-ups, may have to be rescheduled for a later date.
- Your practice will look a little different than usual as they will be operating in a way that observes COVID-19 social distancing and hygiene rules to ensure everyone's safety.

Your first routine visit

- The dental practice will take your medical and dental history (if available) and carry out a check up; examining your mouth, teeth and gums.
- Following your check up if your dentist recommends dental treatment, you'll be given a plan. This outlines all the treatments you are having and how much they will cost. If you are not given a treatment plan, ask for one.
- Your dentist will recommend a date for your next visit. People with good oral health may need to attend once every 12 to 24 months, but those with more problems may need to visit more often.



Emergency dental care

- Anyone who needs emergency dental care should first call their dental practice.
- If you cannot contact your dentist or do not have one, patients are advised to use the NHS 111 online service: www.111.nhs.uk

