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Councillor Helen Hayden Chair, Scrutiny Board (Adults, Health and Active Lifestyles) 3rd Floor (East) Civic Hall LEEDS, LS1 1UR

29 March 2019

Dear Councillor Hayden,

I write in response to your letter dated 15 March 2019, regarding urgent care dental services across West Yorkshire.

## **Urgent Dental Care**

At its meeting in March and July 2018, and in subsequent communication, West Yorkshire Joint Health Overview and Scrutiny Committee was advised of NHS England's intention to commission an urgent dental care patient pathway.

Urgent dental care will be accessed by the patient through one of two routes: making arrangements with their own dentist; or the patient makes a call to 111, provided by Yorkshire Ambulance Service (YAS). NHS111 should be used when it's not possible to make arrangements with the patient's regular dentist or if the caller does not have access to a regular dentist.

The new pathway, commissioned from 1 April 2019, includes:

- NHS 111 the initial call handling.
- Dental Clinical Assessment and Booking Service (referred to as 'CABS') dental calls are transferred to this service by NHS111. This service will (clinically) assess the caller to determine if they need an urgent dental appointment, or will signpost to other health care services, or provide self-care advice;
- Urgent dental treatment (UDT), provided by Lot-based services (UDTs), as well as urgent dental care provided within existing GDP contracts at approximately 75 practices across the patch.

This service has been commissioned to offer the following:

- the CABS service, which is interoperable with NHS111, and open 24 hours a day.
- urgent dental treatment provided within each lot 365 days a year; this will be a mixture of fixed 'urgent care sites; in Wakefield, Bradford, Leeds and Huddersfield and by utilising slots within identified general dental practices.
- all callers will be assessed using the NHS dental module algorithm, with at least 50% of callers assessed by a dental professional;
- a minimum dataset has been implemented which will enable the providers to ensure they can ensure slots according to need.
- encourage all patients seen to source a regular dentist.

The model does present a risk around patient behaviour and imbedding the new pathway however, to mitigate this risk it is proposed to roll out a patient leaflet or poster, outlining how and when NHS111 should be used, how patients can access regular dentists, if they do not have one and a key deliverable of all urgent dental treatment will be for the call handlers to speak to the patients to encourage them to seek a dentist, should they not have one. Providers will be asked to establish a system which identifies 'repeat callers'.

There is no typical patient of urgent dental care, the service will be available to anyone who has a clinical need and who cannot see a dentist in a primary care setting, either as they don't have access to a regular dentist, or their dentist is closed when they have a clinical need. As a result, there is not typical patient group. However, patient engagement was undertaken via the current providers of urgent dental treatment and through Healthwatch.

A patient engagement exercise was carried out by NHS England's regional communications' team early in 2018. A questionnaire was sent to providers and they were asked to encourage patients attending for treatment to complete a questionnaire. Around 400 responses were received and the feedback was incorporated into the service specification.

Amongst the questions asked in this short questionnaire, we asked patients what they felt about clinic times, locations and travel and whether they had access to a regular dentist. With the findings of these patient questionnaires, consideration was given to these findings when drawing up the service specifications. The impact for the patient will be positive and beneficial as the previous pathway did not include dental processionals carrying out the triage and assessment. Having dental professionals forming part of the team of call handlers and advisors (at CABS) will improve the provider's ability to 'consult and complete' in the one call.

Following the recent procurement, the new providers are as follows:

Service	Provider
NHS 111	Yorkshire Ambulance Service
Clinical Assessment & Booking Service	Local Care Direct (LCD)
Urgent Dental Treatment	
<ul> <li>Humber Coast and Vale</li> </ul>	Night Dental
<ul> <li>South Yorkshire &amp; Bassetlaw</li> </ul>	Taptonville House Limited / Dental Partners
West Yorkshire and Harrogate.	Night Dental

In addition to the appointments that will be provided by the contracted urgent dental treatment providers, procured through this process, there are around 35,000 appointments each year that will continue to be provided by primary care dental providers. All appointments can only be accessed, following the patient calling NHS111 and being transferred to CABS, who will book the nearest available appointment to the patient.

## Additional investment into primary

In addition to the above, it is anticipated that additional investments in primary care will reduce the requirement on the urgent care pathway as more people access urgent care from their regular dentist. Across Yorkshire and the Humber an additional £5m has been invested into 20 constituencies to ensure that more dentists can offer additional appointments to patients. Between July and December 2018 6, 255 additional patients were seen across Yorkshire and the Humber, of which 2,500 additional patients were seen in West Yorkshire. This investment will continue until 2021 with regular reviews taking place to ensure more patients can access a regular dentist.

Furthermore, work has begun to consider allocating investment in areas of high need to support the inequalities agenda. We would be pleased to share this work with JHOSC as it develops.

Yours sincerely

## Emma Wilson

Head of Co-Commissioning (Yorkshire & Humber)