

# Public Document Pack

## **Supplementary Information for Scrutiny Board (Adults, Health and Active Lifestyles) Meeting on Tuesday 15<sup>th</sup> March 2022.**

Agenda item 9 (Access to local NHS Dental Services – Working Group Summary) –  
Appendix 1 - Adults, Health and Active Lifestyles Scrutiny Board. Access to local  
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# Adults, Health and Active Lifestyles Scrutiny Board

## Access to local NHS Dental Services

### Working Group Summary (February 2022)

## Access to local NHS Dental Services

### 1. Introduction

- 1.1 Dentistry has been a longstanding area of interest to the Adults, Health and Active Lifestyles Scrutiny Board in recognition that oral health is integral to general health and quality of life. Having engaged with NHS England back in September 2020 to consider the initial impact of the Covid-19 pandemic on the provision and accessibility of local dental services, the Scrutiny Board expressed a wish to undertake further scrutiny work to understand the current position surrounding access to local NHS dental services from the perspective of primary, community and secondary care services, including urgent dental care services.
- 1.2 In undertaking this work, the Scrutiny Board agreed to hold a working group meeting on 25<sup>th</sup> February 2022, to which all Board Members were invited to attend. Invitations were also extended to representatives from NHS England & NHS Improvement; Leeds Community Healthcare NHS Trust; Leeds Dental Institute; and Healthwatch Leeds.
- 1.3 This working group meeting was attended by the following individuals:

#### BOARD MEMBERS

<b>Cllr A Marshall-Katung (Chair)</b>	<b>Cllr J Dowson</b>
<b>Cllr C Anderson</b>	<b>Cllr N Harrington</b>
<b>Dr J Beal (Co-opted Member – Healthwatch Leeds)</b>	<b>Cllr E Taylor</b>

Apologies: Cllrs Cunningham, Gibson, Iqbal, Hart-Brooke, Kidger & Latty.

#### ADDITIONAL ATTENDEES

<b>Emma Wilson</b> Head of Co-commissioning (Y&H), NHS England & NHS Improvement	<b>Sam Prince</b> Executive Director of Operations, Leeds Community Healthcare NHS Trust	<b>Gemma O’Connell</b> Healthwatch Leeds
<b>Jane Moore</b> Leeds Dental Network Chair WY, NHS England & NHS Improvement North East & Yorkshire (Y&H)	<b>Richard Agyekum-Sakyi</b> General Manager, Leeds Dental Institute	

- 1.4 This summary note sets out the main issues arising from the working group’s discussion and presents proposed recommendations for the consideration of the full Scrutiny Board.



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## 2. Main issues

### The impact of the Covid pandemic on the dental sector.

- 2.1 Dental services commissioned by NHS England & NHS Improvement include the following:
- Primary care (general high street dentistry), (115 Practices in Leeds)
  - Community Dental Services (CDS),
  - Orthodontics, Intermediate Minor Oral Surgery (IMOS),
  - Urgent care both triage and Treatment centres,
  - Secondary care
- 2.2 Due to the proximity between a dental professional and a patient's airway and the relatively high proportion of aerosol generating procedures (AGPs) undertaken, dental services were not permitted to see patients for face-to-face care at the start of the pandemic. Moving forward, dental practices were required to meet a set of conditions in return for income protection, which has included a progression towards full contract delivery.
- 2.3 Board Members were informed that the current expectation is that dental practices will meet a minimum of 85% of their total contract, with NHS England awaiting a further update in April to see if practices will be expected to deliver their full contract. It was also highlighted that whilst all NHS dental practices are open and able to safely provide a full range of treatments, the reduced capacity across the dental sector means that they have been asked to continue to follow the advice of the Chief Dental Officer, which is to prioritise patients according to their clinical need.
- 2.4 Board Members acknowledged that across Yorkshire and the Humber, there are some localities where patients have had historical and continuing problems accessing NHS dentistry. While plans were being developed to increase capacity and look at alternative ways of providing care in these areas, the pandemic had delayed progress with such plans. The current requirement to reduce capacity, together with the need to work within infection control guidance, has also compounded existing issues and created a greater backlog of unmet need, delayed and suspended treatments.
- 2.5 Representatives from the Leeds Community Healthcare NHS Trust and the Leeds Dental Institute also briefed Board Members on the consequential impact of the pandemic in relation to the Community Dental Service (CDS) and urgent dental care services, as well as providing an update on the current position. Where particular issues had been raised by Board Members, these have been captured elsewhere within this summary note.



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#### Significant increases in dentistry related calls to Healthwatch Leeds

- 2.6 Board Members were informed that dentistry calls to Healthwatch Leeds have significantly increased since the pandemic from 66 (1st April 19 – 31st April 20) to 265 (1st April 20 – 31st March 21) and 259 up to 15th February 2022.
- 2.7 Representatives from Healthwatch Leeds provided an overview of the main issues that have been reported to them by members of the public, which include the following:
- *Lack of access to NHS dentists* - People who are not already connected to a dental practice are having significant problems in finding one that will treat them. This includes families struggling to get appointments for children and people new to the area. There has also been increased reports of dental practices being unable to see people as an NHS patient but advising that they could pay for private care and be seen more quickly.
  - *Impact of delayed treatment* - People are reporting being left in considerable pain, with the medication prescribed not being of much use and explaining how having no access to treatment is impacting on their physical health and long-term health conditions, as well as their mental health and well-being.
  - *Confusion around what treatment is being offered* – NHS England guidance states that patients can phone a local dentist for urgent care even if they have not been treated there before as unlike general medical services, patients do not ‘register’ with a dentist and it is not a requirement for a patient to be on a specific practice’s list to access NHS dental care. However, it was highlighted that people are reporting that their local dental practice has cited ‘not being registered’ as a reason they cannot access an appointment. It was also highlighted that some practices had not been following the Standard Operating Procedure of offering a triage service to anyone that calls, which has resulted in more people having to call 111 when trying to access emergency or urgent dental care, for which the criteria is very narrow.
- 2.8 Representatives from NHS England & NHS Improvement highlighted that while NHS provision must be available across a dental practice’s contracted opening hours, the demand for NHS treatment is such that they could have used up their available NHS appointments and practices may, therefore, offer private appointments to patients which, as independent contractors, they are at liberty to do. Mixed practices, offering both NHS and private treatment, tend to have separate appointment books for both NHS and private treatment, with staff teams often employed to provide these different arrangements.
- 2.9 Board Members discussed more broadly the difficulty in recruiting NHS dentists both locally and nationally. It was reported that while the pandemic had affected the training of new dentists, the Leeds Dental Institute continues to work closely with Leeds University to support recovery plans. Linked to this, it was noted that a particular effort was made to



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ensure the last cohort of trainees successfully graduated, with a commitment towards ensuring that the current cohort also graduate successfully.

#### Providing clear, accessible, and up-to-date information to the public

- 2.10 Linked to many of the issues being raised by patients, it was highlighted that people contacting Healthwatch often comment that the [Find a dentist - NHS website](#) and some dental practice answerphone messages contain out of date information. People had also reported that individual dental practice websites can be confusing about what they offer, for example, in saying that treatment is available but when contact is made this is only for private patients. Board Members therefore emphasised the importance of relevant nationally hosted NHS websites and local dental practice patient information providing clear, accessible and up-to-date information and guidance to the public. It was also acknowledged that this is mandated contractually for newly commissioned dental services.
- 2.11 Representatives from Healthwatch Leeds also highlighted the need for greater clarity on nationally hosted NHS websites about the role of Healthwatch and for NHS England & NHS Improvement to provide more detailed information and guidance to the public on how to raise a concern or make a complaint regarding dental services in accordance with their own processes and procedures.
- 2.12 Board Members acknowledged that all providers must have due regard to the protected characteristics defined in the Equality Act 2010 and must work with the person to make any reasonable adjustments and provide support so they understand and can make informed decisions about their care and treatment options.
- 2.13 Representatives from NHS England & NHS Improvement explained that the current Dental Standard Operating Procedure also make clear that dental practices should ensure patients have clear information about how to access dental services and that this information should be made available in accessible formats to all patients, including those who do not have digital access and those for whom English is a second language. This would involve providing language interpreters and British Sign Language interpreters where appropriate.
- 2.14 While it is the role of NHS England & NHS Improvement to ensure compliance with the Dental Standard Operating Procedure, it was acknowledged that in some cases, practices may not necessarily be aware of pathways and support mechanisms that are in place to help them meet the requirements of the Equality Act 2010. As such, it was highlighted that the Leeds Dental Network Chair would be undertaking a lead role in helping to raise greater awareness across local dental practices.
- 2.15 Board Members were also informed about the Inclusion For All Action Hub which is a citywide initiative led by Healthwatch Leeds that focuses on putting inclusion and accessibility into all areas of health and care based on collective action and adhering to the legal requirements of the Accessible Information Standard (AIS). While it was noted



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that the current membership of the Hub does not include a representative from the dental sector, Board Members supported the move to work with NHS England & NHS Improvement in finding an appropriate individual(s) to represent the dental sector as part of that initiative.

#### Services provided for vulnerable patients

- 2.16 Leeds Community Healthcare NHS Trust (LCH) provides a Community Dental Service (CDS) for a range of clients – children and adults who have a learning or physical disability who are unable to access General Dental Practices; people who are dental phobic and children who have become looked after.
- 2.17 The majority of these patients have physical, sensory, intellectual, mental, medical, emotional or social impairment, or more often a combination of these factors. CDS is a referral only service; it cannot be accessed directly by patients/service users. The service operates out of three health centres – Yeadon Community Health Centre, Middleton Community Health Centres and the Reginald Centre in Chapeltown.
- 2.18 Board Members were informed that, as with many NHS Services, the Community Dental Service was also significantly impacted by the Covid pandemic. To help manage the service, all 4000 dental patient records were categorised as follows:
- *High Priority Patients (Category 1)* – patients with pain and swelling
  - *Moderate Priority Patients (Category 2)* – patients with open courses of treatment (as an episode of care can take up to 6 appointments spread over 4-12 months depending on attendance)
  - *Low Priority Patients (Category 3)* – All complex patients held within the service are placed on a waiting list after treatment is completed for a routine follow-up (check-up). Waiting times variable (between 3 to 12 months) according to the individual care plan.
- 2.19 It was reported that the service was closed to new referrals from March to August 2020 and concentrated on high priority patients with pain and swelling. Initially the support was offered digitally then, when necessary, face to face. All Category 2 and Category 3 work was suspended and the service contacted each patient by letter and telephone to explain the situation.
- 2.20 From September 2020 the service opened to new referrals and also began recalling Category 2 patients albeit there was less capacity due to the introduction of additional infection prevention and control measures. In May 2021 the service was able to provide care to the Category 3 patient group through the recruitment of a locum.
- 2.21 Board Members were also briefed on the current service position. With regard to the highest priority group (Category 1), it was reported that the service is now meeting contractual obligations to provide face to face appointments for routine patients (within 2 working days) and has three protected slots per day to ensure there is daily capacity available.



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- 2.22 All Category 2 patients who had paused treatment during the initial wave of the pandemic, have now been seen and their dental treatment completed. With regard to the lowest priority group (Category 3) there are 1410 patients on the follow-up list who have completed their episode of care and are waiting for check-up. 688 (48%) are overdue, with the longest wait being from November 2020. However, it was highlighted that the service continues to schedule patients based on clinical risk assessment.
- 2.23 Board Members queried whether the level of CDS provision in Leeds was sufficient after it was noted that other cities had more CDS clinics than Leeds.
- 2.24 It was also noted that the service does not have a Specialist or Consultant Dentist able to provide Paediatric General Anaesthetic due to being unsuccessful in attracting a suitable candidate. To help address this issue, Board Members were advised that the Leeds Dental Institute is currently exploring the option of establishing a joint appointment so that the successful candidate would be able to benefit from having peer support in the LGI as well as the CDS and therefore feel less isolated.
- 2.25 Board Members also discussed the support available for other vulnerable groups to access dental care, including prisoners and patients with 'no fixed abode'. Particular reference was made to a pilot project being delivered in Leeds to help deliver support for patients with 'no fixed abode'. While the pandemic had unfortunately impacted the implementation timeframe for this project, Board Members were advised that the project is now due to commence in April 2022, with the intention of having a full programme and approach running for 12 months prior to evaluation.

### Dental Needs Assessment

- 2.26 Board Members were advised that NHS England & NHS Improvement are in the process of completing a Dental Needs Assessment which will provide the evidence base for identifying groups across the population who are at high risk of poor oral health. This assessment data will also aid commissioners and providers in determining how best to maximise resources and adopt a whole system approach in meeting identified needs.
- 2.27 Linked to this, Board Members sought clarification of the steps taken in ensuring that the assessment also captures the voice of patients in identifying their oral health needs and stressed the importance of also consulting with other key stakeholders across the region, such as local authorities and Healthwatch.

### Oral health for children

- 2.28 Board Members were assured that oral health for children remains an important public health priority for the city in recognition that dental decay can lead to pain and distress, sleepless nights for children and parents, and time off school which can have an impact on academic outcomes and also affect behaviour. A wide range of oral health activity is being co-ordinated as part of the Leeds Children and Young People's Oral Health Strategy. A number of stakeholders are involved in the delivery of this Strategy, including





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the 0-19 Public Health Integrated Nursing Service; Early Years Children's Centres; Health and Wellbeing Service; Leeds Dental Institute; Leeds Community Dental Service; the Office for Health Improvement and Disparities (OHID); NHS England and the Chair of the Leeds Dental Network.

- 2.29 It was acknowledged that establishing good oral health practice from as soon as a child's teeth emerge lays the foundation for life and therefore many of the preventive interventions are concentrated in the early years, such as the HENRY (Health Exercise and Nutrition for the Really Young) programmes which cover healthy eating and drinking messages for under 5's and aims to lower the intake of sugary food and drinks.
- 2.30 Linked to the Strategy work, the Health and Wellbeing Service is also working with Public Health to engage with schools in updating their knowledge of oral health and how to deliver key messages through the school setting. Work is also being undertaken to better understand the barriers to preventative treatments and specifically barriers to accessing dental services being offered to children and young people.

#### Water fluoridation provisions within the Health and Care Bill.

- 2.31 Reference was made to the water fluoridation provisions in the new Health and Care Bill which aims to streamline the process for the development of new fluoridation schemes and remove burdens from local authorities.
- 2.32 Fluoride is a naturally occurring mineral found in water and some foods. The amount of naturally occurring fluoride in water varies across the UK due to geological differences.
- 2.33 Water fluoridation schemes involve adding fluoride to community drinking water supplies in areas of low natural fluoride, increasing the level to that known to reduce tooth decay. On 23<sup>rd</sup> September 2021, the UK Chief Medical Officers published a Statement on water fluoridation which concluded that '*On balance, there is strong scientific evidence that water fluoridation is an effective public health intervention for reducing the prevalence of tooth decay and improving dental health equality across the UK. It should be seen as a complementary strategy, not a substitute for other effective methods of increasing fluoride use*'.
- 2.34 The Health and Care Bill also references evidence which supports water fluoridation as an effective public health measure that has the ability to benefit both adults and children, reduce oral health inequalities and offer a significant return on investment. The Bill states that there is no evidence of health harms from the levels of fluoride used in English schemes, nor the slightly higher levels allowed naturally. Despite this, no new schemes have been implemented for nearly 40 years.
- 2.35 Since 2013 local authorities have had the responsibility, through the Water Industry Act 1991, to propose and consult on new fluoridation schemes and variations to or termination of existing schemes. Local authorities have, however, reported difficulties with the current process and there is the added complication that local authority boundaries



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are not coterminous with water flows. If the water supply crosses into neighbouring authorities it requires the involvement of several authorities in the development of schemes, which may be complex and burdensome.

- 2.36 In light of these challenges, the purpose of the water fluoridation clauses in the Bill is to give the Secretary of State the power to directly introduce, vary or terminate water fluoridation schemes. The revenue costs of the schemes would also transfer to the Secretary of State. This will allow central government to directly take responsibility for fluoridation schemes, with any future decisions on new fluoridation schemes becoming subject to funding being secured.
- 2.37 Board Members felt it would be helpful for the Scrutiny Board to better understand how this renewed focus and legislative development surrounding water fluoridation schemes could potentially have an impact for Leeds. It was therefore proposed that the Director of Public Health be requested to explore this further with a view to reporting back to Scrutiny in due course.

### Strengthening links between dentists and GPs.

- 2.38 Oral health is integral to general health and quality of life and as such, Board Members recognised the mutual benefits of strengthening links between dentists and GPs in terms of encouraging good oral health as part of any routine health check and making sure that patients also have access to available advice and support services.
- 2.39 Board Members were advised that from April 2023, the commissioning responsibility for local dental services will form part of the new Integrated Care System, which will therefore provide greater opportunities for strengthening such links. In the meantime, Board Members were advised that NHS England & NHS Improvement continues to promote collaborative working between dental practices and Primary Care Networks, which is being supported through the Leeds Dental Network too.

## 3. Proposed recommendations.

- 3.1 Reflecting on the main issues above, the following recommendations are proposed for the consideration of the Adults, Health and Active Lifestyles Scrutiny Board.

**Providing clear, accessible, and up-to-date information and guidance to the public.**

That NHS England & NHS Improvement work with practices to highlight the importance of relevant nationally hosted NHS websites and local dental practice patient information providing clear, accessible, and up-to-date information and guidance to the public. This is mandated contractually for newly commissioned dental services.



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<p><b>Providing greater clarity on the role of Healthwatch and the processes and procedures in place by NHS England &amp; NHS Improvement for the public to raise a concern or make a complaint regarding dental services.</b></p>	<p>That the Chair of the Adults, Health and Active Lifestyles Scrutiny Board writes to the national NHS England &amp; NHS Improvement Team to highlight local concerns raised in relation to ensuring that nationally hosted NHS websites provide greater clarity on the role of Healthwatch and provide more detailed information and guidance to the public on how to raise a concern or make a complaint regarding dental services in accordance with their own processes and procedures.</p>
<p><b>Having the dental sector represented on the cityside Inclusion For All Action Hub led by Healthwatch Leeds.</b></p>	<p>That NHS England &amp; NHS Improvement works with Healthwatch Leeds to find an appropriate individual(s) to represent the dental sector on the citywide Inclusion For All Action Hub.</p>
<p><b>Having a greater understanding of how the renewed focus and legislative development surrounding water fluoridation schemes could potentially have an impact for Leeds.</b></p>	<p>That the Director of Public Health is requested to explore how the renewed focus and legislative development surrounding water fluoridation schemes could potentially have an impact for Leeds and report back to Scrutiny in due course.</p>
<p><b>Maintaining a watching brief on the local Dental Needs Assessment</b></p>	<p>That NHS England &amp; NHS Improvement ensures that Scrutiny is kept informed of progress surrounding the completion of the local Dental Needs Assessment and subsequent strategy development.</p>

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