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Dear Ms Shopland

Wokingham Health Overview Scrutiny Committee – access to dental services during the Coronavirus pandemic

Thank you for your e-mail dated 6th August re access to dental services to during the Coronavirus pandemic.

In your e-mail you have asked about the following issues:

- What services were available in Wokingham Borough during the peak of lock down and the situation now (high street dentistry, community dental services and hospital services)
- Access to urgent dental care services during the pandemic
- How any changes to services were communicated (Particularly around urgent treatment services)

In this letter I'll attempt to answer the questions you have raised.

On 25th March 2020, NHS England and NHS Improvement and the Office of the Chief Dental Officer wrote to all NHS and private dental practices to advise them of the actions to take regarding the provision of dental services during this stage of the pandemic. I have attached a copy of the letter which sets this out in more detail for your information.



All dental practices (NHS and private) had to provide the 'AAA' support as described in the letter. Each of the NHS England and NHS Improvement Regions had to establish Urgent Dental Care hubs to provide the urgent treatments. The Urgent Dental Care hubs were required to have several features:

- Geographical accessibility to cover a wide area
- Car parking on site or near the site
- Good public transport access
- A number of ground floor surgeries to provide safe access for patients and the capacity to treat a large number of patients
- The required Personal Protective Equipment (PPE) to enable the hubs to safely provide the range of treatments required. Dental treatment was identified as one of the high-risk areas for the transmission of coronavirus

The delivery of the services at the urgent care hubs was underpinned by a Standard Operating Procedure to ensure consistency of approach to patient access and service delivery. This included arrangements for safe treatment of patients, crucially compliance with Infection Prevention and Control (IPC) requirements. The Public Health England advice states there must be a one-hour downtime 'fallow period' between patients undergoing aerosol generating procedures (AGPs) in a surgery to enable the dental team to perform a high degree clean and prepare the surgery for the next patient. This fallow period is required for aerosols to settle and 99% of respirable particles (droplets and aerosols) released during the AGP to be removed from the air.

Referrals to hubs could be made by NHS and private practices. The NHS England and NHS Improvement Dental Electronic Referral System (DERS) was adapted to underpin referrals into this system.

As part of implementation of the arrangements for AAA in dental practices and the opening of urgent care hubs, the information provided by NHS 111 was adapted to advise patients to contact their most local NHS practice to receive AAA support.

The key challenge at the point the urgent care hubs opened was access to PPE. The limited supply of this equipment, also linked to the focus on adequate provision for hospitals with high numbers of Covid-19 admissions at this time, meant that the number of urgent care dental hubs had to be kept to a level where only the most urgent dental cases would result in treatment. This also meant that the Dental practices had an important role to play in supporting patients without recourse to treatment, if this was an appropriate way to manage care at the point the public health crisis was at its peak.

In Berkshire, urgent care hubs opened in Reading and Slough during the week commencing 20th April 2020. The Community Dental Service provided urgent care hubs for shielded and vulnerable patients. These hubs are continuing to operate, although they have seen a fall in the number of referrals since the dental practices



started to re-open in early June. In the period to the end of August 2020, the Berkshire hubs received 3,558 referrals with 719 referrals rejected as inappropriate. The rejection rate of around 20% is indicative of the need to apply access criteria strictly and in line with the rates seen across the South-East.

During this period all routine hospital activity was ceased, which included the dental related specialties. The hospitals remained open for face to face treatments for urgent patients and 2 week wait referrals for suspected cancers.

In terms of communications, the attachments to this letter were issued to a range of stakeholders at the point the urgent dental care hubs were opened in April and when the dental practices began to re-open in June.

Any member of the public could call a dentist and get advice, or a referral as needed, this was available to everyone and not restricted to those people who regularly visited an NHS dentist. There was also coverage in both national and local media to assist the public in understanding how they could access dental care during the height of the pandemic.

In late May 2020, NHS England and NHS Improvement and the Office of the Chief Dental Officer issued guidance about the re-opening of dental practices which could commence from 8 June. Since early June they have been re-opening in line with the guidance that they focus their activity during the 'recovery' phase on urgent and high needs patients. The requirement to provide services safely for patients and staff remains the prime consideration. Most dental treatment involves aerosol generating procedures (AGPs) and require the constant supply and specialist fitting of respirator masks across the entire workforce of dentists and nurses. Once masks are fit tested to the individual, this is not always possible first time, the fit test will need repeating when there is a change of stock supply to another brand/model of mask. These services are also delivered within the requirements of a national Standard Operating Procedure, which is subject to on-going review.

This has meant there has been a phased re-opening of the dental practices and the safety requirements continue to impact on the number of patients who can be seen. We estimate capacity may be reduced by at least 50-70% depending on the individual practice circumstances.

The patient pathway for dental care now consists of two broad stages – remote management and face-to-face management. 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, and arrangements should be agreed with NHS commissioners.
- Practices should prioritise urgent dental care (UDC) provision, with flexibility for practices to do what is best for their patients.
- Progression towards the resumption of an increasing range of dental care, including AGP, risk-managed by individual practices subject to following the necessary IPC and PPE requirements

All dental practices are now open and the number of referrals to the Urgent Dental Care hubs has reduced substantially.

Our plan is to maintain the urgent care dental centres to provide treatments which some dental practices may not be able to provide and to have them in place should further waves of the Coronavirus pandemic occur.

We appreciate this has been a difficult time for patients in terms of accessing dental care and on-going challenges will remain during the coronavirus pandemic. The urgent dental care hubs were established to achieve safe access to urgent care at the point the Coronavirus pandemic started to have a substantial impact on people's health and health services. Since the peak of the pandemic, Dental practices and other NHS Dental services have been re-opening with a focus on urgent and high needs patients. This situation remains under review and we will need to remain vigilant about the impact of any future waves of the pandemic.

Yours sincerely



Sarah Macdonald
Director of Primary Care and Public Health Commissioning
NHS England and NHS Improvement - South East Region



Stakeholder Briefing:

Urgent dental care services across the South East

Background

Since the Prime Minister announced social distancing measures to slow down the spread of COVID-19, a set of restrictions on daily activity to contain the spread of the virus were introduced. All non-urgent dental activity has stopped in line with the changes to people's everyday lives that the Prime Minister has signalled.

In light of public health infection control measures and continuing concerns about NHS dental care staff safety, NHS England and NHS Improvement (NHSE/I) has made significant changes to the delivery and operation of our dental services in the South East region.

Developing the local urgent dental care system

Across every NHS region a Local Urgent Dental Care system has been created to provide care for people with urgent and emergency dental problems.

Urgent Dental Care centres (also known as hubs) have been set up to meet the distinct needs of people with urgent dental care needs during the current pandemic:

1. Those who are possible or confirmed COVID-19 patients – including patients with symptoms, or those living in their household
2. Those who are 'shielded', as being at most-significant risk from COVID-19
3. Those who are vulnerable/at increased risk from COVID-19
4. Any other people who do not fit one of the above categories

The urgent dental care hubs allow appropriate separation and treatment of patients in these four categories.

All patients will need referral by a dentist, this may be a dentist they usually see or another local dental practice which should still be providing phone advice. Each patient will then be triaged by an urgent dental care hub depending on a number of factors and their care managed accordingly. Patients will be assessed as to whether they do need urgent treatment which cannot wait. Where patients are at risk or shielded, then they will be seen in appropriate settings. Where possible and safe, patients may be able to manage the dental problem themselves through taking painkillers or prescribed antibiotics to treat any dental infection. Face to face treatment is available when clinically required.

Drop-ins to urgent dental care hubs are not allowed given the need to protect patient and staff safety.



Locations of urgent dental hubs

So far, there are 36 urgent dental care hubs operating with a further 2 planned to cover the main population centres across the South East. The opening of hubs has been contingent on securing personal protective equipment (PPE) for all of their staff members.

The locations of the operational hubs for the four patient groups identified above are:

1. Reading
2. Slough
3. Maidenhead
4. Bracknell
5. Headington, Oxford
6. Cowley, Oxford
7. Witney
8. Banbury
9. Aylesbury
10. Newport Pagnell
11. Basingstoke
12. Winchester
13. Gosport
14. Andover
15. Fareham
16. Southampton
17. Portsmouth
18. Ryde
19. Cowes
20. Guildford
21. Redhill
22. Weybridge
23. Crawley
24. Haywards Heath site 1
25. Hazlegrove Road site 2
26. Chichester
27. Brighton site 1
28. Brighton site 2
29. St Leonards
30. Chatham
31. Ashford
32. Maidstone
33. Ramsgate
34. Canterbury
35. Larkfield
36. Rochester



Further hubs will be opened shortly in:

1. Eastbourne
2. Seaford

The precise locations will not be publicised since access is by appointment only.

How will triage work?

Triage will be used to decide which category people fall into, depending on their symptoms and level of pain.

The triage categories are:

1. Requires immediate treatment on the day
2. Treatment as quickly as possible
3. Non-urgent (not requiring treatment in a hub setting)

Those involved in triage have a detailed operating procedure to help them categorise different dental conditions.

How do patients access these urgent hubs?

Patients with an urgent or emergency dental condition must not attend any hubs as they need to be triaged by a dentist first. This system also helps manage the flow to hubs and avoid queues (in line with social distancing measures).

If a patient has an urgent or emergency dental condition they should contact a dental practice for a telephone assessment to assess their dental needs. This could either be the dental practice they normally attend or an NHS practice nearest to their home address, which can be located on <https://www.nhs.uk/using-the-nhs/nhs-services/dentists/>

Out of usual surgery hours, you should call your local out of hours emergency dental service and if you are unsure of their contact details NHS111 will be able to provide this.

For further information, please contact the NHSE/I dental team in the South East at ENGLAND.southeastdental@nhs.net

21 April 2020



Update on NHS dental services

On 28th May 2020 NHS England and NHS Improvement and the Office of the Chief Dental Officer confirmed plans for the phased resumption of dental care services in England from 8th June.

We are keen to get dental services back up and running but do need to ensure the safety of both patients and staff in doing so. To do this there are a number of matters that dental practices will need to address as part of preparing to re-open.

These include:

- Arrangements to comply with social distancing requirements
- Infection Prevention Control procedures in place to support treatment in a pandemic
- The supply of Personal Protective Equipment (PPE) for members of the dental team and the necessary fit testing for the PPE
- Risk assessments for the dental workforce
- Identification and prioritisation of patients such as those with an urgent need, those who require follow up after interim treatment has been provided by an Urgent Dental Care (UDC) hub, those who have incomplete care plans and those at risk of deterioration; when practices have the capacity to resume recall assessments then patients who have a greater need such as those on frequent recall intervals in line with NICE guidance will need to be prioritised.

The above means that we expect practices will have around 30% of usual capacity, this will be a practice-led phased approach to the restoration of dental services.

Some, though not all, dental practices will start to open for face-to-face treatment from 8th June though exact opening dates for practices and the range of services they will be able to offer will vary depending on the measures they have managed to put in place and the availability of staff following risk assessments. All practices will continue to provide advice, medication and referral services to the UDC hubs until they are ready to provide face to face treatments. Even when practices are able to provide face to face treatment this will be limited and so for many patients they will continue to receive remote advice and medication.

We are still trying to minimise the number of calls being made to NHS 111 during the working week and advise that if patients contact you during these hours you should advise them to contact the dental practice they normally attend or their nearest dental practice for advice via <https://www.nhs.uk/using-the-nhs/nhs-services/dentists/>



In the evening and at weekends patients can contact NHS 111 to receive advice and direct patients to an out of hours service if necessary.

Dental treatment using Aerosol Generating Procedures (such as fillings, root treatment, crown preparation, scale and polish) will be limited due to the risk this poses to the dental team and patients.

We will continue to work with the dental profession to support the safe phased restoration of dental services.

8th June 2020



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