Dental Briefing to Walsall HOSC April 2023

NHS England has been approached for an update on the position of dental services. This briefing is written as background reading and introduction to the current situation. At the April Committee a brief presentation will be given with high level information; the background briefing is intended to aid and promote discussion.

This briefing has been developed between NHS England Commissioning Team managers and Consultants in Dental Public Health. NHSE has provided specific information as requested on children's access, domiciliary services and the issue of identification of oral cancers.

From 1st April 2023 Integrated Care Boards will take over responsibility for the commissioning of dental, optometric and community pharmacy services. For practical purposes commissioning activity will be provided via The Office of The West Midlands on behalf of ICBs and the current NHSE team will TUPE over into the host ICB.

Introduction

It is important to clarify that NHS dental care, including that available on the high street (primary care), through Community Dental Services or through Trusts is delivered by providers who hold contracts with the NHS. All other dental services are of a private nature and outside the scope of control of dental commissioners. The requirement for NHS contracts in primary and community dental care has been in place since 2006. In 2006 when PCTs took on commissioning responsibility existing providers were "grand-parented" onto the, then new, contract. All contracts for new practices issued since that point have been awarded following a formal procurement process conducted in line with the Public Contract Regulations to ensure a fair competition, value for money selection of the most suitable providers. Contracts cannot be awarded on demand. Local short-term arrangements can be put in place on a non-recurrent basis subject to affordability. Contract currency is measured in UDA: units of dental activity and or UOA: units of orthodontic activity and each contractor is required to deliver a specific amount of activity for an annual contract value.

The myth of registration.

Despite consistent use of the term "registration" there is no such system with a dental practice. People with open courses of treatment are practice patients during the duration of their treatment, however once complete; apart from repairs and replacements the practice has no ongoing responsibility. People often associate themselves with dental practices, but this does not convey any rights to access. Many dental practices may refer to having a patient list or taking on new patients, however this does not represent registered status in the same way as for GP practices. Patients are free to attend any dentist who will accept them. Commissioners have no mechanism to allocate patients to practices; there is a mechanism for this in GP practices.

Dental access statistics are based on numbers of patients in touch with practices within a 24-month period (for adults) or 12 months for children. Before COVID patients would often make repeat attendances at a "usual or regular dentist". This would be the list of patients

who would be recalled regularly for check-ups, whether necessary or not. During the pandemic contractual responsibilities were amended and in order to benefit from payment protection practices were required to prioritise urgent care; vulnerable patients (including children) and those whose dental health makes it likely they would benefit from an opportunistic check-up. Amendments are being made to the current contract to ensure that Recall Interval Guidance is followed which will improve access as unnecessary appointment levels will reduce.

Current Situation/ Post Pandemic Dental Services

The pandemic had a devastating impact on dental access and 2 million appointments were lost. This is because practices being directed to close for a period. Commissioners organised a series of urgent Dental Care Centres across the Midlands during the pandemic to ensure access was available to urgent dental care. Once practices reopened they had much lower throughput as significant infection control measures had to be implemented as did very strict social distancing standards, specific numbers of air changes per hour and improved ventilation processes, fallow time in surgeries a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high-speed drills or instrument and would include fillings or root canal treatment) and use of enhanced levels of personal protective equipment (the impact being the time it takes to don and doff between patients plus space requirements). In addition, practice staff caught covid on occasion resulting in lower levels of staff being available.

The effects have been similar in community and secondary care due to restricted capacity.

Practices were required to meet a set of conditions that included a commitment to prioritise urgent care for both their regular patients and those referred via NHS111 and to prioritise additional capacity for vulnerable patients.

For a large part of 2020 many practices were offering only about 20% of the usual number of face to face appointments and relying instead on providing remote triage of assessment, advice, and antibiotics (where indicated). The situation improved in early 2021 and since then practices have been required to deliver increasing levels of activity, from June 2022 full contractual levels have been restored.

Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term effects on oral and general health due to the impact on nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar), coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar intake and alcohol intake could have a detrimental effect on an individual's oral health. Again, those impacted to the greatest extent by this are likely to be the vulnerable and most deprived cohorts of the population, thus further exacerbating existing health inequalities. Finally, it is important to note that some of the most vulnerable in the population, whose oral health may have been affected by the pandemic as described above, are also those individuals who are at greater risk of contracting COVID-19 and of experiencing worse outcomes due to risk factors linked to other long term health conditions.

National guidance and directions were issued and revised throughout the pandemic period in response to the changing situation and since summer 2022 restrictions have been lifted.

The current situation is that 1.3m appointment have been made up and the gap stands at a little over 700, 000 lost appointments (February 2023 data).

There have been and will continue to be several recovery and restoration activities commissioned to support a return to pre pandemic levels of activity and access.

Walsall

Walsall has 38 dental contracts (in 26 practices) of varying sizes which offer a range of routine dental services. Secondary care is provided by Walsall Health care NHS Trust, with Community Dental Services for special care adults and children being delivered by Birmingham Community Health Care Trust (BCHC) (from a number of clinics across the Walsall area). Patients may have to travel to the Dental Hospital in Birmingham for more specialist services such as complex Restorative dentistry, Oral Medicine or to the Children's Hospital should a child have complex medical issues.

Orthodontic challenges

During 2022 2 orthodontic providers handed back their orthodontic contracts, one of which was the main provider locally. This has led to a need to procure a new practice in Walsall to replace the lost capacity. A public and patient exercise has been planned and will be launched once the local elections have completed. Commissioners will be tendering for a provider via a formal procurement process. As an interim measure and on an annual basis commissioners (who technically hold the former practices waiting lists) have and will source providers to ensure that children who had expected to commence treatment in a specific year will be able to commence treatment though at an alternative practice. Commissioners are working through the waiting lists in the order of the lists as supplied by the former providers.

A map of the location of local dental surgeries is given in Appendix 1. To note; In some cases there will be practices in close proximity and the numbers on the map reflect this where the scale does not permit them being displayed individually. The two maps have shading showing travel times by public transport or car.

Prior to the pandemic the Black Country generally had some of the highest access rates across the region. There were however some local areas where issues had been identified.

A strategic review of access is planned, however there are generally other priority areas across the region where access is significantly worse. Commissioners now have access to a mapping tool to identify local areas which may have specific issues (in a similar way to the work conducted in 2019) which may assist in a more targeted approach to tackle these areas.

Before the pandemic, in general around 50% of the population were routinely in touch with NHS high street dental services; the numbers of people attending private services is not known; but is not 50% of the population.

Many people with chaotic lifestyles or who are vulnerable may not engage with routine care and may instead use out of hours dental services. Individuals are free to approach practices to seek dental care and further information on NHS dental practices is available on the NHS website:

https://www.nhs.uk/service-search/find-a-Dentist although information provided by local dentists may not always be fully up to date.

Dental Charges

Dentistry is one of the few NHS services where you have to pay a contribution towards the cost of your care. The current charges are:

- **Emergency dental treatment – £23.80** This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
- **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £65.20** This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

Any treatment that your dentist believes is clinically necessary to achieve and maintain good oral health should be available on the NHS.

More information here: https://www.nhs.uk/using-the-nhs/nhs-services/dentists/understanding-nhs-dental-charges/

All NHS dental practices have access to posters and leaflets that should be prominently displayed.

How much will I pay for NHS dental treatment? - NHS (www.nhs.uk)

The proportion of adult patients who are exempt from NHS charges is just under a third but varies between practices.

Current Access

The graphs below show the average pattern of delivery of activity over the course of the pandemic and how this has increased regionally, together with more local information for the Black Country which pre COVID generally had the best access regionally.

Each system started at a different level of access expressed as % of 2020 population

Shropshire, T & W	55.67%
Staffordshire, SOT	55.86%
Black Country*	57.45%

Birmingham & Solihull*	52.54%
Hereford & Worcester	51.73%
Coventry & Warwick	56.36%

* 2020 boundaries

Current (Feb 2023) expressed as % of 2022 population

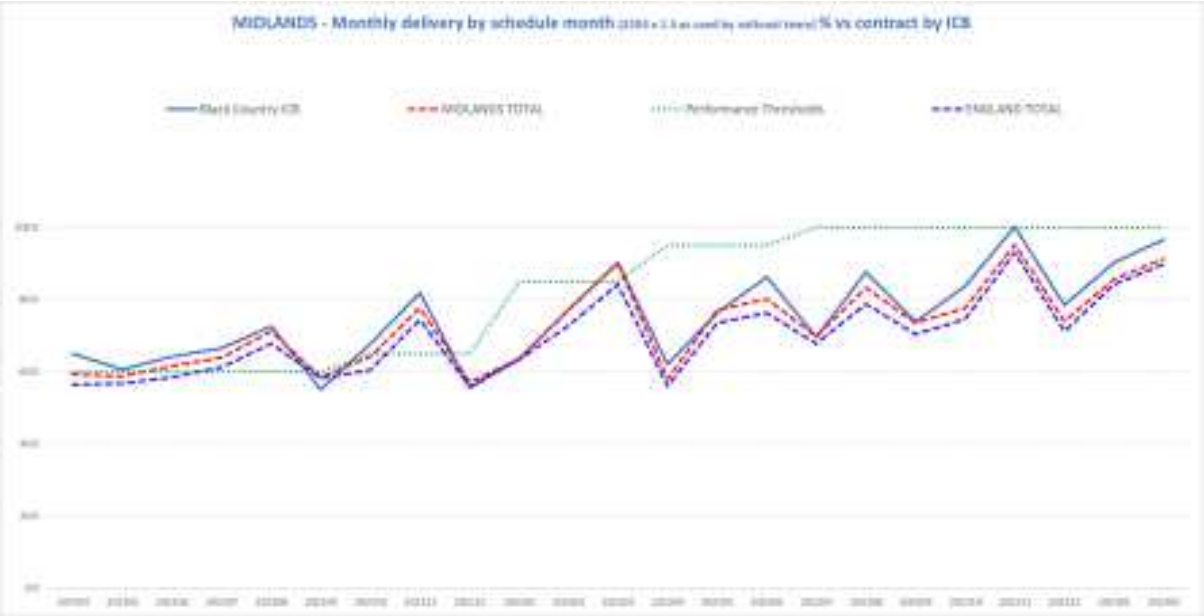
Shropshire, T & W	47.45%
Staffordshire, SOT	47.21%
Black Country**	49.01%
Birmingham & Solihull**	45.02%
Hereford & Worcester	41.53%
Coventry & Warwick	50.75%

** 2022 new boundaries

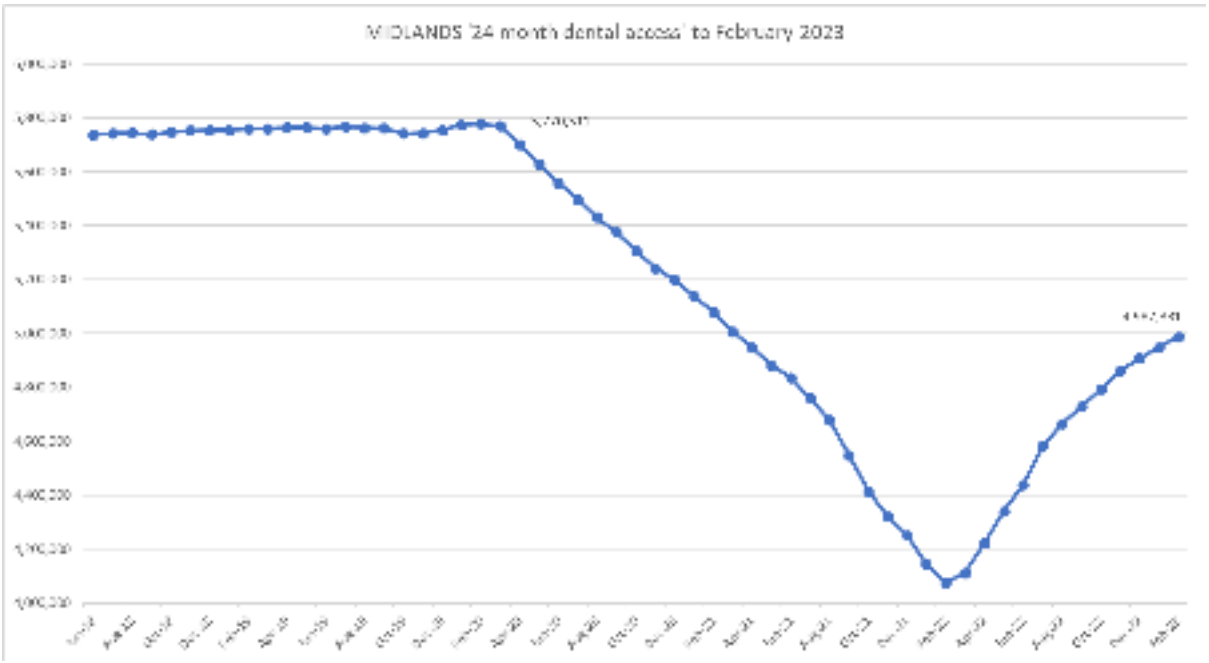
We can see recovery to the above levels, however BSol and The Black Country data is complicated as boundary changes removed West Birmingham practices and aligned them with BSol ICB.

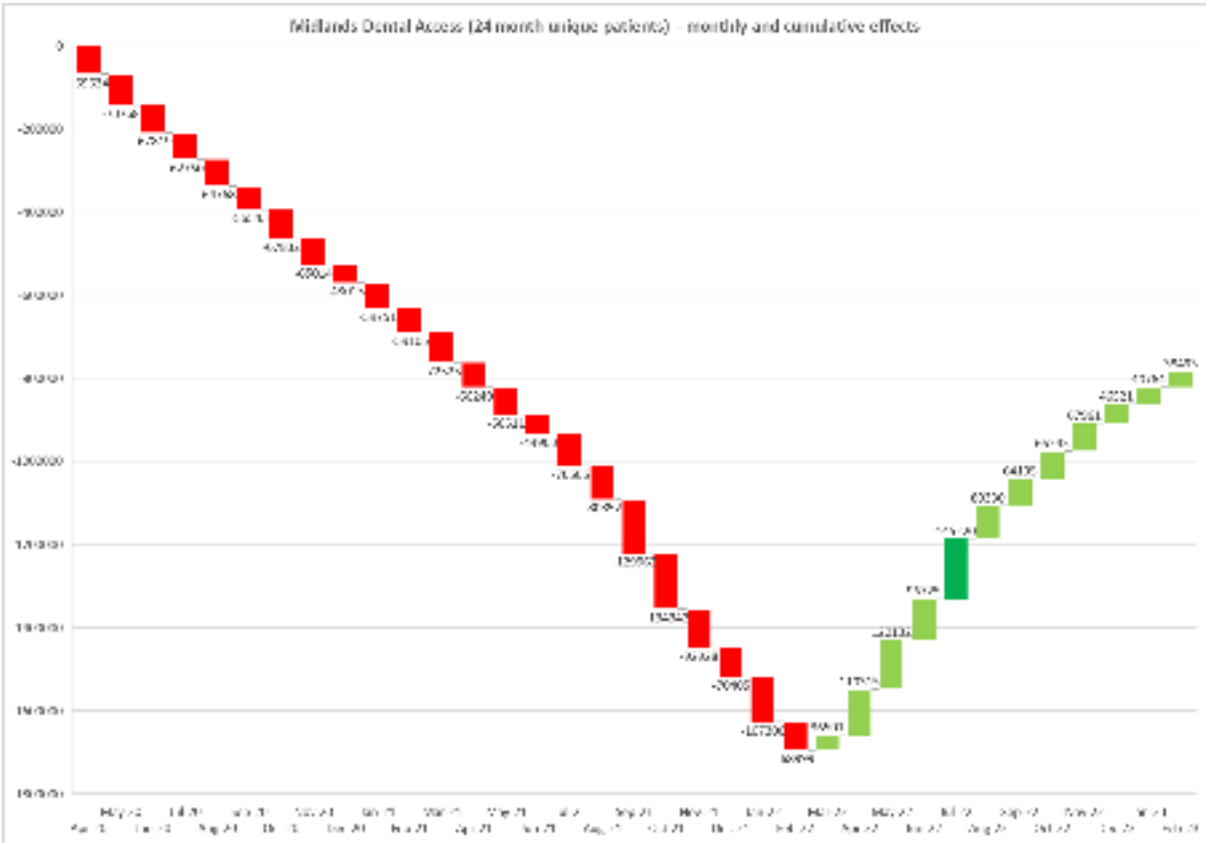
It is estimated that across the region there has been nearly the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic.

Black Country Delivery; the graph below shows ongoing recovery.



Access – 24-month unique patient counts Note: from July 2022 approx. 68,000 lost by boundary changes (ICB). Cumulative net loss = 783,180





See Appendix 2 for Black Country Unique Patient Count graph.

Restoration of Services

As explained previously, in line with national guidance issued following the COVID-19 pandemic, dental practices in the Midlands are beginning to provide routine care more in line with pre-pandemic practises.

The capacity and number of appointments available may vary depending on the type of practice and the number and configuration of surgeries and waiting rooms. Also, many practices are advising that they are unable to recruit dentists, which impacts on delivery of services. It appears that some dentists have privatised completely or have changed the balance of NSH and private commitment, some may have left dentistry altogether.

Specialist Orthodontic practices have now successfully recovered to normal levels of service allowing them to see new patients, other than in Walsall as previously described, the main provider and 1 smaller provider have elected to end their NHS orthodontic commitment.

Dental teams and commissioning teams across the country are working hard to restore services and deal with the inevitable backlog of patients that has built up over the last 2 years. There is significant potential for the reduction in access to services to have disproportionately affected certain population groups and therefore to have further widened existing inequalities. Those with poorer oral health and/or additional vulnerabilities are likely to have suffered more from being unable to access dental care than those with a well-maintained dentition. Furthermore, there is ongoing concern about a reluctance amongst some people to present for care either because they do not want to be a burden on the health service or because they fear getting coronavirus. Again, this delay in seeking care is likely to have affected some of the more vulnerable population cohorts more than the general population thus further exacerbating the health inequalities.

Reduced access to dental care over the course of the pandemic will have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention, will have instead received antibiotics, possibly repeated courses. Some who were part way through treatment will undoubtedly have suffered and may have lost teeth they would not have done otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out and some of those affected teeth will subsequently have deteriorated further as the required treatment was simply not available.

Recovery Initiatives

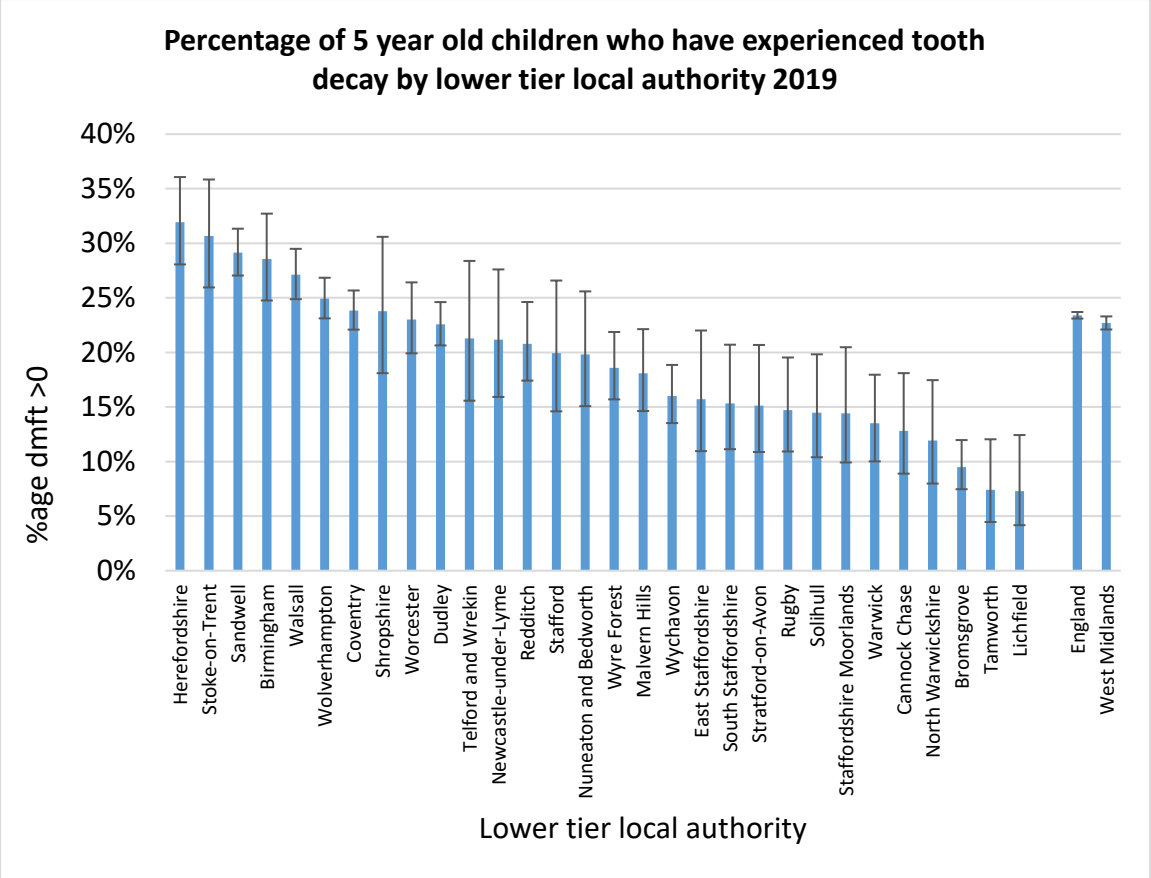
A large investment has been made to facilitate initiatives designed to increase access in both primary, community and secondary dental care. It should be noted that participation in a recovery scheme is voluntary and some areas have lower levels of providers taking part. Even though funded the ability to participate will rely on staff capacity, interest and willingness. Given recruitment and retention challenges in some areas we may struggle to recruit providers. Some of the schemes that have been supported are:

- Weekend Access – For Walsall 4 practices were contracted to provide 300 additional sessions to end March 2023

- Overperformance – Practices deliver normal levels of activity (often those with smaller NHS contracts) are being offered funding to overperform by 10% (as capped by dental regulations).
- Additional Orthodontic Case Starts – an offer was been made to practices with capacity for additional activity to tackle waiting lists – the team are currently reviewing applications.
- CDS Support Practices – the team has recruited a number of practices (ambition of 2 per local authority area) to work collaboratively to provide additional capacity to assist in routine review and managing patients who are in the care of the CDS.
- Dedicated In Hours Urgent Care Sessions – additional capacity for NHS 111 to refer urgent patients without a regular dental practice into an appointment.
- Additional non recurrent and recurrent investment to support oral health improvement initiatives such as supervised toothbrushing in early years settings, training of health and social care staff and work with care home providers to improve oral health in residents.

Oral health and inequalities

Oral health is an important public health issue, with significant inequalities still evident. Deprived and vulnerable individuals are more at risk, both of and from, oral disease. The findings of the 2017/2018 survey of adults attending general dental practices in England showed that poorer oral health disproportionately affected those at the older end of the age spectrum and those from more deprived areas.[1] Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health and reduce inequalities. The 2019 national oral health survey of 5 year old children showed wide variation in both the prevalence and severity of dental decay among young children (Figure 1).[2] The 2022 survey results have very recently been released, and they show that 24.8% of all 5 year old children in Walsall have experienced tooth decay. The West Midlands benefits from water fluoridation across a large part of the geography; this means that children in those areas are significantly less likely to experience tooth decay compared to their peers elsewhere in the region or country. The whole of the population in Walsall benefits from water fluoridation. It is worthy of note that dental decay remains the most common reason nationally for hospital admissions in children aged 5-9 years.[3]



We are aware that some vulnerable groups are finding it harder than usual to access services. We are continuing to review pathways and treatment arrangements for these patients to ensure that they can continue to access urgent care in and out of hours. Primarily this is through NHS 111. Arrangements have been put in place for additional dedicated urgent care sessions locally to help facilitate access for those who may not have a regular dentist. This is provided by 1 practice in Walsall. In addition, the CDS has been ensuring access for vulnerable patients through their network of local clinics.

Additional dental capacity has also been commissioned to provide the full range of NHS dental services to homeless and migrant/refugee and other vulnerable groups specifically. This a pilot scheme aimed at testing ways of working to assess what works best for patients and dental practices. Commissioners are commencing an evaluation and the scheme ends at the end of June 2023; however, the learning will help us to devise an improved offer. There are currently 2 practices in Walsall offering this scheme.

Some patients who have previously accessed care privately may now be seeking NHS care due to financial problems related to the pandemic or due to the additional PPE charges that were apparently being levied by some private dental practices. This is putting additional pressure on services at a time when capacity has been constrained. These patients are eligible for NHS care; however, they may find it difficult to find an NHS practice willing to take them on and are likely to be able to access care instead through ringing NHS 111.

It should be noted that many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHSE the private element of their business may have been adversely affected by the pandemic.

Children's Access

It became apparent early in the pandemic that children's access had been particularly badly affected. This was due both to dental practices focussing less on routine care and on parents being reluctant to bring children to medical/dental appointments – the pattern was consistent across other services too.

The CCG mergers had meant that reporting has changed over the last year however we have attempted to present comparative local detail as well as later merged data and included the March 2020 figures for pre-Covid reference.

The Walsall data for 12 month child access is as follows (from Microsoft Power BI)

Walsall Metropolitan Borough Council

Data to	Note	Number	% (Walsall)	% (England)
March 2020	Pre-Covid pandemic	36,794	53.3%	58.3%
March 2021	Pandemic low point	13,349	19.2%	23.1%
June 2022	Latest published data	28,549	41.2%	46.9%

The picture is similar to other areas and regional / national – there was a decline to a low point in March 2021 with degree of recovery by June – the numbers of children being seen remain lower than pre COVID. Walsall however has one of the higher than average levels of access.

Prior to the pandemic the local commissioning team had been working on encouraging parents to take children to the dentist early.

The main aim of this Starting Well scheme was to increase access to NHS Dentistry in the NHS West Midlands geography in the very young (0-2 age group). There were four objectives:

1. To identify 'influencer' groups and individuals who can play a part in encouraging and facilitating parents / carers of children aged 0-2 to visit an NHS dentist.

2. To equip influencers with resources and information to influence parents / carers of children aged 0-2 to visit an NHS dentist.
3. To equip and encourage dental teams to see more 0-2-year olds
4. To ensure sufficient capacity for practices to take on additional young patients for check ups

Apart from media campaigns, joint local working with health visiting teams and training and resources for practices there was funding made available to ensure capacity to take on additional children for check-ups before the age of 2.

As capacity remains somewhat restricted and whilst children's appointments should be prioritised it may not be possible at present for very young children to be seen in the way that was originally being promoted. However the commissioning team have been developing a new scheme to encourage child friendly practices locally to provide support to local Community Dental Services to work in a shared care model to free up capacity for specially trained staff to focus on tackling backlogs of patients requiring complex treatment. We will be seeking practices locally in 23/24 and additional training will be provided as there is no current practice in Walsall offering this service. The scheme has recently been approved to widen its access and will in future accommodate looked after children, children with an urgent need and children with high needs and children of migrants and refugees.

Oral Health Improvement

Work is also in hand to strengthen local prevention initiatives and the dental team have been working closely with colleagues in the Local Authority to further develop oral health promotion to provide a more resilient service across the new ICS area. BCHC have received extra investment from NHS England to develop Oral Health Improvement services across the Black Country. There will be development of a number of services targeted at those with greatest oral health needs including oral health training for the wider processional workforce, supervised toothbrushing in early years and school settings, targeted provision of toothbrushes and toothpaste by health and social care professionals, support for mouthcare in care homes and support for mouthcare in hospital settings. These services will complement existing Oral Health Improvement activity.

Out of Hours Provision

Out of hours services provide only urgent dental care only at weekends and bank holidays. There is no weekday evening service. Emergency care is provided via hospital services.

Definition of "Urgent Dental Care"

Urgent and emergency oral and dental conditions are those likely to cause deterioration in oral or general health and where timely intervention for relief of oral pain and infection is important to prevent worsening of ill health and reduce complications (SDCEP, 2013). Urgent dental care problems have been defined previously into three categories (SDCEP, 2007). The table below shows current national information about the 3 elements of dental need and best practice timelines for patients to receive self-help or face to face care.

Triage Category	Time Scale
Routine Dental Problems	Provide self-help advice. Provide access to an appropriate service within 7 days if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates**
Dental Emergencies	Contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

**As a result of the pandemic commissioners have amended the service specification to include a more relaxed approach to urgent need than the former very strict eligibility criteria. This is in response to aiding the recovery and restoration of services by ensuring all available capacity is utilised.

People should check their practice's answer machine; information should be also be displayed inside the practice and on the windows. Most people contact NHS 111 who will provide triage and onward referral if an urgent need is established. There is an online option that will often be quicker and easier than phoning – particularly when NHS 111 is dealing with large numbers of calls. If using the phone, it is important to listen to all the messages and choose the appropriate option for dental pain.

Please be aware that patients with dental pain should not contact their GP or turn up at A&E as this could delay treatment as they will be redirected instead to a dental service.

People can attend any service in the Midlands area and for Walsall the nearest sites will be at Dudley, Wolverhampton or Birmingham depending on the patient's address. At times of peak demand may have to travel further for treatment depending on capacity across the system. **Please note at the time of writing commissioners are tendering for new providers and some locations may change; however, we have added in an additional site.

Domiciliary Care (For patients unable to leave their own home or care home)

Dental care to care home residents or patients unable to travel for dental care to a practice will be provided by a specially commissioned general dental practitioner, or a more specialist dentist from the Community Dental Services. Some limited, though compromised dental care can be provided in the care home, or a patient's own home setting such as a basic check-up or simple extraction, but patients are often asked to travel into a dental surgery as this is the safest place to provide more complex dental treatment. If a care home resident requires a dental appointment, they or their relative or carer can contact the local domiciliary provider via NHS 111. NHS 111 holds a current list of domiciliary providers. If patients have special care needs or are medically compromised, they will generally be referred on to the Community Dental Services.

Prior to COVID work was underway to look at new ways of collaborative working with primary care networks to strengthen support to care homes in accessing dental services or improving the oral health of their residents and those in their own homes. This remains a

priority area and some pilots have already been undertaken in other areas across the Midlands with the aim of extending successful schemes to cover other areas. A number of providers have unfortunately handed back their domiciliary contracts and commissioners have established a small panel of providers who have offered to share experience and pros and cons of providing this service. This learning will assist in a more robust offer to providers and an enhanced experience for patients. Our Special Care Managed Clinical Network also hosts a Domiciliary Special Interest Group and commissioners have met with the chair of this network to pick up the pre- covid workstream. We are currently seeking providers views and will be developing an enhanced service offer. This is a work in progress and currently there is not a domiciliary provider based in Walsall though dentists are able to travel from other towns/areas to provide this service. Walsall is one of 2 priority areas where provision is required.

Dentures

If a person breaks their denture then they will need to contact their local dental practice. If they do not have a regular dentist, they should contact NHS 111. Broken dentures can sometimes be fixed without a patient needing to see a dentist for an appointment – the dentist will assess the denture and if possible, send to the dental laboratory for the denture to be repaired. Some instances of broken dentures and all lost dentures will require new dentures to be made. This takes on average 5 appointments over a number of weeks with at least a week between appointments.

Secondary and Community Care

Infection control measures in place to protect patients and staff also mean that there is reduced capacity in clinics and hospitals for certain procedures particularly those requiring a general anaesthetic or sedation. As a result, the wider NHS system is prioritising theatre capacity and treating the most urgent cases – for instance those with cancer. This means that some specialist services will only be available at a more limited number of centres. There may also be additional requirements for prospective patients around swabbing or isolating at home prior to treatment. This is to ensure the safety of patients undergoing surgery and those already in the hospital.

There were problems initially in getting access to regular lists for children requiring dental treatment under general anaesthesia (as is the case across the country) but the situation in Walsall suffered less than in some other areas as the local CDS managed to retain regular theatre lists and were even able to repatriate local children waiting for surgery in Birmingham. Despite this only those children with the most urgent needs will be prioritised as services have to compete for theatre space with other patients who may have more urgent needs. Although there has been a good degree of recovery in Walsall over recent months the picture may deteriorate again in the coming weeks due to the as yet unknown impact of the latest increase in COVID infections.

There continues to be a backlog of care and treatment given that most provision is for urgent care and / or completion of care begun before/during COVID. The most recent data

available on 18 week waits for Oral Surgery is the position in January 2023. Walsall were at that time reporting 3 patients waiting over 78 weeks, 39 over 65 weeks and 161 over 52 weeks, with 667 waiting over 18 weeks and GEH 455 patients waiting over 52 weeks and 1,912 waiting over 18 weeks. The position for over 52 weeks has been deteriorating over the last few months over recent months. The trust is not currently reporting any patients waiting over 104 weeks and the overall proportion of patients for Walsall that are waiting over a year is currently 5%. These backlogs for patients waiting over a year are not unexpected due to the complete cessation of routine care during COVID and the limited capacity subsequently which has meant prioritisation of more recent urgent cases over those less urgent who have been waiting longer. Referrals into secondary care are recovering with Walsall seeing similar or higher levels of referrals then prior to COVID.

See Appendix 3 for Oral Surgery RTT data and secondary dental care activity.

See Appendix 4 for referral trends.

In order to address these concerns the Local Dental Network took the opportunity to publicise Mouth Cancer Awareness month and to distribute a set of key messages to dental practices to help them raise awareness, identify patients with symptoms, and ensure they are aware of how to refer patients quickly to the appropriate services. This is as a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021 https://bit.ly/3vK70Ez

The dental team have been working with local groups of clinicians through the Managed Clinical Networks to explain to local dentists how patients are being prioritised by services and what can be done to manage them in the interim whilst they are waiting for treatment. The aim is to keep patients safe and ensure they are being regularly monitored and that the practice knows how to escalate if the situation changes and needs become more urgent.

Collaborative working with local Dentists

There have been regular meetings with the local dental committee and the dental team was grateful for the co-operation received from the profession in mobilising urgent dental care centres and seeking solutions to help manage the covid related restrictions in services. This has included joint working between the local Community Dental Service and practices. The LDC locally have been very proactive and continued to update their members regularly to share information as guidance is updated.

There is a Local Dental Network in place covering the Black Country ICS and this is chaired by Affy Ilyas, who is a local dental contractor in Wolverhampton. There are also a number of Managed Clinical Networks (groups of local clinicians) who still meet virtually to plan care and agree guidance to help practices to manage their patients and develop pathways. The Urgent Care Network met weekly during the height of the pandemic to help to plan and deliver ongoing access to urgent care.

Every year the dental team engages with practices to gain assurance about practice opening over holiday periods so as to ensure services will be in place for patients

The Dental Commissioning team have been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to dental services. These have been distributed to local authorities, Directors of Public Health and ICS colleagues.

Examples of tweets that have been shared on Twitter are given in Appendix 5.

Nationally all the latest guidance for dental practices can be found here: https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/

Latest IPC guidance for dental practices can be found here: COVID-19: infection prevention and control dental appendix - GOV.UK (www.gov.uk)

Opportunities for Innovation including Digital

There have been some positive impacts from the pandemic including the way in which local services and clinicians have worked together collaboratively to maintain and recover services.

The other opportunity has been the widespread acceptance of innovative ways of providing care remotely by using digital methodologies such as video consultations. This has been widely used by Secondary and Community services, and also by Orthodontic practices, to provide support and advice to patients already in treatment.

We are exploring options to increase the use of advice and guidance through the electronic Dental Referral Management system (REGO), including the facility to upload photographs with referrals.

Appendix 1

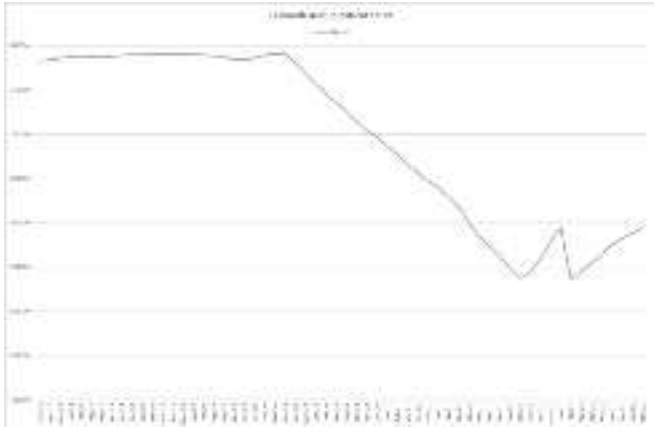
Fig 1 – Location of dental practices or clinics including orthodontic and community sites. Walsall is within the bright blue line. Practices closely located may not show as individual practices.

Deprivation map.

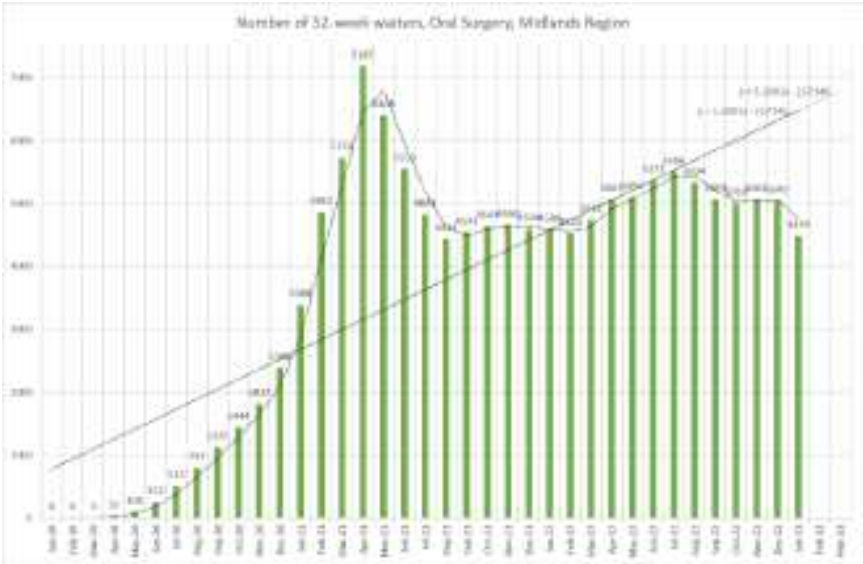
Black Country deprivation levels. The darker the colour the more deprived the area.

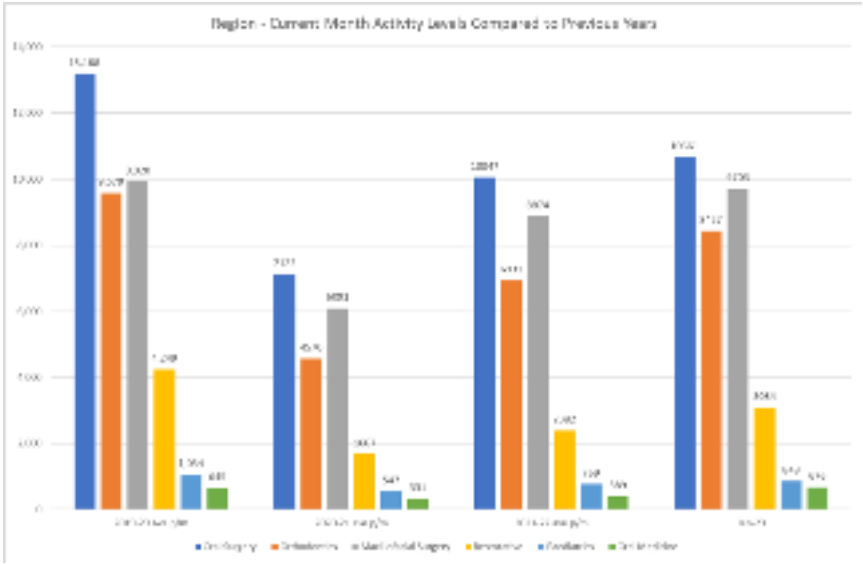
Appendix 2

Black Country 24 month unique patients

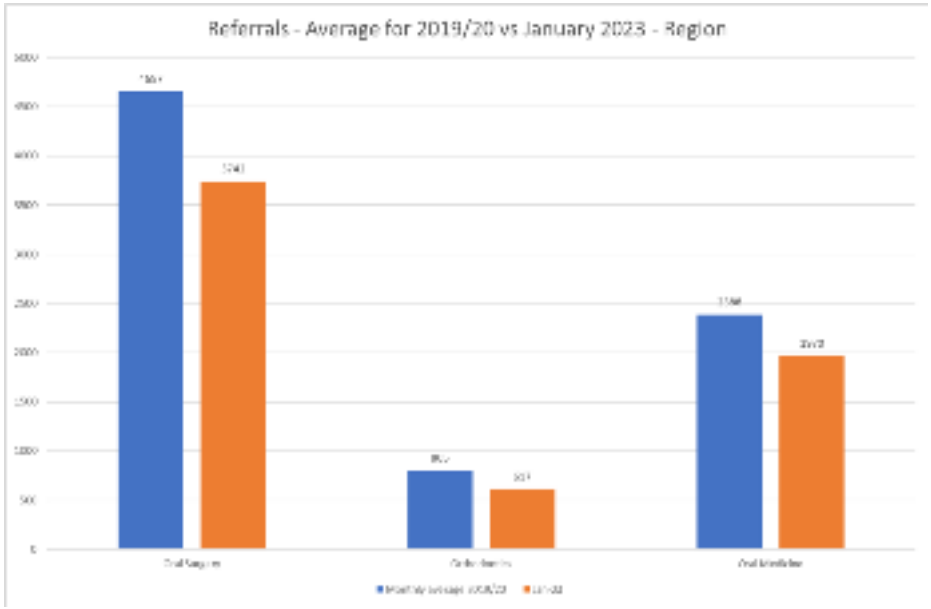


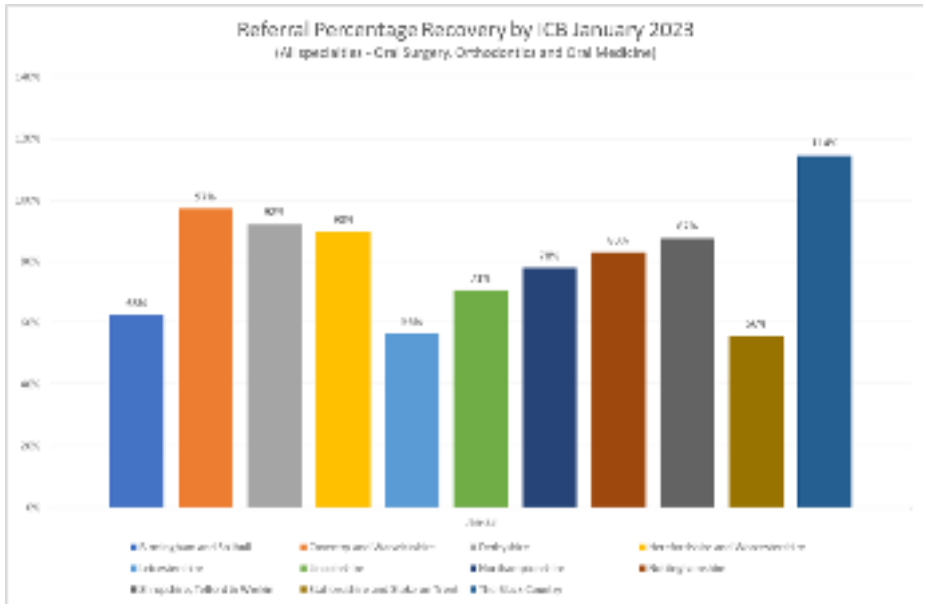
Appendix 3 – Oral Surgery Referral to Treatment (52 Week Waiters) and Activity Level Trends in Secondary Care





Appendix 4 - Dental Referral Trends





Appendix 5 – Examples of tweets shared by the NHS England Communication Team