

Briefing to City of Wolverhampton Council's - Health Scrutiny Panel, 19 November 2020

NHS England and NHS Improvement (NHSEI) has been approached for an update on the position of dental services. The structure of this briefing follows the categories of interest as discussed with the Scrutiny Officer on 23rd October. This briefing is written as background reading and introduction to the current situation. At the November Committee a 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 and NHS Improvement Commissioning Team managers and colleagues in Public Health England; Consultants in Dental Public Health. NHSE/I was asked to answer questions or provide information in response to a number of specific questions.

Introduction

Firstly; 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 NHS England and NHS Improvement. All other dental services are of a private nature and outside the scope of control of NHSEI. The requirement for NHS contracts in primary and community dental care has been in place since 2006.

Secondly; there is no system of registration 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. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GP practices and patients are theoretically free to attend any dentist who will accept them. Dental statistics are often based on numbers of patients in touch with practices within a 24 month period and this in many cases be based on repeat attendances at a "usual dentist".

Wolverhampton has 31 general dental practices; which offer a range of routine dental services; six of these generalist providers also provide less complex orthodontic services. There are in addition 3 specialist Orthodontic practices; the orthodontist in these practices are specialists and provide more complex care. One local practice also provides extended or out of hours cover. Secondary care is provided by The Royal Wolverhampton NHS Trust (RWT) which also provides Community Dental Services for special care adults and children from a number of clinics in the area.

A map of the location of local dental surgeries is given in Appendix 1. 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.

Around 50% of the population are routinely in touch with NHS high street dental services; the numbers of people attending private services is not known; but is not expected to be 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 – £22.70** This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
- **Band 1 course of treatment – £22.70** 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 – £62.10** 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 – £269.30** 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/> This poster should be displayed in all NHS dental practices:



NHS dental charges from 1 April 2019

The charge you pay depends on the treatment you need to keep your mouth, gums and teeth healthy. You will only ever be asked to pay one charge for each complete course of treatment, even if you need to visit your dentist more than once to finish it – either Band 1, Band 2 or Band 3.

If you are not exempt from charges, you should pay one of the following charges for each course of treatment you receive:

Band 1 course of treatment – £22.70

This covers an examination, diagnosis (eg X-rays), advice on how to prevent future problems, a scale and polish if needed, and application of fluoride varnish or fissure sealant. If you require urgent care, even if your urgent treatment needs more than one appointment to complete, you will only need to pay one Band 1 charge.

Band 2 course of treatment – £62.10

This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or if your dentist needs to take out one or more of your teeth.

Band 3 course of treatment – £269.30

This covers everything listed in Bands 1 and 2 above, plus crowns, dentures and bridges.

Free NHS dental treatment or help with health costs

You may be eligible for help with all or part of the costs of your NHS dental treatment. To see if this applies to you, see the leaflet *NHS dental services in England*, which is available from any NHS dental practice or visit the NHS website at www.nhs.uk/healthcosts or call 0300 300 1343.

For further information on NHS dental services and dental charges, see the leaflet *NHS dental services in England* or the dental services section of the NHS website (www.nhs.uk), or ask your NHS England Local Team for help.



https://www.nhsbsa.nhs.uk/sites/default/files/2019-03/Dental_Charges_Poster_2019_1.pdf

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

Care Homes

Dental care to care home residents can be provided by either a general dental practitioner or a more specialist dentist usually from the Community Dental Services. Some dental care can be provided in the care home setting such as a basic check-up, but patients are often asked to travel into a dental surgery as this is the safest place to provide dental treatment. If a care home resident requires a dental appointment, they or their relative or carer can either contact their usual dentist or a local dental practice to see if they can provide care, or if they haven't got a regular dentist they can contact NHS 111 to find a dentist. If they need more specialist dental care they can be referred after this initial contact with a local dentist. During COVID dental practices are prioritising urgent care and people in care homes should be able to access urgent care through their usual dentist, a local dental practice or using NHS 111.

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. 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.

Impact of the pandemic

The ongoing COVID-19 pandemic has had a considerable impact on dental services and the availability of dental care; the long-term impact on oral health is as yet unknown. Routine dental services in England were required to cease operating when the UK went into lockdown on 23rd March. A network of Urgent Dental Care Centres (UDCCs) was established across the Midlands during early April to allow those requiring urgent treatment to be seen. There are now over 90 UDCCs and these remain operational.

From 8th June, practices were allowed to re-open however they have had to implement additional infection prevention measures and ensure social distancing of patients and staff. A particular constraint has been the introduction of the so-called 'downtime' – 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, root canal treatment or surgical extractions. This has had a marked impact on the throughput of patients.

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.

NHSEI is working with providers to ensure that they operate safely and within national guidelines and have shared national guidance and Standard Operating Procedures that give guidance on how care can safely be provided.

The Dental Team have surveyed dental practices on a number of issues so as to gain assurance that they have received and implemented the guidance that has been sent out. This includes:

- a statement of preparedness return
- information on air exchanges to support appropriate use of surgeries and 'downtime' between procedures
- information on risk assessment of staff

PPE and Fit Testing

NHSEI supported UDCCs throughout lockdown to ensure that they had access to all the necessary PPE – particularly early on when supplies were limited. Dental practices now also have access to PPE through a portal – this is to ensure ongoing supply should we see further pressures as cases increase. There were some issues reported early on about FFP3 masks with expiry dates that had been exceeded. All this equipment had been tested prior to release to ensure it was still safe and effective.

One of the barriers originally to getting practices back to delivering a full range of services was the need to fit test staff so they could safely use these protective FFP3 masks. NHSEI initially worked with PHE to fit test staff working in the UDCCs and OOH services and have subsequently worked with Health Education England (HEE) to train 90 dental practice staff across the Midlands who can undertake fit testing of masks for local dental practices. This includes 5 covering the Wolverhampton area. Some staff may not be able to use the standard masks either due to difficulties getting an acceptable fit or due to the wearing of beards for cultural reasons, and in these cases staff have the option of using special hoods instead. More and more practices are opting for reusable rather than disposable masks.

Access to Dental Care during the Current Pandemic

In line with national guidance issued in response to the COVID-19 pandemic, dental practices in the Midlands are currently not providing routine care in the same way as they were prior to the pandemic.

Practices continue to provide advice, assessment and to prescribe antibiotics and painkillers where required, as well as some face to face dental care where necessary. Most face to face care is for urgent cases. Practices have plans in place to restore routine services but are focussing initially on urgent care and those who have experienced dental problems during the lockdown period as well as vulnerable people. Where routine services have resumed, dental care for people who are more vulnerable and who need more frequent checks is being prioritised. Practices remain open to provide services during the current lockdown.

As of the beginning of October 2020 all 31 local practices were providing AAA and some level of face to face care. Six were still not providing the full range of AGP services. An update on the current position will be available at the meeting. For comparison, across the Midlands the percentage of practices now providing AGP is more than 90%. The capacity and number of appointments available will vary depending on the type of practice and the number of surgeries. Specialist Orthodontic practices continue to care for patients already in treatment and are now starting to take on the most urgent new patients. These patients are being prioritised based on clinical need (to avoid harm) rather than on length of time on a waiting list.

As a result of the pandemic, dental practices have undertaken risk assessments of their premises and have made changes to the way they provide dental care. This is to ensure the safety of both patients

and staff. These additional safety precautions mean that practices are able to see fewer patients than before due to required measures to ensure social distancing and prevent any risk of spreading of infection between patients. Surgeries require 'downtime' between patients to allow for air changes, droplets to settle and for cleaning.

As a result, not all practices or clinics are able to offer the full range of dental treatment. Patients may be referred on, particularly if the referral to another service will offer treatment in a safer setting for the patient. This may involve travelling further than would usually be the case.

It is important to note that no practices are providing walk in services and patients should expect to be contacted and asked to undergo an assessment prior to receiving an appointment. Patients need to be honest about their COVID status and whether or not they are experiencing symptoms or have been asked to isolate. They will then be directed to the most appropriate service. This is for their own safety and the safety of staff and other patients.

We are aware that some vulnerable groups are finding it harder than usual to access services – particularly as no walk-in options are available. We have been reviewing pathways and treatment arrangements for these patients to ensure that they can continue to access urgent care. Primarily this is through NHS 111 or local dental helplines. Many practices are operating with reduced capacity and will therefore be restricted in the care that they can offer to new patients. Arrangements are being put in place to ensure that telephone advice and triage is available and the Urgent Dental Care Centres (UDCCs) remain open across the Midlands to ensure access to urgent dental care where practices are unable to provide this to all patients.

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 are apparently being levied by some private dental practices. This is putting additional pressure on services at a time when capacity is 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 NHSEI the private element of their business may have been adversely affected by the pandemic. The Chief Dental Officer set up a short life working group who undertook an investigation into the resilience of mixed practices¹. They concluded that whilst there would have been an interruption of income, the risk of a large number of practices facing insolvency over the next 12 to 18 months was low. There were however significant concerns raised about the viability of the dental laboratory sector who manufacture dentures. These businesses are wholly private and will have suffered a major interruption to income during the first lockdown and a significant reduction to their business subsequently due to the reduced numbers of patients being seen and treated. The group made a number of recommendations for actions to support the wider dental industry.

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

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<http://www.bsdt.org.uk/publications/DHC/Investigation%20into%20the%20resilience%20of%20mixed%20dental%20practices%20following%20the%20first%20wave%20of%20the%20COVID-19%20Pandemic.pdf>

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

UDCCs and Out of Hours services have been set up to operate to provide care in line with the standards described above. Practices also apply the same criteria but routine dental problems (those not associated with significant pain or swelling) are unlikely to be deliverable currently within 7 days due to the need to prioritise those in pain. The availability of routine check-ups is likely to be limited to those who are vulnerable or who have ongoing dental issues. Many patients with generally good oral health would not be expected to require 6 monthly check ups under normal circumstances and these can safely be deferred at this time. Treatment options may be more limited than usual. This is due to the need for AGP (aerosol generating procedures) for restorative dentistry (e.g. fillings and root canals) which are limited due to the extended 'downtime' necessary between patients.

UDCCs

An exercise was undertaken initially with the local LDC and then subsequently with PHE to agree suitable sites for urgent dental care centres. Wolverhampton has 3 local UDCCs (with access also to other local sites close by such as in Willenhall) - please see Appendix 2. All provide a range of urgent dental care treatments; 1 is designated specifically for people who are vulnerable or shielding. The local Community Dental service continues to provide care for those with special care needs including some children. The UDCCs remain operational and continue to support other local practices in providing care to local patients – in particular those who do not have a “usual” dentist or are new to NHS dental care.

Some dentists may be having to isolate due to health conditions or as a requirement through Test and Trace due to community exposure to COVID. Isolating dentists can provide “AAA” which is telephone-based and offers analgesia, advice and anti-biotics and refer on for urgent face to face treatment.

There is currently no direct access into the UDCCs; they are required to follow distancing and appointment only face to face contacts. Following triage by their practice people can be referred to a local Referral Hub. The referral hub for Wolverhampton is provided currently by the Wolverhampton Community Dental Service but there are plans to move to electronic referrals so as allow the community service to better concentrate of recovering its own core services. The hub will assess the referral and direct it to either a UDCC or refer into the Community Dental services or where necessary to a hospital oral surgery service. The UDCCs contact patients directly to assess and organise appropriate interventions. People who are unable to get an appointment with a local dental practice (usually those who haven't visited their dentist for more than 2 years) can contact NHS 111 who can refer into a Referral Hub to gain access to a AAA assessment from a local practice and face to face care through a UDCC where necessary.

The site a person is referred to will depend upon an individual's COVID status and it is important for people to be honest about whether they are symptomatic or isolating to ensure they are directed to the correct service so as not to put themselves or other patients at risk. There have been particular difficulties in finding dedicated "hot" sites for symptomatic or isolating patients due to the need to ensure they do not mix with other patients using other services at the same location.

Activity in these "hot" sites was very low during the first lockdown. As a result, there are currently fewer of these sites (see Appendix 2) and patients may have to travel further to access care. There are now anticipated to be more patients in this category during the second lockdown due to widespread testing and the introduction of test and trace. As a result, we are reviewing provision and hope to open additional sites in the near future.

OOH Provision

Out of hours services provide urgent dental care only. People should check their practice's answer machine; information should also be displayed inside the practice and on the windows. Most people contact NHS 111 who will alert the out of hours provider. There is an online option that will often be quicker and easier than phoning – particularly when NHS 111 is dealing with large numbers of COVID related 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. In Wolverhampton there is a particular local dentist who provides this service and contact details for this dentist will be given out by NHS 111. Out of hours providers are encouraged to provide triage and AAA and are limited on the number of face to face contacts because of the COVID restrictions.

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. During COVID dental practices are prioritising more urgent care and broken dentures do not classify as urgent care. 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. This type of service is likely to be restricted at present due to COVID.

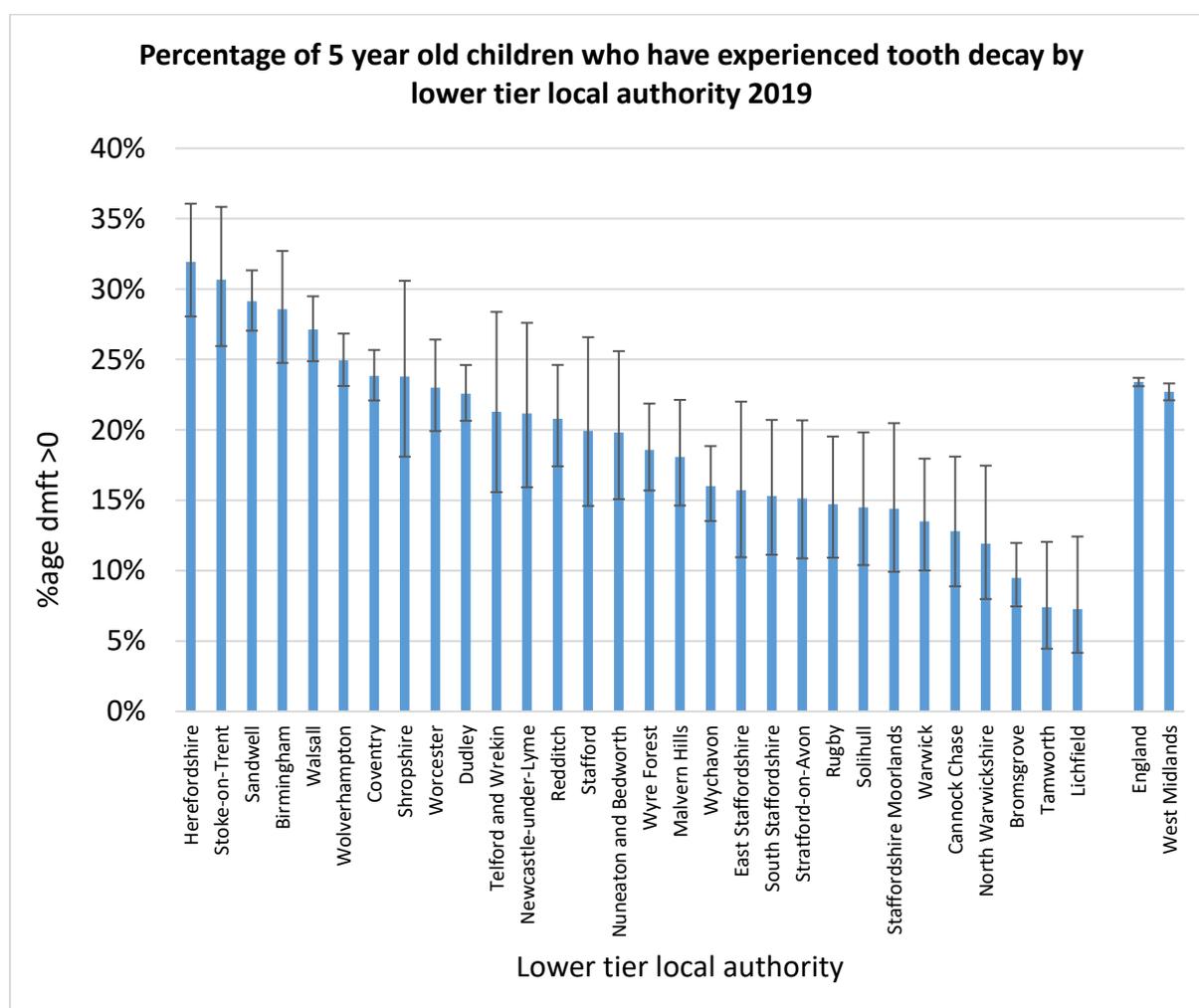
Vulnerable Patients

There are two groups of vulnerable patients – those vulnerable due to COVID and those who are vulnerable with respect to their oral health. For those in the categories who are vulnerable or shielded due to age or underlying health conditions special arrangements will be made to ensure they are able to access care safely. There are dedicated Urgent Dental Centres or care provided through the Community Dental Service. Some patients may be seen by their usual practice but will usually be offered an appointment at the beginning or end of a session.

There are in addition a number of groups of patients who are less likely to engage with routine dental services and likely to experience worse oral health.

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 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 Wolverhampton 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



Starting Well – A Little Trip to the Dentist

In order to tackle some of the issues described above the West Midlands dental team have implemented a national initiative aimed at getting children to the dentist early.



The main aim of this project 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. 15 practices in the Black Country were offered additional funding for 19/20 and 11 managed to deliver at least some of this despite the impact of COVID in the early part of 2020.

Recovery and Restoration

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 8 months. 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 because of the pandemic either because they do not want to be a burden on the health service or because they fear getting coronavirus. A campaign reassuring people that it is safe to attend appointments has recently been launched. 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. Orthodontic patients who are routinely seen for regular reviews will have missed appointments, though harm reviews and remote consultations should have helped identify any urgent issues. The ongoing backlog and ever-increasing waiting lists do however mean that there is still a risk of those recall intervals being extended to try and free up capacity to see new patients. Patient compliance with the required oral hygiene measures may wane over time and consequently there is an increased risk of decay developing around the orthodontic appliances if treatment is prolonged in this way

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 it is our understanding that the situation in Wolverhampton has now improved with some regular lists now being scheduled. 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. The impact of rising hospital admissions for COVID means the situation is unlikely to improve further in the short term.

There will be a backlog of care and treatment given that most provision is for urgent care and / or completion of care begun before the first lockdown. The most recent data available on 18 week waits for Oral Surgery is for the position in August. RWT were at that time reporting 42 patients waiting over 52 weeks and 2042 waiting over 18 weeks. This is not unexpected due to the complete cessation of routine care earlier in the year. The position locally is slightly better than the Midlands average and has improved since July. Referrals into secondary care have started to recover (see Appendix 4) but remain at about a third of previous levels due to the reduction in routine appointments. There are concerns that some conditions may be missed due to the smaller number of patients being seen face to face.

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.

Staff issues

The Midlands region as a whole is highly diverse, and Wolverhampton has a diverse population. This is reflected in the staffing for local practices. In order to ensure that staff are not at risk all dental contractors have undertaken COVID risk assessment on their staff. Working arrangements have been altered to keep people safe where necessary and staff who are unable to see patients face to face have been involved with telephone triage or have been redeployed to help in other services such as NHS 111.

Communication with dentists

There have been regular meetings with local dental committees (LDCs) since April and the dental team is grateful for the co-operation received from the profession in mobilising urgent dental care centres and seeking solutions to help manage the current restrictions in services. LDCs have continued to update their members regularly to share information as guidance is updated. Managed Clinical Networks (groups of local clinicians) have continued to meet virtually to plan care and agree guidance to help practices to manage their patients. The Urgent Care MCN in particular met weekly between April and August.

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. Information is currently being gathered for this year to ensure that services are in place over the Christmas period.

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 CCGs. We are also engaging with local Healthwatch organisations to encourage them to share any intelligence on local concerns or on difficulties people may be having accessing services.

Examples of tweets that have been shared on Twitter are given in Appendix 3.

COVID 19 and outbreaks in dental settings

As of 29/10/2020 there had not been a COVID outbreak in a dental practice setting in Wolverhampton. Dental practices are well equipped to manage risk relating to COVID as all staff are trained in infection prevention and control as part of their role in delivering dental services. 'Donning and doffing' PPE should be very familiar to them. A dental Standard Operating Procedure for outbreak management has been circulated via all contract holders and also to the Local Dental Committees to support practices manage any positive cases in their practices, whether visitors or staff. However as with all primary care settings, the risk is staff to staff transmission when they are outside their immediate clinical setting such as in shared reception areas or staff rooms or through community contacts outside work (such as with family or friends). NHS EI is planning a webinar to raise awareness of good practice in IPC and to share learning to prevent outbreaks in dental settings.

Nationally all the latest guidance for dental practices can be found here:

<https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/>

IPC guidance for dental practices can be found here:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Support is being provided to practices who have staff who are symptomatic or have been asked to isolate through Test and Trace. This is to ensure they take the relevant actions through their

business continuity plans to continue to operate safely and provide care to their patients. Where a practice is unable to remain open then patients may be redirected to an alternate local practice or to a UDCC.

Opportunities for Innovation including Digital

There have been some positive impacts through 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.

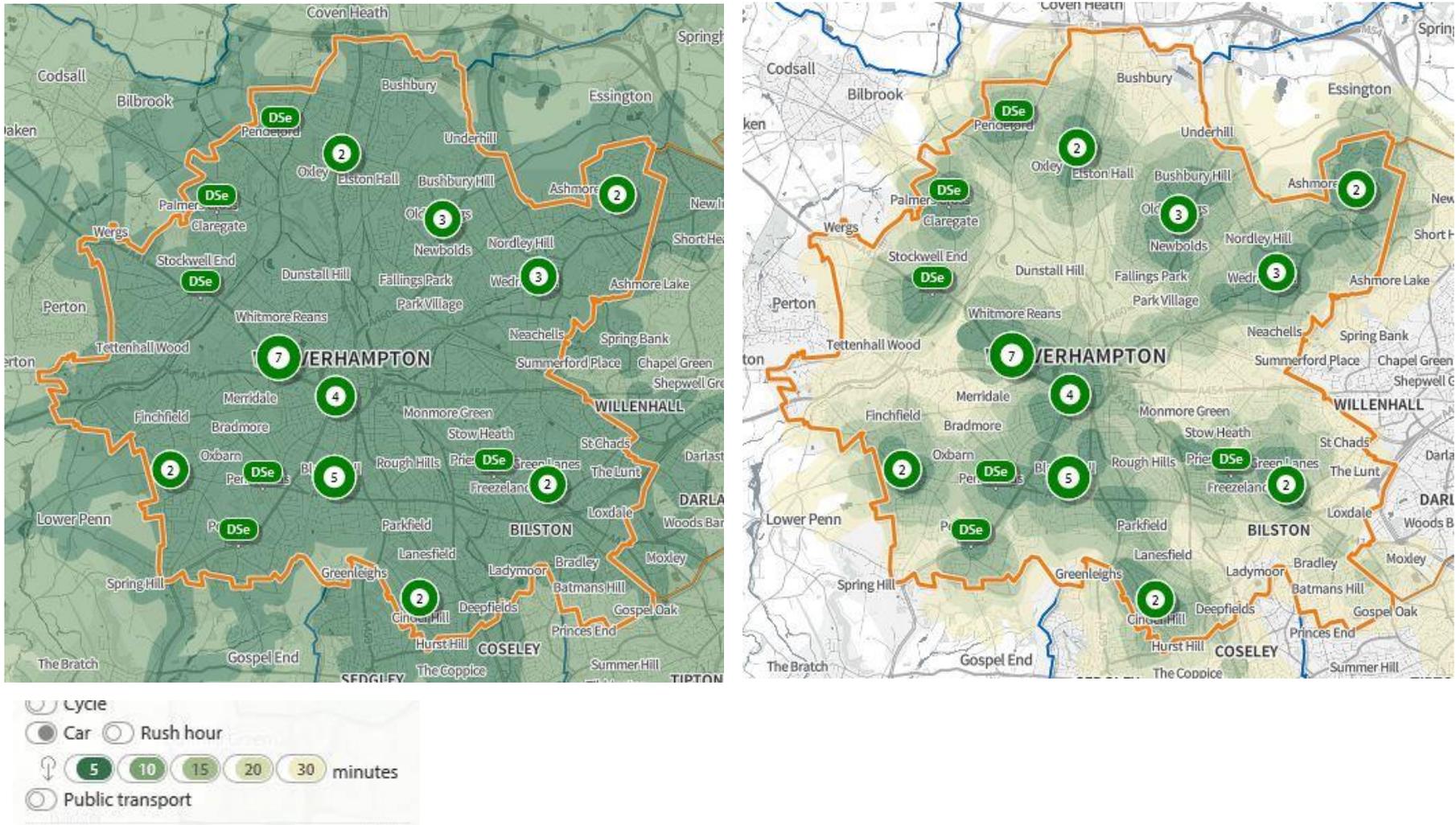
125 dental practices across the Midlands have signed up to a six-month pilot to make use of video technology. This includes 7 in Wolverhampton. This is part of a wider initiative covering Pharmacies and Optometrists. Further details are available at this link:

<https://www.youtube.com/watch?v=rXtykDGljjk>

There are also innovative plans to offer advice and guidance through clinician to clinician video calls at the Birmingham Dental Hospital and 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.

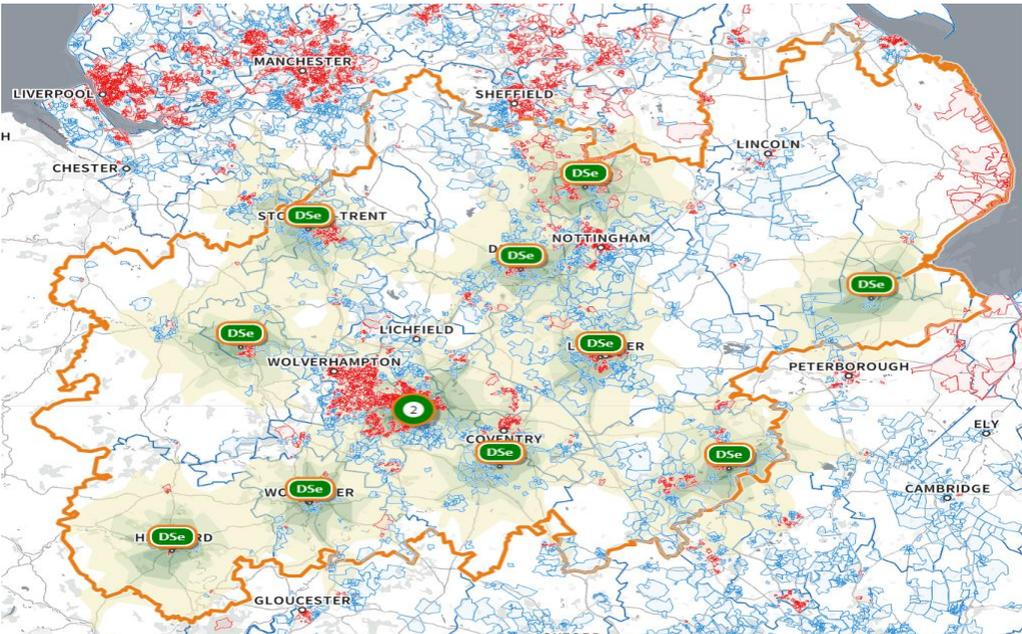
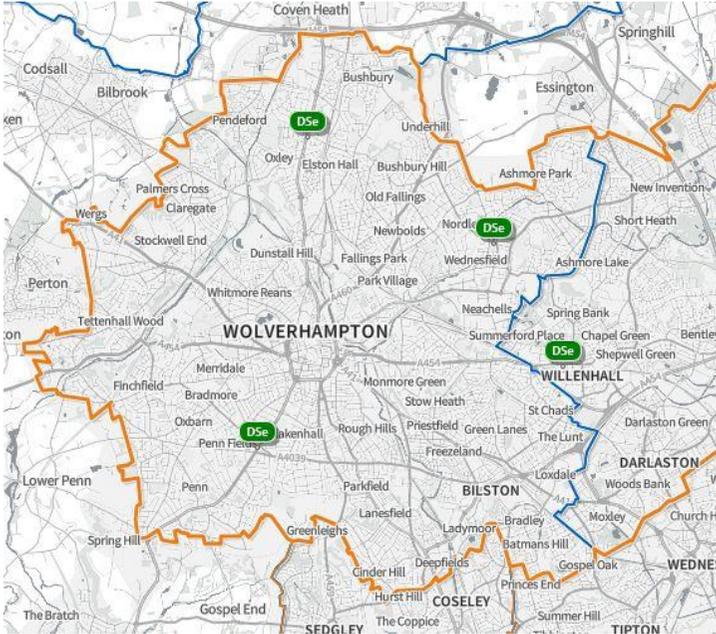
Appendix 1

Fig 1 – Location of dental practices or clinics including orthodontic and community sites (travel times by car or public transport).



Appendix 2 – UDCC Locations

Cold Sites



Hot Sites

Appendix 3 – Examples of tweets shared by the NHS England Communication Team



Appendix 4

Dental Referral Trends

