

Jo Ringshall
Director
Healthwatch Worcestershire
Civic Centre
Queen Elizabeth Drive
Persore
WR10 1PT

NHS England and NHS Improvement – Midlands
Dental Team
Second Floor
St Chad's Court
213 Hagley Road
Edgbaston
Birmingham
B16 9RG

Email address: terrancechikurunhe@nhs.net

22nd March 2021

Dear Jo

Worcestershire Healthwatch online Survey on dental services during the Covid-19 pandemic

Many thanks for sharing the results of your recent online survey covering the period between 10th November 2020 and 4th January 2021 which gathered feedback about dental services during Covid-19 pandemic. It was really encouraging to see that the majority of those who responded have an NHS dentist and are happy with their choice.

From your feedback we have observed that:

- There is a significant proportion of patients who are receiving private dental care who would like to have an NHS dentist;
- Patients were able to access advice and information from their dentist over the phone during the initial lockdown last year;
- Some patients, although minimal, struggled to secure urgent dental care;
- Patients would like access to routine dental care and those with private dentists appear to have more access than those with an NHS dentist;
- For the NHS patients two thirds of the surveyed respondents have not been able to access routine appointments including for children;
- Some patients have concerns about the impact of lack of routine appoints and inability to access NHS dentists;
- There were some concerns expressed about increases in fees for dental hygienists and lack of wider communication about the availability of routine appointments;
- You also specifically asked if there is any process in place to measure the impact of access difficulties to routine dental treatment.

As a region, as well as nationally, access to primary care NHS dental care remains challenged particularly those seeking to 'register' with a new dentist. Unlike GPs, NHS Dentistry has no system of registration with a dental practice although patients often associate themselves with dental practices. As per our previous stakeholder engagement communication, which we have shared and is referenced in your letter, this is partly to do with social distancing requirements and the robust infection and prevention control measures that are in place to combat COVID-19. However, as a region we are working tirelessly with our dental providers to improve access through initiatives aimed at reducing fallow times to aid more patients being seen. Fallow time is the time between

patients when surgeries need to remain unused for a period and subsequently cleaned. We will also be reviewing our capacity to explore different initiatives that can increase capacity for dental care provision through the various tools available to us as commissioners.

It should also be noted that in some cases dental practice staff have had to isolate or be away from work because of COVID-19, further impacting on access and capacity.

It is unfortunate to hear that some patients could not access urgent care but as you may be aware, we established urgent dental care centres across the region including Worcestershire. This meant that any patient requiring face to face urgent dental treatment would have been seen in these centres. Those requiring advice, antibiotics and analgesia would have been treated remotely mainly by their own dental practice or by the referral hubs.

Whilst all practices are now open, they are currently not providing routine care in the same way as they were prior to the pandemic. Practices have had to undertake risk assessments of their staff and premises and as a result not all practices/clinics are able to offer the full range of dental treatment which in turn has meant that capacity has been reduced considerably to ensure that patients and staff are protected in line with government guidance. This therefore has meant that some patients may not be able to see their normal NHS dentist, or have had to wait much longer, for a routine appointment than they have in the past. As evidenced by the survey, we are indeed aware that some NHS dental practices have started to see patients for routine appointments. However, it is important to note that we do not anticipate patients will have poor treatment outcomes as a result of current dental working arrangements.

Dentists have been asked to prioritise vulnerable and patients with an urgent need.

NHS Dental Fees are set nationally and usually increase marginally every year and currently the fee structure is as below: <https://www.nhs.uk/nhs-services/dentists/dental-costs/how-much-will-i-pay-for-nhs-dental-treatment/>

1. Band 1: £23.80

Covers an examination, diagnosis and advice. If necessary, it also includes X-rays, a scale and polish, and planning for further treatment.

2. Band 2: £65.20

Covers all treatment included in Band 1, plus additional treatment, such as fillings, root canal treatment and removing teeth (extractions).

3. Band 3: £282.80

Covers all treatment included in Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.

High charges for Hygienist treatments are for private treatments like scale and polish; patients should always check to ensure that NHS treatment being offered is consistent with the levied charge. Exemptions from NHS dental charges are also applicable to patients who meet the criteria for free treatment. Where hygienists provide NHS services there is no additional charge to the banded charges above.

For private patients that would like to be treated by an NHS dentist, we would encourage them to contact local dentists for availability on the NHS website <https://www.nhs.uk/service-search/find-a-dentist>. They may be accepted or placed on a waiting list, but the situation is variable from one dental practice to another. Patients should not be told that they can only access dental care

privately. If you become aware of this happening, I would be grateful if you could let me know. As practices are running at reduced capacity, patients that are looking to find an NHS dentist may experience challenges due mainly to restricted capacity for the reasons described above.

Patients who do not have a regular dentist or have not recently accessed NHS Dental care, should continue to contact NHS 111 for urgent dental treatment. It is often quicker and easier to use the online system rather than phoning. On the point of how we are measuring the impact of access difficulties to routine dental treatment, we are employing different approaches. We are working closely with both our Local Dental Network (LDN) chairs as well as our various Managed Clinical Networks (MCNs) to ensure that dental patient treatment outcomes are not compromised. We are also initiating programmes to work with our public health dental consultants and local authorities to roll out preventative local oral health programme initiatives.

We are grateful that you have decided to share the results of your survey. It is encouraging to note that there are some positive messages coming back and we are continuing to address the challenges across the system mainly around access as part of our programme to support recovery and restoration. In that regard we want to forge closer ties and we are planning to commence regular engagement meetings with the Health Watch so that we can be more responsive to the needs of our patients.

Kind Regards



Terrance Chikurunhe
Senior Commissioning Manager
NHS England and NHS Improvement – Midlands Region
(Pharmacy, Optometry and Dentistry)