



**LEICESTERSHIRE, LEICESTER AND RUTLAND HEALTH
OVERVIEW AND SCRUTINY COMMITTEE – 14 DECEMBER
2020**

IMPACT OF COVID-19 ON DENTAL SERVICES

**REPORT OF: NHS ENGLAND AND IMPROVEMENT (NHSEI) –
MIDLANDS**

Purpose of the Report

1. The purpose of this report is to provide an overview of the impact upon NHS dental services commissioned in Leicester, Leicestershire and Rutland (LLR) as a result of the ongoing COVID-19 pandemic.

Background

Access to services

2. 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.
3. There is no system of patient 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”.
4. General Dental Practices within Leicester, Leicestershire and Rutland offer a range of routine dental services; some of these generalist

providers also provide less complex orthodontic services. In addition, there are specialist Orthodontic practices; the orthodontists in these practices are specialists and provide more complex care. Extended or out of hours cover is provided by five 8-8 contracts, services which provide access to patients 8am – 8pm 365 days of the year. Secondary care is provided by University Hospitals of Leicester (UHL) and Community Dental Services for special care adults and children is provided from five clinics in the area by CDS-CIC.

5. 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 the remaining 50% of the population. Many people with less structured 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.

Impact of COVID-19 Pandemic

6. 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 but forms a key component of recovery and restoration work being undertaken by NHSEI.
7. Routine dental services in England were required to cease operating when the UK went into lockdown on 23rd March 2020. A network of Urgent Dental Centres (UDCs) was established across the Midlands during early April to allow those requiring urgent treatment to be seen. There are now over 90 UDCs and these remain operational.
8. In LLR, UDCs were mobilised in Oakham, Melton Mowbray, Loughborough and Leicester city (Nelson Street). Post analysis of patient referral numbers and assessment of geographical locations of patients accessing the UDC services, Oakham was stood down and another location in Hinckley was mobilised. At present, all of the UDCs remain operational and able to provide a full range of general dental services.
9. From 8th June, practices were allowed to re-open, however practices have had to implement additional infection prevention control measures and ensure appropriate social distancing of patients and staff.
10. Unfortunately, across parts of Leicester and Leicestershire, an additional period of “lockdown” was enforced at the end of June. This decision was taken by government to mitigate the impact of a rise in COVID-19 cases. During this local lockdown, NHSEI worked closely with Public Health colleagues, including the Directors of Public Health for both Leicester

City and Leicestershire to ensure a robust response, but also to ensure that patient access was maintained as much as possible.

11. During the Leicester and Leicestershire incident and restrictions, UDCs continued to provide access to patients requiring emergency treatments. General dental practices were supported to undertake rigorous risk assessments to ensure that, wherever possible, practices remained open and able to provide access to patients. A vast majority of Leicester and Leicestershire practices in the affected areas remained open and continued to provide access to patients. Those that were unable to remain open were supported to re-open as soon as possible and were mandated to provide remote triage to all patients that contacted the practice (referring onwards to a UDC if necessary).
12. A significant constraint, that has limited practices in their ability to offer increased patient access and treatment, has been the introduction of 'downtime' – a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is a procedure that involves the use of high-speed drills or instruments and would include fillings, root canal treatment or surgical extractions. This has had a marked impact on the throughput of patients.
13. 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.
14. 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. 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.
15. NHSEI is working closely with public health colleagues to mitigate the impact of COVID-19 on these vulnerable groups and the Midlands Regional team has identified this aspect of work as one of the highest priorities as our response to the pandemic continues.
16. NHSEI continues to work 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.

17. The Dental Team have engaged and surveyed dental practices on a number of issues, in order to gain assurance that practices have received and implemented the guidance that has been sent out. This includes:
 - a statement of preparedness return (gauging practices ability to restart patient care, and to what level, post lockdown restrictions);
 - information on air exchanges to support appropriate use of surgeries and 'downtime' between procedures and to maximise patient access, in a safe manner;
 - information on risk assessment of staff to ensure that staff are supported and aware of additional resources available to them to address occupational health issues.
18. As of 20th November 2020, all practices in Leicester, Leicestershire and Rutland are now re-opened and seeing patients. NHSEI has developed an Outbreak Standard Operating Procedure for practices to report any staff members that are self-isolating or have received positive COVID-19 tests. NHSEI is committed to supporting practices where incidents occur but can confirm that service delivery impacts have been minimal and are being well managed by practices across the county.
19. As a result of the pandemic, dental practices have undertaken risk assessments of their premises and many have made changes to the way that they provide dental care. This is to ensure the safety of both patients and staff.
20. These additional safety precautions dictate that practices are able to see fewer patients than previously due to the 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.
21. 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.
22. 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-19 status and whether or not they are experiencing symptoms or have been asked to isolate. Patients will then be directed to the most appropriate service. This is to ensure patient safety and the safety of staff and other patients.
23. The dental team 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.

24. 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 Centres (UDCs) remain open across the Midlands to ensure access to urgent dental care where practices are unable to provide this to all patients.
25. Some patients that 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 may be levied by some private dental practices. This is placing additional pressure on services at a time when capacity is constrained. These patients are eligible for NHS care; and are advised to contact local practices or NHS 111 to ensure access to care.
26. 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.
27. A working group convened by the Chief Dental Officer of England carried out an investigation into the resilience of mixed practices. It was 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.
28. There were however significant concerns raised about the viability of the dental laboratory sector that 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.

Urgent Dental Centres (UDCs)

29. 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

30. UDCs 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.
31. The availability of routine check-ups is likely to be limited to those who are vulnerable or who have ongoing dental issues.
32. 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.
33. At the outset of the pandemic response, the dental team engaged with stakeholders (including the Local Dental Committee (LDC), Local Dental Network (LDN) and PHE colleagues) to agree suitable sites for urgent dental care centres.
34. Across Leicester, Leicestershire and Rutland (LLR) initial sites were mobilised in Leicester City (Nelson Street), Loughborough, Melton Mowbray and Oakham. These sites were all established 8-8 practices, which offered the optimum combination of geographical coverage, contracted hours of opening and staffing.
35. Post analysis of patient access and geographical location of patients accessing the UDCs, the decision was taken to stand down the service at Oakham in order to mobilise an additional site in Hinckley, thus providing better access for patients in the west of the county. Hinckley remains an operating UDC along with sites in Leicester City, Loughborough and Melton Mowbray.
36. In addition, sites were mobilised to provide care for those vulnerable patients that were "shielding" and for symptomatic patients. The local Community Dental Service was mobilised to provide these services, with enhanced infection prevention control measures in place for patients attending the symptomatic site.

37. The local Community Dental service continues to provide care for those with special care needs including some children.
38. The UDCs 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.
39. There is currently no direct access into the UDCs; they are required to follow distancing and appointment only face to face contacts. Referral to a UDC is via a general dental practice.
40. The site that a patient is referred to will depend upon an individual’s COVID-19 status and it is important for people to be honest about whether they are symptomatic or isolating to ensure that they are directed to the correct service. Minimising the risk to themselves and other patients, and the dental staff.

Personal Protective Equipment (PPE) and Fit Testing

41. One of the initial barriers to practices being able to re-open and then to provide a full range of treatments and services was access to appropriate levels of Personal Protective Equipment (PPE).
42. NHSEI supported UDCs throughout the initial period of lockdown (March-June) to ensure that UDCs had access to all the necessary PPE – particularly early on when supplies were limited.
43. Post lockdown NHSE introduced a PPE Portal, which enables all dental practices to order and access to PPE through an online ordering system. This portal ensures ongoing supply to practices and is managed nationally, to mitigate future case increases or periods of additional restrictions such as the one presently enforced.
44. All equipment available to order via the PPE portal is tested prior to release to ensure that it is safe and effective for practices to use.
45. An initial barrier to practices being able to deliver a full range of treatments and service was the need to “Fit test” all staff to ensure that they were able to safely use certain protective masks and equipment. This test must be conducted every time a new model of tight-fitting mask is selected; and is to be conducted by a suitably qualified professional. It is important that the masks fit and provide an adequate seal to protect from airborne transmission of the virus. The ‘fit-test’ is a requirement of the Control of Substances Hazardous to Health (COSHH).

46. NHSEI worked closely with Public Health England (PHE) staff during the initial lockdown to fit test UDC staff to ensure that services were available for patients requiring emergency treatment.
47. Subsequently, work has been ongoing, supported by PHE and Health Education England (HEE) to train ninety dental staff from across the Midlands region to undertake fit testing. These trained members of staff have been traversing the region to provide support to practices to ensure that their staff are appropriately fit tested and able to use sufficient and appropriate PPE.
48. Where staff are unable to use standard masks, possibly due to difficulties ensuring an acceptable fit, wearing beards or for cultural reasons, staff are able to use specialised hoods instead. As the response to the pandemic has continued, an increasing number of practices have been utilising reusable, rather than disposable masks, to lessen the environmental and economic impact of PPE usage.

Dentures

49. If a person breaks their dentures then they will need to contact their local dental practice. If they do not have a regular dentist, then they should contact NHS 111.
50. During the ongoing pandemic response, dental practices are prioritising urgent care and unfortunately 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.
51. 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 the impact of the pandemic.

Recovery and restoration of services

52. Dental teams and commissioning teams across the country are working to restore services and to manage the inevitable backlog of patients that has built up during the pandemic response.
53. 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

54. There is ongoing concern regarding a perceived 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. It is acknowledged that this delay in seeking care is likely to have affected some of the more vulnerable population cohorts disproportionately more than the general population thus further exacerbating the health inequalities.
55. 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
56. Some patients that were part way through treatment will undoubtedly have suffered and patient compliance with the required oral hygiene measures may wane over time. These risks are acknowledged, and work is ongoing to mitigate the impact as much as possible.
57. NHSEI is committed to addressing instances such as those above and has identified doing so as a priority work stream as the recovery and restoration of services continues.

Secondary and Community Dental Care

58. 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 relating to swabbing or isolating at home prior to treatment. This is to ensure the safety of patients undergoing surgery and those already in the hospital.
59. University Hospitals of Leicester are restoring access to secondary care dental services. Infection prevention and control measures has reduced capacity with regard to restoring Oral Surgery/Maxillo-Facial and Restorative Services due to the required 'downtime' between patients. In addition, the Trust have had two Consultants leave by the end of November 2020 and are securing locums to provide short term cover. This has resulted in isolated incidents of patients waiting over 52 weeks to access Oral Surgery treatment.
60. Access for children requiring dental treatment under general anaesthesia has been limited (as is the case across the country), however, this has improved as regular lists have now been reinstated for the children

general anaesthesia pathway. Access to theatres in hospitals is being monitored, however, with rising number of COVID 19 cases, this may impact on access to the regular sessions.

61. Regular meetings are being held between providers and NHSEI to monitor restoration of services. To support restoration of services, NHSEI have invited Trusts and Community Dental Services providers to submit business cases for 2020-21 non-recurrent funding to support managing patients waiting for treatment. These will be considered in early December 2020.

Staffing issues

62. The Midlands region as a whole is highly diverse, and Leicester and Leicestershire has a particularly 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-19 risk assessments with their staff.
63. Working arrangements have been altered to keep people safe where necessary and staff that may have been 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 dental practices and stakeholders

64. There have been regular meetings with Local Dental Committees (LDCs) since April, initially on a weekly basis, latterly fortnightly, and the dental team is grateful for the co-operation received from the profession in mobilising UDCs and seeking solutions to help manage the current restrictions in services.
65. LDCs have continued to update their members regularly and to share information as guidance is updated. Managed Clinical Networks (MCNs) (a network of local Clinicians from primary and secondary care developing a consistent and equitable service to patients through care pathways) have continued to meet virtually to plan care and agree guidance to help practices to manage their patients. The Local Dental Network and PHE colleagues have been integral in supporting these meetings, and the wider efforts of the dental team with regard to the pandemic response.
66. Every year the dental team engages with practices to gain assurance about practice opening over holiday periods in order to ensure that 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.
67. The Dental Commissioning team have been working with colleagues in the NHSEI Regional 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.

68. We continue to engage with local Healthwatch organisations to encourage the sharing of intelligence relating to local concerns or regarding difficulties people may be having in accessing services.

COVID-19 and outbreaks in dental settings

69. Dental practices are well equipped to manage risk relating to COVID-19 as all staff are trained in infection prevention and control as part of their role in delivering dental services.
70. 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.
71. 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). NHSEI is planning a webinar to raise awareness of good practice in IPC and to share learning to prevent outbreaks in dental settings.
72. Nationally all of the latest guidance for dental practices can be found here: <https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/>
73. IPC guidance for dental practices can be found here: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
74. Support is being provided to practices that have staff who are symptomatic or have been asked to isolate through Test and Trace. This is to ensure that practices take the relevant and appropriate actions through their business continuity plans, to continue to operate safely and provide care to their patients.
75. If a practice is unable to remain open then patients may be redirected to an alternate local practice or to a UDC.

Opportunities for Innovation including Digital

76. There have been some positive impacts observed during the pandemic response, including ways in which local services and clinicians have worked together collaboratively to maintain and recover services.
77. There has also been opportunities relating to the widespread acceptance and adoption 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 by Orthodontic practices, to provide support and advice to patients already in treatment.
78. 125 dental practices across the Midlands have signed up to a six-month pilot to make use of video technology. This is part of a wider initiative covering Pharmacies and Optometrists. Further details are available at this link: <https://www.youtube.com/watch?v=rXtykDGlijik>
79. The dental team is committed to working with stakeholders to ensure that any opportunities are evaluated and supported, but that fundamental aspects of patient care and assessment are maintained.

Background Papers *(excluding exempt items)*

80. *None*

Circulation under the Local Issues Alert Procedure

81. *None*

Officer to Contact

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List of Appendices

83. *N/A*

Equalities and Human Rights Implications *mandatory*

84. Acknowledgement of impact upon access to dental services for population of Leicestershire, particularly vulnerable patient groups, and the mitigating actions taken