



Intermediate Minor Oral Surgery services in Leicester, Leicestershire and Rutland

Public Consultation Report

February 2022

Contents

Introduction.....	3
Intermediate Minor Oral Surgery.....	3
Background.....	3
Public Consultation	4
The Proposal	4
Respondents	6
Responses.....	8
Location	8
Travel and Transport.....	9
Service Provision	10
Referrals	11
Conscious Sedation	12
Workforce	12
Population.....	13
Current IMOS Services	13
Patient Survey.....	14
Other Themes.....	14
Consultation Process.....	15
Outcome	17
Appendix 1. Public Consultation Information	19
What are Intermediate Minor Oral Surgery Services?.....	19
Why is the consultation taking place?	20

What are the current IMOS services in Leicester, Leicestershire and Rutland?	20
What is the proposed IMOS service in Leicester, Leicestershire and Rutland?	20
What are the benefits of the proposed IMOS service?.....	21
What factors were considered in developing the proposed IMOS service?	22
Are the patient charges for the proposed IMOS service the same as for the current IMOS services?	22
How can I provide feedback?.....	23

Introduction

Intermediate Minor Oral Surgery

Oral surgery is surgical treatment in the mouth. This includes the removal of teeth. Most oral surgery is undertaken in general dental practices, although some patients are referred elsewhere for treatment. The most complex oral surgery is undertaken in hospitals. Sometimes the treatment required is beyond the remit of a general dental practice, but not sufficiently complex to be undertaken in a hospital. In these instances, treatment may be undertaken by an Intermediate Minor Oral Surgery (IMOS) service.

IMOS services treat patients aged 16 years and over who are referred by their regular dentist for specific oral surgery treatment. Sometimes this involves conscious sedation, which is the use of medication to help patients to relax during treatment. When the treatment has been undertaken, patients return to their regular dentist for ongoing care. IMOS services do not offer general dental services or treatment for children.

Background

The contractual arrangements for the current IMOS services in Leicester, Leicestershire and Rutland will soon end, along with those for the other IMOS services across the East Midlands. These contracts are time-limited and cannot be extended. New IMOS services are being developed to meet Leicester, Leicestershire and Rutland's current and future needs, with the views of stakeholders playing an integral part in this process.

An online engagement exercise for IMOS patients, the public and dental professionals was undertaken in mid-2021. This was followed by a market engagement exercise for current and potential IMOS service providers. These jointly constituted the first stage of the consultation process on the new IMOS services. A proposal for the new services was subsequently developed, informed by a needs assessment.

Public Consultation

A public consultation was undertaken to capture feedback on the proposal for the new services, forming the second stage of the process. The consultation ran from 23 November 2021 to 21 December 2021, with responses to the questions submitted via a dedicated online portal. The information and questions were also available in alternative formats on request.

The public consultation was promoted via the following channels:

1. NHS England and NHS Improvement consultation website
2. NHS England and NHS Improvement consultation App
3. NHS England and NHS Improvement Twitter feed
4. Patients referred to an IMOS service in Leicester, Leicestershire and Rutland; 20% of recently referred patients were invited to participate using the contact details associated with their referral. This was deemed a sufficient proportion of patients to constitute a representative sample
5. Primary care dental bulletin
6. Local Dental Network bulletin
7. E-mail to dental professionals, with QR code links to the public consultation
8. Dental professional webinar
9. Engagement sessions for Integrated Care System and Clinical Commissioning Group representatives

A number of stakeholders also cascaded the details of the consultation to maximise its reach.

The Proposal

The proposal was for IMOS services to operate from one location in Leicester, Leicestershire and Rutland:

1. Leicester

The detail of the proposal is in Appendix 1.

Respondents

A total of 74 responses were received (Table 1, Table 2, Table 3, Table 4).

Table 1. Respondent type

	Number
Patient	20
Member of the public	29
Carer	0
Dental professional	17
Non-dental healthcare professional	1
Voluntary sector representative	1
Other	5
Prefer not to say	1
Not answered	0
Total	74

Table 2. Sex of respondents

	Number
Female	44
Male	24
Non-Binary	0
Prefer not to describe myself	2
Prefer not to say	4
Not answered	0
Total	74

Table 3. Age of respondents

	Number
16 - 24	0
25 - 34	6
35 - 59	37
60 - 74	22
75+	4
Prefer not to say	5
Not answered	0
Total	74

Table 4. Disability status of respondents

	Number
Yes	10
No	53
Prefer not to say	9
Not answered	2
Total	74

Responses

The responses received were analysed thematically under the headings below, alongside selected quotations pertinent to the themes. The quotations are verbatim, although in some instances they do not represent entire responses in the interests of brevity and the preservation of respondent anonymity.

Location

Location featured in many responses and comments on a single IMOS location in Leicester were generally negative. The area was considered too large for just one location, with concerns raised about congestion, the time required to reach the city and its distance from some of the rural areas it would serve. Respondents felt travelling to Leicester would be inconvenient and stressful, with several local locations preferred.

A reduction in the current number of IMOS services in Leicester was viewed as prudent, although it was highlighted that the proposal deprived large parts of the county of easy access. Some responses suggested service locations elsewhere in Leicestershire and Rutland, including Melton Mowbray, Loughborough and Oakham. Alternative proposals included a single out of town location with good road links, and a model with five locations, two of which would be in Leicester.

Several respondents stated that those living in Rutland typically found it more convenient to access services in Peterborough or Stamford than in Leicester. The proposal was however deemed to be at odds with increasing the services available in Rutland, the subject of a health strategy that was under consultation.

“Patients rarely request being referred to Leicester, choosing other locations to avoid the City.”

“Providing one venue in Leicester is not really suitable in such a large area.”

“Travel into Leicester is often slow due to traffic.”

“It’s seems it’s great for central Leicester people but anyone else it’s going to be a real struggle.”

“Whilst I agree that there is a need to rationalise the service, which is currently top-heavy in Leicester, these proposals go too far. They will deprive large parts of the county of easy access to the IMOS service”

“Why not have one for Leicestershire, one for Leicester and one for Rutland to minimise travel and therefore time required for appointments.”

“Agree with combining to a single location, providing an out of town location can be found, which has fast road links.”

“Rutland County Council presently consulting on their health strategy which talks of bringing services into Rutland, so your proposal is at odds with this.”

Travel and Transport

Travel was a recurring theme throughout the responses. Bus and train services were considered slow and inadequate, and irrelevant for patients following conscious sedation for whom parking was deemed essential.

It was stated that the proposed service model promoted car usage and that patients from rural areas would either drive – or be driven – to appointments. Some respondents were not comfortable driving in Leicester on account of the congestion and difficulty parking.

The environmental impact of travel was mentioned, with car sharing schemes suggested to mitigate this. The impact of the time spent travelling on childcare arrangements and the possibility that travel costs could deter patients from having treatment were also cited.

“Patients having sedation will not be able to take public transport home- so it is irrelevant if its close to Train, bus and car parking is in this situation essential”

“You are encouraging people to use cars as the journey to Leicester is problematic from here, either bus to train station, train to Leicester, bus to access Leicester site - if there is one from the station, otherwise taxi.”

“parking and traffic congestion cause huge issues”

“Patients will be travelling more using more fuel and time increasing carbon emissions at a time when we are all very mindful about reducing our carbon footprint.”

“You need to look at making car schemes available to patients. making patients aware of such.”

“It's not just about cost - it's about time, childcare etc. It will take many hours to get there, have treatment and get back again”

“This will result in unreasonable transport costs for some who will not be able to afford it and will result in them not having treatment when needed.”

Service Provision

The proposed service model was perceived as the creation of a monopoly that would limit choice, capacity and resilience. Operating services across multiple locations was believed to be best, not only ensuring choice and resilience, but improving quality through increased competition.

There was a feeling that with a single IMOS location the waiting time for appointments would rise, along with the number of missed appointments. The latter was considered likely to increase the number of emergencies presenting in hospital settings. A single location was also said to compromise the management of post-treatment complications.

Other feedback included a perception of a move towards private services and the importance of making information on free care available. The inclusion of provision

for children and the merging of IMOS services with general dental services to streamline management were suggested.

“I feel it is inappropriate to have one single provider responsible for the delivery of all IMOS services within Leicester. Patients will not have choice and empowers one single provider.”

“for resilience you should have several providers so that reliance is not on one contractor”

“You need to state what and how to go about receiving care free of charge this money would be needed to pay for travel.”

Referrals

It was expressed that clarity was needed regarding the criteria for referrals to IMOS services. Operating a two-level IMOS service, with dentists with a special interest (DWSI) in oral surgery at one level and specialists at another, was put forward. It was suggested this two-level model would improve the triage process and reduce the burden placed on hospital services.

Competition between providers for referrals was raised as a criticism of the current model, with a centralised service considered more appropriate to manage this. It was highlighted that at present the encouragement or discouragement of referral patterns were incentivised and this activity was viewed negatively.

“Clear criteria is required to referral”

“to improve triaging, it would be worthwhile considering have 2 levels for tier 2- one for DWSI and the other for OS specialists , again to reduce the burden on the hospital service”

“Agree that it would be better to centralize the service to one point for the region. Will reduce tactics from competing MOS providers to encourage or discourage referrals to be sent to particular sites. Some are known for borderline illegal practices and incentives”

Conscious Sedation

Many respondents remarked on conscious sedation. Thoughts on its availability ranged from limiting its provision to a single, central location, to offering it only within a hospital setting. The requirement for a pre-conscious sedation assessment, a chaperone and recovery facilities were noted. Patients' anxiety regarding treatment and safety concerns also featured in responses.

The need for a minimum of 50 conscious sedation cases to be annually for the maintenance of a clinician's skills was raised, as was the potential for demand to increase in line with availability.

"It would be beneficial to have a central location that offers sedation but on the whole it is not needed to be provided at every location."

"I believe if we were to provide sedation services openly, it would increase the number of visits a patient needs to make, they would have to be seen preoperatively and for the procedure itself. If services are offered then it has been shown that the service uptake will rapidly increase to fill the service"

"if sedated will need a chaperone"

Workforce

Recruiting the workforce required for the operation of IMOS services was seen as a potential challenge, particularly the attraction of clinicians from other services. Establishing centres of excellence so the area can gain recognition for its training and increasing the number of oral surgeons outside of specialist services were suggested.

"create centres of excellence so that the area is established as a beacon for dental training around the UK and the world"

"There needs to be an increase in the number of oral surgeons who are willing to work in primary NHS care."

Population

A few responses referenced specific population groups, with a view to ensuring they could access IMOS treatment. These were the elderly, disabled, those with mobility difficulties and health conditions, and single parents. The impact of attending appointments for those in employment and education was raised.

“A lot of patients needing oral surgery are elderly”

“Removing current provisions will put additional stress on the elderly, disabled and single parents who will have to find extra time and resources to get to and from appointments”

“If children need to access your service, this will probably necessitate missing a whole day of school. Also this in full-time employment.”

Current IMOS Services

The current IMOS services drew comments from some respondents. These referred positively of appointment availability, the management of complications, and the value of familiar premises. It was acknowledged that the COVID-19 pandemic had increased the waiting times for appointments, although the efforts of staff had since seen these reduce.

The services were commended nationally for their role in reducing the number of oral surgery cases requiring hospital care. Patient experiences were mixed, with both positive feedback and communication issues reported. The services' reputation was praised, yet they were considered inefficient. The commissioners' approach to managing the services, along with provider-level governance issues, were associated with extant issues and failings.

“We are able to see patients early morning and late evenings under the current system. We currently have very little if any issues with patients unable to access the service due to appointment times.”

“wait times have been reduced since the pandemic to 8-10 weeks due to the hard work of all the performers”

“Never contact about the referral still waiting. received a text just as if the procedure had been completed and still waiting to hear. nothing heard yet.”

“Many of my patients travel specifically to see me due to previous experience all reputation”

“I'm also under no dissolution that the current service is not the best or the most efficient service out there. But I believe firmly that this is an issue of how the service is managed and policed by the commissioners and potentially the governance within each site. Call robust feedback systems for the providers and performers could address many of the issues and failings of the current system.”

Patient Survey

An IMOS patient survey had been undertaken across multiple services in the area; it received 53 responses. A service-level survey had also been undertaken and received 31 responses. The themes within both have been analysed under the headings above. Regional surveys that found high levels of patient satisfaction with the current services were also mentioned, but the responses were not quantified.

Other Themes

A number of responses covered themes that were not relevant to the consultation. These were previous and forthcoming procurement processes, the selection of future service providers, the credentials of particular premises with a view to future service delivery, business sponsorship opportunities and maternity services.

Consultation Process

A broad range of feedback was received on the consultation process. Some respondents stated how they learnt of the consultation; family members, healthcare pressure group, communication from the local dental committee, pre-consultation event, Facebook, a Member of Parliament's social media account and an app were all mentioned.

It was highlighted that local medical and dental services and the local press had not promoted the consultation and it was felt that leaflets about it should have been distributed to houses. It was hoped that participation in the consultation would be substantial, but there was uncertainty concerning how wide awareness of it was and consequently how representative the responses would be. Others felt that the consultation was secret to avoid objections to the proposal, or that the decision had already been taken.

The format of the consultation was both applauded and criticised, in the latter case because of the potential for digital exclusion.

Several respondents felt the consultation process was too short and its timing was considered sub-optimal on account of pressures imposed by Christmas and COVID-19. Some expressed a preference for more information or felt that the nature of the consultation meant that only limited feedback was possible. Greater scope to provide input into the proposals, in particular from current service providers, would have been appreciated. The lack of opportunity to provide feedback at a consultation event was also raised.

It was requested that the results of patient satisfaction surveys be included when making decisions about future IMOS services and that previous IMOS patients be contacted for their views.

Selected quotations from the comments on the consultation process are included below. They are verbatim, but as with the quotations above some have been shortened in the interests of brevity and anonymity.

“Saw this news on my MP’s social media.”

“I was informed by email”

“I only found out about this consultation as I am on a mailing list for a local healthcare pressure group. I have seen no other advertising for it at all, even from my local surgery where I have signed up for communications.”

“I hope the participation in this survey is substantial.”

“Should be a leaflet drop to each house affected”

“Fine to be informed.”

“I feel that the consultation has been too short in timescale. It has been started in the run-up to the Christmas holidays which for many practices is a particularly busy time and is very difficult to organise patient questionnaires and surveys.”

“Far too brief information which does not include why it will be any better than the poor service we all receive at the moment.”

Outcome

NHS England and NHS Improvement express their gratitude to all the respondents to the public consultation on IMOS services in Leicester, Leicestershire and Rutland. The broad respondent profile and the range of themes considered provided an invaluable insight into the perspectives and priorities of the local population.

The proposal in the public consultation was designed to align IMOS service provision with Leicester, Leicestershire and Rutland's current and future population and its oral health needs, as identified by a needs assessment. While the modelling undertaken verified the proposal's clinical, logistical, and financial viability, there were clear benefits to developing an alternative model based on the consultation feedback.

The alternative model reflects the consultation feedback, remains aligned with current and future needs and is clinically, logistically, and financially viable. Within the alternative model, IMOS services would operate from four locations in Leicester, Leicestershire and Rutland:

1. Coalville
2. Leicester North West
3. Leicester East
4. Leicester South

The alternative model enhances patient choice and resilience, with services at four locations. Retaining the majority of clinical provision in Leicester facilitates equity, while ensuring those from elsewhere in Leicestershire and Rutland do not have to travel into the city centre to access care.

With respect to waiting times, Leicester, Leicestershire and Rutland's projected population growth has been used to model future IMOS service capacity. The number of appointments will be increased, to ensure provision is adequate and that patients receive treatment within 18 weeks of referral. The contractual framework

within which the new IMOS services will operate has also been designed to address the concerns cited around referral activity. NHS England and NHS Improvement will continue to monitor IMOS waiting times and referral activity closely, so potential issues may be identified and overcome.

Conscious sedation is not currently provided within IMOS services in Leicester, Leicestershire and Rutland. However, experience from other areas has indicated that its provision is advantageous, and it will therefore be available for patients at all new IMOS services. It is acknowledged that while many patients will not require conscious sedation for IMOS treatment, its availability at all services will obviate the need for onward referral for those who do.

Regarding concerns about the cost of travel, patients on low incomes who incur travel costs when accessing IMOS services can claim reimbursement through the Healthcare Travel Costs Scheme (HTCS)¹. The HCTS reimburses the cost of public transport, fuel, parking, taxi fares (where agreed in advance) and travel costs for escorts where it is medically necessary for patients to be accompanied. In response to feedback, NHS England and NHS Improvement will work on increasing awareness of the HCTS, so the cost of travel does not restrict access to IMOS services.

The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013² detail the requirements that the NHS must comply with in the commissioning of services. Developing a service model in a fair and transparent way, that ensures quality and efficiency, is central to the process. Based on this premise, a comprehensive review of all relevant factors, and the necessary governance processes and approvals, it has been decided to proceed with the alternative IMOS service model outlined above.

It is anticipated the new IMOS services in Leicester, Leicestershire and Rutland will be operational and treating patients from April 2023.

¹ <https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

² <https://www.legislation.gov.uk/uksi/2013/500/contents/made>

Appendix 1. Public Consultation Information

Have your say on Intermediate Minor Oral Surgery services in Leicester, Leicestershire and Rutland

Public Consultation

What are Intermediate Minor Oral Surgery Services?

Oral surgery is surgical treatment in the mouth. This includes the removal of teeth. Most oral surgery is undertaken in general dental practices, although some patients are referred elsewhere for treatment. The most complex oral surgery is undertaken in hospitals. Sometimes the treatment required is beyond the remit of a general dental practice, but not sufficiently complex to be undertaken in a hospital. In these instances, treatment may be undertaken by an Intermediate Minor Oral Surgery (IMOS) service.

IMOS services treat patients aged 16 years and over who are referred by their regular dentist for specific oral surgery treatment. Sometimes this involves conscious sedation, which is the use of medication to help patients to relax during treatment. When the treatment has been undertaken, patients return to their regular dentist for ongoing care. IMOS services do not offer general dental services or treatment for children.

Why is the consultation taking place?

The contractual arrangements for the current IMOS services in Leicester, Leicestershire and Rutland will soon end, along with those for the other IMOS services across the East Midlands. These services were established in 2011 when Leicester, Leicestershire and Rutland's population and its oral health needs were different to those today. A new IMOS service is being developed to meet Leicester, Leicestershire and Rutland's current and future needs. Feedback on the proposed changes is important and this consultation is your opportunity to share your views.

What are the current IMOS services in Leicester, Leicestershire and Rutland?

The **current** IMOS services operate from ten locations in Leicester, Leicestershire and Rutland:

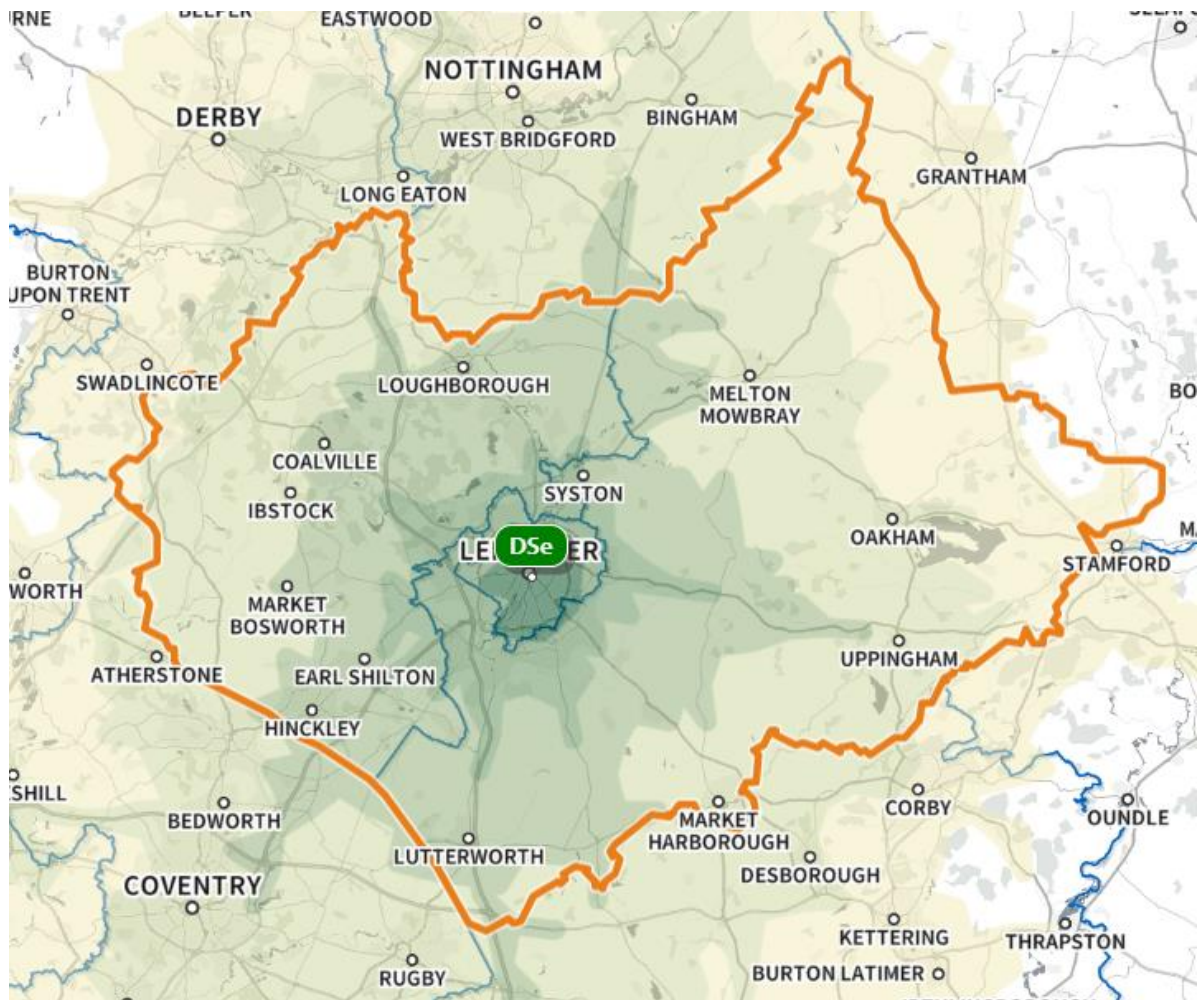
1. Six locations in Leicester
2. Coalville
3. Hinckley
4. Market Harborough
5. Loughborough

What is the proposed IMOS service in Leicester, Leicestershire and Rutland?

The **proposed** IMOS service would operate from one location in Leicester, Leicestershire and Rutland:

1. Leicester

The map below shows the proposed location and off-peak journey times by car. The proposal is for the service to be located no more than 2.5km (1.55 miles), as the crow flies, from the main railway station.



DSe Proposed IMOS service location

10 20 30 45 60 Off peak journey time by car, in minutes, from the proposed IMOS service locations

What are the benefits of the proposed IMOS service?

- Location will be accessible by car, train and bus
- Choice of appointment times will be improved
- Treatment will be undertaken within 18 weeks of referral
- Conscious sedation will be available
- Scope for managing complications following treatment will be improved

- Service resilience will be improved

What factors were considered in developing the proposed IMOS service?

A broad range of factors were considered, to ensure the proposed service meets Leicester, Leicestershire and Rutland's current and future oral health needs. These included:

- Population and projected population growth, to ensure sufficient service capacity
- Population oral health, to align the service location with the area where oral health is poorest and the need for the service is greatest
- Deprivation, as those living in deprivation have the poorest general health and oral health and the greatest need for treatment
- Ethnicity, on account of differences in general health and oral health between ethnic groups
- Travel time by car, train and bus, for accessibility
- Current IMOS service usage, to identify areas from which patient numbers are lower than expected
- Feedback from previous IMOS engagement exercises, to incorporate the views of those who engaged
- Guidance on the commissioning of oral surgery services, to ensure best practice is adopted
- Financial provision, so that best use may be made of all available funding

Are the patient charges for the proposed IMOS service the same as for the current IMOS services?

Yes. The standard NHS charge for assessment and oral surgery treatment will apply. This is currently £65.20. There will continue to be no charge for patients who are exempt from patient charges.

How can I provide feedback?

By clicking the link below, you will be directed to a series of questions. All feedback is important, and it will be analysed and shared after the consultation closes.

If you have a query, or if you require the information or questions in an alternative format, please contact england.em-dentalengage@nhs.net.