

# Health Overview & Scrutiny Committee

Date: **14 July 2021**

Time: **4.00pm**

Venue **Council Chamber, Hove Town Hall**

Members: **Councillors:** Moonan (Chair), Deane (Group Spokesperson), McNair (Group Spokesperson), Brennan, Henry, John, Lewry, Meadows, West and Wilkinson

**Invitee:** Zak Capewell, Frances McCabe (Healthwatch), Caroline Ridley, Colin Vincent (OPC) and Dr Sarah Richards (BH CCG)

Contact: **Giles Rossington**  
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# AGENDA

## 1 PROCEDURAL BUSINESS

- (a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) **Declarations of Interest:**
  - (a) Disclosable pecuniary interests;
  - (b) Any other interests required to be registered under the local code;
  - (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

- (c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

**NOTE:** *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

*A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.*

## 2 MINUTES

7 - 12

To consider the minutes of the previous Health Overview & Scrutiny Committee meeting held on 24 February 2021.

Contact Officer: Giles Rossington  
Ward Affected: All Wards

Tel: 01273 295514

## 3 CHAIR'S COMMUNICATIONS

#### 4 PUBLIC INVOLVEMENT

To consider the following items raised by members of the public:

- (a) **Petitions:** To receive any petitions presented by members of the public to the full Council or to the meeting itself;
- (b) **Written Questions:** To receive any questions submitted by the due date of 12noon on the 8 July 2021.
- (c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 8 July 2021.

#### 5 MEMBER INVOLVEMENT

To consider the following matters raised by Members:

- (a) **Petitions:** To receive any petitions submitted to the full Council or to the meeting itself.
- (b) **Written Questions:** A list of written questions submitted by Members has been included in the agenda papers.
- (c) **Letters:** To consider any letters submitted by Members.
- (d) **Notices of Motion:** To consider any Notices of Motion.

#### 6 DENTAL SERVICES IN THE COVID EMERGENCY

13 - 22

Contact Officer: Giles Rossington  
Ward Affected: All Wards

Tel: 01273 295514

#### 7 COVID-19 UPDATE: PRESENTATION

Officer presentation.

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### **FURTHER INFORMATION**

For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514, email [giles.rossington@brighton-hove.gov.uk](mailto:giles.rossington@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

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**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**4.00pm 24 FEBRUARY 2021**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillor Evans (Chair)

**Also in attendance:** Councillor Deane (Group Spokesperson), McNair (Group Spokesperson), Barnett, Brennan, Grimshaw, Lewry, Powell, West and Wilkinson

**PART ONE**

**25 PROCEDURAL BUSINESS**

- 25.1 There were no substitutes for this meeting.
- 25.2 There were no declarations of interest.
- 25.3 **RESOLVED** – not to exclude the press or public from the meeting.

**26 MINUTES**

- 26.1 The minutes of the 09 December 2020 meeting were agreed as an accurate record.

**27 CHAIR'S COMMUNICATIONS**

- 27.1 Cllr Evans, the HOSC Chair, gave the following communications:

At the last HOSC a couple of months ago, I started by apologising for the somewhat angry tone of my Chair's Comms, caused by my frustration at the UK government's abject mishandling of the Covid pandemic right from the beginning, and the unnecessarily severe suffering, loss of life and economic hardship it had caused.

At that time, we were just out of the second too-little-way-too-late lockdown, with numbers slightly decreased as a result, with the much more optimistic prospect of several vaccines being approved (& the belief that this programme, unlike the disastrous privatised PPE & TTI efforts, would be run by the NHS) gave me reason to hope that by **this** HOSC, we would be in a way better place, both locally and nationally.

Since then, way over 50,000 more people in England and Wales alone have lost their lives to this awful disease, and although numbers are thankfully heading downwards again, there are currently still nearly 17,000 people in hospital, the government have

been ruled to have acted unlawfully in procurement practices around PPE & other contracts, and the Health Secretary doesn't think he should either apologise or resign. We continue to tell people to isolate, without providing the means for literally millions of people on zero hours, zero rights contracts to do so, and the disease spreads and spreads and around we go again.

So, this time I make no apologies for my angry tone: we still lead the world in the worst possible way with our horrendous death toll. In fact, the UK and only 4 other countries account for HALF of the entire world's two million plus deaths, and the other four – India, Mexico, Brazil & the USA – all have vastly bigger populations than us.

Even the one brilliantly shining happy bit of all this – and yes, of course it is the bit run by the NHS themselves, the wildly successful vaccination roll out – must be caveated by saying that although the government can and do boast truthfully that we are leading the world in terms of numbers of vaccinations administered, this is only the case because they have ordered the NHS to ignore the manufacturer's dosing schedules, and if you look again at the international figures, we are trailing badly in numbers of people FULLY vaccinated. We can only hope & cross our fingers and toes that long term, this will be a political gamble that pays off.

Again, I think it bears repeating that of course none of this frustration is even slightly aimed at any of the much put-upon NHS staff – from the cleaners, porters, care workers at the bottom of the pay scales to the consultants and senior admins at the top, we owe them all a huge debt of gratitude for their dedication and service, and of course huge thanks to those presenting reports here today despite the continuing immense pressure they are under.

As trailed last time with verbal reports, we are revisiting in a bit more depth the important subjects of Mental Health provision during this difficult period, and the experience of the city's BAMER communities – both as patients and as workers – during the first wave last year.

It is clear in both cases that the rampant inequality in this country has a massive negative impact on health outcomes, and that Covid has highlighted this impact in a dramatic way. I think the writer Damian Barr coined the quote used on one of the slides in the Mental Health presentation "We are all in the same storm, but not all in the same boat". The TDC report on BAMER experiences in particular contains many findings and quotes that I found both profoundly shocking and yet sadly, depressingly, not very surprising, if that makes any sense. For example, that so many BAME staff even in the NHS feel they are expected to take higher levels of risk than their white colleagues, or that so many BME agency workers in particular even in these most high-risk frontline roles felt they had to go into work even with uncertain symptoms (especially when there were no tests available) because otherwise they would not be paid or be able to eat!

I really want to thank and congratulate everyone involved in this brilliant piece of research, including the respondents of 56 different ethnicities who took part – I'm sure the findings and recommendations will be percolating through our various health bodies and committees for some time to come. Because if we learn nothing else from this extraordinary period in all our lives as a city and a country, we must surely recognise the need to build back better, to have a 1945 style epiphany, to fight not to just 'go back to



normal', but to demand accountability from our leaders, demand a new, much improved normal, where it is NOT OK for some people to weather the storm 'on a super-yacht, while others have just the one oar'.

## **28 PUBLIC INVOLVEMENT**

28.1 There were no public questions.

## **29 MEMBER INVOLVEMENT**

29.1 Fran McCabe (Healthwatch Brighton & Hove) asked a member question:

BH HOSC and Healthwatch organisations across Sussex have identified serious deficits in the NHS dental service for routine and urgent care during the pandemic, which has left patients in pain and without dental check-ups. This has been continually raised by Healthwatch with NHS England who commission the service. The Chair of HOSC has also asked NHSE twice to attend HOSC and they have refused. Would the Chair write jointly with Healthwatch to identify again the issues and express our concerns that they are not willing to attend HOSC to be scrutinised?

29.2 The Chair responded that she would be happy to write a letter jointly with Healthwatch to the NHS England dental commissioners asking them to attend a HOSC meeting to answer questions on dental provision during the Covid pandemic.

## **30 VACCINATION PROGRAMME: VERBAL UPDATE**

30.1 This item was introduced by Dr Sarah Richards, CCG Medical Director, and by Ashley Scarff, CCG Deputy Managing Director.

30.2 Dr Richards told members that the vaccination programme was progressing on or over target across Sussex. Uptake in Brighton & Hove has been slightly lower than in East and West Sussex and targeted work is being undertaken to improve vaccination rates in the city: e.g. focusing on more deprived communities.

30.3 In response to a question from Cllr Brennan on people in emergency or temporary accommodation, refugees and others who may not have a GP, Dr Richards assured members that these groups and others are being targeted. Measures include bespoke communications for particular groups, the use of trusted community champions to encourage vaccination, and temporary GP registration.

30.4 Cllr West stated that he was uncomfortable with remarks made by the Chair in her Chair's Communications. In particular, Cllr West noted that there was strong expert backing for the Government's decision to delay second doses of vaccines in order to prioritise first doses. Cllr Evans responded that it had not been her intention to dissuade anyone from having a vaccination.

30.5 In answer to a query from Cllr Grimshaw on the potential to prioritise some groups (e.g. police or teachers) for vaccination, Dr Richards told members that local areas are required to follow the national vaccination timetable.

- 30.6 In response to a request from Cllr Powell on more information on the work of Covid champions, with particular reference to outreach to Black & Minority Ethnic groups, Dr Richards agreed to circulate information outside the meeting. Dr Richards subsequently responded that we currently have more than 100 champions across Sussex, with a number specifically focused on Black & Minority Ethnic engagement. In terms of impact, the champions are having a positive impact on social media and are helping to share accurate and up to date information, and challenge incorrect information. In terms of evidence, at this stage it will be the number of interactions and contacts they have through social media and other digital forums, as well as the activity they lead in their communities (posters in shops etc).
- 30.7 Cllr Powell asked a question about prioritisation for volunteers at foodbanks, where some volunteers in East Sussex had been offered jobs, but people in Brighton & Hove had not. Dr Richards agreed to investigate and respond. Dr Richards subsequently clarified that workers who have regular contact with the public, but who are not working within and health or care settings, should not have priority access to vaccination.
- 30.8 Fran McCabe noted that the CCG is supporting a vaccination enquiry line and asked for more details on this. Dr Richards was not able to provide details at the meeting, but subsequently confirmed that to help support people and answer queries they may have, there is a vaccine enquiry service which can be accessed by email or by phone. The helpline number is on the CCG website and has been shared with VCS orgs and Healthwatch and will be shared with GP practices in late Feb/early March. The number is 0800 433 4545 (Monday to Friday, 9am – 4pm) and it is important to be clear that people can't book their jab by calling.
- 30.9 The Chair thanks Dr Richards and Mr Scarff for their update.

### **31 PRESENTATION ON MENTAL HEALTH SERVICES AND COVID**

- 31.1 This item was introduced by Anne Foster, Head of Mental Health Commissioning, Sussex CCGs; and by Dr Rik Fraser, Chief Medical Officer, Sussex Partnership NHS Foundation Trust (SPFT).
- 31.2 Dr Fraser told members that:
- There has been a real and sustained surge in mental health demand during the pandemic.
  - This has included anxiety/depression, some in terms of new referrals, some in terms of pre-existing conditions that have been aggravated.
  - Some patients and some medical staff (e.g. ICU staff) have presented with Post Traumatic Stress Disorder.
  - There has been a surge in demand from children and young people.
  - Health inequalities have been exposed by the pandemic and by the associated economic fall-out.
  - Acute demand did fall at the start of the pandemic, but wards are now full. There is also increased demand in primary care.
  - There was a fall in young people presenting for care at the start of the pandemic, but demand is now in excess of normal levels, particularly in terms of eating disorders

and ADHD/autism. Services are also seeing increasing acuity in people presenting for care.

- Demand for beds means that a number of city patients are being treated out of area, but within Sussex. There are also instances of patients having to be treated outside Sussex.
- Eating disorder demand is currently around three times commissioned activity. Many people are presenting at an advanced stage of illness.

31.3 Anne Foster outlined local responses to this challenge:

- A local mental health cell has been established.
- The mental health helpline has been enhanced.
- New crisis prevention services have been introduced.
- Support is being offered virtually and via blended virtual and face-to-face offers.
- A staff support service for all NHS staff has been introduced.
- An additional £8 million has been invested across Sussex (£1.8 million in Brighton & Hove). This funding has been focused on crisis services; discharge to assess; employment support; an online wellbeing platform for young people.

Plans are being developed to:

- Enhance eating disorder services
- Capture and retain positive experiences of virtual services
- Maximise the role of Community & Voluntary Sector, particularly in terms of areas where there are clinical workforce shortages
- Better support staff.

31.4 In response to a question from Cllr McNair on virtual services, Dr Fraser told the committee that this has been a learning process for services, but that services are gaining a better understanding of what does and does not work well in a virtual environment.

31.5 In answer to a query from Cllr McNair on the mental health helpline, Dr Fraser confirmed that out of hours capacity has been increased, in part in response to customer feedback about long waits.

31.6 In response to a question from Cllr Brennan about additional resources for mental health, Ms Foster told members that there is additional funding in the system: around £2.5 million for Brighton & Hove. This will be focused on crisis services and on services for neuro-diverse young people. Dr Fraser added that there is funding available, but that finding staff is a significant problem.

31.7 Cllr Deane asked a question about the long-term impact of the pandemic in mental health services. Dr Fraser responded that his hope was that the impact would mainly be in the short rather than the long term. However, he remains particularly concerned about the long-term impact on young people.

31.8 In response to a question from Cllr Wilkinson on referrals to CAMHS, Ms Foster noted that it is important to think in terms of the totality of young person services:

CAMHS is just the top tier of a much larger system. Ms Foster offered to return to HOSC at a later date to discuss plans to improve young person services.

31.9 The Chair thanked Dr Fraser and Ms Foster for their contributions.

### **32 PRESENTATION ON THE TRUST FOR DEVELOPING COMMUNITIES (TDC) REPORT ON BAME EXPERIENCES DURING THE COVID EMERGENCY**

- 32.1 This item was presented by Kaye Duerdoth, Director of Equalities, Trust for Developing Communities (TDC); by Anusree Biswas Sasi, the independent author of the Report; and by Jane Lodge, Associate Director of Public Involvement, Sussex CCGs.
- 32.2 Kaye Duerdoth told members that TDC interviewed a wide range of people for the report. Most were in the 25-54 age group; there was representation from every Council ward in the city; and the majority of respondents were female. Anusree Biswas Sasi added that there were a number of ethnicities represented; this richness is captured in the report: e.g. by listing the country of origin for people of African descent rather than using the catch-all “Black African”. People from a wide range of ethnicities reported that they felt disproportionately impacted by Covid.
- 32.3 In response to a question from Cllr Brennan on vaccine misinformation, Jane Lodge told the committee that services are working to counter misinformation, using existing links with well-respected figures in specific communities.
- 32.4 In response to queries from Cllr McNair about the methodology of the report, Ms Duerdoth told members that the report represents a snapshot in time. Interviewees were not randomly selected: they were people already in contact with support organisations. Whilst the report may have a limited quantitative value, it is a rich source of qualitative data. There are gaps in terms of the ethnicities covered: e.g. in terms of Jewish and of Travelling communities. Ms Lodge added that the report does an important job of capturing community voices.
- 32.5 Cllr Powell welcomed the report. She also noted that it was important for services to think about how best to reach all Black & Minority ethnic communities.
- 32.6 The Chair thanked the presenters for their contributions.

The meeting concluded at

Signed

Chair

Dated this

day of

<b>Subject:</b>	<b>Dental Services During the Covid Emergency</b>		
<b>Date of Meeting:</b>	<b>14 July 2021</b>		
<b>Report of:</b>	<b>Executive Lead, Strategy, Governance &amp; Law</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 01273 295514</b>
	<b>Email:</b>	<b>Giles.rossington@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 This report presents an update from NHS England (NHSE) dental commissioners on NHS dental activity during the Covid emergency.
- 1.2 Information provided by NHSE is included as **Appendix 1** to this report.

**2. RECOMMENDATIONS:**

- 2.1 That members note the information on dental services provided by NHS England.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 Most NHS-funded services for local populations are commissioned by Clinical Commissioning Groups (CCGs). However, some services including specialised care and dental care are commissioned by NHS England (NHSE). NHSE South East is responsible for commissioning NHS dental services in Sussex, Surrey, Kent, Oxfordshire, Hampshire, Buckinghamshire, Berkshire, and the Isle of Wight.
- 3.2 In autumn 2020 Healthwatch Brighton & Hove alerted the HOSC to a high volume of concerns raised by local people about dental services during the Covid emergency. The HOSC Chair invited NHSE commissioners to attend a HOSC meeting to answer questions. Unfortunately, it was not possible for NHSE commissioners to attend any HOSC meetings across the South East region at the height of the crisis due to capacity issues. Commissioners did offer to attend meetings as soon as capacity allowed, and have subsequently accepted an invitation to present at the July 2021 Brighton & Hove HOSC.
- 3.3 Amongst the concerns raised by Healthwatch Brighton & Hove were:
  - People were confused about which NHS dental services were available during the Covid emergency and how to access them. People reported being unable to contact the dental practice they normally used, or being told that the practice was no longer accepting NHS patients.

- People reported being told that privately-funded treatment was available, but NHS-funded treatment was not.
- It was unclear to Healthwatch how practices that undertook both private and NHS work were prioritising demand during the Covid emergency (where the need to maintain rigorous hygiene standards meant dentists might be operating at only 20% of their normal capacity).
- It was unclear to Healthwatch what plans were being formulated for the restoration & recovery of NHS dental services (e.g. dealing with the backlog of dental work).

3.4 Healthwatch organisations across England reported similar issues being raised with them, and Healthwatch England have published a report on this issue: <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20201208%20A%20review%20of%20our%20evidence%20Q2%202020-21.pdf>

3.5 NHSE commissioners have provided some supporting information on dental services and Covid. This is included as **Appendix 1** to this report.

#### 4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not relevant to this report for information.

#### 5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None

#### 6. CONCLUSION

6.1 This report presents information provided by NHS England on dental services during the Covid emergency.

#### 7. FINANCIAL & OTHER IMPLICATIONS:

##### Financial Implications:

7.1 None to this information report

*Finance Officer Consulted: Name*

*Date: dd/mm/yy*

##### Legal Implications:

7.2 There are no legal implications arising from this report

*Lawyer Consulted: Elizabeth Culbert*

*Date: 01/07/21*

##### Equalities Implications:

7.3 Members may wish to explore what equalities issues were considered by commissioners when they planned the provision of dental services during the Covid emergency: e.g. what assessment was made of the impact on protected

groups of operating at much reduced capacity; whether the signposting of dental services posed specific access problems to some protected groups (e.g. non-native speakers of English) and what mitigations were put in place.

Sustainability Implications:

- 7.4 Reductions in dentistry capacity due to Covid hygiene measures may have led to patients being required to make longer journeys to access treatment if there was no local availability for routine/emergency care. This may have had a negative carbon impact, although it is not clear how this could reasonably have been mitigated.

Brexit Implications:

- 7.5 None identified

Any Other Significant Implications:

None identified

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Information provided by NHSE dental commissioners.





All dental practices were required to close for face to face care on 25 March 2020 at the beginning of the first national lockdown due to the COVID-19 pandemic. They continued to provide telephone advice to patients with an urgent need, including advice on pain relief and prescribing antibiotics where clinically appropriate.

Urgent Dental Care Hubs were set up during April with strict infection prevention control (IPC) measures in place to protect patients and staff in order to provide a referral service for those patients with the greatest urgent need. There was one hub located in Brighton in phase one during the first national lockdown with additional Sussex hubs in Crawley and Haywards Heath.

Dental services recommenced from 8 June and have remained open for face-to-face care during the current lockdown period. By 20 July all practices were required to be open for face to face treatment whether or not they carried out aerosol generating procedures (AGPs; for example fillings, root canals, crown preparations), however activity was severely restricted as only 20% of normal contracted activity was required due to the restrictions in place and fallow time required in the surgeries following all AGP treatments.

A second phase of urgent dental care hubs was introduced following the reopening of practices in June with further Sussex hubs opening in Burgess Hill, Eastbourne and St. Leonards-on-Sea.

In the national Standard Operating Procedure published in June the Office Chief Dental Officer detailed the priority order in which practices should see patients, with routine care to be provided only when urgent need had returned to pre-COVID levels.

Whilst dental services are operational, the priority remains focussed on patients who require access to urgent care, patients at higher risk of oral disease, and patients with outstanding treatment needs that cannot be delayed. All dental practices are continuing to provide remote consultations with triage and advice as necessary options.

Dental practices are also prioritising the health and safety of both patients and staff. The nature of the treatments involved means adhering to strict infection prevention control procedures between appointments, which reduces the number of patients that can be treated on a daily basis.

This has had a significant impact on those patients wishing to resume their routine dental check-ups and treatments. Patients requiring routine dental care such as check-ups and scale and polish will inevitably experience longer waiting times.

The Standard Operating Procedure (SOP) and letters from the Chief Dental Officer outlining a phased transition to the resumption of the full range of dental services are subject to regular updates.

At this stage, the patient pathway for dental care now consists of two broad stages – remote management and face-to-face management – for both urgent and routine care.

It is important to retain the initial remote stage, particularly to identify possible/confirmed COVID-19 cases (and household/bubble contacts), patients who are/were shielding, and patients at increased risk, to ensure safe care in an appropriate setting. This stage also helps to prevent inappropriate attendance, support appointment planning and maintain social distancing and patient separation.

During this phase, the baseline expectation is:

- Practices should be open for face-to-face care unless there are specific circumstances which prevent this, which should be agreed with NHS England and NHS Improvement
- Practices should prioritise urgent dental care provision, with flexibility for practices to do what is best for their patients.

NHS England and NHS Improvement has received reports that NHS dentistry is difficult to access at the moment. This is partly due to the still prevalent belief that patients register with a practice. This has not been the case since the current contractual arrangements were introduced in 2006. Under the current contract, practices' obligations extend only as far as the patient's current course of treatment; once it ends, practices do not have to see the patient again if they do not have the capacity to do so. However, most practices operate a list of patients that they consider to be theirs, and because practices can self-determine whether they accept new patients for NHS treatment this leads many to say that they are not accepting new patients.

Although many patients have historically had a dental check-up on a 6 monthly basis, NICE guidance states this is not clinically necessary in many instances and clinically appropriate recall intervals may be between 3 to 24 months dependent upon a patient's oral health, dietary and lifestyle choices. Therefore, many patients who are attempting to have a dental check-up may not clinically need this at the current time. While practices continue to prioritise patients with an urgent need, where they have the capacity to provide more than urgent care they will prioritise according to clinical need such as patients that require dental treatment before they undergo medical or surgical procedures, those that were part way through a course of treatment when practices closed, those that have received temporary urgent treatment and require completion of this, looked after children and those identified as being in a high risk category and so have been advised they should have more frequent recall intervals.

All practices have varying sizes of NHS contract which will affect how many hours per week they are funded to provide NHS treatment. This means they have varying levels of capacity to see patients on the NHS on a face to face basis. In order to assist practices to determine the amount of time that should be allocated to NHS treatment, NHS England and NHS Improvement has advised that the same amount of time should continue to be allocated now as would have been the case during a typical week pre-COVID.

If patients have concerns about this they can follow up with NHS England and NHS Improvement on [england.contactus@nhs.net](mailto:england.contactus@nhs.net) who can provide further advice or investigate the matter with the practice concerned.

We continue to stress that all practices should deal with any patient who calls them within their NHS capacity, whether or not they have seen that patient in the past. This means that if patient enquires to whether the practice is 'taking on' NHS patients, the practice should assess whether the patient has an urgent need, is at high risk of oral disease or has outstanding treatment that need that cannot be delayed. Practices should not be utilising capacity for routine care if they are unable to meet the urgent need presenting to them. This does not necessarily mean that patients with an urgent need will automatically be offered a face to face appointment but if need to be seen is identified, the practice can arrange for this happen.

In December, NHS England and NHS Improvement implemented arrangements for the NHS dental contract for the period 1<sup>st</sup> January – 31<sup>st</sup> March 2021. This re-introduced activity targets for this period at a much lower level of 45% of contracted activity.

In April, the activity targets were increased to 60% of contracted activity which further increased access to NHS Dentistry. Whilst this will not mean capacity is at pre-pandemic levels it will mean more patients can be seen and that some will be able to open for routine appointments. As part of this expansion of capacity, dental practices have also been asked to do the following:

- Maximise safe throughput to meet as many prioritised needs as possible.
- Remain open throughout contracted surgery hours and prioritise care for patients who are considered at highest risk of oral disease, in line with the prevailing dental SOP and guidance.
- Use NHS funding to the full for the provision of NHS services.
- Comply with the contractual requirement that practices will not advise that NHS services are unavailable with a view to gaining their agreement to undergoing the treatment privately
- Continue preventative work and target efforts in a way that will reduce health inequalities (e.g. by agreeing to see irregular attenders as well as usual patients).
- Prioritise all known and unknown patients to the practice who require urgent dental care if contacted directly or via 111 services, as capacity allows.
- Keep contractual premises open throughout contracted surgery hours unless otherwise agreed via the regional commissioner.
- Complete and keep under review all staff risk assessments.

These arrangements will be subject to further review from 1<sup>st</sup> October 2021.

Although this gradual increase in activity has improved access to urgent dental care and is starting to deliver routine care for those with the greatest clinical need, it is still some considerable way from 100% of usual activity. It has also not addressed the backlog of care that built up during 2020/21 when practices were closed during the first quarter, when 20% of historic activity was delivered during quarters 2 and 3 and 45% of contracted activity during quarter 4. The resulting backlog is going to take some considerable time to address.

NHS England and NHS Improvement (South-East) also has 2 practices in Sussex currently providing additional hours in support of patients who do not attend the dentist regularly and are in need of urgent treatment. This offer is continually open to all practices so we anticipate that as more practices have capacity to offer additional hours then this number will increase.

Urgent Dental Care hubs are still in place to see patients referred to them where practices cannot provide certain dental procedures due to safety considerations for members of the dental team or they have service continuity issues due to local outbreaks. Referrals to these hubs have fallen by 98% since resumption of services in June when general dental practices started to reopen, but they remain vital to the local dental systems.

As per other referral services there are on-going challenges with waiting times for dental referral services. This includes referrals to hospital Oral and Maxillofacial, Restorative and Orthodontic services; General Anaesthetic services for children and special care adults and tier 2 community based Oral Surgery, Restorative and Orthodontic services. NHSE/I (South-East) is working with a range of stakeholders on Restoration and Recovery plans with a focus on patients in the most urgent need of treatment. But all these services face the same challenges as others in terms of access to facilities in the NHS at this stage of the pandemic and the requirements to provide services safely.

### **New service**

Following a procurement exercise, NHSE/I has commissioned a new dental practices in Moulsecomb with the equivalent of three whole time NHS dentists. The contract includes a requirement for the practice to offer a set number of appointments to patients in urgent need who do not have a regular dentist. In addition, it is required to provide a number of hours outside of normal working hours to provide more choice to patients.

### **Information for patients**

We understand that this is a confusing time for members of the public trying to access NHS dental care. Practices are communicating with their regular patients to keep them informed of services available from their practice and what they need to do to access these. Practices are also responsible for ensuring their information is up-to-date on the NHS website so that members of the public without a regular dentist can search for services local to them.

If patients do attend a dental practice on a regular basis then they should contact that practice if they believe they have an urgent need. If not, they can search for a dentist in their local area on the NHS website (<https://www.nhs.uk/service-search/find-a-dentist>) or they can call the Sussex Dental Helpline on 0300 123 1663 who will direct them to the NHS practice closest to their home address.

We ask patients to be understanding of the current situation with regards to the prioritisation of those with urgent needs and be respectful of the clinical decision. The dentist is best placed to clinically assess their dental issue. If they are deemed non-urgent, we would ask that they don't then call the Sussex Dental Helpline for a second opinion leaving the service free to deal with other patients with urgent health issues.

## Communicating with the public

Please find below a tweet/Facebook message and a digital asset for sharing on your own social media accounts:

# What can your NHS dentist do for you?

The NHS provides essential treatments needed to keep your mouth, teeth and gums healthy and free of pain. Any treatment that is clinically necessary should be available. Here is some advice and details of the treatments and costs, giving you the knowledge to smile with confidence.

**Finding a dentist**  
[www.nhs.uk/dentists](http://www.nhs.uk/dentists)



## Visiting your dentist during the COVID-19 pandemic

- Please only visit your practice if you have an appointment and book an appointment only if essential – dentists are currently prioritising the vulnerable or those with the most urgent need.
- Appointments for some routine treatments, such as dental check-ups, may have to be rescheduled for a later date.
- Your practice will look a little different than usual as they will be operating in a way that observes COVID-19 social distancing and hygiene rules to ensure everyone's safety.

## Your first routine visit

- The dental practice will take your medical and dental history (if available) and carry out a check up; examining your mouth, teeth and gums.
- Following your check up if your dentist recommends dental treatment, you'll be given a plan. This outlines all the treatments you are having and how much they will cost. If you are not given a treatment plan, ask for one.
- Your dentist will recommend a date for your next visit. People with good oral health may need to attend once every 12 to 24 months, but those with more problems may need to visit more often.



## Emergency dental care

- Anyone who needs emergency dental care should first call their dental practice.
- If you cannot contact your dentist or do not have one, patients are advised to use the NHS 111 online service: [www.111.nhs.uk](http://www.111.nhs.uk)

