Dear Rosalind,

Healthwatch reports - ‘Treatment only when needed: Dental services for care home residents’ (August 2018) and ‘Filling the gaps: Access to NHS Dentistry’ (August 2018)

Thank you for forwarding the attached reports and allowing NHS England to comment on their contents. I apologise that unfortunately we will not be able to attend the meeting planned for 17th September 2018 to follow up on the findings of the reports. This is due to prior commitments of the NHS England officers concerned. Generally we have 20 days to respond to reports of this type and, on this occasion, we had just five. We would welcome the opportunity to work more closely with Healthwatch to assist the NHS and Social Care in ensuring that we are aspiring to best practice and getting maximum value from these reports. With this in mind it would be helpful to know your plans for the coming year and to arrange a meeting to discuss how we can support those plans?

In this letter we will comment on any matters our accuracy, the issues raised and actions being taken or proposed.

‘Treatment only when needed: Dental services for care home residents’ (August 2018)

We recognise there are growing challenges around oral health for older patients, particularly as a much higher proportion of older people still retain their own teeth nowadays. In terms of key issues raised in the report:

Access to High Street Dental practices

NHS Dental practices provide access to a full range of services for patients of all ages. Their contracts are site specific which means they can only provide services from sites identified in their contracts. Their services have to meet all

High quality care for all, now and for future generations
the necessary requirements for Care Quality Commission registration and with regard a number of other legal requirements, such as Infection Control.

There are challenges for dentists in terms of going into care homes in terms of the limitations it places on treatment that can be provided if the necessary equipment and facilities are not available. Dentists also have to ensure compliance with Infection Control regulations and CQC registration for any site from which they provide services.

If patients are unable to attend High Street services on medical grounds, they can attend or be referred to Community Dental Service clinics with staff and facilities more adapted to their needs. In Oxfordshire, this service is provided by Oxford Health NHS Foundation Trust and they have a number of clinics from which they provide services. The Trust has three domiciliary teams (North, Oxford City and South and West). The Trust has provided a domiciliary service for many years and is happy to see patients with a range of needs, both routine and urgent. The service has experienced staff willing to provide support to the care homes.

Access to High Street Dentistry is under review at the moment with the aim of ensuring there are no gaps in provision. This is both in terms of High Street access and access to more specialist services.

Information about Dentistry

Information about NHS services is available via a number of sources, particularly NHS Choices.

https://www.nhs.uk/Service-Search/Dentist/LocationSearch/3

We recognise there is an issue about whether this information is always up to date at every practice. There is no contractual obligation on the practices to keep this information updated and it automatically defaults back to no information every other month, unless practices actively update the information shown on their profile. This is currently being reviewed at a national level to ensure NHS Dentists can provide information about their services in the most up to date ways.

The Oxfordshire Community Dental services has advised us that they have been unusually quiet recently in terms of contact with care homes and that they are looking to do work to ensure the care homes are aware of this service. We are aware that some care homes experience high turn-over of staff and this may impact on the local awareness of available services. We would also like to share that guidelines were recently published about maintaining good oral health in care home settings (i.e. helping residents brush their teeth twice a day). This is the responsibility of the home, but the Community Dental Services could advise and support staff if needed.
Dementia training

Health Education England has been working with dental practices on dementia training with the aim of ensuring practices are dementia friendly.

‘Filling the gaps: Access to NHS Dentistry’ (August 2018)

We believe this is accurate in terms of the description of current services. There is one issue in relation to the oral health figures that needs correcting:

On page 23 it states: “In 2015 40% of Oxford children have some experience of tooth decay by the age five”

According to the 2016/17 Survey of 5 year old children the percentage should be 23.3% for how many children in Oxford City experience tooth decay before the age of five.

Dental Public Health Epidemiology Programme for England, Oral Health Survey of five-year-old children 2017, lower tier local authority (LA)

The level of NHS provision in Oxfordshire in relation to the size of the population is higher than other parts of the Thames Valley. NHS Dentists are paid on the basis of forecast annual activity levels with monies recovered if the activity levels are not met. This is a challenge in Oxfordshire with relatively high levels of financial recovery. This means the activity and financial resources are not being fully utilised.

The local office is looking at how improved uptake of the resource can be achieved through contractual measures to allow the activity to be targeted at areas of greater need, both now and in terms of responding to housing growth. This has been done already in Bicester where some redistribution of resource has enabled the commissioning of a new practice in the town. The practice is due to open in January 2019.

There has also been redistribution of Orthodontic provision following procurement, which will allow patients to attend services more locally. These changes will take effect from April 2019.

The report refers to information in Joint Strategic Needs Assessments. The local office also has Oral Health Needs Assessment, which was circulated to stakeholders in 2015. I attach a copy for your information.
Please accept my apologies for NHS England officers not being able to attend the meeting on 17th September, but we are looking forward to receiving feedback from the meeting to help develop our plans for accessible and sustainable dental systems in the Thames Valley.

Yours sincerely,

Olivia Falgayrac-Jones
Director of Commissioning
NHS England South-East (Hampshire and Thames Valley)