Response from Oxfordshire Local Dental Committee to HealthWatch August 2019

Better access to dentists at the care home for residents who cannot easily visit dental surgeries
The standard General Dental Services (GDS) contract has zero allowance for any special needs patients visiting a practice nor for home visits.

NHS Dentists will make efforts at their surgeries to see care home patients able to travel, having made appropriate reasonable provision under the Equality Act to accommodate them and subject to funding/UDAs being available. This is usually manageable though often such patients require additional time for which there is no additional funding.

Urgent NHS treatment for care home and domiciliary patients is mainly provided via the Oxfordshire Community Dental Service (CDS). Their contract currently allows for 150 completed courses of these treatments per year but this total also must also include those patients who have complex needs.

Worryingly, the 2019 review of CDS contracting arrangements may result in a tendering/re-procurement of Community Dental Services throughout NHS England South East. NHS England South East takes clinical advice on the use of funding (non-recurrent and procurement) from the Local Dental Network (LDN). The LDC has concerns that in Oxfordshire, a well-established, integrated and highly valued service may be broken or parcelled up.

Private dental provision should not be dismissed as a 'dirty' word as many residents of care homes are privately funded and we do not remark upon their fees. Some of the comments from last year’s report implied that care homes are making treatment funding decisions without asking their residents whether they would prefer to access private dental care. They offer hairdressing and other private services, such as chiropody. Patients deserve to be offered both NHS and private dental options.

The Care Quality Commission has recently produced a report on oral health in care homes.
The key recommendations are:

- Raising awareness of the importance of oral health in care home
- Care home staff training in oral health
- Improved guidance to the dental profession on how to care for people in care homes, including advice on charging
- HEE training updated on how to provide care in care homes, including dementia awareness
- Improve access to NHS services, both routine and urgent
- Accessible information to signpost people to NHS services
- Inclusion of oral health in care homes in NHS Long Term Plan
- More diverse workforce to support people in care homes
- Primary Care Networks and local dental networks to meet needs of more vulnerable groups
The LDC will support the Local Authority and NHS England South East in attempts to raise awareness in care homes regarding staff training and information about local NHS services. There is however currently no additional funding for practitioners to undertake such outreach work within conventional GDS contracts.

NHS England South East is looking to integrate dental and pharmaceutical care with general medical care in homes via General Medical Practice (GMP) contracts and monies assigned to community care from Clinical Commissioning Groups (CCGs). Primary Care Networks (PCNs) will play an important role in this and the LDC will seek to be part of the initiative. We understand that pilots may be run using ‘test bed’ funding.

**Dementia training for dentists treating residents with dementia. This would also improve the experience of people living with dementia in the community**

As mentioned previously NHS Health Education England made dementia training for all health professionals available through its own website and also through e-Learning for Healthcare with the focus on person centred care. [https://www.hee.nhs.uk/our-work/dementia-awareness/resources-tier-one-two-three](https://www.hee.nhs.uk/our-work/dementia-awareness/resources-tier-one-two-three)

Dementia training is also available from other sources. The Royal College of Surgeons has online access to their publication on Dementia Friendly Dentistry.

In General Dental Practice there is no additional funding for staff training. Time lost and any costs will be borne by practice owners.

Our colleague Katy Kerr from Health Education England was asked to join the CQC Oral Health in Care Homes External Advisory Group which oversaw a deep dive into current provision both in terms of access to dental care and adherence to the NICE guidance on Oral Health in Care Homes. She is developing initiatives with the BDA and the Local Dental Network Conference to discuss getting more funding for prevention in practice targeting older people especially those with dementia, in a similar way to the Starting Well initiative in schools.

She represents dentistry on the Dementia Workforce Advisory Group and has included oral health in the refreshed dementia core training framework, particularly in tier 2 and 3 training, so that all staff undertaking dementia awareness will understand the importance of good oral health for people with dementia. [http://www.skillsforhealth.org.uk/services/item/176-dementia-core-skills-education-and-training-framework](http://www.skillsforhealth.org.uk/services/item/176-dementia-core-skills-education-and-training-framework)

She is chair of the Dementia Friendly Dentistry Group (DFDG) and is passionate about improving access for people with dementia to visit the dentist. Adequate funding for dentists to offer dental care to support people living with dementia especially in care homes is a key issue. The DFDG is keen to work with colleagues to champion change. She was part of a working group looking at commissioning dental services for vulnerable adults and may have input into guidance about flexible commissioning options encouraging delivery of dental care for a range of vulnerable adults.
The Dementia Friendly Dentistry Group started with the intention to collate the dental training resources available across the country and Katy is working within HEE to get the relevant ones onto the national HEE website, with a Google tool to help dental professionals find them. She has just managed to get the Alzheimer’s Society to add Dentists to the professional pages on their website together with a link to training resources. She has invited them to endorse 'The Appointment' film and the resources as part of Dementia Friends training.

HEE has had assurance that all undergraduates receive some dementia awareness training but this varies in quality and depth depending on the dental school. It is important that the newly qualified practitioners receive training in this area of work. To develop skills in caring for people with dementia and gain a greater understanding of the impacts of the disease, Katy has been involved in developing training as part of the DFT curriculum and the community project for Foundation Training in Thames Valley and Wessex which involves the FDs and Foundation Therapists contacting a local care home and offering staff training.

Katy is also involved in a community project for Foundation Training in North-West London which involves Foundation Dentists in making links with their local memory café.

She continues to promote training for staff about the impact of poor oral health for older people in residential and hospital settings and generated the content for the E-learning package “Improving Mouth Care” which is free to access on e-Learning for Health and E-Den. Many Local Authorities have hosted this on their own training platforms to make it accessible to care staff. This free resource has been designed to give health and care staff advice and guidance for them to provide evidenced based mouth care for their patients and clients including those with dementia http://www.e-lfh.org.uk/programmes/improving-mouth-care/.

**More information available to care homes about dental services that can be accessed by their residents.**

Dental practice information is available on [www.nhs.uk](http://www.nhs.uk) and most practices have a web presence. For urgent treatments, some practices have ‘on the day slots' and availability/location of these practices can be accessed via NHS 111. It might be helpful for NHS 111 to know accessibility details/limitations in order to advise accordingly. Patients may also need to have transport arranged by relatives, the care home or NHS Transport Services.

A Headington based practice manager called and emailed four local care homes in Headington and Marston offering liaison and oral health education for their staff members free of charge, only to be told by management on each of the two occasions that they were not interested and the others just didn’t bother replying.

Another issue is provision/cost of additional emergency drugs/defibrillators whilst doing domiciliary visits. There are issues regarding the need to purchase extra resuscitation equipment and carrying oxygen cylinders in cars requires special insurance. Many practical
things need to be addressed before even considering the time/costs needed to provide care
to a high standard.

There also needs to be a clearer understanding of consent and access to medical/drug
history from the care providers and patient families. This could make visits to dental
practices more productive and help to manage expectations about what level of treatment
can be offered in this setting.

Katy Kerr is currently involved in a project working with the London Memory Service
Network across the 32 London Boroughs, to provide a leaflet at the point of diagnosis to
encourage people with dementia to visit the dentist, so that they have dental treatment
whilst still in the early stages of the disease. The project is a collaboration, funded by the
London Memory Service Network and working closely with NHS England via the LDN, LDC
and Public Health England. The project went live in December. The leaflet is attached. She
would like to expand this into Thames Valley & Wessex together with the ‘Dementia
Friendly Dental Practice Scheme’ in discussion with NHS England.

The report on **Access to NHS dentistry** ‘Filling the Gaps’ also made the following
suggestions:

**Access to NHS dentists whether it is through more appointments, easier physical access to
premises, or increased local service can be addressed by dentists themselves and NHS
England Commissioning, working closely with the Oxfordshire Local Dental Committee.**

The standard contract has zero allowance for any special needs patients visiting a practice
nor for home visits. It needs to be understood that we are, in general small businesses and
unlikely to turn away patients, BUT the new contract in 2006 took away our home visits.
Unlike General Medical Practitioners (GMPs) GDPs get no funding for our premises or
equipment and no allowances in payment terms to see patients with additional
needs/complex medical conditions.

NHS England allocations to Dental Practices are cash limited based on a forecast level of
activity. Repeatedly for various reasons some practices do not deliver their target allocation
each year and monies are recovered by NHS England. These recovered sums have increased
significantly over the last few years. Monies are recovered in agreement with the practice
concerned and in theory, re-allocated to help maintain access/improve dental services. This
is usually in the form of non-recurrent funding, additional UDAs offered to performing
practices or on new initiatives which might include services to nursing/care homes or special
needs. Whilst the LDC would support initiatives it cannot lead on this. The NHS England
South Central Local Dental Network is the body with clinical input and influence here.

Newer practices may have been purpose built to accommodate patients with special needs
but existing practices, though they will have made appropriate/possible modifications may
still struggle to accommodate. For many years there have been no NHS capital grants
available for modifications so all changes will be at the practice owners’ expense.

As always under the current contract there is a cap on the number of Units of Dental Activity
available for delivery in each financial year by each practice.
Oxfordshire CDS is commissioned for 150 completed courses of treatment per annum for urgent and domiciliary care but these are essentially for the more complex special care patients. This is but a drop in the ocean! They would provide more if they were commissioned to deliver additional UDAs/more shared care.

The NHS England commissioners are currently conducting a stakeholder involvement process to decide whether to go through an entire procurement process to commence April 2021 for Special Care Dentistry and Paediatric Dentistry.

The concerns from all the primary and secondary care providers are:

- That this process will take key clinicians away from their clinical work to work on the procurement process.
- That some of the vulnerable adults and children pathways currently being cared for by the current community dental services may not be commissioned at all in the new procurement specification.
- The dental workforce across Thames Valley would prefer a more integrated approach as key skilled expertise may be lost and networks and patient pathways fragmented by the procurement process. This would be a risk to access for such patients.

Planning for enough dentists in an area of population growth should be addressed by NHS England Commissioning working with local planning authorities. Existing dental practices can contribute to this process by being willing to develop their service offer both in appointments available and location of new / additional practices.

The LDC has no control over planning and housing development and only NHS England will make funds available for commission further practices or expand existing ones. The South Central Local Dental Network discusses this regularly with the NHS England commissioners and offers clinical advice on provision.

Existing practices with a General Dental Services contract are not funded to deliver external services to nursing and care homes under the NHS.

Improved information about what is available on the NHS, and the charges, can be addressed by dentists, NHS Choices (now known as nhs.uk), Public Health and through engagement with patient groups.

Practitioners receive update guidance from


as well as from continuing professional development courses and their indemnity providers. The British Dental Association recently campaigned on this subject on behalf of the profession.
Oxfordshire LDC does not routinely interact with patient groups as this is not its remit.

Public awareness of the importance of oral health and the role that a dentist plays in this should be addressed by Public Health Oxfordshire, dentists, NHS England Commissioning, schools, health visitors, Oxfordshire Local Dental Committee.

Again we emphasise that this is not primarily the role of Oxfordshire Local Dental Committee whose remit is primarily to support NHS Dental Practitioners in delivering high quality general dentistry. Whilst we are a statutory body and as such liaise with NHS England, public awareness is not our primary function. We interact where possible with Public Health England and the Local Authorities and will challenge or lend support where resources allow.