

**To:**

Tracey Rees, Healthwatch Oxfordshire  
Ansaf Azhar, Oxfordshire Director of Public Health  
Councillor Arash Fatemian, Chair of Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC)  
Robert Courts, MP for Witney & West Oxfordshire  
Dr James Kent, ICS Lead & Accountable Officer for BOB CCGs  
Councillor Ian Hudspeth, Chair of Oxfordshire Health and Wellbeing Board

**Dear Colleague****Update on Broadshires Dental Practice, Carterton**

I am writing to let you know that the Broadshires Dental Practice premises in Carterton has recently relocated due to the end of the lease on their previous premises. The practice has moved to new premises in Carterton which will open in early June. The practice will continue to provide NHS services, but this will be at a reduced level.

The closure of their previous site at the end of April has caused a gap in face to face provision of dental care. The practice has continued to provide remote consultations and patients are being signposted to alternative local dental practices if they need face-to-face care.

Broadshires Dental Practice has decided to reduce its level of NHS provision and has written to patients advising them of the move and the reduction in NHS services. Some of the information which has been provided to patients by the practice is inaccurate as they have indicated that they will not continue with NHS provision to adults. This letter is to confirm that following discussions between NHS England and Improvement and the practice, the practice has confirmed that it will remain open to all patients for NHS care.

The new practice will be subject to an inspection by NHS England and NHS Improvement prior to opening to ensure all the requirements are in place for the safe provision of care. The date for this visit has been confirmed.

NHS England and NHS Improvement is now reviewing the situation regarding access to dental care in the area to assess whether additional resource is required in the short and longer term. There are currently 10 dental practices in Carterton and Witney providing NHS services to adults and children.

As you will be aware, access to routine dental care has been impacted by the Covid-19 pandemic so patients may have to wait longer to receive treatment than they might normally expect to, particularly if they require routine care.



Details of dental practices can be found on: <https://www.nhs.uk/service-search/find-a-dentist> or by calling 111 who will provide details of local dental practices providing NHS care. However, for the reasons outlined above it is unlikely that they will be able to accept patients for non-urgent care or where patients are not considered as having greater clinical need.

For your background information, I have attached further details on NHS dental contracts and the restoration of NHS dental services impacted by the Covid-19 pandemic which I hope you will find useful.

Yours sincerely



Sarah Macdonald  
Director of Primary Care and Public Health Commissioning  
NHS England and NHS Improvement

## Impact of Covid-19 on access to dental services

Covid-19 has had a greater impact on dentistry than some services due to the close proximity dental teams are in when treating patients with an open mouth in a confined space. Additional infection, prevention, control measures (IPC) must be adhered to in order to reduce the risk to dental teams, patients and the wider population. IPC guidelines include specific requirements when undertaking Aerosol Generated Procedures (AGPs) which are used for treatment including fillings, scale and polish, root treatment and crown preparation). This requires a fallow time after treatment to allow aerosols to settle before an enhanced clean can be carried out. Fallow time was initially 1 hour but reduced to 30 minutes in many cases by the end of 2020. As most dental procedures involve the use of AGPs, this has had a significant impact on capacity and the number of patients that can safely be seen. It is unlikely that these restrictions will be lifted until the pandemic is deemed to be over which means that capacity will continue to be reduced for some considerable time.

While access to dental care is limited across the country due to COVID-19, practices are concentrating on the provision of urgent care and treatment for patients with the greatest clinical need.

### Background

During the first wave of the pandemic all dental practices were required to close for face-to-face care from 25 March 2020 until at least 8 June 2020. This was in the interests of patient and dental team safety. Although closed, practices provided remote advice, analgesia (to help to relieve pain) and anti-microbials (to treat infection) (collectively known as 'AAA') as appropriate following clinical assessment. Where this did not address a patient's, needs dental practices were able to refer patients to Urgent Dental Care (UDC) Hubs that were set up to treat patients with the most urgent need.

In the second phase of the pandemic as infection rates dropped, there was a phased reopening of practices for face-to-face care, with all open by 20 July 2020 at the latest. All practices with an NHS contract are required to deliver a set amount of treatment in any one year. For dentists and their teams to see as many patients as possible, but in a safe manner, NHS England and NHS Improvement worked closely with Ministers and determined for the period 20 July to 31 December 2020 this would be a minimum of 20% of historic levels of NHS activity in recognition of the 1 hour fallow time and enhanced clean still required. For the period 1 January to 31 March 2021 practices were required to deliver 45% of their contracted activity (70% for orthodontics) which reflected fallow time reducing to 30 minutes in many practices followed by the enhanced clean. From 1 April 2021 practices are now required to deliver 60% of their contracted activity (80% for orthodontics).

Practices may have to temporarily close if members of the dental team or their household are required to self-isolate. Practices may also have to temporarily stop provision of treatment involving AGPs where they have been unable to obtain their usual make of respirator mask and need to be fit tested to a new model. In both of these instances, where patients require face-to-face urgent care before they are able to reopen, the practice can refer patients to UDC Hubs which remained open when practices resumed face-to-face care for this reason.

### Current situation



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.

The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. 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 be a clinical priority 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.

Although practices have been asked to prioritise patients with an urgent need, it may be necessary for patients with an urgent need to contact more than one practice as each practice's capacity will change on a daily basis dependent upon the number of patients seeking care and staffing levels. Where a practice has the capacity to do so, they will assess patients over the telephone to establish whether the patient requires AAA. If it is established a patient requires a face-to-face appointment, the practice can arrange for them to attend an urgent appointment at the practice or in some instances refer the patient to a UDC Hub.

## **NHS and private dental care**

While most practices provide both NHS and private care, we have made it very clear to all practices that they must spend an equal amount of time on NHS care now as they have historically, albeit much of their surgery time will not be spent on face-to-face care due to the fallow time between patients. In some instances, practices may have filled their NHS appointments but still have private appointments available.

## **Finding a dentist**

Details of practices providing NHS dental care can be found on: <https://www.nhs.uk/service-search/find-a-dentist> or by ringing 111 who will provide details of local dental practices providing NHS care. However, for the reasons outlined above, at the current time it is unlikely that they will be able to accept patients for non-urgent care or those people not considered as having greater clinical need.

## **Improving access**

Funding has been offered to all practices across the South East region to increase access by providing additional sessions outside of their normal contracted hours, for example in the



evening or at weekends. These sessions are for patients who do not have a regular dentist and have an urgent need but have experienced difficulty accessing this or have only been able to receive temporary care (such as AAA, a temporary filling or first stage root treatment) and require further treatment. There is one practice in Oxfordshire that currently has the staffing levels to safely undertake additional sessions which equates to 14 additional hours per week, specifically for patients that would be new to this practice. The offer of additional sessions remains open so that should other practices subsequently determine they have the staffing levels to safely deliver additional sessions, these will be established.