A group of people posing for a photo

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**HAPIA DENTAL NEWSLETTER – MAY 2020**

**DISCUSSION WITH THE Chief Dental Officer (CDO) ENGLAND - SARA HURLEY**

**22 May, 2020**

**Introduction**

Sara Hurley is theChief Dental Officer (CDO) for England she provides system-wide professional & clinical leadership for quality and patient safety. Her role is advisory to; NHS England and NHS Improvement, the Department of Health and Social Care and Health Education England. In addition, CDO England works with the dental regulators; the General Dental Council (GDC) and Care Quality Commission (CQC), together with the Royal Colleges, to maintain oversight of professional standards and assurance of patient safety for all practices whether working in NHS or private sector.

In our telephone discussion and a subsequent e-mail we covered a range of areas.

**Points of Contact**

Sara confirmed that the majority of CDO dialogue with patient/public representatives is through the established relationship with Healthwatch and the regulators. The key point of contact at Healthwatch is Jacob Lant. Sara proposes that HAPIA connects with Jacob to ensure we are all talking together as we move ahead items of interest. Jacob Lant has been asked to share details of the current NHS dental/regulator relationships, and details of the remit of NHS Regional Commissioners for Primary Care, that covers general medical practice and the other three pillars of primary care:  dental, pharmacy and optical.

**Access to Urgent Dental Care – COVID-19**

On the 25 March 2020 all dental providers in England were asked to temporarily pause routine face to face dental care, as part of the overall response to reducing the spread of COVID-19 and in line with the social distancing and travel restrictions.

Practices were asked to support their patients by providing a remote urgent care service; telephone triage for advice and where required prescriptions for pain relief and antimicrobials. Alongside this each NHS Region established their local network of Urgent Dental Care Centres (UDCC) in dental practices and on hospital sites to provide face to face urgent care.

Over 500 urgent dental care hubs have been set up across the 7 NHS England Regions. All are accepting referrals for urgent care from NHS 111 and dental practices. In London, there are over 500 face to face dental appointments/day in the UDCC network. The UDCC network will continue to operate as dental practices re-commence face to face dental care from 08 June 2020.

A survey of UDC capability and capacity has been undertaken and the findings will be a vital component the lessons identified and review of the NHD E/I support for dental care. The HAPIA pilot is recognised as a welcome adjunct as well as an independent perspective that will clearly add value to the process.

**Access to urgent dental care for patient who are shielding**

Sara explained that clear guidance has been given to the NHS Regions to ensure that provision is in place for urgent dental care for patients that are shielding e.g. domiciliary care or referral to a designated shielded UDC site. Provision is expected to be aligned with the wider local systems and protocols to support patients that are shielding.

**Potential for inappropriate prescribing of antibiotics**

Sara recognised our concerns but confirmed that all dentists have a professional responsibility to ensure that they are aware of and apply the clear guidance regarding the use of antimicrobials and antibiotics. This guidance is re-iterated in the standard operating procedures for dental care during COVID-19, posted on the NHS website and also in:

* A joint letter from PHE, RCS England, FGDP (UK) and the BDA on prescribing antibiotics for urgent dental care during sustained transmission of COVID-19 can be found [here](https://bda.org/advice/Coronavirus/Documents/Prescribing%20antibiotics%20in%20urgent%20dental%20care.pdf).
* The Faculty of General Dental Practice (UK) has provided updated information and guidance on remote prescribing and advice during the COVID-19 pandemic. This can be found [here.](https://www.fgdp.org.uk/news/covid-19-latest-guidance-and-resources-gdps#Remote prescribing and advice)
* The GDC has set out guidance for remote consultations and prescribing [here.](ttps://www.gdc-uk.org/docs/default-source/guidance-documents/high-level-principles-remote-consultations-and-prescribing.pdf)
* SDCEP guidance on drugs for the management of dental problems during the COVID-19 pandemic is found [here.](http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/)

**Dentistry and aerosol generating procedures**

Sara explained that high-speed devices such as those used in dentistry have been shown to generate aerosols that results in the production of airborne particles. This does present a risk of transmission, albeit a risk that can be managed.

The risk is managed through a variety of measures, the primary measure is to limit AGP with regard frequency and duration. Fortunately, there are a variety of non AGP treatment options that can be used. If an AGP cannot be avoided, then the use of high-volume suction and rubber dam together with personal protective equipment (PPE) minimises risk. Processes and protocols for managing the risks are well documented and are well established in the dental sector.

**Issue – Role of Clinical Commissioning Groups in Dental Care Commissioning**

Sara clarified that dental commissioning does not sit with Clinical Commissioning Groups (CCGs) but is a delegated responsibility for the NHS Regional Director. She asks us to note that in raising dental patient access, and local communications issues to CCGs HAPIA would be addressing concerns to the wrong organisation.

It is the NHS Regional Director who is responsible for commissioning dental services and HAPIA should be talking directly to the NHS Regional Director or the Regional Medical Director. HAPIA should be aware that local dental commissioning plans rely on the oral health needs assessments (OHNA) from the Regional Public Health England (PHE) Dental Consultant team as well as feedback from Healthwatch and other patient representative groups. Once the differing access and care needs of a region have been identified the Regional Director will ask the Region’s Dental Commissioners to review current dental contracts and amend based on regional priorities. This is called ‘place-based’ commissioning and is designed to meet and tailor services to a locality’s needs

In addition, each area has a **Local Dental Network (LDN)**, which has patient/public voice representation, usually Healthwatch, on the network. LDNs are a key part of providing multi-disciplinary sustainable leadership for the NHS and work across commissioning and provider services. They are hosted and supported by their local dental commissioning team to improve outcomes for patients through clinical focus, medical expertise, and collaboration

**The seven NHS Regional Directors** are responsible for all primary care services in their areas, including: medicine, dentistry, pharmacy and optical. They should be our first port of call for local dental needs:

* Anne Eden - South East Regional Director
* Ann Radmore - East of England Regional Director
* Bill McCarthy - North West Regional Director
* Dale Bywater - Midlands Regional Director
* Sir David Sloman - London Regional Director
* Elizabeth O’Mahony - South West Regional Director
* Richard Barker - North East and Yorkshire Regional Director

In conclusion we discussed the potential role for HAPIA to connect, on behalf of local communities, with the LDNs. Sara Hurley is very keen for this to happen in conjunction with Healthwatch. Sara proposed a meeting with the London Dental Commissioning team, their Dental Advisory Team and Public Health Leads, to aid a better understanding of the dental system, as they build on the current relationship with Healthwatch to better support patients.

**STOP PRESS**

Since we last corresponded with CDO England, NHS E/I published a letter, dated 28 May 2020, which asks that all dental practices commence opening from Monday 8 June for face to face care, where practices assess that they have the necessary personal protective equipment (PPE) and infection prevention and control (IPC). During the initial resumption of dental services, the baseline expectation is for practice-based urgent dental care (UDC) provision.

The subsequent pace of progression towards the resumption of the full range of routine dental care, including aerosol generating procedures (AGP), will need to be risk-managed by the individual practice and will be subject to following the necessary IPC and PPE requirements.

**PLEASE CONTACT HAPIA IF YOU HAVE INFORMATION ABOUT LOCAL DENTAL SERVICES OR EXPERIENCES OF DENTAL CARE DURING THE PANDEMIC. HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION**

[**WWW.HAPIA2013.org**](http://WWW.HAPIA2013.org)

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