

Roadmap to recovery of Dental Services 3 - 5 Years

Phase 1	Phase 2	Phase 3	
Here and Now	Recovery Phase	Normalisation	Risks
<p>Primary Care: Currently Practices have been working between 85% for the last quarter of 2022, with huge backlogs. UDCH and 111 ongoing to ensure emergencies are seen ASAP to prevent A & E attendances. Access issues in most areas of London due to 3 month closure of practices. UDCH have been extended to March 2023 to ensure cover for patients in pain are seen asap. Procurement of new practices where loss of services have occurred and where highest needs have been identified. Stabilisation of patients for patients that are unable to find a dentist and need treatment following urgent dental care.</p> <p>Intermediate: Currently IMOS accepting direct referrals as per pre pandemic. Endodontics accepting patients by direct referral and via triage through the Hospital based centres. Backlogs and ongoing reduced capacity due to current ICP. Orthodontics working at 80% with many treatments delayed from 2020</p> <p>Community Dental Services: Capacity is currently reduced and poor access to GA continues to increase waiting times for paediatric and special care patients. Focus on clearing backlog with strict adherence to acceptance criteria (this may impact primary care).</p> <p>Secondary Care: Block contracts continue nationally. Activity targets are being agreed. Majority of dental patients are P3 & P4 priority within trusts causing issues with access to theatres & GA. Open bays causing capacity to be reduced in line with AGP and social distancing protocols. Mitigation through speed reducing hand pieces. Focus on clearing backlog. Strict adherence to acceptance criteria will have some impact in primary care. Teaching hospitals accommodating undergraduates where possible.</p>	<p>Primary Care: Innovative ways of directing patients to the right place to get routine/urgent and necessary dental services. This may include flexible Commissioning for new patients, Oral Health services for those in most need, vulnerable groups and a review of all General Dental Services along with a needs assessment re ensure demand is met where possible. Dental Access via UDCH to ensure both UDCH and routine is being carried out for all patients. (Time limited contracts to 2026 with the option to extend if necessary). OOH Services as part of the UDCH will continue for the same period.</p> <p>Needs assessment for London. Patients being stabilised where they are unable to find a local NHS Dentist.</p> <p>Intermediate care: Continuation of IMOS & Endodontic service working focusing on reducing backlog. Orthodontics focusing on delayed care & backlog</p> <p>Community Dental Services: Continuation of existing and development of additional Oral Health Promotion schemes. Development of services for patients in care homes. Focus on paediatrics ensuring appropriate care is delivered by GDPs and increasing secure access to GA facilities. Focus on backlog if not already addressed.</p> <p>Secondary Care: Continued prioritisation of patients according to need and reduction of backlog through increased access to GA, sedation and waiting list initiatives.</p>	<p>Primary Care: Steady State for Dental Services, back logs reduced where patients can access dental services with little or no waiting lists (back logs). Review of OH Services, Innovative Commissioning including Prevention and flexible Commissioning schemes</p> <p>Intermediate care: IMOS, Endo & Ortho return to normal</p> <p>Review of all Dental Services and the possibility to close/reduce the OOH and UDCH Services.</p> <p>Community Dental Services: Return to normal provision of services with focus on waiting times. Continued development for improvement in services.</p> <p>Secondary Care: Return to normal provision of services with focus on waiting times. Continued development for improvement in services where possible.</p> <p>Ventilation works required at many sites to obtain sustainability.</p>	<p>Due to delays with the vaccine and lockdowns, this road map would be a live document and would need updating on a regular basis.</p> <p>The following would have an impact:</p> <p>Dental Funds/allocations</p> <p>Changes to the targets</p> <p>Increased need due to deterioration of oral health during pandemic</p> <p>Oral Health inequalities highlighted as a result of pandemic</p> <p>Capacity in teams (NHSI PHE)</p>