Commissioning Standard for Urgent Dental Care

NHS England and NHS Improvement

Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Commissioning Standard for Urgent Dental Care

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Executive summary

This document sets out the standards for commissioning urgent dental care services in England. The standard will support NHS England in commissioning consistent patient-centred urgent dental care services. Currently there is a mixed and inconsistent service as this was historically commissioned by each primary care trust and the volume and availability of services is very variable.

The standard has been developed with patient and public input to find out the aspects of urgent care that are important to them, for example travelling times and the type of service they receive.

Implementation of the standards should ensure that patients and the public are aware of what services are available, how to access them and what they should expect from the services themselves. At the moment many patients either use overstretched general medical practice or emergency departments, neither of which is equipped to provide effective dental care.

Foreword

Anybody who has experienced severe dental pain will know how important it is to be able to make contact with a member of the dental team as quickly and easily as possible. NHS England commissions urgent dental care services to meet this need and this Standard is intended to support them in this challenge.

Our ultimate aim is that the public will know how to contact the urgent dental care service when they have pain, wherever they are in the country. That they then receive a caring and proportionate response, which seeks to reassure where necessary and direct the caller to self-care, to the pharmacy or to a dental professional as necessary based on clinical need. And that the response and outcome will be the same wherever the patient is calling from.

Patients have told us that they would prefer to talk to a dental professional and that they are prepared to travel if they need a face to face appointment with a dentist. They also want to know they are receiving effective treatment for their problem and how much this will cost them.

This Standard is designed to enable commissioning teams to work with the dental profession locally to assess the current system for urgent dental care and make changes where these are required. The Standard is one in a series of dental commissioning standards produced to support the transformation of NHS England dental services. Each standard sets out a framework for local work and should be read in conjunction with the Introductory Guide for Commissioning Dental Specialties. With the adherence to the standardised framework for place-based commissioning we can ensure that local NHS dental care pathways are developed and commissioned with consistency and excellence, across the whole spectrum of dental service provision.

The pace of transformation will inevitably vary across England with the requirement to conform to national quality standards applicable to all aspects of dental service provision and all regions. In continuing with the legacy of effective collaboration between local commissioners, their local patient populations, the local Dental Managed Clinical Networks (MCN), Consultants in Dental Public Health and Local Dental Networks (LDN)[1] achieving the nationally expected standards will not be a significant challenge. The focus for commissioners is an assurance for local populations of timely access to high quality, evidence-based urgent dental care; confidence in a service designed at local level to meet local needs aligned with national standards.

Sara Hurley
Chief Dental Officer for NHS England

[1] These may change as the role of Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) becomes clear.

1 Introduction

This commissioning standard aims to ensure urgent primary care dental services in England are high quality, responsive to local needs and deliver best outcomes for service users. It will support development of urgent dental services that are seamless with other urgent care services to ensure people with urgent dental needs are seen in the right place and at the right time.

NHS England has responsibility to ensure people have timely and appropriate access to urgent dental care. However, under the NHS primary care dental contracts, general dental service providers are required to provide urgent dental care to patients who are undergoing a course of treatment at the practice within a practice's normal working hours (appendix A).

This commissioning standard supports NHS England to meets its legal duty on access to urgent dental care services. It supports delivery of the commitments on urgent care outlined in the *Five Year Forward View and Next Steps on the NHS Five Year Forward View* and the NHS Mandate to 2020. It is important to recognise that while standards of care will be consistent across the country, commissioning will need to be responsive to local needs, informed by emerging sustainability and transformation partnerships and local place-based clinical priority setting.

This commissioning standard outlines the minimum standards to be attained and commissioners are expected to implement the standards when procuring new urgent dental care services. Commissioners will also need to work with existing service providers and agree a timetable for adoption of these standards. If commissioners are unable to implement or apply the standards they should ensure there is an audit trail of the reasons for this and the risk mitigation they have applied.

1.1 National policy on urgent care

In response to the *Urgent and Emergency Care Review* and the *NHS Five Year Forward View*, NHS England developed a national service specification for the provision of a 24 hours a day, seven days a week integrated urgent care access, clinical advice and treatment service (NHS England, 2017). This service incorporated NHS 111 call-handling and former GP out-of-hours services and has been termed an integrated urgent care clinical assessment service (IUC CAS). Responsibility for its commissioning sits with clinical commissioning groups (CCGs). The specification aimed to revolutionise how urgent care services are provided and accessed to improve experience of, and clinical outcomes from urgent care. A key requirement is that arrangements are made for the management and referral of callers with dental symptoms.

Of relevance to urgent dental care is the inclusion of dental professionals in the clinical assessment service. It is expected that in time the IUC CAS will book directly people into urgent face-to-face appointments where needed, which may include urgent dental care services.

Purpose and objectives

The purpose of this commissioning standard is to ensure urgent dental care services are transformed and delivered in line with the national transformation plans for urgent care.

Objectives:

- define within the context of primary care commissioning the meaning of urgent and emergency dental care
- ensure urgent dental care commissioning is based on assessment of local needs, including the most vulnerable groups in society
- describe standards for the commissioning of urgent dental care
- describe standards for the delivery of appropriate urgent dental care
- ensure urgent dental care services are integrated across all urgent care services
- ensure outcomes of urgent dental care are monitored and evaluated
- ensure that available services are profiled accurately and their availability to patients and professionals is signposted on the Directory of Services (DoS) and NHS Website.

1.2 Expected outcomes

The commissioning standard will enable transformation of urgent dental care services across England.

The expected outcomes are:

- improved oral health and reduced oral health inequalities
- an accessible and equitable, high quality urgent dental care system responsive to local needs
- urgent dental care services aligned to other local urgent care and dental services and provided to national standards
- clarity for patient and the public on what they can expect from urgent dental care services.

1.3 Expected benefits

A consistent model of urgent dental care across England that is responsive to local needs and understood by patients, the public and health and social care professionals will deliver the following benefits:

- improved patient experience and confidence in urgent dental care services
- timely access to urgent dental care services for the public
- the right patients being seen by the right service at the appropriate time leading to appropriate treatment and relieving pressure on emergency departments and GP out of hours services
- access to ongoing oral healthcare for frequent users of urgent dental care services
- service users able to resume normal activity due to prompt treatment, for example work and education.

While there is no plan to undertake a national evaluation of urgent dental care services, key performance indicators developed and monitored locally will measure these benefits.

2 How the standard was developed

To support development of the commissioning standard a rapid review of the literature was undertaken in relation to all elements of the standard. As well as providing evidence to inform the transformation of urgent dental care in England, it also highlighted the continuing need to evaluate which of the different service delivery models provide optimal access, effective care and best patient outcomes in future.

In addition, patients and the public and NHS commissioners and providers views were captured through consultation workshops. These included the need to ensure access for people with additional care needs and for clear information on service provision and how to access services.

3 What is urgent dental care?

Urgent and emergency oral and dental conditions are those likely to cause deterioration in oral or general health and where timely intervention for relief of oral pain and infection is important to prevent worsening of ill health and reduce complications (Scottish Dental Clinical Effectiveness Programme, 2013). Urgent dental care problems have been defined previously into three categories: emergency, urgent and routine (SDCEP, 2007). This commissioning standard is concerned with the first two categories only.

Dental emergencies include the following conditions, which require contact with a dentist or other appropriate clinician within one hour and are treated in a timescale appropriate to the severity of the condition:

- Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth
- Oro-facial swelling that is significant and worsening
- Post-extraction bleeding that the patient is not able to control with local measures
- Dental conditions that have resulted in acute systemic illness or raised temperature as a result of dental infection
- Severe trismus
- Oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that is lead to acute decompensation of medical conditions such as diabetes)

Urgent dental problems include the following conditions, which should receive self-help advice and treatment within 24 hours:

- Dental and soft-tissue infections without a systemic effect

- Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice
- Fractured teeth or tooth with pulpal exposure

Routine dental problems include the following conditions for which self-help advice is needed and/or access to an appropriate service within seven days if required:

- Mild or moderate pain: that is, pain not associated with an urgent care condition and that responds to pain-relief measures
- Minor dental trauma
- Post-extraction bleeding that the patient is able to control using self-help measures
- Loose or displaced crowns, bridges or veneers
- Fractured or loose-fitting dentures and other appliances
- Fractured posts
- Fractured, loose or displaced fillings
- Treatments normally associated with routine dental care
- Bleeding gums

4 Assessing local needs and current service provision

Planning oral healthcare services should be underpinned by a needs assessment. In the context of this commissioning standard oral health needs assessment should be used to determine if current urgent dental care service provision is meeting local oral health needs. The method utilised for the needs assessment should aim to answer the following:

- What is the health problem?
- What is the size and nature of the problem of the population?
- What are the current services?
- What do professionals, patients and the public and other stakeholders want?
- What are the most appropriate and cost effective interventions?
- What are the resource implications?

Chestnutt et al. (2013) described a process for undertaking an oral health needs assessment and the broad stages are set out below with examples of how this can be applied to urgent dental care.

Oral health needs assessment stages	What might this look like for urgent dental care?
1. Establish a working group	Including but not limited to consultants in dental public health, relevant NHS England commissioners and commissioners from emerging integrated care systems and strategic transformation partnerships, appropriate patient and public representatives and service providers

2. Agree aims, scope and timescales	To describe the urgent dental needs and demands of the people within a given geographic region in order to inform potential unmet need
3. Collate existing needs assessments and other relevant information	National and regional figures for urgent dental conditions can be found in the decennial adult dental health surveys
4. Identify and close information gaps on health needs, relevant service activity, workforce and other resources	Seek out local data on need for urgent dental care Map urgent dental care demand and activity from current services (BSA data), NHS 111, hospital data and data from general medical practices Establish if there are any existing urgent dental care pathways Consider work to engage the population/community of interest and other stakeholders, for example providers of urgent dental care services
5. Build a comprehensive picture of needs and resources	Set out the urgent dental care needs of a given population including: • prevalence • distribution • inequalities Set out demand for current services Set out scope, activity and resources of current services Set out views of service users and other stakeholders.
6. Interpretation of the information to identify unmet needs and agree priorities for potential action to meet these needs	Set out met and unmet need in relation to urgent dental care and agree on possible service developments to address any unmet need within local resource envelope.
7. Identify shared priorities for action that are locally appropriate and consult on these	A local implementation group should be convened to consult on and agree priorities and develop an action plan. Any actions should be in line with the appropriate evidence base, for example on use of antibiotic to treat dental pain and local context to ensure greatest impact from available resources.
8. Action plan to address priorities	
9. Implement action plan to meet local needs	Implementation of action plan and continuous monitoring and quality improvement. Data monitoring requirements and performance indicators should facilitate evaluation against the aims of the service. Evaluate at appropriate time, for example when considering contract extension or re-procurement.
10. Evaluate actions	

5 Commissioning standards for urgent dental care

5.1 Scope

This commissioning standard has been developed to assist commissioners to design and procure consistent clinical urgent dental care services to meet the needs of people presenting with dental emergencies and urgent dental problems as defined in section 3 above.

Urgent dental care services should be commissioned for all the local population, including vulnerable groups, to ensure equity. Visitors to the area including those from overseas should also be able to access the services.

Routine dental problems, also defined in section 3, and call handing and triage services are outside the scope of this standard.

5.2 Audience

This commissioning standard is written for dental commissioning teams to consider and implement as required to meet local need in partnership with their local dental network. This will include active participation from the local Healthwatch and other local patient representative groups and other NHS England commissioners including directory of service leads. Participation will also be needed from partners in Public Health England (PHE), Health Education England, local urgent dental and medical service providers, providers of community dental services, providers of primary and secondary dental care, local dental committees, clinical commissioning groups, sustainability and transformation partnerships and emergent integrated care systems.

5.3 Roles and responsibilities

NHS England dental commissioning teams should assess current service provision against this standard and prioritise the implementation taking into account current contractual commitments accordingly. They will need to work within the newly emerging placed-based commissioning structures in assessing local needs and setting local priorities. They will also need to work with local consultants in dental public health to understand the need for services and engage with the public to understand their views and requirements. They should work within emerging integrated cares systems engaging with local and regional groups involved in urgent and emergency care, including directory of service leads, clinical commissioning groups and local authority commissioners to engage with place-based commissioning on urgent care to align services. The local dental network will provide an effective mechanism for engagement, clinical leadership and prioritisation.

Where there are local urgent dental care managed clinical networks in place, these should be engaged as a first step and should be actively involved in implementation. They will have information on current local service provision and local inconsistences and issues. Where there are no urgent dental care managed clinical networks, the

local dental network should give consideration to establishing one or more depending on local geography and pathways, as this will assist in implementation, quality assurance and ongoing monitoring and review of urgent dental care services.

There is an important role for NHS England in publicising the arrangements for urgent dental care so that everyone is clear about how to access the service and what to expect when they do. This includes the NHS charges that will be payable and information on entitlement to free treatment and how to receive help with health costs. It also includes the expectation that definitive treatment will be provided where possible and appropriate antibiotic stewardship will be in place. This should be done jointly with local clinical commissioning groups, for example across a sustainability and transformation partnership footprint. Local communications teams should support this work.

The local dental and health economies also need to be familiar with the arrangements for urgent dental care to ensure appropriate signposting.

Health Education England will be involved in the local dental network and should consider the workforce development needs that arise from the review of current services and design of future services. The whole dental team can and should be involved in urgent dental care provision and this should be reflected in local workforce plans.

PHE should also be involved in the local dental network and should be approached for advice on the local needs assessment.

All general dental service and personal dental service providers should maintain an up to date entry on the NHS website. Local mechanisms will need to be in place to ensure any updates are also captured in the directory of services. This is essential, as patients and NHS 111 should be able to rely on these as effective ways of finding a local dentist for routine care.

5.4 Contracting mechanism and payment approach

Commissioners should use a personal dental service agreement as the appropriate contract mechanism for urgent dental care services. Commissioners should recognise that the provider is being commissioned to deliver a relatively unpredictable service and will be required to make available appointment slots to be filled at short notice. A sessional commitment (for a certain number of hours when the provider will accept an agreed number of patients) with the inclusion of key performance indicators (KPIs) would be appropriate. It is anticipated that the majority of service provision will be commissioned in normal working hours, with out of hours services commissioned to provide care during weekends and bank holidays.

Patient charges will apply to urgent dental care services in line with The National Health Service (Dental Charges) Regulations 2005 and providers should be expected to collect these.

Length of contract will be a local decision and should be in line with NHS England's, standing financial instructions and should be long enough to enable stability of services.

Case study 1 London

NHS England (London Region) inherited the legacy of 31 urgent dental care models in April 2013. Inconsistencies existed in provision and not all boroughs had in place a dental nurse triage service. A pan-London needs assessment was undertaken in 2014/15, modelled on the areas of London that historically had dental nurse triage services. Call volumes were estimated and assumptions made about patient end-points, for example telephone advice given and booked into an urgent dental care treatment slot). In 2015/16 three new dental nurse triage services (North and South London plus an overnight service) were procured and went live in April 2016. Running in tandem to the dental nurse triage project was another project to ensure that sufficient urgent dental care treatment slots were available. A competitive procurement exercise took place in 2016/17 to seek dedicated urgent dental care slots in existing general dental practices. NHS England (London Region) regularly meets with its dental nurse triage provider to ensure that urgent dental care treatment capacity meets demand. The current system has proven to cut dental presentations at London EDs. Both commissioning projects have driven a consistent patient offer for Londoners and make full use of the national NHS 111 number for a single point of access. The dental nurse triage service is commissioned through a standard NHS contract which is demarcated into three areas, north London, south London and an overnight service. The dental nurse triage contract is an amalgamation of a block of 145,000 calls per year and £10.50 per call above this volume. It is very difficult to ascertain how many calls are received per year. The urgent dental care treatment slots are commissioned through a combination of a fixed retainer (145,000 calls), units of dental activity, which is 1.2 for an urgent treatment, and sessional costs. During bank holidays, costs are doubled. The challenge for the region has been assessment of local needs, which will be reported on imminently, and service evaluation, which will go through the emerging integrated care systems.

6 Standards of delivery

6.1 Access to urgent dental care

Information on how to access urgent dental care should be available for everyone and be designed to overcome physical, language, cultural, social or other barriers. Access to urgent dental care services will be through NHS 111 or NHS 111 online, which are available 24 hours a day, seven days a week. Dental commissioners will need to work with clinical commissioning groups to ensure NHS 111 services locally include appropriate dental call handling and clinical triage. Direct booking into the urgent dental care service should be established where possible within the recommended timescales (section 3). Alternatively, until this is possible, local mechanisms for booking should be developed to ensure service users are required to make one phone call only. National work is ongoing on direct booking from NHS 111 and commissioners should ensure developments are consistent with this work.

If dental calls are to be triaged outside of the NHS 111 system, this should be in line with the requirements of the national service specification for NHS 111. Calls should be redirected from NHS 111 using a simple single layer ‘press 1’ style interactive voice response process, which facilitates computer automated redirection. The triage service should be able to:

- receive patient information via NHS 111
- return calls and carry out a clinical telephone triage using established dental algorithms
- provide information, reassurance and advice to callers, including pain management advice and signposting to an NHS dental service using appropriately trained personnel
- advise on patient charges for urgent dental care and exemptions and advise on what to expect from the urgent dental care service, that is treatment of the urgent episode only and, undertake direct booking to urgent dental care treatment slots.

The directory of services is an important element of an accessible urgent dental care pathway and should reflect current urgent dental care provision both in and out of hours. Emergency departments that can manage dental emergencies such as avulsed permanent teeth should be captured in the directory of services to ensure prompt treatment of such cases when an urgent dental service is unavailable. To support signposting of any non-urgent cases, commissioners should ensure all dental providers keep their NHS website entry accurate and up to date and that the directory of services is also up to date.

General medical practitioners, pharmacists, emergency departments and oral and maxillofacial surgery units should be aware of the urgent dental care pathway and how this may be accessed.

6.2 Information technology systems

The urgent and emergency care system and pathway relies on IT systems to transfer people between services. There should be appropriate connectivity between NHS 111, any additional triage providers, urgent dental care providers, emergency departments and providers of general dental services. IT systems of urgent dental care providers need to be consistent with the national interoperability programme to avoid breakdown within the pathway.

All urgent care dental providers receiving referrals via NHS 111 must have @nhs.net mail accounts to ensure safe transmission of patient identifiable information.

Commissioners should also consider:

- access to shared patient healthcare records, where appropriate
- ability to book online
- urgent dental care services should be able to signpost to other urgent care providers (both general and dental), for example emergency departments with oral and maxillofacial surgery cover.

6.3 Assessment

The purpose of assessment is to enable the consistent prioritisation of patients to ensure that those whose condition cannot be deferred to the next available in-hour dental service receive care, as appropriate. Commissioners should be assured that any assessment procedures and protocols identify people who have an urgent dental

need. The assessment dispositions should fit with the descriptions of urgent dental problems and associated timescales described in section 3.

6.4 Advice

Advice following assessment should be available according to a protocol via the initial patient phone call. This advice should include self-care and incorporate advice on pain relief. Signposting to services should also be available if routine care is needed.

6.5 Treatment

Urgent dental care services should be inclusive and accessible to everyone and there should be no physical (including medical conditions), language, cultural, social or other barriers to receipt of care. Commissioners should ensure that services are able to meet the urgent dental needs of the following groups, either directly through an urgent dental care provider or through an alternative pathway that is included in the DoS:

- children with dental trauma, including consideration of any safeguarding concerns
- people who are medically compromised
- people who require domiciliary care
- people with physical or sensory disability
- people with specific access problems such as homeless people, and refugees or asylum seekers
- people living in remote and rural locations

Factors to consider in the provision of urgent dental care for people with disabilities include the necessary training and skills of staff. Care should be provided from a suitable environment to enable access for people with physical and sensory disabilities, including wheelchair access and the availability of a hoist. Transport arrangements should be considered. Appropriate interpreting services should be accessible.

Providers should be encouraged to use a text confirmation and reminder system, especially where an appointment is booked for the next day, as part of an overall strategy to keep failed appointments to a minimum.

Urgent treatment refers to a course of treatment that consists of one or more of the treatments listed in Schedule 4 to the NHS Charges Regulations (urgent treatment under Band 1 charge) (Appendix 1).

The maximum waiting times for care should be in line with the nature of the urgent care problem as defined in section 3. The service should have the capacity to meet local needs and should primarily be provided in hours during the week and at weekends. The engagement exercises suggested weekend mornings would be preferred by the majority of people.

The service should be located such that the usual travel time by public transport would be no more than an hour. Commissioners need to take account of local circumstances including transport links and the local population needs. The service location should also provide service users and service providers with a safe, appropriate and accessible environment.

Treatment slots should of sufficient length to manage individual urgent care needs and provide wherever possible definitive treatment. This should be a minimum of 15 minutes.

To reduce the risk of antimicrobial resistance, providers should follow antimicrobial stewardship and prescribing guidance, including helping patients understand when antibiotics are appropriate.

To support the Making Every Contact Count agenda, advice on improving oral health should be given to all urgent dental care service users. This should be based on the evidence based guidance in Delivering better oral health (Public Health England, 2017).

Information from the urgent dental care appointment, using post-event messaging, should be communicated to the patients' usual dentist and to any other relevant professionals involved in the patients' ongoing care within 48 hours of receipt of urgent dental care. The provider should have systems in place to ensure that service users consent to this sharing of their personal information.

If the service user does not have a dentist, arrangements should be made by the urgent dental care service to ensure the patient has access to ongoing care. Urgent dental care services will need a list of practices accepting new NHS patients and there should be a local mechanism to keep the list up to date. Frequent users of the service should be supported to seek routine continuing care.

Consideration should be given as to how the service will cope at periods of higher demand, for example public holiday periods.

6.6 Improving referral pathways

To improve referral pathways practices should be identified that are willing to take patients who have attended the urgent dental care service but do not have a dentist for completion of any urgent treatment and ongoing care. To facilitate this, urgent dental care providers should have access to a referral mechanism where post event messaging is sent via NHS mail and then the referral practice contacts the patient to organise follow-up and continuing care. Post-event messaging details should include the date and time of the urgent dental care appointment, the history of the presenting complaint, the diagnosis, treatment and advice provided and any medications prescribed.

Providers of urgent dental care should establish links with specialist services to facilitate onward referral of those people with special care or complex dental needs or who may require sedation or general anaesthesia to complete care.

There should be feedback mechanisms to enable all providers in the care pathway to feedback to providers and commissioners if the pathway is not working effectively.

Case study Cumbria and North East

NHS England (Cumbria and North East) reviewed unscheduled, urgent and emergency dental care provision following concerns raised by the dental profession, patients, CCGs and NHS 111 that patients were finding it difficult to secure reliable and responsive access to urgent dental care, particularly via NHS 111. The local dental network executive established a review team during 2015/16, jointly led by a local dental network clinical lead and NHS England dental commissioner, to conduct a whole pathway review in accordance with the principles outlined in Securing Excellence in Commissioning Dental Services[1]. The findings from the review highlighted significant gaps in provision and areas of non-compliance when benchmarking the local pathway and services against emerging national urgent care guidance and standards. This resulted in a need to re-model and re-engineer the whole system locally on a phased basis. Phase 1 (2017/18) resulted in the procurement of a small number of dedicated NHS 111 in hours unscheduled care pilots, which have proven successful. This led to implementation of Phase 2 (2018/19), which includes the procurement of a Cumbria and North East wide NHS 111 fully integrated dental clinical assessment service that will be compliant with national urgent care standards alongside the introduction of further dedicated NHS 111 in hours unscheduled care services. The final phase (2019/20) will result in the re-modelling and re-procurement of out of hours treatment services based upon the learning drawn from phase 1 and 2 and the impact this has had on patient flows. The aim is to ensure that in future patients can reliably and responsively access urgent dental care in hours, reducing the demand on out of hours treatment services and providing an improved outcome for all patients presenting with urgent dental needs across Cumbria and the North East.

[1] NHS Commissioning Board 2013 Securing Excellence in dental commissioning: https://www.england.nhs.uk/wp-content/uploads/2013/02/commissioning-dental.pdf

7 Supporting standards

7.1 Access to records

It would be beneficial for dentists to access the NHS Summary Care Record (SCR) to support patient safety. Once this is established, it is expected that urgent dental care providers will use this to check patients' demographics and medical histories where necessary.

Commissioners should, in the absence of dental access to the SCR, work with dental providers to support access to alternatives such as NHS mail.

Urgent dental care providers will need to be able to share details about a patient's urgent dental care visit with their general dental practitioner, where applicable. Use of NHS mail by all dentists with an NHS contract will facilitate secure communication of this information.

All data transfer systems must conform to current regulations on data protection.

7.2 Business continuity

Commissioners should include the need for robust business continuity plans in all new urgent dental care provider specifications. This should include systems to ensure cover in the event of planned and unplanned staff absence and building, equipment and IT systems malfunction.

7.3 Clinical decision support system

NHS 111 clinical assessment services use NHS Pathways or NHS Pathways Dental Module, which are decision support systems, to triage callers to the service. While the resulting dispositions are more discriminatory than the SDCEP timescales, they do fit overall.

Any local triage systems should fit with the SDCEP definitions and timescales that are used in this standard. However there may need to be flexing to meet local needs, for example in large rural areas where meeting the one hour timescale may not be possible for all service users.

7.4 The directory of services

Commissioners need to be assured that there are local mechanisms in place to keep the DoS up to date including availability of the service in real-time. Different DoS exist for NHS 111 and the NHS website. While it is essential that the DoS for NHS 111 is up to date and captures real time availability of urgent dental care, it is also essential that the NHS website DoS is kept up to date by providers of urgent dental care and general dental services.

Commissioners should consider developing systems to incentivise all dental services providers to ensure all DoS are kept up to date.

7.5 Clinical governance

Commissioners should consider working with the local dental network to establish an urgent dental care managed clinical network with accountability to the local dental network, where one is not already in existence. This should be chaired by an experienced local urgent dental care provider, whose appointment is ratified by the local dental network. The MCN should consider links with or membership from local OMFS and emergency departments. The MCN will produce an annual report on urgent dental care with an annual action plan that is agreed by the local dental network.

All providers and performers of urgent dental care should be members of the managed clinical network and be bound by its quality assurance system, which will include audit, peer review and standards for continuing professional development. Safeguarding issues can be a particular concern for providers of urgent dental care, who may see people who do not routinely access care or who may have suffered

dental trauma. Providers should ensure staff have training in adult and child safeguarding and are aware of local systems and pathways. The managed clinical network should be able to support providers in setting up their in-practice systems and complying with local pathways.

7.6 Workforce

Urgent dental care can be undertaken by dentists who have completed NHS foundation training or equivalence and are on the NHS performer list.

Dentists should be able to demonstrate experience treating people with urgent problems and advising on pain management. This will include skills in the management of dental trauma, pulp treatments and dental extractions. They should also have experience in providing care for people with special care needs, including people with disabilities and dental phobias. Skills should be maintained by undertaking relevant enhanced continuing professional development. This will include training in treatment of urgent conditions and keeping up to date with appropriate prescribing.

Dentists need to be supported by suitably trained dental nurse.

Commissioners must ensure that quality assurance requirements include the need for appraisal and feedback for urgent dental care teams. Support will be required from commissioners and Health Education England to enable innovation and development of urgent dental care practice.

Due to the nature of the services being provided, appropriate safe staffing levels should be maintained at all times.

8 Quality improvement

Providers of urgent dental care service should work to improve continuously the quality of care delivered to service users. Commissioners should ensure:

- telephone triage services audit their performance on a regular basis
- urgent dental care providers:
    - meet the requirements of the Care Quality Commission
    - undertake regular audit of their practice including the appropriateness of the triage of people accessing urgent dental care, the appropriateness of dental treatments provided, treatment outcomes and patient satisfaction with the service they receive, including the friends and family test and an annual antimicrobial resistance audit
    - monitor near misses and carry out significant event analysis as appropriate

Key performance indicators should be included in the specification for the service and these should be patient-focused and include public involvement, clinical and organisational indicators. Suggested indicators are included in appendix 2.

Commissioners may also consider developing local outcome indicators in line with local demographics and need.

Providers working in collaboration with the local NHS 111 integrated urgent care clinical assessment service will be expected to contribute data to fulfil the integrated urgent care minimum data set (NHS England, 2017).

Patient reported outcome and experience measures should be included in the specification:

- a suggested patient reported outcome measure is 'was the problem resolved by your visit to the urgent dental care service?'
- a suggested patient reported experience measure is 'did you understand what treatment you needed and why this was necessary?'

Comments, complaints and compliments should be recorded by providers and regularly reviewed by commissioners and action taken if appropriate.

Providers should be required to identify patient views and satisfaction levels.

As part of the service monitoring and quality improvement process an evaluation of the impact of the service should be undertaken. This should include any impacts on emergency departments, dental access centres where these exist and general medical services. It should also capture compliments and complaints and feedback from Healthwatch. It should also include an assessment of the effectiveness of any communications plan for the service.

A thorough evaluation of the service should be planned when considering extending the contract length of the service or prior to any re-procurement of the service. This should capture structure, process and outcomes of the service together with the responsiveness of the service to local needs. This may be assessed using Maxwell's quality framework (Maxwell, 1984):

- Access to the service
- Fairness of the service
- Relevance to the community's needs
- Acceptability of the service in terms of patient experience and satisfaction
- Efficiency and economy of the service
- Effectiveness for individual service users

Public health advice and support should be sought to support any service evaluation.

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Project Board Membership

Name	Representing
Janet Clarke	**Chair- Office of Chief Dental Office** ***Deputy CDO***
Andrew Taylor	**Office of Chief Dental Office** ***Head of Dental Programme***
Shan Ellahi	**Office of Chief Dental Office** ***Project Lead for Innovation***
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Appendix A Schedule 4 of The National Health Service (Dental Charges) Regulations 2005

Schedule 4 of The National Health Service (Dental Charges) Regulations 2005 lists **urgent** treatment that may be provided under a band 1 urgent treatment charge to a person in circumstances where—

(a) prompt care and treatment is provided because, in the opinion of the dental practitioner, that person's oral health is likely to deteriorate significantly, or the person is in severe pain by reason of his oral condition; and

(b) care and treatment is provided only to the extent that is necessary to prevent that significant deterioration or address that severe pain.

Urgent treatment under B and 1 Charge

(a) examination, assessment and advice
(b) radiographic examination and radiological report
(c) dressing of teeth and palliative treatment
(d) pulpectomy or vital pulpotomy
(e) re-implantation of a luxated or subluxated permanent tooth following trauma including any necessary endodontic treatment
(f) repair and refixing of inlays and crowns
(g) refixing a bridge
(h) temporary bridges
(i) extraction of not more than 2 teeth
(j) provision of post-operative care including treatment of infected sockets
(k) adjustment and alteration of dentures or orthodontic appliances
(l) urgent treatment for acute conditions of the gingivae or oral mucosa, including treatment for pericoronitis or for ulcers and herpetic lesions, and any necessary oral hygiene instruction in connection with such treatment
(m) treatment of sensitive cementum or dentine
(n) incising an abscess
(o) other treatment immediately necessary as a result of trauma
(p) not more than 1 permanent filling in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silico-phosphate including acid etch retention

Appendix B Urgent Dental Care Service Specification

Primary Care Dental Service:	**Urgent Dental Care Service**
Purpose:	To provide dedicated, responsive and reliable urgent dental care to people with urgent dental care needs
Service Description:	
Service Aims & Objectives	The aim of this service is to provide urgent dental care in and out of hours to residents and visitors to the area. The service will form part of the wider 24 hour whole system of urgent and emergency care. Objectives: • To reliably and responsively receive and book patients with urgent emergency dental conditions into the urgent dental care service • To undertake a clinically appropriate examination and assessment • To provide the clinical treatment necessary to meet the patients' immediate dental care needs • To ensure the clinical emphasis of the service is always to provide definitive clinical treatment wherever possible • To ensure that antimicrobial prescribing is strictly in accordance with FGDP (UK) and SDCEP guidance in line with the antimicrobial stewardship agenda • To provide health improvement advice in line with Delivering Better Oral Health and Making Every Contact Count • To offer all patients the opportunity to return to the service, where their pain/discomfort has not been resolved • To support patients in accessing general dental services or other appropriate dental service for follow-up treatment where required and ongoing care
Whole System Relationships	The service will engage pro-actively and develop positive working relationships with the following partners to ensure the quality of services and address the needs of service users: • NHS 111/Clinical Assessment Service managers and local Directory of Service leads • In hours and out of hours dental providers forming part of the unscheduled dental care pathway • Local accident and emergency services and urgent care centres • General dental practices • The wider dental, health and social care services including secondary care and pathways • The local dental network and urgent dental care managed clinical network • NHS commissioners • NHS website and NHS Mail provider and support organisations • Healthwatch • NHS England Patient Experience Team • Any other relevant services or partner agencies
Patients/Client Groups	The service will provide urgent and emergency dental care to meet the needs of any patient directed to them primarily by NHS 111 and NHS 111 online. This will include ensuring that reasonable adjustments are in place to support access to appropriate care by patients with special care, physical or medical care needs and other vulnerable patient groups. A key element of meeting the needs of these patient/client groups will be meeting the Accessible Information Standards that by law (Section

	250 of the Health and Social Care Act 2012) and duties under the Equality Act 2010 which must be met by NHS organisations must be met by NHS organisations. The provider will therefore ensure that their workforce is trained and that the services provided are compliant with the accessible information standards (www.england.nhs.uk/accessibleinfo).
Model of Delivery	
Service Model	The service will form part of the whole system of urgent and emergency dental care provided across xx area Specifically the service will provide dedicated, responsive and reliable urgent and emergency dental care on a daily basis (Monday to Friday) to patients directed to the service primarily by NHS 111 and NHS 111 online. NHS 111 will send an email via NHS mail (nhs.net) that will include the patients full contact details, triage assessment notes and initial dental diagnosis/disposal instructions. The provider will have an NHS mail account and monitor this at all times throughout the services operating hours, having in place new message prompts and alarms to ensure it can respond effectively. NHS mailboxes must also be checked immediately on the service opening to ensure that any patients directed to the service during the out of hours periods are picked up and managed both responsively and effectively. NHS 111 operators will wherever possible during the urgent dental care service opening hours contact the service by telephone in advance of sending a patient referral and information by NHS mail. The primary means of receiving patient referrals and information to support service booking will be via NHS mail until direct electronic booking into the service by NHS 111 is possible. The provider will have a dedicated telephone number for sole use by NHS 111 and this must not be given out directly to patients by NHS 111 or the provider to ensure that service capacity is available to NHS 111 for reliable referral and booking and to ensure the service can robustly and effectively manage its clinical slot capacity. At the point of NHS 111 disposing (referring) the patient into the urgent dental care service via NHS mail, responsibility for the patient and their care transfers from NHS 111 to the urgent dental care service. It is therefore essential that the service has in place and continually reviews its internal systems, policies and working practices for receiving and handling these patient referrals from NHS 111. Upon referral of patients from NHS 111 the service will immediately attempt to contact the patient to arrange/confirm an appointment slot, confirm with the patient that NHS dental charges apply unless exemption or remission criteria apply and can be evidenced and upon completion of the booking confirmation call provide the patient with a final SMS confirmation message. The service must develop a policy and working practice that supports internal service staff in managing patient 'contacts/call backs' in a reliable and consistent manner. They must also be informed that where patients are provided with sign-posting to support access to general dental care services in order to secure on-going dental after care that dental charges, exemption and remission criteria will also apply in accordance with the NHS Dental Charge Regulations. To ensure that NHS 111 maintain full and 'real time' visibility of the urgent dental care service capacity the provider must ensure that it regularly reviews and changes its NHS 111 service capacity status flag (Red, Amber, Green) using its services NHS 111, Directory of Services registered access and system capabilities. Where the service's capacity is fully committed on any given day the service will change their status on the directory of services to red – full.

	Should any NHS 111 directed patients exceptionally present to the service during this period it is expected that the service will facilitate and support that patient into an alternative and clinically appropriate urgent dental service, wherever possible. Patients subsequently attending their service appointments should be received into the service and directed into their clinical treatment slot. Services must ensure that a full and contemporaneous record of their full appointment visit, choices made, advice and treatment given is accurately captured and retained by the service. The service should have a policy in place for recording, managing and supporting a reduction in failures to attend. The urgent dental care service will provide services in accordance with Schedule 1 (Band 1) or Schedule 4 (Band 1 Urgent) of the NHS Dental Charges Regulations: ***Schedule 1 (Band 1):*** Band 1 course of treatment including diagnosis, treatment planning and maintenance: • clinical examination, case assessment and report • orthodontic case assessment and report • advice, dental charting, diagnosis and treatment planning • radiographic examination, including panoral and lateral headplates, and radiological report • study casts including in association with occlusal analysis • colour photographs • instruction in the prevention of dental and oral disease including dietary advice and dental hygiene instruction • surface application as primary preventive measures of sealants and topical fluoride preparations • scaling, polishing and marginal correction of fillings • taking material for pathological examination • adjustments to and easing of dentures or orthodontic appliances • treatment of sensitive cementum ***Schedule 4 (Band 1 Urgent):*** Urgent care services provided to a patient in circumstances where a prompt course of treatment is provided because, in the opinion of the clinician, a person's oral health is likely to deteriorate significantly or the person is in severe pain of reasons of his oral health condition; and treatment is provided only to the extent that is necessary to prevent that significant deterioration or address that severe pain. The dental care and treatment referred to in Schedule 4 includes: • Examination, assessment and advice • Radiographic examination and radiological report • Dressing of teeth and palliative treatment • Pulpectomy or vital pulpotomy • Re-implantation of a luxated or subluxated permanent tooth following trauma including any necessary endodontic treatment • Repair and refixing of inlays and crowns • Refixing a bridge

	• Temporary bridges • Extraction of not more than 2 teeth • Provision of post-operative care including treatment of infected sockets • Adjustment and alteration of dentures or orthodontic appliances • Urgent treatment for acute conditions of the gingivae or oral mucosa, including treatment for pericoronitis or for ulcers and herpetic lesions, and any necessary oral hygiene instruction in connection with such treatment • Treatment of sensitive cementum or dentine • Incising an abscess • Other treatment immediately necessary as a result of trauma • Not more than 1 permanent filling in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silico-phosphate including acid etch retention Upon completion of the clinical examination, diagnosis and provision of definitive treatment the service must offer in every instance: • Help to the patient to understand NHS dental patient charges, exemptions and remission criteria and how this relates to the patient's (and where appropriate their wider families) charge paying status. Where appropriate patients will be provided with advice as to how help with charges can be secured using NHS Business Services Agency, HC11 Help with Health Costs guidance documentation available on the NHS Business Services Authority website to support the provision of that help and advice. • Provide appropriate Oral Health improvement interventions and advice to improve oral health and engagement with their own and wider families' oral health in line with Delivering Better Oral Health. • Provide signposting and contact details for those NHS general dental practices in the local area, where on-going dental after care can be secured following their urgent dental care appointment, explaining the benefits of on-going routine dental treatment. • Where a patient that has been treated by the service contacts the service following their treatment indicating that the treatment has not resolved their originally presenting dental urgent or emergency care problem, the service will make arrangements to see the patient. The service will ensure these presentations are recorded as re-presentations.
Service Expectations	
Acceptance Criteria	The service will provide urgent and/or emergency dental care to meet the dental care needs of any patient directed to it via NHS 111 and NHS 111 online or other referral sources agreed by the NHS England commissioner, regardless of the patients' geographical location or place of residence. Where a patient presents into the service from referral sources other than NHS 111 agreed by the NHS England commissioner this should be recorded to allow for differentiation and monitoring of patient activity across all agreed referral sources.
Exclusion Criteria	Patients who are directed into the urgent dental care service and who are in receipt of an active course of treatment under a general dental service contract with the same urgent dental care provider must be seen for urgent dental care as part of the provider's general dental service contract, be this a GDS contract or PDS agreement.. On this basis they will not be counted or considered as activity as part of the urgent dental care service'. It is accepted that exceptions may arise that require due consideration by the commissioner as 'exceptions to this rule'. Under these

	exceptional circumstances and where reasons can be robustly evidenced as to why a patient was not seen within the providers' standard contracting arrangements the commissioner will work with the provider to ensure that patients needs are not comprised and that the provider of the service is not unfairly disadvantaged.
Location & Access	Urgent dental care services are being commissioned across x area to support the needs of local populations and provide local access that aligns to local integrated urgent care systems and community arrangements. The location of urgent dental care services across x and within which the service will operate will be: Commissioned services under this arrangement will be acting as 'local urgent dental care hubs' drawing patients from a wide range of patient groups and from across both their local geographical area but also through patient choice from any geographical location. Therefore service providers must ensure: 1. That their facilities and premises are compliant with the Equalities Act 2. That the provider has sufficient existing spare clinical and physical capacity or can secure additional clinical and physical capacity where it does not already exist to allow the service to be provided as outlined and within the mobilisation timeframes expected. 3. That the service delivery location has reliable and safe access to: • Good car parking for patients on the delivery site • Local public car parks that offer an alternative option to on-site parking and that are no more than a 20 minute walk for patients to the service delivery site • Bus routes and frequent bus services that allow patients from across the whole xxx area to access the service and with a local bus stop that is no more than a 20 minute walk for patients to the service delivery site • Convenient for local public transport interchanges that offer reliable and frequent access to the delivery service site from a wide range of other public transport provision that services the area.
Service Availability & Delivery	The service will be commissioned in 15 minute patient slots. Each 15 minute slot will be managed flexibly by the service to best meet individual patient presentations but will in every instance ensure delivery of all specified service elements including examination, assessment, definitive clinical treatment necessary (Band 1 or Band 1 Urgent), the provision of advice regarding charges, exemptions, remissions, oral health improvement intervention and advice and effective sign-posting to support the patient in accessing on-going after care and/or routine access to dental care services. The clinical examination, assessment and treatment provided must only be provided by a suitably qualified dentist performer (see minimum clinical delivery standards). The supporting advice and sign-posting offer to patient's can be provided by any suitably trained and experienced member of the dental team. Based upon an assessment of local needs, urgent dental care services are being commissioned with the following capacity:

	• List areas and number of sessions/slots per week It is essential that daily urgent dental care slots are made available to cover patient demand and choice of attendance during the morning, lunchtimes and late afternoon/early evenings. The service provider must therefore ensure that their planned patient slot times for each day of the week meet variable patterns of patient demand and offer patient choice and the provider will work flexibly with the commissioner of the service to manage the commissioned provision in order to best accommodate reliable and responsive daily utilisation of patient access into the service. To support the provider with this planning the following shows the general pattern of dental patient access historically profiled by NHS 111 call management data across the week: [commissioner to amend to fit local demand] • Monday (NHS 111 Higher Demand Day) • Tuesday (NHS 111 Average Demand Day) • Wednesday (NHS 111 Average Demand Day) • Thursday (NHS 111 Average Demand Day) • Friday (NHS 111 Higher Demand Day) The number of commissioned slots may need to be flexed, increased or decreased from the number commissioned as outlined above. The service provider must therefore be flexible in this regard and work positively and proactively with the commissioner of the service to manage the commissioned provision in order to best meet patient demand patterns and optimise slot utilisation. The commissioned service will/will not be expected to operate at weekends (Saturdays and Sundays) or on formal national public or bank holidays, when locally commissioned out of hours arrangements are in operation. The service will be expected to be available at all other times outside of these exceptions.
Service Management Standards	The following section outlines the minimum expected levels of service and management standards expected to deliver the service: **Minimum service standards** The service provider must: • Comply with all relevant primary care dental legislation, regulation and have regard to all relevant guidance issued by NHS England • Provide full details if as a provider they are open to any formal NHS England, GDC, NHS Protect or CQC formal regulatory breaches or investigations and the status of any remediation. • Have facilities and equipment that are appropriate for the delivery of primary dental care services and that are Equalities Act compliant. **Minimum clinical delivery standards** Due to the complex, vulnerable and variable nature of urgent dental care patient presentations, the 'additionality expectations of this service' regarding the consistent and reliable provision of high quality definitive clinical treatments, wherever possible and the imperative for the dentist to have full ownership of patient outcomes resulting from the patient visit, dentist performers working within this service must:

- Be registered with the GDC with no conditions or restrictions
- Be on the national dental performers list without conditions or restrictions
- Have worked 'unsupervised' as a dental associate for a minimum of two years within NHS primary care dentistry
- Not be subject to an open or on-going performer investigation

Dental therapists are not on the performers list and are therefore not able to deliver the clinical dental examination, assessment and definitive treatment required as part of this service specification.

Service management and administration

The provider must have effective systems of clinical governance and quality assurance in place and these must be compliant with NHS Dental Regulatory and professional best practice requirements.

The practice must be computerised, maintain full patient records in accordance with professional standards and submit electronic FP17 claims in relation to the Band 1 and Band 1 Urgent treatments undertaken to ensure that formal records of clinical treatment provided and recorded are secured.

The service will ensure that it has in place a dedicated NHS 111 telephone contact number and NHS Mail (nhs.net) service account to allow NHS 111 to communicate and engage with the service, refer patients and transfer relevant patient triage and booking information to the practice in support of the patients' referrals.

The service will ensure that they have a registered and active NHS 111 Directory of Services (DoS) account and have dental team practice staff trained in maintaining their NHS 111 Directory of Services account with accurate information and pro-actively manage the capacity flagged status in such a manner that the Directory of Services supports right first time signposting of patients by NHS 111 into the service.

The service will have in place effective service management and administration systems, policies and processes to maintain and manage their daily clinical slot capacity, receipt of NHS 111 referrals and management of patient presentations into the service safely, efficiently and effectively. The service will ensure the patient receives a high quality care experience and health outcome. The service must ensure its processes and systems are also fully compliant with GDPR and Information Governance standards, policy and best practice.

The service will ensure that they have Dental Team staff who are familiar with the NHS Business Services Agency website and in doing so secure a detailed understanding and in depth knowledge of NHS dental patient charges, exemption and remission criteria, the NHS Business Services Agency, HC11 Help with Health Costs guidance and related patient application forms that patients need to complete and submit to secure help with the cost of NHS dental patient charges.

The service will ensure that they have dental team staff who undertake regular contact with NHS England dental commissioners to secure up to date lists of practices accepting 'new patients' that can provide after care and on-going treatment to presenting urgent care patients seen by the service within their local area.

The service will ensure that it is formally a member of and attends as requested the Urgent Dental Care Managed Clinical Network to ensure that it becomes and remains an integral part of the wider urgent dental care pathway.

	Nationally NHS 111 and dental clinical recording systems are being developed to provide direct booking capability that is fully compliant with NHS urgent care technical standards. The service will therefore be required to work with NHS commissioners, NHS Digital, NHS 111 and dental clinical system providers into the future to support the development, piloting and roll out of those new direct booking technologies and arrangements. **Business continuity** The urgent dental care service will form an essential part of maintaining urgent care service provision as part of the new national Integrated Urgent Care standards and arrangements. Therefore, service providers must ensure that clinical performer and supporting dental team capacity is available at all specified times to ensure that the service and patient appointment slots can be provided as outlined within this service specification. The provider must ensure that a service continuity plan is developed and in place within the practice to ensure that any and all risks that may result in the service being adversely impacted have been considered, are regularly reviewed and action plans have been developed to ensure continuity of service and manage risk. This plan must be held in the practice, reviewed annually with the NHS England dental commissioner with a copy of the most up to date document being held by NHS England dental commissioners.
Managing Quality and Outcomes	
Performance Management	The practice must be computerised, maintain full patient records in accordance with professional standards and submit electronic FP17 claims in relation to the Band 1 and Band 1 Urgent treatments undertaken to ensure that formal records of clinical treatment provided and recorded are secured. FP17 submissions will be used by the commissioner working with the service provider to review activity undertaken as part of the contracted service. FP17 datasets will be used to cross reference NHS 111 reported referral datasets into the service to ensure the full patient journey is able to be monitored. Activity undertaken as part of the urgent dental care service will be recorded on a separate contract within the NHS Dental Services national dental management systems to the practices normal contracted activity to allow patient movements between contracts to be monitored and reviewed on a regular basis. The service will be expected to provide service monitoring and performance reporting data to the commissioner on the following frequency, unless otherwise stated: Quarter 1 – April, May, June Quarter 2 – July, August, September Quarter 3 – October, November, December Quarter 4 – January, February, March The minimum dataset to be reported by the service being: Base Data – Service Inputs

	• Number of patient slots made available within service appointment book Base Data – Service Outputs • Number of patient slots used • Number of patients who were booked into a patient slot but then 'Failed to Attend' • Number of total patients that contacted the service, but the service was unable to provide a patient slot (including reason) • Recording and reporting of number and type of primary 'definitive' clinical procedure undertaken within each patient slot Base Data – Service Outcomes • Number of patient complaints and reasons for these received by the service • Number of patients who returned to the practice due to continued pain/discomfort following treatment • NHS England Managed Clinical Network (MCN) review of a targeted sample of patient records (5) provided by the service to secure assurance that definitive clinical treatment and positive oral health outcomes are being secured by the service for patients • Collection and reporting of the national 'Friends and Family Test (PREM/PROM)' dataset in relation to patients using the service (Annually Reported) The commissioner reserves the right to change, vary or add to the minimum dataset outlined above. The provider will attend regular managed clinical network and one to one review meetings with the commissioner and local dental network to review service, operational and integrated pathway management performance in support of ensuring the urgent dental care pathway delivers high quality care and opportunities for continuous service improvement can be identified.
Activity and Payment	Service payment will be made on a block payment basis with the unit cost being 'a 15 minute patient slot' with a fixed value of £x per commissioned slot. The payment to the contractor is to cover all costs associated with providing and delivering the service to meet the full requirements of this service specification including but not limited to workforce, premises, equipment, consumables, IM&T, NHS 111 integration, direct booking, general overheads etc. Patient charges will be collected by the service in accordance with the NHS Patient Charge regulations. As the service provided will be a 'demand led service' requiring the service provider to ensure commissioned slots are always made available to NHS 111, any unused patient slots/capacity commissioned will be paid at the fixed '15 minute patient slot' value as part of the block contracting arrangements. Unless NHS Commissioner agreement has been formally secured in advance, where it is identified and evidenced that the service has been utilising patient slots under this service specification to provide treatment to its own patients identified as part of their general dental services contract, the service provider will have the '15 minute patient slot' value deducted from their contract payments. As the pro-active collection and monitoring of service performance and patient demand will be critical to maintaining both an effective service and wider integrated unscheduled, urgent and emergency care pathway the commissioner reserves the right to recover a penalty payment up

	to 10% of the total annual contract value where it is evidenced that the service provider has failed over two consecutive quarters to provide the 'minimum data sets' mandated within this service specification. Capacity and demand will be regularly reviewed by the commissioner with the provider and where necessary the commissioner has the right to vary the commissioned capacity upwards or downwards to meet patient demand patterns across the whole system of urgent care provided across x area. The service provider must ensure it reviews how it allocates and manages its slots on an on-going basis to optimise slot availability and reliable patient utilisation at all times to support this process. FP17 submissions will not be used to support service payment as the service will be block contracted, however FP17 submissions must be submitted to support the collection of 'clinical data sets' and meet regulatory contract requirements. Therefore the practice must be computerised, maintain full patient records in accordance with best practice professional standards and submit electronic FP17 forms in relation to the Band 1 and Band 1 Urgent treatments provided under the service provision arrangements. This service will be a dedicated 'additional further service' and as such a separate, dedicated NHS contract number will be used to monitor performers, activity and payment associated with delivering this specific service.
Contract Term	For local agreement subject to successful delivery and performance.

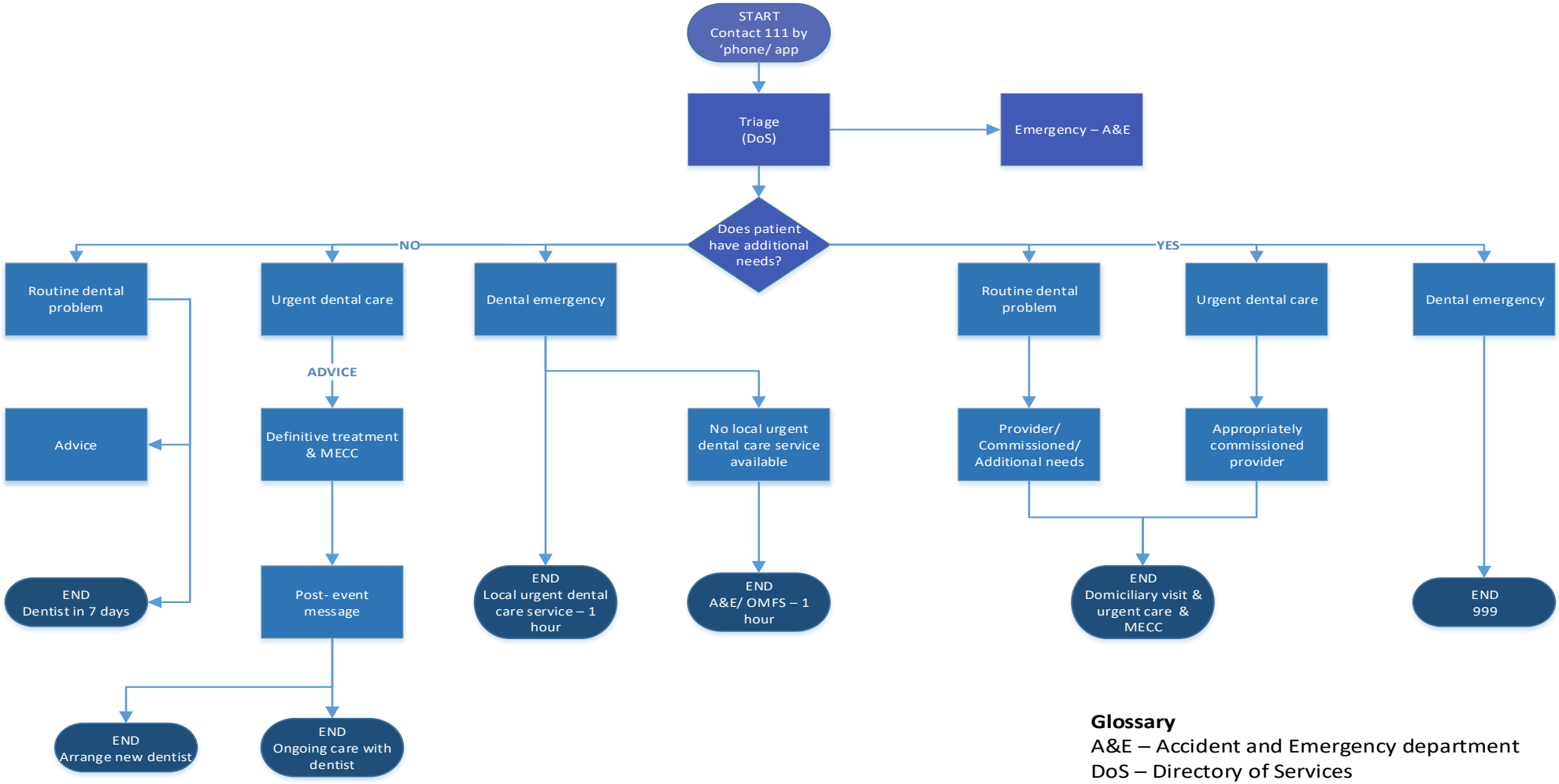
Appendix C Suggested key performance indicators

No	KPI	Description	Rationale	Threshold
1. Access				
1.1	Equity	Percentage of FP17s with completed ethnicity, patient postcode, gender, exemption status and age data fields	To enable monitoring of service equity	100% FP17s
1.2	Access	Percentage of patients seen in xhrs from time NHS 111 agreed they need to see the urgent dental service (the patient must accept an appointment within xhrs) Percentage of patients whose treatment has been completed within one hour after their arrival.	To ensure a satisfactory patient experience	For local determination
1.3	Opening Hours	Delivery of service during contracted hours	To ensure service delivery in line with advertised opening hours	For local determination but 100% compliance with the opening hours required
2. Patient Experience				
2.1	Continuity of care	Percentage of practices who are sent electronic notification of their patients visit to the urgent dental care service within 48 hours	To facilitate continuity of patient care	For local determination but not less than 90% of urgent dental care service users with a usual dentist
2.2	Health promotion	Percentage of patients who receive health promoting advice for example tobacco cessation and healthy eating etc	To make every contact count	For local determination
2.3	Patient experience and satisfaction	Percentage of patients who are satisfied with the services provided Percentage of patients completing the friends and family test	To monitor patient experience and satisfaction	For local determination
3. Data management				
3.1	Data	Percentage of agreed	To ensure that	100%

	management	datasets as per service specification provided to commissioner on x day of each month	datasets are available to the commissioner as required	
4. Quality				
4.1	Registration with Care Quality Commission	Registration is approved from start of contract without conditions imposed	To ensure the provider meets quality criteria	100% registered
4.2	FP17 forms	Percentage of FP17 forms submitted on day of completion of treatment	To ensure accurate records are maintained	For local determination with expectation of achieving 100%
4.3	Antimicrobial stewardship	Annual completion of an audit of how antimicrobial prescribing fits with national prescribing guidance[2] including: • % of patients receiving prescription only • % of patients receiving antibacterial prescription only	To ensure the practice is conforming to national guidance on antimicrobial stewardship	100% completed an annual audit and submitted results and action plan to local urgent dental care MCN
		Percentage of performers completing enhanced continuing professional development in antimicrobial stewardship/prescribing[3]		100%
4.4	Active dental treatment during first visit	Percentage of patients presenting with acute periapical periodontitis/abscess having first stage endodontic treatment or dental extraction	To ensure active treatment of dental pain rather than solely pharmacological therapy	100%

[2] A national audit tool is available here: https://www.fgdp.org.uk/antimicrobial-prescribing
[3] An e-learning tool is available here: https://www.baos.org.uk/elearning/

Appendix D Care pathway for urgent dental care services



Glossary

A&E – Accident and Emergency department
DoS – Directory of Services
MECC – make every contact count
OMFS – Oral and Maxillofacial Surgery

Appendix E Core standards for urgent dental care services

1. A local needs assessment has been undertaken to identify levels of need for urgent dental care and identify any gaps and/or inequities in service use and the findings used to inform level of service commissioned.
2. Consideration has been given to establishing an urgent dental care MCN to assist in implementation of these commissioning standards, quality assurance and ongoing monitoring and review of urgent dental care services.
3. The local arrangements for urgent dental care have been publicised widely across the local health and social care economy and to patients and the public.
4. There is a mechanism in place to ensure the NHS website for dental services is up to date.
5. There is a mechanism in place to ensure all directories of services are up to date.
6. A personal dental service agreement has been used to contract the service on a sessional basis and ensure service provision in hours where possible.
7. Access to the urgent dental care service is via NHS 111 and NHS 111 online.
8. Direct booking into the urgent dental care service has been established where possible or, until this is possible, a local mechanism for booking has been developed to ensure service users are required to make one phone call only.
9. Urgent dental care services are inclusive and able to meet the urgent dental needs of all people, either directly through an urgent dental care provider or through an alternative pathway that is included in the DoS.
10. Treatment slots within the urgent dental are service are of sufficient length to enable management of individual urgent care needs and provision wherever possible of definitive treatment.
11. There are mechanisms in place to capture patient reported outcomes and experiences.
12. Plans are in place to ensure the service will cope at periods of higher demand, for example public holiday periods.
13. All providers of urgent dental care have business continuity plans in place.
14. A service review date has been set by the commissioner.

Appendix F National data sets

NHS 111 calls referred to dental, September 2017 to August 2018

Region	Area Name	Number of calls
_	England	714,246
N	North Region	257,295
ME	Midlands and East Region	199,857
L	London[2]	68,561
SE	South East Region[1]	115,572
SW	South West Region	72,961
N	North East	48,086
N	North West including Blackpool	31,637
N	Yorkshire and Humber	177,572
ME	Lincolnshire	8,807
ME	Nottinghamshire	23,696
ME	Derbyshire	17,079
ME	Leicestershire and Rutland	13,387
ME	Northamptonshire	6,391
ME	Milton Keynes	5,417
ME	Staffordshire	8,943
ME	West Midlands excluding Staffs	37,251
ME	Norfolk including Great Yarmouth and Waveney	15,974
ME	Suffolk	13,448
ME	Cambridgeshire and Peterborough	12,441
ME	Luton and Bedfordshire	5,187
ME	Hertfordshire	11,982
ME	North East & West Essex	1,375
ME	South & Mid Essex	1,991
L	North Central London	11,610
L	Inner North West London	5,507
L	Outer North West London	9,701
L	Hillingdon	2,599
L	South West London	13,283
L	North East London	1,404
L	South East London	9,293
SE	South East Coast excluding East Kent	35,223
SE	East Kent	5,683
SE	Isle of Wight	5,739
SE	Mainland SHIP	45,345
SE	Thames Valley	15,830
SW	Gloucestershire	1,126
SW	BaNES, Wiltshire & Swindon	5,857
SW	Bristol, North Somerset & South Gloucestershire	19,785
SW	Somerset	5,732
SW	Dorset	21,686
SW	Devon	3,250
SW	Cornwall	4,918
N	North West excluding Blackpool	-

N	Blackpool	-
N	Cumbria and Lancashire	-
N	Greater Manchester	-
N	Cheshire and Merseyside	-
ME	Norfolk	-
ME	Great Yarmouth and Waveney	-
ME	Bedfordshire	-
ME	Luton	-
ME	North Essex	9,376
ME	South Essex	7,112
L	Wandsworth	-
L	Kingston & Richmond	-
L	Sutton & Merton	-
L	Croydon	-
L	Outer North East London	7,581
L	East London and City	7,583
SE	Berkshire	3,084
SE	Buckinghamshire	1,344
SE	Oxfordshire	3,324
SE	South East Coast	-
SE	Winter Contingency	-
SW	Gloucestershire & Swindon	4,180
SW	Bath and North East Somerset & Wiltshire	6,427

Additional data sets to be added

Appendix G List of abbreviations

A&E	Accident & Emergency
CPD	Continuing professional development
GDC	General Dental Council – Organisation that regulates dental professionals in the UK
GDP	General Dental Practitioner
GMP	General Medical Practitioner
GDS	General Dental Services
IUC CAS	Integrated Urgent Care Clinical Assessment Service
MCN	Managed Clinical Network
PDS	Personal Dental Services
KPIs	Key Performance Indicators
PHE	Public Health England
PREM	Patient reported experience measure
PROM	Patient reported outcome measure
UDA	Units of dental activity
DoS	Directory of Services
SDCEP	Scottish Dental Clinical Effectiveness Programme
STPs	Sustainability and Transformation Partnerships
ITK	Interoperability Toolkit
SCR	Summary Care Record
OMFS	Oral and Maxillofacial Surgery

Appendix H Urgent dental care evidence review

The urgent dental care evidence review is available here:

To add URL when published by PHE.