

# HEALTHWATCH WORCESTERSHIRE RESPONSE TO NHS ENGLAND (WEST MIDLANDS): REVIEW OF THE COMMUNITY DENTAL SERVICE - FINDINGS AND RECOMMENDATIONS

## **Key principles of the review:**

*To improve equity of provision and access to these services*

- To encourage the development of sustainable services*
- To enable greater equity in the distribution of the associated funding and resources;*

## **INTRODUCTION**

Healthwatch Worcestershire (HWW) provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners in order to improve services.

Healthwatch Worcestershire have had the opportunity to review the finding and recommendations from the Review of the Community Dental Services and have the following comments:

## **ENGAGEMENT**

The document states that a public engagement exercise was undertaken. We noted your findings:

*2.5 We undertook a Patient and Public Engagement study. Among the key finding*

- Some patients used Community Dental Services because they couldn't get regular appointments with a High Street dentist;*
- The majority of users of Community Dental Services said that they would not attend a high street dentist if asked to transfer;*
- However, many respondents from vulnerable groups said that they regularly visited their high street dentist and were content with the service provided.*

Could you please clarify:

- Were all the participants users of Community Dental Services?
- Could you please send us the results for Worcestershire of this consultation

Under **Recommendation One** on page 11 there a reference *“In general, we do not propose to consult on this aspect of the re-design, as we will be implementing provisions of the Commissioning Guides and there has already been extensive patient public involvement nationally as these were developed. However, we recognise in some localities individual changes linked to implementation of the proposed new model may be significant for particular groups of patients and in those cases we do intend to consult”*

Could you please clarify:

- a. What factors will be taken into consideration when making a decision whether to consult on re design and how will the decision be made?
- b. If the recommendations have already been agreed prior to consultation, what will the consultation with the public and patients be able to influence?

## RECOMMENDATIONS

Overall, the majority of the recommendations appear to be relatively straight forward including the alignment of services across the STP areas, however the commissioning specification when published will have more detail on the services for example the future location of General Anaesthetic Services and we look forward to having an opportunity to review and comment on those.

Some specific comments are set out below.

**Recommendation One - “We recommend that the services and/or patient groups listed in paragraph 2.10 [actually 2.11] will comprise the core offer of Community Dental Services within the West Midlands in future.”**

The specific elements included in p2.11 seem reasonable, however as stated in the document they are very focussed on the level of dental care rather than the individual in receipt of it.

We are concerned that by concentrating on the level of dental care required there may be other individuals who have other issues accessing GDS who may be excluded.

We note that within the document (p2.2) you recognise that some services incorporate unique elements which are responsive to local conditions. Paragraph 2.9. states

*‘At the event we emphasised to participants that if they identified a service (or patient group) as sitting outside the core offer that they were expressing the view that it is not necessary for the CDS to deliver that element - **not that it should not be delivered at all**. In some cases, it may be appropriate for these services to be commissioned separately and existing CDS providers would be able to compete to deliver these services alongside other providers. In other instances we would envisage that these patient groups would routinely access services through a General Dental Practice (GDP). ‘*

However we have the following concerns:

1. If a service or patient group is outside the core CDS how will the need for a service be identified and what organisation will be responsible for commissioning and funding the service?
2. Specifically, what is the intention regarding mobile dental services?

3. Whilst we understand that all holders of NHS contracts are required to make reasonable adjustments is there any incentive for high street dentists to accept patients who require additional time and effort and is this monitored?

We also have concerns about patients, especially those from vulnerable groups (such as the homeless) who may have issues accessing GDS.

Whilst it is the intention that CDS provides a failsafe for individuals ( p2.9 & 2.12), what provision will be made to ensure that people don't fall through the gaps? Especially groups of patients who are vulnerable, have difficulty in engaging in services and are not necessarily in a position to advocate for themselves.

**Recommendation Two - We recommend that in future Community Dental Services within the West Midlands should be delivered by services aligned with the four local Sustainability and Transformation Partnership Areas and that providers work collaboratively within these geographies to deliver a service for their relevant population.**

In due course further clarification would be useful as to how NHSE see providers working collaboratively within the STP geographies.

**Recommendation Six - “We recommend that there should be a requirement for each service to be able to offer access to Consultant and/or Specialist Provision in both Special Care and Paediatric Dentistry locally”.**

Given the current and projected workforce issues what are the implications for local services if despite their best efforts they are unable to recruit at the level required?