

Dear Colleagues
9th December 2014

Essex, Thurrock and Southend
Health Overview and Scrutiny Committees
(HOSC)

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Special Dental Service

Further to previous communications about the NHS England procurement of an Essex wide Community Dental Service (now known as the Special Dental Service), I am writing to let you know the outcome of the Engagement Events and future commissioning proposals intended by the Essex Area Team.

Engagement Events

The feedback we received back from patients and stakeholders highlighted at two engagement events, specifically targeted at this vulnerable patient group include:

- Concerns over waiting times especially for Sedation and General Anaesthesia
- Poor response times in some areas for urgent domiciliary visits
- No clinic service for morbidly obese patients (25 stone plus) apart from a domiciliary service
- Patients living on the border(s) of the five areas in Essex were disadvantaged by not being able to access their nearest clinic
- Some clinic locations are not that accessible in terms of car parking, public transport and location

Current Service

The existing service in Essex is based on the old Primary Care Trust areas; Mid Essex, West Essex, North East Essex, South West and South East. The domiciliary service is embedded in the contracts for West, SW and SE and is separately contracted for NE and Mid. There are four providers South Essex Partnership Trust, North East London Foundation Trust, Anglia Community Enterprise and Provide. Health promotion (only in some areas) and oral health surveys are also embedded in the contract(s). There are fifteen clinic locations, mostly part-time, the least is two and the most is four in the five respective areas.

Aims of the New Service

The new service will provide a consistent, integrated, responsive clinic based and domiciliary service. The service is available to the population of Essex (adults and children) who need to access this provision i.e. those patients that cannot access a high street dentist, for example special needs patients. To provide more options around the referral/management of patients who require services under Sedation or General Anaesthesia. To be more inclusive to patient groups such as looked after children, homeless and morbidly obese (bariatric).

Conclusions

The recommended option is to have a single provider, which represents the best option to secure an integrated service. One service provider across Essex will achieve economies of scale and a consistent approach with a single point of access. All the elements currently in the contract domiciliary, GA/sedation, health promotion/surveys will be retained. A clinic based bariatric service will be introduced in one central location to start with. Not all clinic locations may be available or appropriate, the new provider will be expected to provide a minimum of two locations in each of the five areas and meet the 15 mile access standard for all patients.

Feedback

We are keen to commission a service which meets the needs of this vulnerable group of patients and reduces the inconsistency in service provision. It would be helpful to receive your feedback as soon as possible and no later than 28 days from the date of this letter. If you require any further information please do not hesitate to contact me.

Yours sincerely



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NHS England