



Intermediate Minor Oral Surgery services in Derbyshire

Public Consultation Report

February 2022

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Introduction

Intermediate Minor Oral Surgery

Oral surgery is surgical treatment in the mouth. This includes the removal of teeth. Most oral surgery is undertaken in general dental practices, although some patients are referred elsewhere for treatment. The most complex oral surgery is undertaken in hospitals. Sometimes the treatment required is beyond the remit of a general dental practice, but not sufficiently complex to be undertaken in a hospital. In these instances, treatment may be undertaken by an Intermediate Minor Oral Surgery (IMOS) service.

IMOS services treat patients aged 16 years and over who are referred by their regular dentist for specific oral surgery treatment. Sometimes this involves conscious sedation, which is the use of medication to help patients to relax during treatment. When the treatment has been undertaken, patients return to their regular dentist for ongoing care. IMOS services do not offer general dental services or treatment for children.

Background

The contractual arrangements for the current IMOS services in Derbyshire will soon end, along with those for the other IMOS services across the East Midlands. These contracts are time-limited and cannot be extended. New IMOS services are being developed to meet Derbyshire's current and future needs, with the views of stakeholders playing an integral part in this process.

An online engagement exercise for IMOS patients, the public and dental professionals was undertaken in mid-2021. This was followed by a market engagement exercise for current and potential IMOS service providers. These jointly constituted the first stage of the consultation process on the new IMOS services. A proposal for the new services was subsequently developed, informed by a needs assessment.

Public Consultation

A public consultation was undertaken to capture feedback on the proposal for the new services, forming the second stage of the process. The consultation ran from 23 November 2021 to 21 December 2021, with responses to the questions submitted via a dedicated online portal. The information and questions were also available in alternative formats on request.

The public consultation was promoted via the following channels:

1. NHS England and NHS Improvement consultation website
2. NHS England and NHS Improvement consultation App
3. NHS England and NHS Improvement Twitter feed
4. Patients referred to an IMOS service in Derbyshire; 20% of recently referred patients were invited to participate using the contact details associated with their referral. This was deemed a sufficient proportion of patients to constitute a representative sample
5. Primary care dental bulletin
6. Local Dental Network bulletin
7. E-mail to dental professionals, with QR code links to the public consultation
8. Dental professional webinar
9. Engagement sessions for Integrated Care System and Clinical Commissioning Group representatives

A number of stakeholders also cascaded the details of the consultation to maximise its reach.

The Proposal

The proposal was for IMOS services to operate from two locations in Derbyshire:

1. Derby

2. Chesterfield

The detail of the proposal is in Appendix 1.

Respondents

A total of 69 responses were received (Table 1, Table 2, Table 3, Table 4).

Table 1. Respondent type

	Number
Patient	8
Member of the public	2
Carer	0
Dental professional	50
Non-dental healthcare professional	1
Voluntary sector representative	0
Other	6
Prefer not to say	2
Not answered	0
Total	69

Table 2. Sex of respondents

	Number
Female	32
Male	27
Non-Binary	0
Prefer not to describe myself	0
Prefer not to say	10
Not answered	0
Total	69

Table 3. Age of respondents

	Number
16 - 24	2
25 - 34	10
35 - 59	41
60 - 74	5
75+	1
Prefer not to say	10
Not answered	0
Total	69

Table 4. Disability status of respondents

	Number
Yes	3
No	58
Prefer not to say	7
Not answered	1
Total	69

Responses

The responses received were analysed thematically under the headings below, alongside selected quotations pertinent to the themes. The quotations are verbatim, although in some instances they do not represent entire responses in the interests of brevity and the preservation of respondent anonymity.

One response was excluded from the analysis process as it was considered offensive.

Location

Derby featured in a number of responses and it was considered a convenient location for those living within the area. Alfreton was suggested as an additional location, on account of its central position between Chesterfield and Derby and its road links. Wirksworth was put forward for consideration, to afford patients greater choice and accessibility. Inclusion of the Glossop area was also raised due to forthcoming changes in the organisation of Derbyshire's healthcare. More general feedback on location favoured services not being centralised.

"As someone who lives in Derby, about 3 miles from the city centre, it is nice to know that there would be something that should be available"

"Alfreton sits in the middle of the two proposed cities within a small town with easy access from A61 (0.1 miles), A38 (0.3 miles) and the M1 Jct 28 (2.5miles) providing easy access for patients"

"The IMOS service for Derbyshire should also include the Glossop area, as this area will become part of the new formed NHS Derby & Derbyshire ICB footprint from 1st April 2022."

"Please don't go ahead with centralisation"

Travel and Transport

Public transport featured in many responses. It was stated that limited rural coverage, service reductions and the need to change buses would lengthen and complicate journeys. A preference not to travel by bus following surgery was mentioned, as was a lack of comfort using public transport during the COVID-19 pandemic. Others felt those who do not drive would either ask a family member to convey them to their appointment or travel by taxi.

The distance some patients would be required to travel featured in several responses, as did travel duration. It was noted that the journey times in the consultation information were off-peak and could be longer. Some respondents stated that they would be unhappy travelling to a city or larger town to access an IMOS service, particularly if they were unfamiliar with the area. It was also felt that journeys to busy areas could be a source of anxiety.

The costs incurred by travelling to appointments featured in a small number of responses. These referenced the price of parking, petrol, public transport and taxis.

It was acknowledged that those being treated under conscious sedation would be unlikely to travel by public transport following their appointment.

“Most public transport journeys will have to take place via a transport hub and involve two or more bus journeys each way. With the current reductions in bus services, it will involve the best part of a day accessing these services for those who do not drive.”

“Not all patients are happy to travel into a city/ larger town.”

“Derbyshire in most part is rural and the transport links aren't as well serviced as other areas of the country.”

“during the pandemic, some are not comfortable on public transport”

“Paying for parking potentially adds to petrol and travel costs”

“I am sure no one that is going to have a sedation is happy to take public transport after wards”

Premises

Few responses referred to the premises from which IMOS services would operate. The need for accessibility for those with mobility issues was mentioned, along with some features that would ensure this.

“Downstairs surgery and easy access from the car park for less abled patients”

“DDA compliant, with a disabled toilet, disabled access, hearing loop and a ground floor OPG x-ray unit.”

Service Provision

Several respondents were concerned that with just two proposed IMOS locations, patient choice, referrer choice and resilience would be compromised. Concern was expressed that fewer services would reduce competition, leading to suboptimal patient treatment.

It was stated that the proposed model would lead to longer waiting times for treatment and that the quoted 18-week timescale from referral to treatment was unacceptable for those in pain. Secondary to this, there was a feeling that antibiotic prescribing and attendances at accident and emergency units, GP surgeries and oral and maxillofacial surgery departments could rise. Patients being forced to seek private treatment was also mentioned.

Regarding appointment availability, some felt the current service model functioned well and that there was merit in continuing with it. Conversely, having appointments available at weekends, early in the morning and in the evening was requested.

The potential for services to be accessed by patients from outside of Derbyshire was a source of anxiety, although expanding services to include patients less than 16 years old was proposed. The importance of ensuring provision to accommodate patients experiencing post-treatment complications was highlighted, as was the scope for delays to orthodontic treatment on account of service changes.

Several responses featured the value of investment, with contract terms seen as key to promoting this. The value of using a needs assessment to inform the planning of services was also raised.

“Multiple IOMS providers will ensure more service resilience than only two providers.”

“In reducing competition pts have no choice and sometimes practices can be less than professional in the way pts are treated.”

“Surely by decreasing the number of places patients can go to, this will increase wait times.”

“Patients who are not seen in IMOS will inevitably end up seeing their GPs or attending hospital A&E or MaxFax departments”

“Patients will be forced to explore private treatment options for this service”

“Including under 16 s would be of great benefit”

“Orthodontic patients requiring exposures of buried teeth or more complex extractions for their orthodontic treatment will have to travel further or may be forced to wait on hospital waiting lists for years.”

“I very much welcome the concept of increasing contract terms to allow stability and confidence for providers to invest further in their services”

Conscious Sedation

Conscious sedation was raised by a large number of respondents. Their comments featured the importance of undertaking sufficient treatment under conscious sedation for the maintenance of safety and competence, although acknowledged that there had been no reported safety issues among the current services. The potential for services to distribute sedation cases in such a way that individual staff members had little opportunity to retain their skills was noted, as was the scope for staff to undertake conscious sedation beyond IMOS services. The requirement for recovery facilities, reservations about the use of public transport following conscious sedation and the value of quality assurance also featured.

“Competency – agree a limit on number of sedation treatments per year for safety, per performer.”

“a centralised service would be beneficial to the delivery of the sedation cases due to safety issues and maintaining 50 cases per year national requirements for a sedation practitioner to retain skills”

“There have been no reported incidents of safety issues within the current IMOS services, including with treatment under sedation.”

“the sedation inspections that were required by NHSE in the early years of the current contract imposed stronger rules”

Histopathology

A previous arrangement in which IMOS services availed of histopathological analysis, the use of a microscope to study diseased tissues, was referenced. It was stated that this was provided gratis and the danger of it ending was highlighted. Such an arrangement was deemed an important consideration in the establishment of new IMOS services.

“When the current IMOS contract was prepared, hospitals were carrying out histology for dental practices free of charge. However, this was stopped a few years ago and there were many discussions of the dangers of this as it means practitioners are less likely to send samples to histology”

“IMOS providers are more likely to require histological reporting”

Workforce

Regarding workforce, recruitment was considered a potential challenge. Drawing staff from beyond the region was viewed as detrimental to service quality. A loss of skill among the present IMOS workforce, an inability to utilise conscious sedation training on account of the proposed changes and an unwillingness of staff to change jobs were raised.

Some respondents considered the opportunities available regarding the future IMOS workforce. Their suggestions included employing bank staff to facilitate

service continuity during periods of leave and the involvement of dental core trainees.

“Most performers provide 1-2 sessions a week currently and therefore to recruit to fill these sessions for both surgeons and ancillary staff would prove difficult, and persuading a performer to move practice may also prove difficult. Parachuting in performers from outside the region would lead to no ongoing ownership of care and therefore risk a deterioration in quality of the service.”

“I am not willing or would not be willing to move jobs to accommodate this change.

“include training DCTs within the IMOS service”

Population

Specific population groups featured in a few responses, with respect to the accessibility and affordability of IMOS services. The elderly, disabled, those with mobility problems, the medically compromised and those on low incomes were mentioned.

“Our patients come from a wide range of backgrounds including elderly and those classed as disabled who may struggle getting into and accessing facilities in larger cities.”

“Many patients accessing this service are on low income or income support.”

Current IMOS Services

Many responses commented on the current IMOS services. These included the high standard of facilities, staff, and treatment, as well as good relationships. The services' impact on reducing the number of oral surgery cases requiring hospital care and their scope for managing complications were praised. Some felt the services operated efficiently, others remarked on the waiting time for treatment and how this had been affected by COVID-19.

There were several references made to the loss of contracts.

“all my patients have been extremely happy with this referral practice”

“what I can see as an amazing service that the patients appreciate.”

“I am awaiting this procedure which has been delayed due to COVID.”

“many practices will lose their contracts, when that have provided a good service for many years”

Patient Survey

Three patient surveys were mentioned within responses. One was county-wide and gained 60 responses, another was undertaken at service level with 65 responses. Both recorded a high level of patient satisfaction with the current services. A further survey was undertaken at service level, although the number of responses was not stated. The themes captured in the surveys have been included under the headings above.

Other Themes

Some responses covered themes that were not relevant to the consultation. These included the procurement process, contractual issues, and descriptions of premises with a view to their consideration for future IMOS services.

Consultation Process

Many respondents commented on the consultation process. Some included how they learnt of the consultation; e-mail, letter, word of mouth, WhatsApp, webinar, the local dental committee, a Teams meeting, a market engagement exercise, and an unexpected finding all featured.

There was gratitude expressed for the consultation, and hope that the views of respondents would be considered. There was also an eagerness to receive updates on the feedback submitted.

Some respondents were dissatisfied with the consultation process. They felt that they ought to have been involved at an earlier stage, with an opportunity to provide feedback in advance of it launching. Others would have liked more information. Additionally, the process was described as rushed, on account of a lack of notice.

The option for respondents to comment on how they had been consulted was also interpreted as an opportunity to provide feedback on a clinical consultation, rather than the public consultation process. In this instance the feedback covered delayed treatment on account of COVID-19.

Selected quotations from the comments on the consultation process are included below. They are verbatim, but as with the quotations above some have been shortened in the interests of brevity and anonymity.

“The email link was passed to me by my line manager.”

“I received notice of this consultation by word of mouth”

*“I knew about this consultation as my referring practice sent me a letter,
never knew of any other way”*

*“Its been a big rush for us getting feedback as there has been less than a
months notice.”*

“I attended a webinar and received an email to show the proposed plans”

*“I am very pleased that you have held a public consultation into the
proposals, and I hope that you will truly consider the feedback you receive.”*

*“This has come out of the blue and there doesn’t seem to have been any
inclination in terms of changing.”*

*“An email with details. Reasonable details but no data on how existing
services perform”*

*“Only found out about consultation from the LDC WhatsApp group. That
surely is not good enough”*

Glossop Engagement

On 1 July 2022¹ the geographic structure of the NHS will change. This change will transfer the responsibility for the commissioning of dental services in Glossop from NHS North West, to NHS Midlands. On account of the change, an IMOS engagement was undertaken in Glossop from Friday 4 February 2022 to Monday 14 February 2022. Its purpose was to capture views on the future delivery of IMOS services for Glossop from those in the district.

The engagement consisted of information and a series of questions. It was available online, with a poster advertising the link and QR code circulated electronically to stakeholders for dissemination. The detail of these materials is in Appendix 2 and Appendix 3. Printed copies of the poster, and the information and questions, were delivered to dental practices in Glossop identified by West Pennine Local Dental Committee. These practices were subsequently visited on closure of the engagement to facilitate the retrieval of responses.

A total of 12 responses were received, covering a range of themes. Some respondents expressed a preference for establishing an IMOS service in Glossop, while others felt the current arrangement of accessing the IMOS service in Tameside should continue. It was raised that patients would struggle to travel to the East Midlands for appointments on account of the cost and difficulty of using public transport, as well as the distances involved. The frequency of road closures due to winter weather and accidents was also highlighted, as was the impact of travelling on the elderly and those with disabilities. Multiple respondents referenced the impracticality of attending an IMOS service in Sheffield, although the context of this was unclear.

The links between referrers and IMOS services were considered strongest where the latter provided postgraduate dental education. Previous discussions on the location of IMOS services for Glossop were mentioned, as was the importance of ease of access to emergency appointments.

¹ The date included in the engagement information was 1 April 2022, based on a previous timescale

Selected quotations from the engagement responses are presented below. These are verbatim, although some have been redacted in the interests of brevity and anonymity.

“It would be beneficial to have IMOS services located in Glossop or to continue with services in Tameside.”

“I would find it difficult to travel to the East Midlands because I use public transport.”

“We live in an area where severe weather can control whether or not we can travel”

“Links between dentists + those being referred to for IMOS are stronger where post-graduate education dental education happens.”

Outcome

NHS England and NHS Improvement express their gratitude to all of the respondents to the public consultation on IMOS services in Derbyshire. The respondent profile was varied, and the breadth of themes considered highlighted the value of process.

The proposal in the public consultation was designed to align IMOS service provision with Derbyshire's current and future population and its oral health needs, as identified by a needs assessment. While the proposal was deemed clinically, logistically, and financially viable, there were clear benefits to developing an alternative model based on the consultation feedback and the Glossop engagement.

The alternative model reflects the consultation feedback and Glossop engagement responses. It remains aligned with current and future needs and demonstrates clinical, logistical and financial viability. Within the alternative model, IMOS services would operate from four locations in Derbyshire:

1. Derby West
2. Derby East
3. Alfreton
4. Chesterfield

Siting an IMOS service in Glossop was considered unviable. However, there is no plan to restrict those living in Glossop from accessing the IMOS service in Tameside, or indeed any IMOS service in the East Midlands should this be more convenient.

With respect to waiting times, Derbyshire's projected population growth has been used to model future IMOS service capacity. The number of appointments will be increased, to ensure provision is adequate and that patients receive treatment within 18 weeks of referral.

Regarding concerns about the cost of travel, patients on low incomes who incur travel costs when accessing IMOS services can claim reimbursement through the Healthcare Travel Costs Scheme (HTCS)². The HCTS reimburses the cost of public transport, fuel, parking, taxi fares (where agreed in advance) and travel costs for escorts where it is medically necessary for patients to be accompanied. In response to feedback, NHS England and NHS Improvement will work on increasing awareness of the HCTS, so the cost of travel does not restrict access to IMOS services.

Each of the new IMOS services will work with an accredited histopathology provider. This will ensure the availability of soft tissue diagnosis and reporting, where appropriate.

The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013³ detail the requirements that the NHS must comply with in the commissioning of services. Developing a service model in a fair and transparent way, that ensures quality and efficiency, is central to the process. Based on this premise, a comprehensive review of all relevant factors, and the necessary governance processes and approvals, it has been decided to proceed with the alternative IMOS service model outlined above.

It is anticipated the new IMOS services in Derbyshire will be operational and treating patients from April 2023.

² <https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

³ <https://www.legislation.gov.uk/ukxi/2013/500/contents/made>

Appendix 1. Public Consultation Information

Have your say on Intermediate Minor Oral Surgery services in Derbyshire

Public Consultation

What are Intermediate Minor Oral Surgery Services?

Oral surgery is surgical treatment in the mouth. This includes the removal of teeth. Most oral surgery is undertaken in general dental practices, although some patients are referred elsewhere for treatment. The most complex oral surgery is undertaken in hospitals. Sometimes the treatment required is beyond the remit of a general dental practice, but not sufficiently complex to be undertaken in a hospital. In these instances, treatment may be undertaken by an Intermediate Minor Oral Surgery (IMOS) service.

IMOS services treat patients aged 16 years and over who are referred by their regular dentist for specific oral surgery treatment. Sometimes this involves conscious sedation, which is the use of medication to help patients to relax during treatment. When the treatment has been undertaken, patients return to their regular dentist for ongoing care. IMOS services do not offer general dental services or treatment for children.

Why is the consultation taking place?

The contractual arrangements for the current IMOS services in Derbyshire will soon end, along with those for the other IMOS services across the East Midlands. These services were established in 2017 when Derbyshire's population and its oral health needs were different to those today. New IMOS services are being developed to meet Derbyshire's current and future needs. Feedback on the proposed changes is important and this consultation is your opportunity to share your views.

What are the current IMOS services in Derbyshire?

The **current** IMOS services operate from ten locations in Derbyshire:

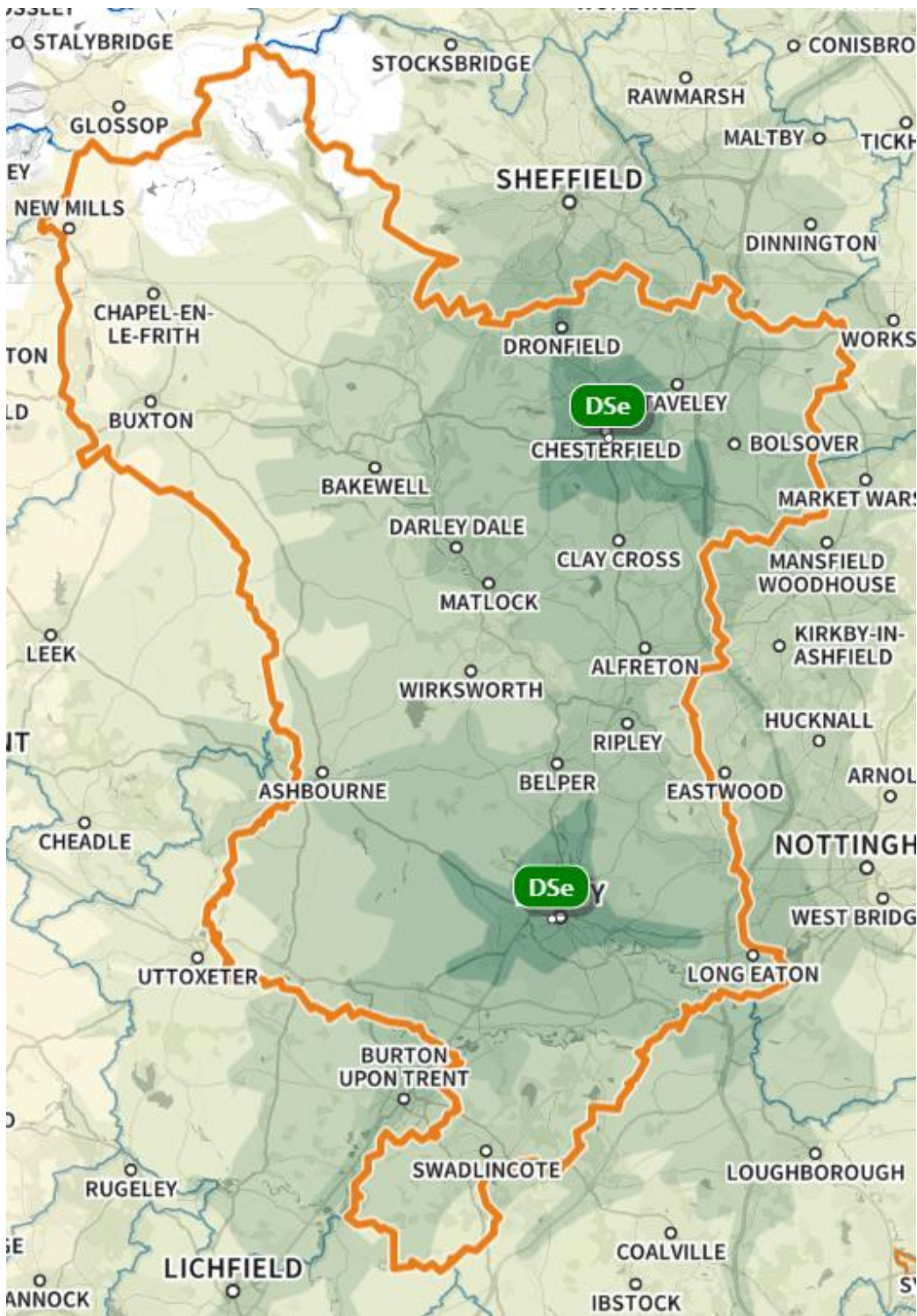
1. Three locations in Derby
2. Two locations in Chesterfield
3. Alfreton
4. Ilkeston
5. Belper
6. Wirksworth
7. Etwall

What are the proposed IMOS services in Derbyshire?

The **proposed** IMOS services would operate from two locations in Derbyshire:

1. Derby
2. Chesterfield

The map below shows these proposed locations and off-peak journey times by car. The proposal is for the service to be located no more than 2.5km (1.55 miles), as the crow flies, from the main railway station at each proposed location.



DSe Proposed IMOS service location



Off peak journey time by car, in minutes, from the proposed IMOS service locations

What are the benefits of the proposed IMOS services?

- All locations will be accessible by car, train and bus
- Choice of appointment times will be improved
- Treatment will be undertaken within 18 weeks of referral
- Conscious sedation will be available at all locations
- Scope for managing complications following treatment will be improved
- Service resilience will be improved

What factors were considered in developing the proposed IMOS services?

A broad range of factors were considered, to ensure the proposed services meet Derbyshire's current and future oral health needs. These included:

- Population and projected population growth, to ensure sufficient service capacity
- Population oral health, to align service locations with the areas where oral health is poorest and the need for services is greatest
- Deprivation, as those living in deprivation have the poorest general health and oral health and the greatest need for treatment
- Ethnicity, on account of differences in general health and oral health between ethnic groups
- Travel time by car, train and bus, for accessibility
- Current IMOS service usage, to identify areas from which patient numbers are lower than expected
- Feedback from previous IMOS engagement exercises, to incorporate the views of those who engaged

- Guidance on the commissioning of oral surgery services, to ensure best practice is adopted
- Financial provision, so that best use may be made of all available funding

Are the patient charges for the proposed IMOS services the same as for the current IMOS services?

Yes. The standard NHS charge for assessment and oral surgery treatment will apply. This is currently £65.20. There will continue to be no charge for patients who are exempt from patient charges.

How can I provide feedback?

By clicking the link below, you will be directed to a series of questions. All feedback is important, and it will be analysed and shared after the consultation closes.

If you have a query, or if you require the information or questions in an alternative format, please contact england.em-dentalengage@nhs.net.

Appendix 2. Glossop Engagement Information

Have your say on Intermediate Minor Oral Surgery services for Glossop

Engagement

The engagement will close on 14 February 2022

What are Intermediate Minor Oral Surgery Services?

Oral surgery is surgical treatment in the mouth. This includes the removal of teeth. Most oral surgery is undertaken in general dental practices, although some patients are referred elsewhere for treatment. The most complex oral surgery is undertaken in hospitals. Sometimes the treatment required is beyond the remit of a general dental practice, but not sufficiently complex to be undertaken in a hospital. In these instances, treatment may be undertaken by an Intermediate Minor Oral Surgery (IMOS) service.

IMOS services treat patients aged 16 years and over who are referred by their regular dentist for specific oral surgery treatment. Sometimes this involves conscious sedation, which is the use of medication to help patients to relax during treatment. When the treatment has been undertaken, patients return to their regular dentist for ongoing care. IMOS services do not offer general dental services or treatment for children.

There are currently no IMOS services in Glossop. Patients from Glossop access oral surgery services in Tameside or elsewhere in Greater Manchester.

Why is the engagement taking place?

How the NHS is organised is changing. Glossop will become part of the Midlands region on 1 April 2022, when the responsibility for its NHS services will transfer from Greater Manchester.

The contractual arrangements for the current IMOS services in the East Midlands will soon end. These services were established when the population and its oral health needs were different to those today. A public consultation on the future provision of IMOS services in the East Midlands was undertaken in late 2021 and the feedback is currently being analysed. In light of the forthcoming transfer of NHS services in Glossop to the Midlands region, this engagement is being held.

Your feedback is important. This engagement process is your opportunity to share your views on the future provision of IMOS services for Glossop.

What factors are being, or will be, considered in developing the new IMOS services?

A broad range of factors are being considered, to ensure the new services meet Glossop's current and future oral health needs. These include:

- Population and projected population growth, to ensure sufficient service capacity
- Population oral health, as poor oral health increases the need for treatment
- Deprivation, as those living in deprivation have the poorest general health and oral health
- Ethnicity, on account of differences in general health and oral health between ethnic groups
- Travel time by car, train and bus, for accessibility
- Current IMOS service usage

- Guidance on the commissioning of oral surgery services, to ensure best practice is adopted
- Financial provision, so that best use may be made of all available funding
- Feedback from previous IMOS public consultation and engagement exercises
- Feedback submitted in response to this engagement

Will the patient charges for the new IMOS services be the same as for the current IMOS services?

Yes. The standard NHS charge for assessment and oral surgery treatment will apply. This is currently £65.20. There will continue to be no charge for patients who are exempt from patient charges.

How can I provide feedback?

By sharing your views below. All feedback is important, and it will be analysed and shared after the engagement closes.

If you have a query, or if you require the information or questions in an alternative format, please contact england.em-dentalengage@nhs.net.

Appendix 3. Glossop Engagement Poster

Have your say on Intermediate Minor Oral Surgery Services for Glossop

Please scan the QR code or follow the link below to access information and leave feedback on Minor Oral Surgery services for Glossop. The engagement closes on 14 February 2022.



<https://forms.office.com/r/HMJA2UW9JZ>

All feedback is important, and it will be analysed and shared after the engagement closes.

If you have a query, or if you require the information or questions in an alternative format, please contact england.em-dentalengage@nhs.net.