

Intermediate Minor Oral Surgery Feedback- East midlands

Engagement Report- July 2021

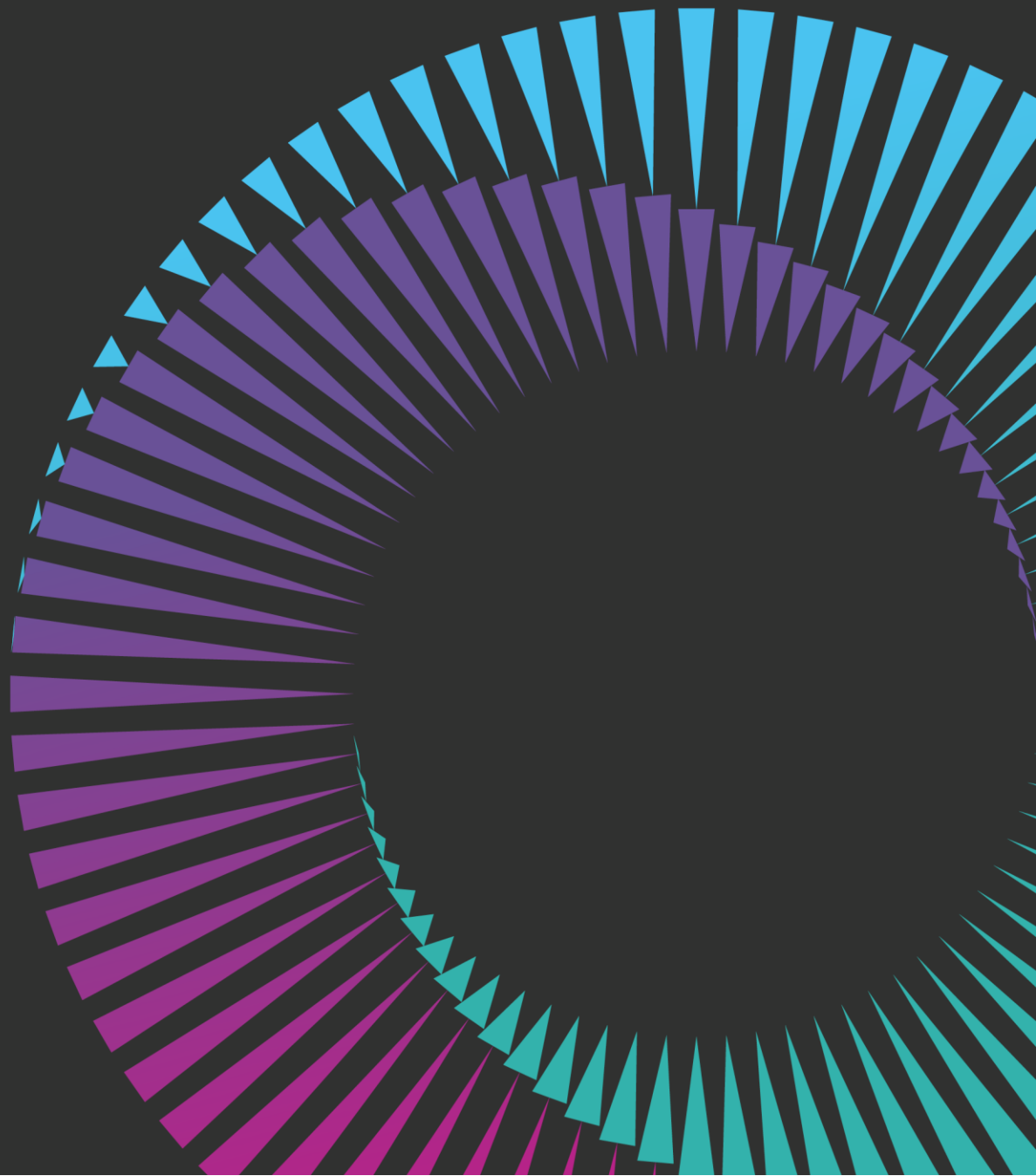


Table of Contents

| | |
|--|-------|
| Introduction..... | 3 |
| Public feedback to online questionnaire..... | 3-6 |
| Demographic data..... | 7-8 |
| Summary of public feedback from Derbyshire..... | 9-10 |
| Summary of public feedback from Lincolnshire..... | 11 |
| Summary of public feedback from Northamptonshire..... | 12 |
| Summary of public feedback from Nottinghamshire..... | 13-14 |
| Patient feedback to online questionnaire..... | 15-22 |
| Demographic data..... | 23-24 |
| Summary of patient feedback from Derbyshire..... | 25-26 |
| Summary of patient feedback from Leicester City, Leicestershire and Rutland..... | 27-28 |
| Summary of patient feedback from Lincolnshire..... | 29-30 |
| Summary of patient feedback from Northamptonshire..... | 31-32 |
| Summary of patient feedback from Nottinghamshire..... | 33-34 |
| Dental professionals feedback to online questionnaire..... | 35-43 |
| Summary from dental professionals in Derbyshire..... | 44-46 |
| Summary from dental professionals in Leicester City, Leicestershire and Rutland..... | 47-48 |
| Summary from dental professionals in Lincolnshire..... | 49-51 |
| Summary from dental professionals in Northamptonshire..... | 52-53 |
| Summary from dental professionals in Nottinghamshire..... | 54-55 |

Introduction

NHS England and NHS Improvement is responsible for commissioning (planning and buying) of NHS Dental Services to meet the local population needs whilst reviewing the current Intermediate Minor Oral Surgery (IMOS) services.

Intermediate Minor Oral Surgery is a referral service for people aged 16 years and over provided within a community setting rather than having treatment in a Hospital. The service provides specialist treatment e.g. complex dental extractions by a clinician with enhanced skills and experience that is either on the oral surgery specialist list or accredited in line with national guidance. Treatment may be provided under local anaesthetic and the clinician may use quality behavioural management techniques or provide treatment under conscious sedation where appropriate for minor oral surgery procedures.

As part of this engagement study NHS England and NHS Improvement has undertaken engagement activity with members of the public, patients and dental professionals to understand their experience of current services and areas for improvements. Individual questionnaires were produced for each group and can be seen at Appendix A. The online questionnaires were distributed to each group on Monday 24 May 2021 and closed on Monday 21 June 2021.

The following number of responses were received from each group which are detailed in the main report:

- Public responses- 12
- Patients responses- 167
- Dental professional responses- 45

All responses from the questionnaires have been analysed per question with a breakdown by area.

The feedback received from all surveys has been minimally edited, proofed or annotated for the purpose of clarity of response.

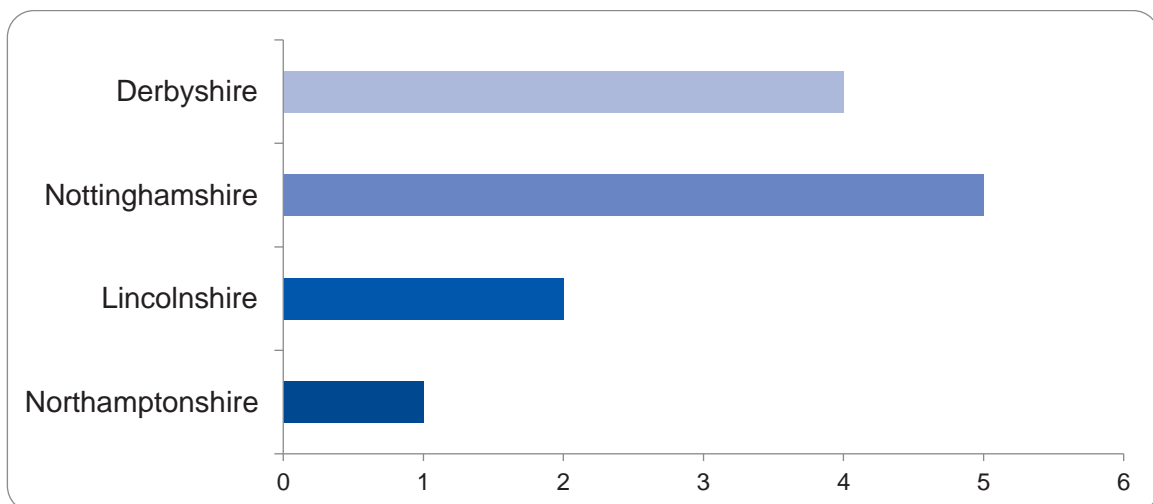
Public feedback to online questionnaire

Number of responses- 12

Which area do you live in?

Responses were received from four out of the five areas included with most respondents 5 (41.66%) living in Nottinghamshire. To see a breakdown of all responses, see the table and graph below:

| Area | Number of responses | Percent |
|--|---------------------|---------|
| Derbyshire | 4 | 33.33% |
| Nottinghamshire | 5 | 41.66% |
| Leicester City, Leicestershire and Rutland | 0 | 0 |
| Lincolnshire | 2 | 16.66% |
| Northamptonshire | 1 | 8.33% |



If you needed Intermediate Minor Oral Surgery e.g. complicated extraction, would you be happy to have treatment in a dental practice rather than an hospital?

| Response | Total | Percent |
|----------|-------|---------|
| Yes | 10 | 83.33% |
| No | 2 | 16.66% |

Although most respondents would be happy to have treatment in a dental practice two respondents would not be happy with treatment in this setting. The primary reasons given include:

- Lack of confidence in practice staff
- Staff not having the necessary skills and knowledge to deliver minor oral surgery.

Would you be comfortable for the Specialist Oral Surgeon to be assisted by a Specialist Trainee?

All respondents would be comfortable for the Specialist Oral Surgeon to be assisted by a Specialist Trainee.

If you went to a specialist dentist for treatment tomorrow for a complicated extraction, how would you feel?

Respondents expressed mixed opinions in how they would feel with 6 (50.00%) feeling either very anxious or extremely anxious compared to 4 (33.33%) that felt slightly anxious. Of those that felt very anxious or extremely anxious respondents lived across all areas compared to those feeling slightly anxious of which 3 (75%) lived in Nottinghamshire and 1 (25%) lived in Derbyshire. A further two respondents were said to feel fairly anxious.

How important is it that the NHS specialist Intermediate Minor Oral Surgery service is easily accessible by public transport?

The majority of respondents 7 (58.33%) felt it was very important to have easy access by public transport compared to 2 (16.66%) that felt this was not important. Of those indicating this was important 4 (57.14%) lived in Nottinghamshire, 2 (28.57%) lived in Derbyshire and 1 (14.28%) lived in Lincolnshire.

What would be important to you if you were referred into the Intermediate Minor Oral Surgery service?

All respondents highlighted the key areas of importance to be:

- Quality of care
- Waiting time to treatment
- Location of services

These are compared to the lowest number of respondents 4 (33.33%) selecting 'Premises including disabled access, waiting areas and facilities'.

The table below shows a breakdown of all areas rated.

| Option | Total | Percent |
|---|-------|---------|
| Quality of care | 12 | 100.00% |
| Choice of provider | 6 | 50.00% |
| Location of services | 10 | 83.33% |
| Premises including disabled access, waiting area and facilities | 4 | 33.33% |
| Waiting time to treatment | 12 | 100.00% |
| Availability of car parking | 9 | 75.00% |

Other areas highlighted include:

- To understand the qualifications and experience of dental surgeons
- Improve oral surgery pathways to ensure referrals are sent directly to specialist clinics when required
- Good and effective communication and information pre and post treatment.

How far would you be willing to travel to access a specialist Intermediate Minor Oral Surgery service?

Half of respondents 6 (50%) would be willing to travel between 16-20 miles for an appointment compared 2 (16.67%) travelling between 0-5 miles.

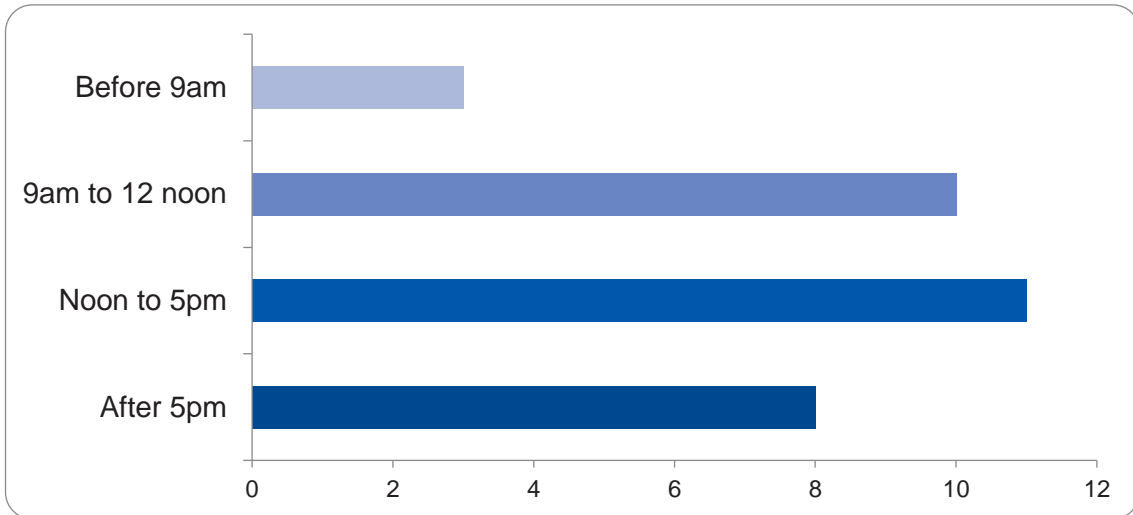
The table below shows all other responses to this question.

| Option | Total | Percent |
|--------------------|-------|---------|
| 0-5 miles | 2 | 16.67% |
| 6-10 miles | 2 | 16.67% |
| 11-15 miles | 1 | 8.33% |
| 16-20 miles | 6 | 50.00% |
| More than 21 miles | 1 | 8.33% |

If you were referred into the service, what time of day would you prefer to visit?

The majority of respondents 11 (91.67%) would prefer to visit between 12 noon and 5pm however they would also be happy to travel at other times if required. This view was shared across all geographic areas.

The graph below shows all other responses to this question.



If you were referred into the service, when would you prefer to visit?

Most respondents expressed that they would prefer an appointment Monday to Saturday however they would also attend on a Sunday between the hours of 9am-5pm if required.

This view was shared across all geographic areas.

Demographic data

As part of this engagement activity equality data was collected to ensure public views from all areas and communities were recorded. The full details are documented in Appendix B with a summary provided below.

Location of respondents:

There was equal split of 50% in those that lived in a Rural area (in the county/village) and those living in an urban area (city/town). To see a graph presenting these results see Appendix B, section 1.1.

Description of respondents:

Most respondents 4 (33.33%) described themselves to be living in a couple whilst one respondent preferred not to answer this question. For all other responses see Appendix B, section 1.2.

Age and description of respondents:

Most respondents 9 (75.00%) were female aged 55-64 compared to 2 (16.67%) that were male aged 65-74. One respondent preferred not to answer this question. A graph presenting these results can be found at Appendix B, section 1.3.

Gender identity:

All respondents confirmed their gender to be the same as the sex they were registered at birth. A graph presenting these results can be seen at Appendix B, section 1.4.

Ethnic background:

11 respondents (91.67%) described themselves as English/Welsh/Scottish/Northern Irish/British whilst one preferred not to answer. To see a table presenting these results see Appendix B, section 1.5.

Religion:

Most respondents 5 (41.67%) do not have a religion followed by the remaining five responses stating Christianity. A further two respondents preferred not to say. To view a table presenting these results see Appendix B, section 1.6.

Sexual orientation:

Most respondents 10 (83.33%) describe themselves as Heterosexual/straight whilst 2 (16.67%) preferred not say. To see a table presenting these results see Appendix B, section 1.7.

Disability:

Most respondents 9 (75.00%) do not have a disability compared to 2 (16.67%) that do. One respondent preferred not to say. To see a graph presenting these results see Appendix B, section 1.8.

The two respondents confirmed their disability as:

- Difficulty with mobility and
- Hearing loss

Day-to-day activities:

Most respondents 7 (58.33%) confirmed that their day-to-day activities are not limited, those who confirmed their day-to-day activities were limited included the following conditions:

- Cancer
- Hearing (such as due to deafness or partial hearing)
- Mobility (such as difficulty walking short distances, climbing stairs)

To see a table of all results, see Appendix B, section 1.9.

Support to others:

The majority of respondents 7 (58.33%) do not give any help or support to family members, friends, neighbours or others compared to 3 (25.00%) that do. A further two respondents preferred not to say. To see a graph presenting these results see Appendix B, section 1.10.

Summary of public feedback from Derbyshire

- This questionnaire was completed by four members of the public living in Derbyshire.
- Three respondents would be happy to have treatment in a dental practice rather than a hospital compared to one that would prefer to visit a hospital. The one respondent that would prefer to visit a hospital confirmed the following:
‘Based on the knowledge I have of my dental practice now, I would have confidence in the information and understanding about the specialist training the health professionals would have in order to carry out’.
- All respondents would be comfortable for the Specialist Oral Surgeon to be assisted by a Specialist Trainee.
- Respondents expressed mixed opinions in how they would feel if they were to visit a specialist dentist for treatment tomorrow, with 2 (50.00%) feeling very anxious, 1 (25.00%) feeling fairly anxious and 1 (25.00%) feeling slightly anxious.
- Respondents expressed mixed opinions in how important it is to have the NHS specialist intermediate minor oral surgery accessible by public transport, with 2 (50.00%) selecting very important, 1 (25.00%) selecting important and 1 (25.00%) selecting not very important.
- Respondents expressed the areas most important to them if they were referred to the intermediate oral surgery service against the following options:

| Option | Total | Percent |
|---|-------|---------|
| Quality of care | 4 | 100.00% |
| Choice of provider | 1 | 25.00% |
| Location of services | 4 | 100.00% |
| Premises including disabled access, waiting area and facilities | 1 | 25.00% |
| Waiting time to treatment | 4 | 100.00% |
| Availability of car parking | 3 | 75.00% |

In addition to the above, the following area was said to be equally important-

- Good and effective communication and information pre and post service
- Travel distance to access a minor oral surgery service varied with:
 - 2 selecting 0-5 miles
 - 1 selecting 6-10 miles and

- 1 selecting 11-15 miles
- Although all respondents would prefer to visit the service Monday-Friday 9am-5pm, one respondent also selected Saturday and Sunday's after 5pm.

Summary of public feedback from Lincolnshire

- This questionnaire was completed by two members of the public living in Lincolnshire.
- Both respondents would be happy to have treatment in a dental practice rather than a hospital.
- Both respondents would be comfortable for the Specialist Oral Surgeon to be assisted by a Specialist Trainee.
- Respondents expressed that they would feel very anxious or extremely anxious if they were to visit a specialist dentist for treatment tomorrow.
- Respondents expressed that it would be important or very important for the surgery to be accessible by public transport.
- Respondents expressed the area's most important to them if they were referred to the intermediate oral surgery service against the following options:

| Option | Total | Percent |
|---|-------|---------|
| Quality of care | 2 | 100.00% |
| Choice of provider | 0 | - |
| Location of services | 2 | 100.00% |
| Premises including disabled access, waiting area and facilities | 1 | 50.00% |
| Waiting time to treatment | 2 | 100.00% |
| Availability of car parking | 1 | 50.00% |

In addition to the above, the following area was said to be equally important-

- To understand the qualifications and experience of the dental surgeon
- Both respondents would be prepared to travel between 16-20 miles to access a minor oral surgery service.
- Respondents would be happy to visit the service Monday-Sunday between 9am-5pm whilst one respondent would also be prepared to visit before 9am if required.

Summary of public feedback from Northamptonshire

- This questionnaire was completed by one member of the public living in Northamptonshire.
- This respondent would be happy to have treatment in a dental practice rather than a hospital.
- This respondent would be comfortable for the Specialist Oral Surgeon to be assisted by a Specialist Trainee.
- This respondent expressed that they would feel very anxious if they were to visit a specialist dentist for treatment tomorrow.
- This respondent expressed that it would not be very important for the surgery to be accessible by public transport.
- The areas of most importance were said to be:
 - Quality of care
 - Choice of provider
 - Waiting time to treatment
 - Availability of car parking
- This respondent would be prepared to travel between 16-20 miles to access a minor oral surgery service.
- This respondent would be happy to visit the service Monday-Sunday between 9am-5pm.

Summary of public feedback from Nottinghamshire

- This questionnaire was completed by five members of the public living in Nottinghamshire.
- The majority of respondents 4 (80.00%) would be happy to have treatment in a dental practice rather than a hospital, one respondent would not. The one respondent that would prefer to visit a hospital confirms the following:

'At the present moment I do not have any evidence that the practice I use has staff with the necessary skills. They may have but I do not know that they do'.

- All respondents would be comfortable for the Specialist Oral Surgeon to be assisted by a Specialist Trainee.
- Respondents expressed mixed views in how they would feel if they were to visit a specialist dentist for treatment tomorrow with 3 (60.00%) feeling slightly anxious, 1 (20.00%) feeling fairly anxious and 1 (20.00%) feeling extremely anxious.
- Most respondents 4 (80.00%) expressed that it would be very important for the surgery to be accessible by public transport compared 1 (20.00%) selecting not important.
- Respondents expressed the areas most important to them if they were referred to the intermediate oral surgery service against the following options:

| Option | Total | Percent |
|---|-------|---------|
| Quality of care | 5 | 100.00% |
| Choice of provider | 4 | 80.00% |
| Location of services | 4 | 80.00% |
| Premises including disabled access, waiting area and facilities | 2 | 40.00% |
| Waiting time to treatment | 5 | 100.00% |
| Availability of car parking | 4 | 80.00% |

In addition to the above, the following area was said to be equally important-

'Access to the oral surgery pathway. I had a complicated extraction that my dentist knew was beyond him, yet CCG deemed that he had to try first, bodge it up, before a referral to specialist clinic was made. This caused me immense distress and is a barbaric way to treat people. Notts CCG needs to revise this pathway. Luckily a second dentist whose opinion I sought. had the good sense to refused to comply with the pathway so I wasn't subjected to an extraction with no roots to the tooth and doomed to failure with an ordinary dentist'.

- Three respondents would be prepared to travel between 16-20 miles to access a minor oral surgery service followed by one confirming 6-10miles and one selecting more than 21 miles.
- Respondents would be happy to visit at various times of the day/week with no preference over a particular day/time.

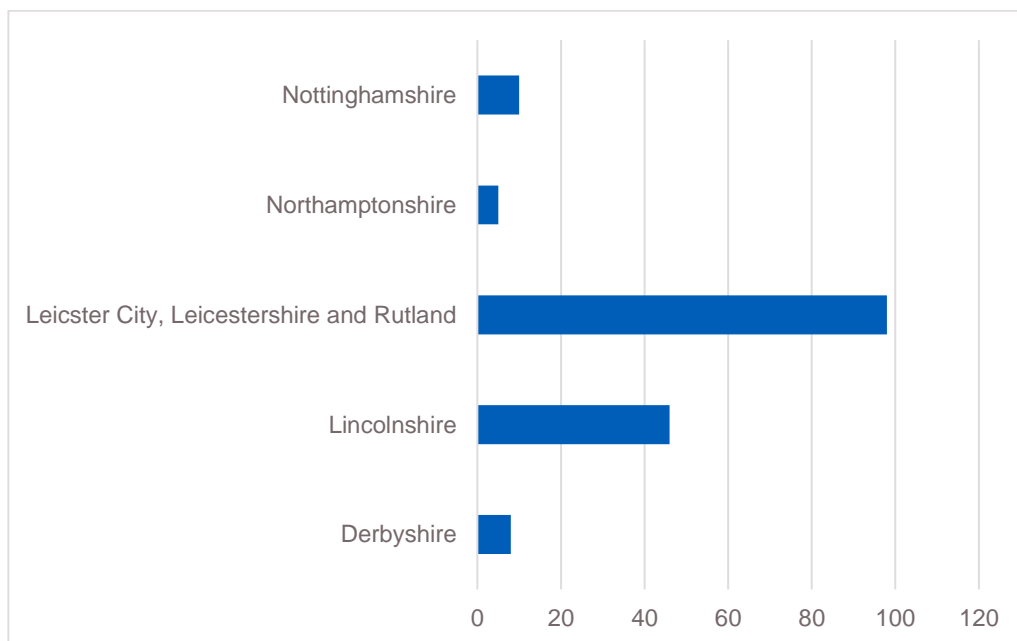
Patient feedback to online questionnaire

Number of responses- 167

Which area do you live in?

Responses were received across all five areas with the majority of respondents 98 (58.68%) confirming they lived in Leicester City, Leicestershire and Rutland. To see a breakdown of all responses, see the table and graph below:

| Option | Total | Percent |
|--|-------|---------|
| Derbyshire | 8 | 4.79% |
| Nottinghamshire | 10 | 5.99% |
| Leicester City, Leicestershire and Rutland | 98 | 58.68% |
| Lincolnshire | 46 | 27.54% |
| Northamptonshire | 5 | 2.99% |
| Not Answered | 0 | 0.00% |



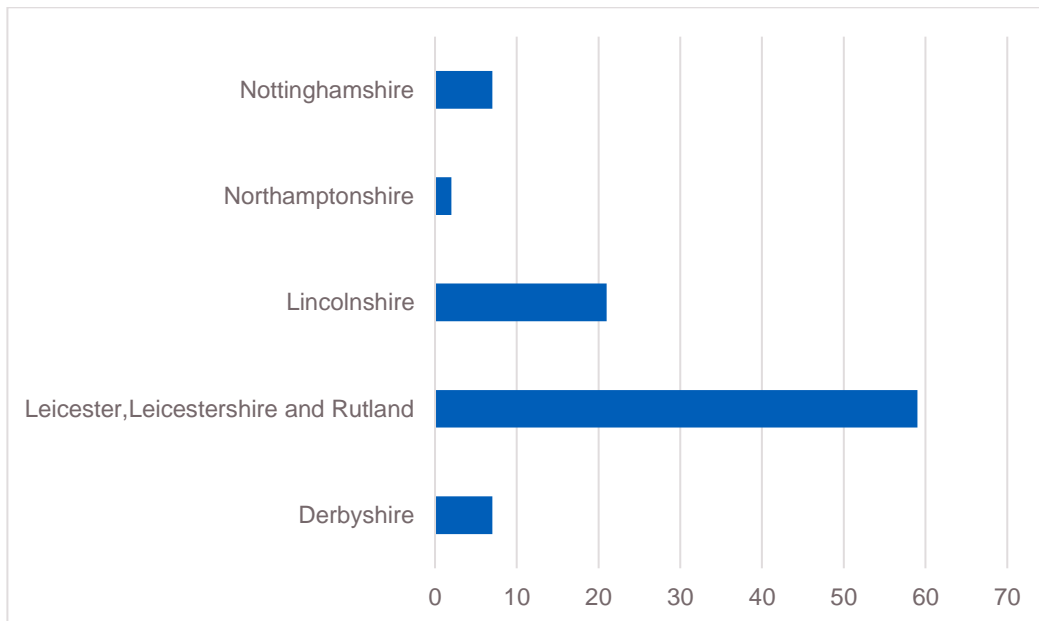
Are you the patient or responding on behalf of someone you care for?

The majority of respondents 161 (96.41%) confirmed they were the patient compared to 6 (3.59%) that were carers or a guardian.

Looking back at treatment, when your dentist said you or someone you care for needed to have Intermediate Minor Oral Surgery, did they offer choice as to where treatment could be provided?

Most respondents 96 (57.49%) stated that they were not offered a choice in where treatment could be provided compared to 71 (42.51%) that were. This view was shared across all areas. However, the majority of patients 59 (61.45%) that were not given a choice lived in Leicester City, Leicestershire and Rutland compared to lowest number 2 (2.08%) living in Northamptonshire.

The table below shows a breakdown across all areas that were not given a choice as to where treatment could be provided.

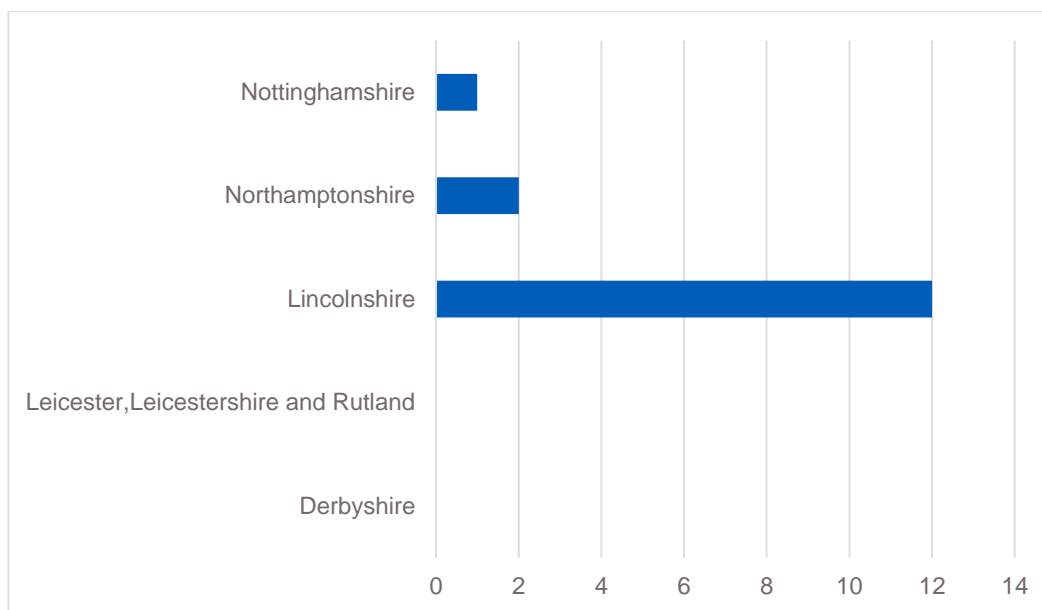


Were you or someone you care for involved in making a decision regarding your/their treatment?

The majority of respondents 131 (78.44%) confirmed that they or someone they care for was involved in making a decision regarding their treatment. Of these, most respondents, 40 (41.66%) lived in Leicester, Leicestershire and Rutland.

How far did you or someone you care for have to travel to access Intermediate Minor Oral Surgery service?

Most respondents 83 (49.70%) travelled between 0-5 miles to access intermediate minor oral surgery, compared to 15 (8.98%) that travelled more than 21 miles. Of those travelling more than 21 miles, most people (12 :12.5%) lived in Lincolnshire. The table overleaf shows a breakdown of those patients traveling more than 21 miles for an appointment across the areas identified.



Was the distance travelled to access services acceptable to you or someone you care for?

Most respondents 153 (91.62%) felt the distance travelled was acceptable compared to 12 (7.19%) that did not. Of those that felt this was not acceptable, the majority 8 (66.66%) lived in Lincolnshire, 3 (25.00%) lived in Leicester, Leicestershire and Rutland and 1 (8.33%) lived in Nottinghamshire.

How did you or someone your care for travel to access Intermediate Minor Oral Surgery service?

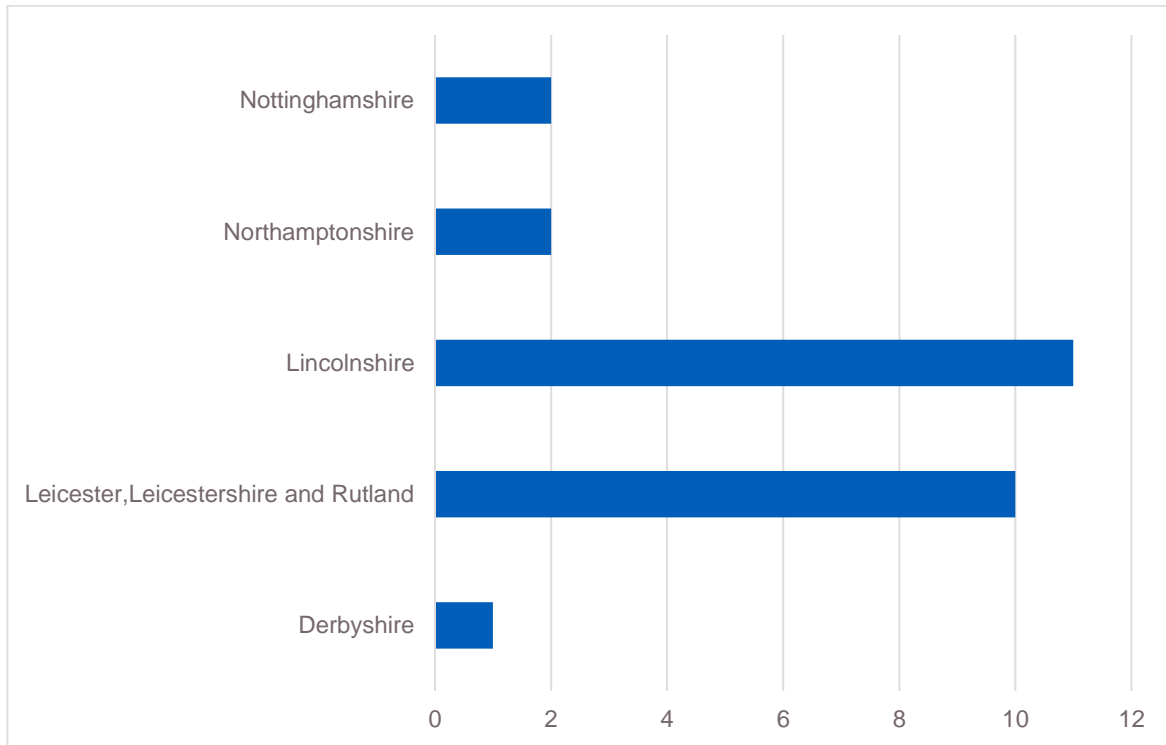
Most patients 143 (85.63%) travelled to their appointment by car followed by 14 (8.38%) who walked and 7 (4.19%) who used public transport. Of the respondents who walked, the highest number 8 (57.14%) lived in Leicester, Leicestershire and Rutland. All patients confirmed they do not cycle to their appointments across all areas.

How long did you or someone you care for have to wait from seeing your/their regular dentist to receiving oral surgery treatment?

Most patients 92 (55.09%) waited up to 3 months to receive treatment. However, it was reported in some cases that patients waited longer than 6 months. The table below provides a breakdown against each timeline.

| Option | Total | Percent |
|----------------------|-------|---------|
| Within a week | 31 | 18.56% |
| Up to 3 months | 92 | 55.09% |
| 3 to 6 months | 17 | 10.18% |
| Longer than 6 months | 26 | 15.57% |
| Not Answered | 1 | 0.60% |

Of the patients waiting longer than 6 months most 11 (42.30%) lived in Lincolnshire followed by 10 (38.46%) living in Leicester, Leicestershire and Rutland. The graph below provides a breakdown against all areas identified.



Were you or someone you care for satisfied with the amount of time waited for Intermediate Minor Oral Surgery treatment?

The majority of respondents 123 (73.65%) were satisfied with the waiting time for intermediate minor oral surgery treatment compared to 43 (25.75%) that were not. Of those not satisfied, the key areas identified include

Long waiting times:

17 (41.46%) of patients felt that waiting times were too long and they were not contacted to explain the long wait regardless of how important the dental need was.

Impact of Covid 19:

12 (29.26%) of patients felt their appointments/treatment was delayed due to the pandemic.

Improve communication:

2 (4.87%) of patients felt communication between the surgery and patient needs improving as some patients are left waiting not knowing what to expect next. Comments include:

‘Still not had it’

‘It hasn’t happened yet and there has been no contact’.

Requirement for further treatment:

2 (4.87%) of patients confirmed they required further treatment as a consequence of the first appointment, comments include:

'Took nearly all my teeth out, still waiting for false ones'

'Needed implant after IMOS extraction so time scale was important'

Consequences due to long waiting times:

5 (12.19%) of patients felt they suffered due to the long waiting times incurred. Comments include:

'I contracted gum disease through the treatment i received, at My Dentist, I made numerous complaints to the dentist, i.e. the manager, but was ignored'

'Surgery required as result of poorly executed extraction in local practice'

I was in continuous pain and ended up with extreme treatment that may not have been necessary if I'd been seen earlier'

Improve referral process:

3 (7.31%) of patients experienced issues in the referral process. Comments include:

'My dentist forgot to refer me'

'I was in agony and still don't understand why it couldn't be done at my own dentist. The treatment centre also said it could have been done there. I then had to wait 3 weeks which to me is unacceptable when in so much pain'

'After 6 weeks I rang to enquire about the referral and discovered it had not yet been made'

To view all comments, see Appendix C.

Were you or someone you care for happy with the day and time of the appointment offered to you/them?

The majority of patients 154 (92.22%) were happy with the day and time of appointment offered compared to 10 (5.99%) that were not. The main reason given by patients not happy with the appointment time was they were still waiting to be seen.

To view all comments, see Appendix D.

Did the service accommodate your or someone you care for physical and personal needs, such as a disability, communication need or management of patient or anxiety?

Most patients 140 (83.83%) agreed that the service accommodated their needs. Of those that disagreed 21 (12.57%) expressed concerns over:

- Anxiety due to waiting times
- Lack of care for those with physical needs due to a disability
- Management of patient records

Some comments include:

'The referring dentist refused to consider my requirements. They refused to allow me to update my medical form with new medical issues. They referred me to an oral surgeon I couldn't get to (longer distances makes my medical condition much worse) which was 26miles away from home. My GP had to write a letter explaining my updated medical condition to my oral surgeon dental practice which is only a couple of miles away. And I am awaiting my appointment with them'

'I am disabled and had steep stairs to climb. No alternative was offered'.

To view all comments, see Appendix E.

How did you or someone you care for receive aftercare advice following oral surgery treatment?

It was found that a total of 151 (90.41%) of patients received one form of aftercare compared to 12 (7.19%) who did not receive any aftercare. Most patients 79 (47.31%) received aftercare verbally and by being given a leaflet. Of those patients not receiving any aftercare, most patients 4 (33.33%) lived in Leicester, Leicestershire and Rutland, 2 (16.66%) lived in Lincolnshire and 1 (8.33%) lived in Nottinghamshire. A further five respondents did not provide any additional information.

The table below shows all other methods of aftercare identified.

| Option | Total | Percent |
|--|-------|---------|
| Verbally | 44 | 26.35% |
| I was given a leaflet | 28 | 16.77% |
| Verbal and leaflet | 79 | 47.31% |
| I did not receive any aftercare advice | 12 | 7.19% |
| Not Answered | 4 | 2.40% |

Were there any complications following treatment?

The majority of patients 133 (79.64%) did not experience any complications following treatment compared to 27 (16.17%) that did. Of these responses most (9 people:33.33%) lived in Leicester, Leicestershire and Rutland, 1 (3.70%) lived in Derbyshire, 1 (3.70%) lived in Nottinghamshire and 1 (3.70%) lived in Lincolnshire.

The main reasons given why complications occurred include:

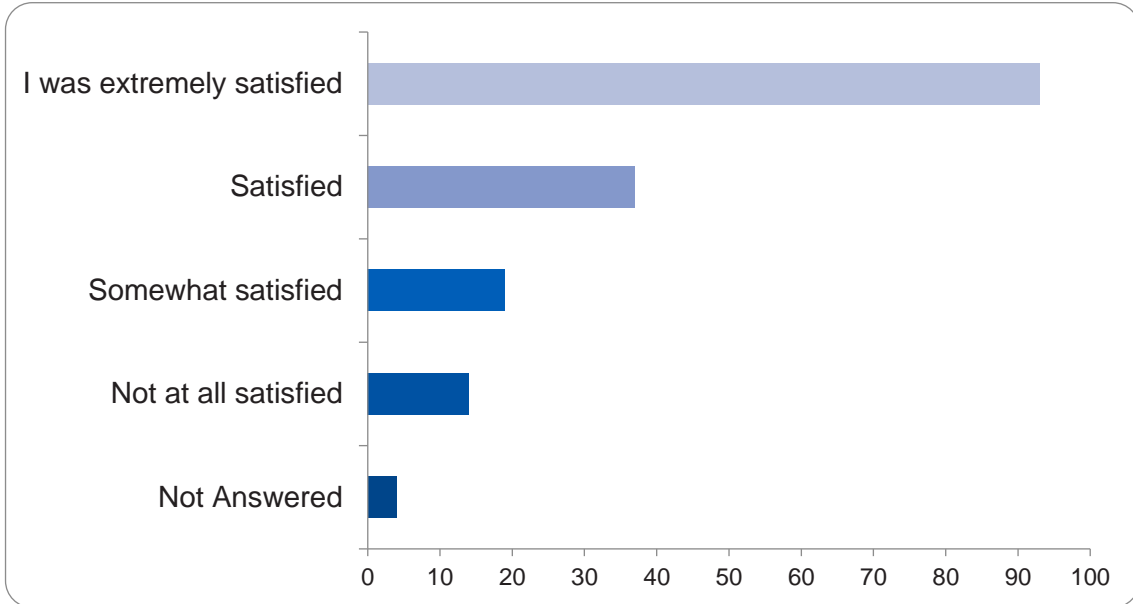
- Difficulty in removing teeth resulting in referral to another practice
- Initial treatment not carried out correctly in a timely way resulting in excruciating pain and unnecessary costs
- Ongoing after pain as a result of the first treatment.

To view all comments, see Appendix F.

How satisfied were you or someone you care for with the treatment received?

The majority of patients 93 (55.69%) were extremely satisfied with the treatment received compared to those that were not at all satisfied, 14 (8.38%) of which most patients 10 (71.42%) lived in Leicester, Leicestershire and Rutland. A further three respondents living in Lincolnshire and one living in Derbyshire were also dissatisfied. A total of four respondents did not answer this question.

The graph below provides a breakdown against each option given.



What was important to you or someone you care for when visiting the specialist service?

A total of 162 patients answered this question with the majority 146 (87.43%) indicating Quality of care to be most important to some extent. All responses from Derbyshire and Northamptonshire selected this as the most important. The table overleaf shows a breakdown of the options given against the number of respondents per area.

| Option | Total | % | Derby | LLR | Lincoln | Northampton | Nottingham |
|---|-------|--------|-------|-------|---------|-------------|------------|
| Quality of care | 146 | 87.43% | 8/8 | 87/98 | 39/46 | 5/5 | 8/10 |
| Location of services | 75 | 44.91% | 4/8 | 42/98 | 23/46 | 2/5 | 4/10 |
| Choice of provider | 32 | 19.16% | 2/8 | 22/98 | 8/46 | 0/5 | 0/10 |
| Premises including disabled access, waiting area and facilities | 24 | 14.37% | 0/8 | 14/98 | 8/46 | 1/5 | 1/5 |
| Appointment availability | 92 | 55.09% | 6/8 | 40/98 | 19/46 | 1/5 | 2/5 |
| Waiting time to treatment | 77 | 46.11% | 6/8 | 42/98 | 25/46 | 1/5 | 2/5 |
| Availability of car parking | 43 | 25.75% | 2/8 | 27/98 | 10/46 | 0/5 | 4/5 |

All 'other' responses received were from patients living in Leicester, Leicestershire and Rutland, these include:

- To be referred to an experienced and capable dentist
- To be cost effective
- To be given more NHS care/support
- To provide complete care instead of referring to other clinicians resulting in additional charges
- Aftercare support and communication to treat and prevent dental problems.

Demographic data

As part of this engagement activity equality data was collected to ensure patient views from all areas and communities were recorded. The full details are documented in Appendix G with a summary provided below.

Location of respondents:

There were 87 respondents (52.10%) living in a urban area (city/town) compared to 80 (47.90%) living in a Rural area (in the county/village). To see a graph presenting these results see Appendix G, section 1.1.

Description of respondents:

Most respondents 83 (49.70%) described themselves to be married /civil partnership co-habiting. To see all other responses, see Appendix G, section 1.2.

Age and description of respondents:

Most respondents 85 (50.90%) were female aged 55-64 compared to 78 (46.71%) who were male aged 55-64. One respondent preferred not to answer this question. To see a graph presenting these results see Appendix G, section 1.3.

Gender identity:

163 respondents confirmed their gender to be the same as registered at birth whilst one patient confirmed this had changed and a further three preferred not to say. To see a graph presenting these results see Appendix G, section 1.4.

Ethnic background:

Most respondents 137 (82.04%) described themselves as English/Welsh/Scottish/Northern Irish/British whilst 26 (15.57%) preferred not to answer. To see a table presenting all results see Appendix G, section 1.5.

Religion:

Most respondents 72 (43.11%) considered themselves to be Christian followed by the second highest 46 (27.54%) confirming they do not have a religion. A further 16 respondents preferred not to say. To see a table presenting these results see Appendix G, section 1.6.

Sexual orientation:

Most respondents 141 (84.43%) describe themselves as heterosexual/straight whilst 16 (9.58%) preferred not say. To see a table presenting these results see Appendix G, section 1.7.

Disability:

Most respondents 124 (74.25%) identify as not having a disability compared to 31 (18.56%) who do, a further ten respondents preferred not to say. To see a graph presenting these results and details of the disabilities, see Appendix G, section 1.8.

Day-to-day activities:

Most respondents, 97 (58.08%) confirmed that their day-to-day activities are not limited. Of those that confirmed they were, the top three are:

- Mobility (such as difficulty walking short distances, climbing stairs)
- Mental ill-health
- Stamina or breathing difficulty or fatigue

To see a table of all results, see Appendix G, section 1.9.

Support to others:

The majority of respondents 101 (60.48%) do not give any help or support to family members, friends, neighbours or others compared to 53 (31.74%) who do. A further seven respondents preferred not to say and six did not answer this question. To see a graph presenting these results see Appendix G, section 1.10.

Summary of patient feedback from Derbyshire

- This questionnaire was completed by eight patients living in Derbyshire.
- All respondents confirmed they were patients completing the questionnaire.
- Most patients 7 (87.50%) were not offered a choice where treatment could be provided compared to 1 (12.50%) who was.
- 6 (75.00%) of patients were involved in making decisions regarding their treatment compared to 2 (25.00%) who were not.
- Most patients 6 (75.00%) travelled between 0-5 miles to access an intermediate minor oral surgery service, whilst 1 (12.50%) travelled 6-10 miles and 1 (12.50%) travelled 11-15 miles.
- All patients felt the travel distance to access services was acceptable.
- All patients travelled to their appointment by car.
- Patients confirmed various waiting times with 4 (50.00%) waiting up to 3 months, 3 (37.50%) waiting 3-6 months and 1 (12.50%) longer than 6 months.
- Most patients 5 (62.50%) were satisfied with the amount of time waited for intermediate minor oral surgery treatment compared to 3 (37.50%) who were not. Those who were not satisfied said:
 - *Took nearly all my teeth out, still waiting for false ones.*
 - *I needed 2 extractions. It seemed quite a wait for the procedure when in discomfort, but appreciate there is a back-log due to covid.*
 - *But what choice do we have?*
 - Most patients 6 (75.00%) were happy with the appointment offered to them compared to 2 (25.00%) who were not. Those not happy with the appointment time said:
 - *Not a complaint but the actual appointment was offered by letter and then changed and then changed again. I had the feeling that this side of the service was not so well organised.*
- Most patients 6 (62.50%) felt the service accommodated their physical and personal needs whilst 1 (12.50%) did not feel it met their needs and considered themselves as a 'nervous patient'. A further 1 (12.50%) did not answer this question.
- All patients received aftercare advice with most 5 (62.50%) receiving this verbally and by a leaflet compared to 3 (37.50%) who only received this verbally. Most patients 5 (62.50%) did not experience any complications following treatment compared to 3 (37.50%) who did. Patients who experienced complications said:

- *The pain continued for longer than anticipated and it transpired this was because of an air pocket in the gum. It actually took about twice as long to return to normal as suggested by the leaflet.*
 - *Couldn't remove one tooth so had to go elsewhere.*
 - *I had to attend hospital as I got sepsis following extraction.*
- Most patients 6 (75.00%) were either extremely satisfied or satisfied with the treatment they received whilst 1 (12.50%) was somewhat satisfied. There was however 1 patient (12.50%) that was not at all satisfied.
 - Patients expressed the area's most important to them when visiting the specialist service against the following options:

| Option | Total | % |
|---|--------------|----------|
| Quality of care | 8 | 100% |
| Choice of provider | 2 | 25.00% |
| Location of services | 4 | 50.00% |
| Premises including disabled access, waiting area and facilities | 0 | 0 |
| Waiting time to treatment | 6 | 75.00% |
| Availability of car parking | 2 | 25.00% |

Summary of patient feedback from Leicester City, Leicestershire and Rutland

- This questionnaire was completed by 98 patients living in Leicester City, Leicestershire and Rutland.
- The majority of respondents 93 (94.89%) confirmed they were patients completing the questionnaire compared to 5 (5.10%) who were carers or guardians of patients.
- The majority of patients 59 (60.20%) were not offered a choice where treatment could be provided compared to 39 (39.79%) that were.
- The majority 78 (79.59%) of patients were involved in making decisions regarding their treatment compared to 19 (19.38%) that were not. A further one patient did not answer this question.
- Most patients 56 (57.14%) travelled between 0-5 miles to access an intermediate minor oral surgery service followed by 18 (18.36%) travelling 11-15 miles, 15 (15.30%) travelling 6-10 miles and 9 (9.18%) travelling 16-20 miles.
- The majority of patients 95 (96.93%) felt the travel distance to access services was acceptable compared to 3 (3.06%) that did not.
- Most patients 84 (85.71%) travelled to their appointment by car followed by 8 (8.16%) who walked and 6 (6.12%) who used public transport.
- Patients confirmed various waiting times with a quarter waiting up to one week followed by the second highest 56 (57.14%) waiting up to 3 months. A further 7 (7.14%) waited 3-6 months and 10 (10.20%) waited longer than 6 months.
- Most patients 79 (80.61%) were satisfied with the amount of time waited for intermediate minor oral surgery treatment compared to 19 (19.38%) that were not. Patients who were not satisfied expressed issues in the following areas:
 - Long waiting times
 - Impact of Covid 19
 - Improve communication
 - Requirement for further treatment
 - Consequences due to long waiting times
 - Improve referral process
- The majority of patients 92 (93.87%) were happy with the appointment offered to them compared to 5 (5.10%) who were not. Patients who were not happy with the appointment time expressed the following:
 - *I have not been seen yet and not been given an appointment date - and I have been referred over 6 months ago.*
 - *No appointments available for those working full time (after 6), Had to take time out of work.*

- *The care I am referring to is private. I didn't know that the NHS offer dental care.*
 - *I got there and was sent home and told to return 2 weeks later...I hadn't eaten properly for months because of it...I lost half a stone in weight.*
- Most patients 83 (84.69%) felt the service accommodated their physical and personal needs whilst 14 (14.28%) did not feel it met their needs. Patients who did not feel it met their needs said:
 - *No anxiety management*
 - *Inaccessible for disabled patients*
 - *Need to improve on communication between practice and patients*
 - *To listen to patients*
 - Patients received aftercare in various forms with most 47 (47.95%) receiving this verbally and by a leaflet followed by 26 (26.53%) receiving this verbally only and 17 (17.34%) receiving this in the form of a leaflet only. A further 7 (7.14%) confirmed they did not receive any aftercare.
 - Most patients 76 (77.55%) did not experience any complications following treatment compared to 20 (20.40%) who did. Patients who experienced complications said:
 - *Severe pain following treatment*
 - *Concerns over treatment given and if this was the most appropriate*
 - *Long delays in waiting times after initial treatment.*
 - Most patients 74 (75.51%) were either extremely satisfied or satisfied with the treatment they received whilst 13 (13.26%) were somewhat satisfied. There were however 10 patients (10.20%) who were not at all satisfied.
 - Patients expressed the area's most important to them when visiting the specialist service against the following options:

| Option | Total | % |
|---|--------------|----------|
| Quality of care | 86 | 87.75% |
| Choice of provider | 22 | 22.44% |
| Location of services | 42 | 42.85% |
| Premises including disabled access, waiting area and facilities | 14 | 4.08% |
| Appointment availability | 57 | 58.16% |
| Waiting time to treatment | 42 | 42.85% |
| Availability of car parking | 27 | 27.55% |

Summary of patient feedback from Lincolnshire

- This questionnaire was completed by 46 patients living in Lincolnshire.
- The majority of respondents 45 (97.98%) confirmed they were patients completing the questionnaire compared to 1 (2.08%) that was a carer or guardian of a patient.
- Most patients 25 (54.34%) were offered a choice as to where treatment could be provided compared to 21 (45.65%) that were not.
- Most 35 (76.08%) of patients were involved in making decisions regarding their treatment compared to 11 (23.91%) that were not.
- Most patients 14 (30.43%) travelled between 0-5 miles to access an intermediate minor oral surgery service followed by 12 (26.08%) travelling more than 21 miles. Other results indicate 9 (19.56%) travelled 6-10 miles and those travelling 11-15 miles and 16-20 miles were equal at 5 (10.86%) for each.
- The majority of patients 37 (80.43%) felt the travel distance to access services was acceptable compared to 8 (17.39%) that did not.
- Most patients 37 (80.43%) travelled to their appointment by car followed by 6 (13.04%) that walked and 1 (2.17%) that used public transport.
- Patients confirmed various waiting times with over half waiting up to 3 months followed by the second highest 11 (23.91%) waiting longer than 6 months. A further 5 (10.86%) were seen within a week and 4 (8.69%) waited 3-6 months.
- Most patients 31 (67.39%) were satisfied with the amount of time waited for intermediate minor oral surgery treatment compared to 15 (32.60%) that were not. Of the patients that were not satisfied expressed issues in the following areas:
 - Long waiting times
 - Impact of Covid 19
 - Improve communication
 - Requirement for further treatment
 - Consequences due to long waiting times
 - Improve referral process
- The majority of patients 42 (91.30%) were happy with the appointment offered to them compared to 3 (6.52%) that were not. Of the patients that were not happy with the appointment time expressed the following:
 - *Not yet been offered an appointment*
 - *Still waiting for follow-up appointment*
- Most patients 38 (82.60%) felt the service accommodated their physical and personal needs whilst 6 (13.04%) did not feel it met their needs. Of those patients that did not feel it met their needs expressed the following:

- *The referring dentist refused to consider my requirements. They refused to allow me to update my medical form with new medical issues. They referred me to an oral surgeon I couldn't get to (longer distances makes my medical condition much worse) which was 26 miles away from home.*
 - *I am disabled and had steep stairs to climb. No alternative was offered.*
 - *No local service which has access to wheelchairs. Hence I had to travel 26 miles to access minor dental services.*
 - *The dentist was brutal. He pulled out one tooth and wanted to pull out another that would have left me short of teeth in my lower jaw. I refused and have had no problem with that tooth since! The dentist had no care at all about my anxiety. It was clear that he was only concerned with the income I represented. This is generally the feeling I get with the way dental services are now provided.*
- Patients received aftercare in various forms with most 18 (39.13%) receiving this verbally and by a leaflet followed by 12 (26.08%) receiving this verbally and 10 (21.73%) receiving this in the form of a leaflet only. A further 4 (8.69%) confirmed they did not receive any aftercare and 2 (4.34%) respondents did not answer this question.
 - Most patients 40 (86.95%) did not experience any complications following treatment compared to 2 (4.34%) that did. Of those patients that experienced complications expressed the following:
 - *Had to travel 26 miles for more treatment for dry socket in agony*
 - *Still waiting for an appointment.*
 - Most patients 38 (82.60%) were either extremely satisfied or satisfied with the treatment they received whilst 3 (6.52%) were somewhat satisfied and 3 (6.52%) were not at all satisfied.
 - Patients expressed the area's most important to them when visiting the specialist service against the following options:

| Option | Total | % |
|---|-------|--------|
| Quality of care | 39 | 84.78% |
| Choice of provider | 8 | 17.39% |
| Location of services | 23 | 50.00% |
| Premises including disabled access, waiting area and facilities | 8 | 17.39% |
| Appointment availability | 26 | 56.52% |
| Waiting time to treatment | 25 | 54.34% |
| Availability of car parking | 10 | 21.7% |

Summary of patient feedback from Northamptonshire

- This questionnaire was completed by 5 patients living in Northamptonshire.
- All respondents confirmed they were patients completing the questionnaire.
- Most patients 3 (60.00%) were offered a choice as to where treatment could be provided compared to 2 (40.00%) that were not.
- Most 4 (80.00%) of patients were involved in making decisions regarding their treatment compared to 1 (20.00%) that was not.
- Travel distance to appointments varied with 2 (40.00%) travelling 0-5 miles, 2 (40.00%) travelling more than 21 miles and 1 (20.00%) travelling 6-10 miles.
- All patients felt the travel distance to access services was acceptable.
- All patients travelled to their appointment by car.
- Patients confirmed various waiting times with 2 (40.00%) waiting longer than 6 months, 1 (20.00%) was seen within a week, 1 (20.00%) waited up to 3 months and 1 (20.00%) waited 3-6 months.
- Most patients 3 (60.00%) were not satisfied with the amount of time waited for intermediate minor oral surgery treatment compared to 2 (40.00%) that were. Of the patients that were not satisfied expressed issues in the following areas:
 - *I was left with a broken tooth for too long. I had to have antibiotics several times due to repeated infections and only got seen because I constantly chased it up*
 - *Too long to put up with a problem tooth*
 - *Waited for a treatment nearly a year. The wisdom tooth that needed to be extracted started coming out more and more and finally chipped tooth next to it.*
- All patients were happy with the appointment date and time offered to them.
- All patients felt the service accommodated their physical and personal needs.
- Patients received aftercare in two forms with most 4 (80.00%) receiving this verbally and by a leaflet followed by 1 (20.00%) receiving this verbally.
- All patients did not experience any complications following treatment.
- Most patients 4 (80.00%) were extremely satisfied and 1 (20.00%) satisfied with the treatment they received.

- Patients expressed the area's most important to them when visiting the specialist service against the following options:

| Option | Total | % |
|---|--------------|----------|
| Quality of care | 5 | 100.00% |
| Choice of provider | 0 | 0 |
| Location of services | 0 | 0 |
| Premises including disabled access, waiting area and facilities | 1 | 20.00% |
| Appointment availability | 1 | 20.00% |
| Waiting time to treatment | 2 | 40.00% |
| Availability of car parking | 0 | 0 |

Summary of patient feedback from Nottinghamshire

- This questionnaire was completed by 10 patients living in Nottinghamshire.
- All respondents confirmed they were patients completing the questionnaire.
- Most patients 7 (70.00%) were not offered a choice as to where treatment could be provided compared to 3 (30.00%) that were.
- Most 8 (80.00%) of patients were involved in making decisions regarding their treatment compared to 2 (20.00%) that were not.
- Travel distance to appointments varied with 5 (50.00%) travelling 0-5 miles, 2 (20.00%) travelling 6-10 miles, 1 (20.00%) travelling 11-15 miles and 1 (10.00%) travelling more than 21 miles.
- Most patients 8 (80.00%) felt the travel distance to access services was acceptable whilst 1 (10.00%) disagreed and 1 (10.00%) did not answer this question.
- The majority of patients 9 (90.00%) travelled to their appointment by car whilst 1 (10.00%) did not answer this question.
- Patients confirmed various waiting times with 5 (50.00%) waiting up to 3 months, 2 (20.00%) waiting 3-6 months and 2 (20.00%) waiting longer than 6 months. One respondent did not answer this question.
- Most patients 6 (60.00%) were satisfied with the amount of time waited for intermediate minor oral surgery treatment compared to 3 (30.00%) that were not. One respondent did not answer this question. Of the patients that were not satisfied expressed issues in the following areas:
 - *Delays in treatment due to the pandemic*
 - *Consequences of not being offered an appointment sooner. 'I was in continuous pain and ended up with extreme treatment that may not have been necessary if I'd been seen earlier'.*
- The majority of patients 9 (90.00%) were happy with the appointment date and time offered to them whilst 1 (10.00%) did not answer this question.
- Most patients 8 (80.00%) felt the service accommodated their physical and personal needs whilst 2 (20.00%) did not answer this question.
- Patients received aftercare in different forms including 5 (50.00%) verbally and by a leaflet, 2 (20.00%) verbally only and 1 (10.00%) by a leaflet. One patient confirmed they did not receive any aftercare advice and 1 patient did not answer this question.

- Most patients 7 (70.00%) did not experience any complications following treatment compared to 2 (20.00%) that did. A further 1 (10.00%) did not answer this question. Of those that did experience complications expressed the following:
 - *A second adjacent tooth was removed that could have been dealt with at the same time as the first. It has left me with a need for a new plate which could have been covered as part of the initial cost*
 - *Pain.*

- Most patients 7 (70.00%) were extremely satisfied or satisfied with the service compared to 2 (20.00%) that were somewhat satisfied. One respondent did not answer this question.

- Patients expressed the area's most important to them when visiting the specialist service against the following options:

| Option | Total | % |
|---|--------------|----------|
| Quality of care | 8 | 80.00% |
| Choice of provider | 0 | 0 |
| Location of services | 4 | 40.00% |
| Premises including disabled access, waiting area and facilities | 1 | 10.00% |
| Appointment availability | 2 | 20.00% |
| Waiting time to treatment | 2 | 20.00% |
| Availability of car parking | 4 | 40.00% |

Dental professionals feedback to online questionnaire

Number of responses- 45

Which area do you work in?

Staff across all areas responded to the online questionnaire. The table below shows a breakdown of the responses by area.

| Option | Total | Percent |
|--|-------|---------|
| Derbyshire | 13 | 28.89% |
| Nottinghamshire | 11 | 24.44% |
| Leicester City, Leicestershire and Rutland | 12 | 26.67% |
| Lincolnshire | 6 | 13.33% |
| Northamptonshire | 3 | 6.67% |
| Not Answered | 0 | 0.00% |

Please can you select one of the below to describe you?

Most respondents 28 (62.22%) describe themselves as a General Dental Practitioner followed by 16 (35.56%) as a Level 2 IMOS provider or partner and 1 (2.22%) as a Level 3a/b Oral Surgery Provider or Consultant or Specialist Registrar.

Do you have access to the following imaging facilities within your practice/Trust?

Most respondents 41 (91.11%) have access to Digital radiography across all areas followed by 29 (64.44%) having access to Orthopantomogram (OPG). However, it was found from the staff working in Northamptonshire that their practices did not have access to Computed tomography (CBCT).

Do you use digital radiography to transfer images?

The majority of staff 43 (95.56%) used digital radiography to transfer images compared to two that did not. The reasons given to explain why this was not used include:

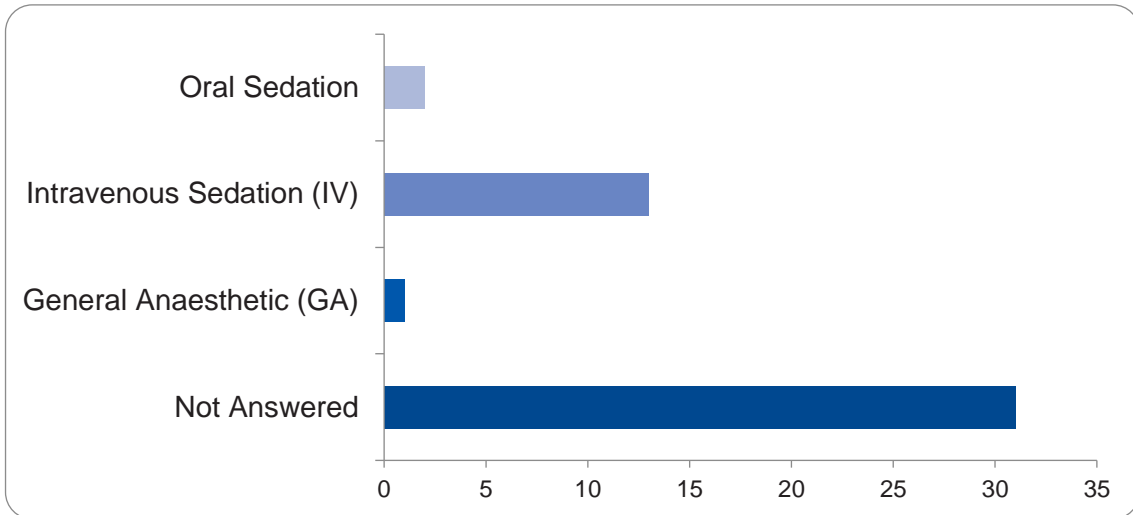
Currently using plain films

Our radiograph facility is not computerized so we use a an X-ray scanner to upload images for mod referral

Do you provide Conscious Sedation for NHS patients?

The majority of staff 32 (71.11%) across all areas do not provide conscious sedation for NHS patients compared to 13 (28.89%) that do. Of those that offered the service most work in Derbyshire and Nottinghamshire.

The graph below shows the type(s) of sedation offered to NHS patients.



If your Referral Management System has clinical triage, is this beneficial?

Most respondents 34 (75.56%) felt that the referral management system was beneficial compared to 3 (6.67%) that did not. A further seven respondents did not feel this was applicable to them and one respondent did not answer this question.

Of those respondents that did not feel this was beneficial highlighted the following:

It is not consistent

In part yes, however when we were triaging ourselves I feel we were more strict than the triagers seem to be. Also it was good as we had local knowledge of the practices that were referring and whether they had OPT machines

This may delay the referral and delay patient treatment

Although clinical triage has been completed, referrals often still get sent to the practice that for example require sedation when we are not contracted to provide this

I don't think there is a triage system

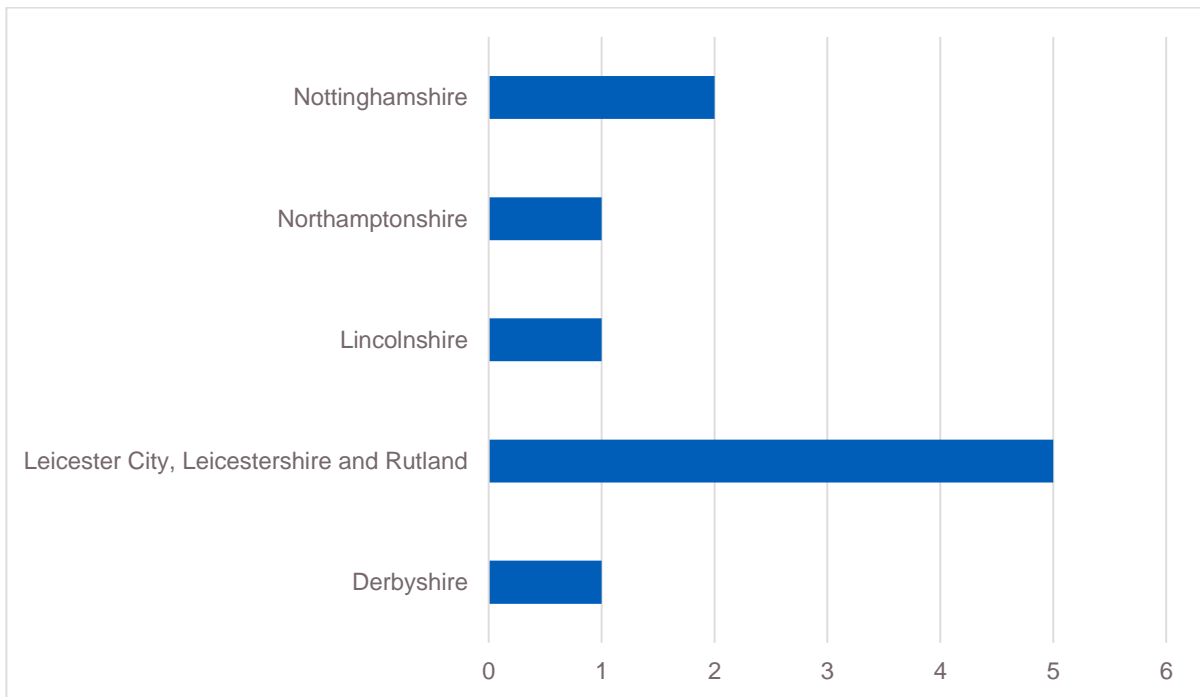
If your Referral Management System does not have clinical triage, would it benefit from having clinical triage?

Of those practices that currently have a referral management system 10 (22.22%) would benefit from having clinical triage. This view was shared across all areas with most working in Leicester, Leicestershire and Rutland. Two respondents felt clinical triage would not benefit their practice and made the following comments:

This may delay the referral and delay patient treatment

I am confident that patient's I refer need secondary care

The graph below shows the responses by area that believe a clinical triage would be beneficial.

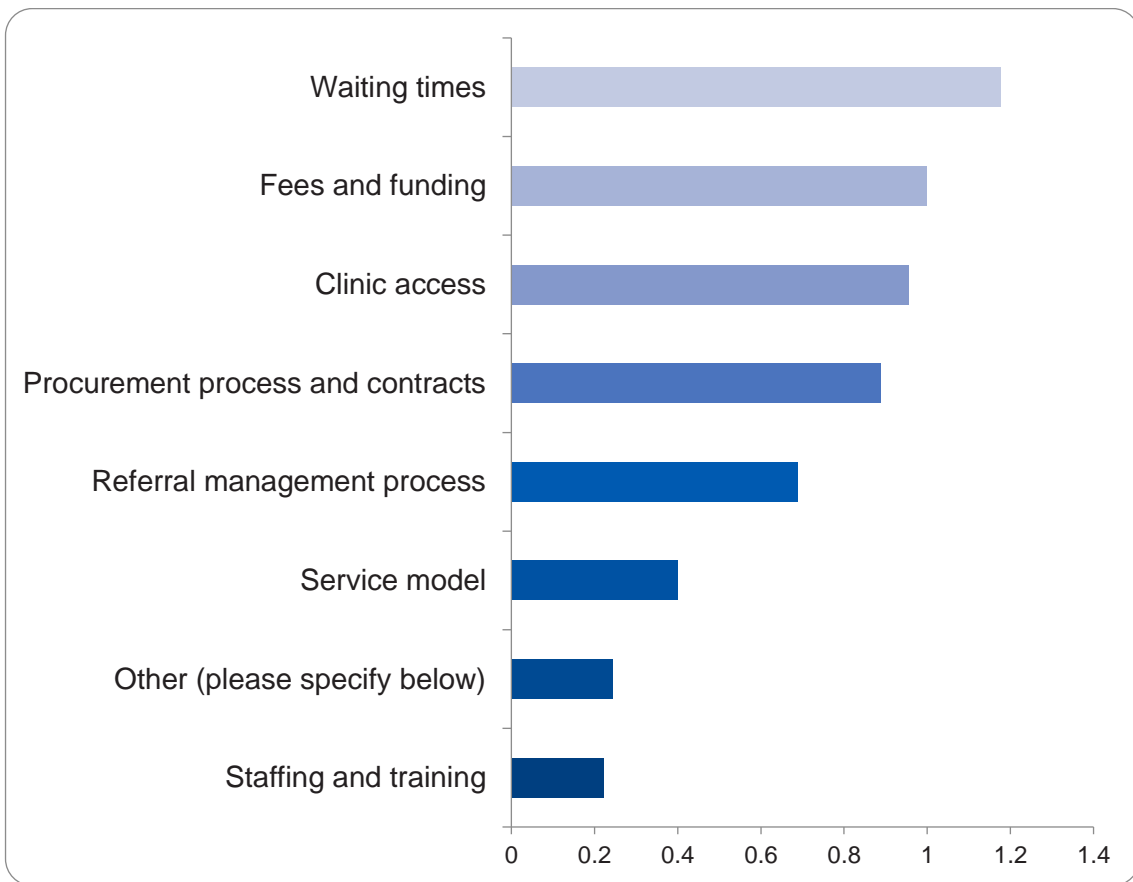


What would you do to improve the current Level 2 Intermediate Minor Oral Surgery provision?

Staff were asked to rank the following areas in order to improve the current Level 2 Intermediate Minor Oral Surgery. Although all areas were ranked, the top three areas rated include:

- Waiting times
- Fees and funding
- Clinic access

The graph below shows all areas of importance.



What would you do to improve the current Level 2 Intermediate Minor Oral Surgery provision?

Staff highlighted each category in order of importance, Improvement priority 1 (IP1), Improvement priority 2 (IP2) and Improvement priority 3 (IP3). Respondents indicated the following:

Service model

A total of 11 staff commented on this of which 6 (54.54%) considered this as IP3 compared to 2 (18.18%) that indicated IP1. A further 3 (27.27%) considered this as IP2.

Clinic Access

A total of 19 staff commented on this of which 9 (47.36%) considered this as IP1 compared to 4 (21.05%) considering this as IP3. A further 6 (31.57%) considered this as IP2.

Referral management process

A total of 20 staff commented on this of which the majority 11 (55.00%) considered this as IP3 compared to 2 (10.00%) as IP1. A further 7 (35.00%) considered this as IP2.

Staffing and training

A total of 5 staff commented on this and all considered this as IP2.

Waiting times

A total of 24 staff commented on this of which 11 (45.83%) considered this as IP1 compared to 6 (25.00%) as IP3. A further 7 (29.16%) considered this as IP2.

Fees and funding

A total of 19 staff commented on this of which the majority 11 (57.89%) considered this IP1 compared to 4 (21.05%) as IP3. A further 4 (21.05%) considered this as IP2.

Procurement process and contracts

A total of 19 staff commented on this of which 7 (36.84%) considered this as IP1 compared to 5 (26.31%) considering this as IP3. A further 7 (36.84%) considered this as IP2.

In addition to the above ranking questions three respondents suggested further improvements in areas of:

- Training, referrals and GDP's
- Restricting providers with a sedation contract
- Ability to refer by letter.

What would you do to improve the current Level 2 Intermediate Minor Oral Surgery provision? Please provide a rationale for top 3 improvements within 200 words:

Respondents highlighted a number of areas to improve the current Level 2 Minor oral surgery of which the key themes are listed below.

Training:

- More training to improve and manage referrals and appointments bookings

Waiting times:

- Reduce waiting times
- More clinics, urgent/priority referral service required

Procurement:

- Allow practices with non-ground floor services to tender for IMOS contracts
- Better funding-Increase patient fees to cover practice investment, equipment, and staff
- Improve procurement process to ensure a timely approach and to ensure it is financially viable
- Increase fairness in tendering/offering contracts (equal opportunities)
- Long term stability of contract and a model that pays per patient visit as opposed to per case
- Procurement processes to consider past patient feedback before making a final decision
- To have more contracts available
- Increase fees in order to recruit good clinicians
- Procurement and contracts to be more accessible
- Longer contract lengths

Referral process:

- More consistency with triage and criteria requirements
- Make referral process similar
- Improve monitoring of inappropriate referrals
- Allow referrals by post

Access:

- Improve clinic access for disabled patients

Other:

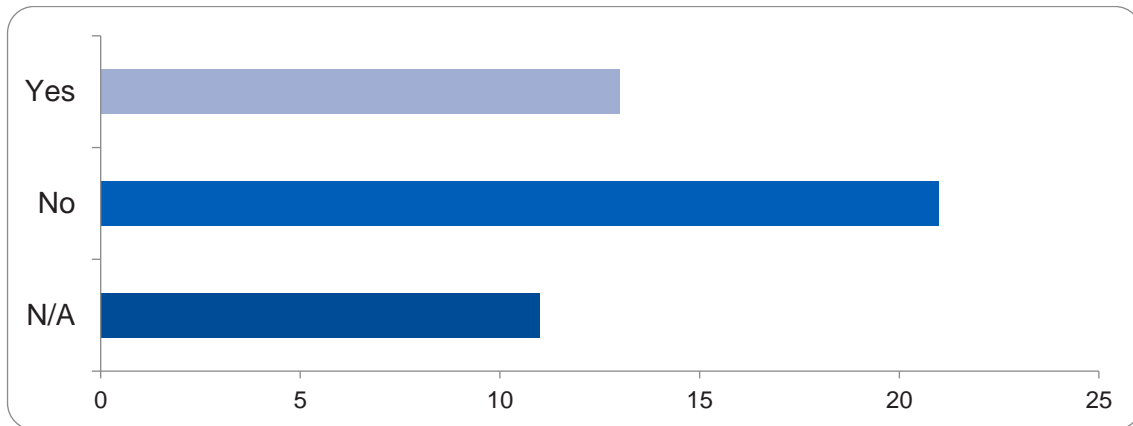
- More stability
- New model for sedation required to meet the increased demand of appointments due to the pandemic
- Improve dental IT systems
- Opportunity to offer a variety of procedures e.g. Impacted canine exposure and removal of non-malignant soft tissues lesions

Would you be comfortable in approaching a colleague for advice and guidance?

All respondents confirmed that they would be comfortable in approaching a colleague for advice and guidance.

Do you have an Oral Surgeon available every working day?

Although most respondents 21 (46.67%) confirmed that they do not have an oral surgeon available every day compared to 13 (28.89%) that do, each area except Northamptonshire had at least one oral surgeon available at some point in the week.



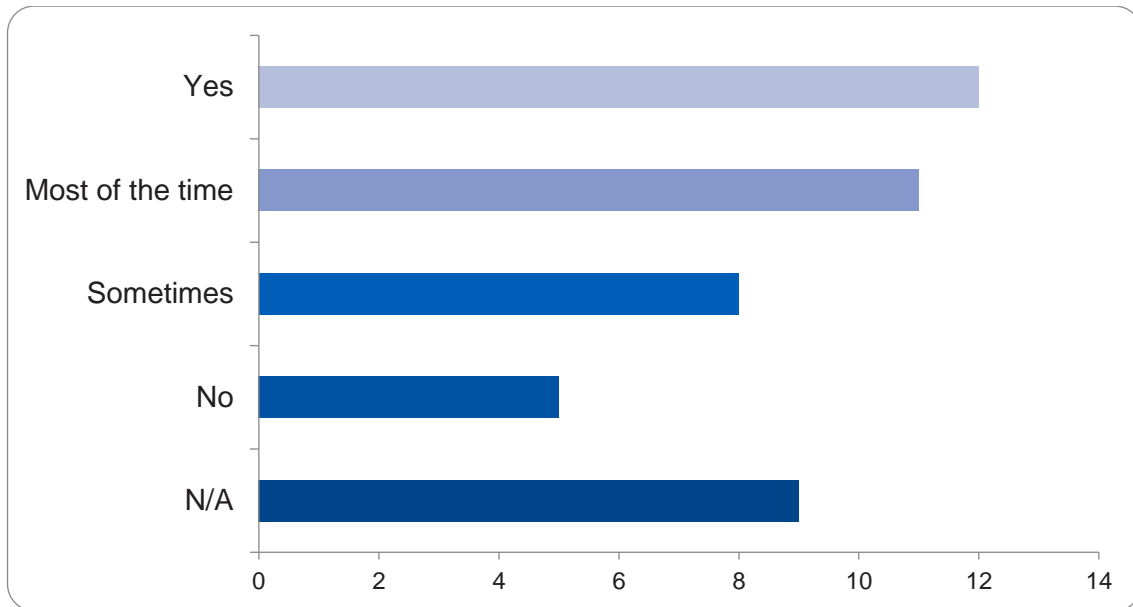
Of those respondents that indicated an oral surgeon is not available daily, information was provided on provisions in place, which include:

- Saturday appointments are available to meet patient needs and to help reduce waiting times
- Referral to other services i.e. GDP's, IMOS and hospital
- Experienced clinical professionals are available to provide aftercare. On call Oral Surgeon accessible when required
- Surgeons are available by phone and email if they are not present within the practice when required
- Triage and emergency appointments available
- Details of 111 service detailed on patients post operation information
- General dental practitioners have attended minor surgery courses to support when required
- Aftercare information is provided to patients verbally and electronically
- Provide own advice.

To view all comments, see Appendix H.

Are you able to take emergency referrals within 24 hours for treatment such as failed extractions or patients in acute pain?

Most respondents 23 (51.11%) expressed that they could either always or most of the time take emergency referrals within 24 hours for treatment compared to 5 (11.11%) that couldn't. A further 8 (17.78%) respondents confirmed they can sometimes offer this.



Of those practices that cannot offer this service, reasons given include:

- Due to the pandemic and waiting times incurred
- Limited attendance of an oral surgeon resulting in emergency appointments being reserved
- No access to a triage facility
- Referrals are made to secondary care

Are you providing Level 3a procedures in a primary care setting?

Although most respondents 25 (55.56%) confirmed they do not offer level 3a procedures, this was found to be offered in at least one per area except Northamptonshire.

Of those practices that do offer level 3a procedures confirmed this to consist of:

- Large jaw cysts and bone graft surgery
- Removal/coronectomy of complicated wisdom teeth with support of 3D imaging (CBCT)
- Multidisciplinary care eg liaising with medical specialists (cardiologists/GMPs) and dental specialists
- Retained roots
- Wisdom teeth extractions
- Surgical extractions
- Alveoplasty
- Sinus lift / augmentation

- Bone graft / augmentation
- Dental implants
- Conscious sedation
- Cyst removal and enucleation

Summary from dental professionals in Derbyshire

- This questionnaire was completed by 13 members of staff working in Derbyshire of which 7 (53.84%) described themselves as a General Dental Practitioner and 6 (46.15%) as Level 2 IMOS Provider or Performer.
- Staff indicated that they have access to the following imaging facilities within their practice:

| Type of facility | Yes | No |
|----------------------------|-----|----|
| Orthopantomogram (OPG) | 6 | 7 |
| Computed tomography (CBCT) | 3 | 10 |
| Digital Radiography | 13 | - |

In addition to the above, staff confirmed they all use digital radiography to transfer images.

- Results indicate a similar split in numbers of those practices providing Conscious Sedation for NHS patients with 7 (53.84%) not providing this and 6 (46.15%) that do provide this.

The types of Conscious Sedation offered include:

| Type of facility | Yes | No |
|---------------------------|-----|----|
| Oral Sedation | 0 | 13 |
| Relative Analgesia (RA) | 0 | 13 |
| Intravenous Sedation (IV) | 6 | 7 |
| General Anaesthetic (GA) | 0 | 13 |

- Most respondents 10 (76.92%) confirmed that they found the Referral Management System for clinical triage beneficial compared to one that does not. A further two respondents stated this was not applicable to them. The reason provided as to why this is not considered beneficial is:
 - *This may delay the referral and delay patient treatment.*
- When asked- If your Referral Management System does not have clinical triage, would it benefit from having clinical triage, the majority of staff 11 (84.61%) selected not applicable whilst 1 (7.69%) selected yes and 1 (7.69%) selected no. The reason provided as to why this would not be beneficial is:

➤ *This may delay the referral and delay patient treatment.*

- In order to improve the current Level 2 Intermediate Minor Oral Surgery provision staff rated each category in order of importance, Improvement priority 1 (IP1), Improvement priority 2 (IP2) and Improvement priority 3 (IP3). Respondents highlighted the following:

| | IP1 | IP2 | IP3 |
|-----------------------|-----|-----|-----|
| Service model | 2 | 0 | 1 |
| Clinic access | 1 | 1 | 2 |
| Referral | 1 | 1 | 2 |
| Staffing and training | 0 | 2 | 0 |
| Waiting times | 2 | 1 | 3 |
| Fees and funding | 5 | 1 | 1 |
| Procurement process | 0 | 2 | 0 |

In addition, the following comments were made:

- *Reduce waiting times*
 - *Improve clinic access for disabled patients*
 - *Opportunity to offer a variety of procedure e.g. Impacted canine exposure and removal of non-malignant soft tissues lesions*
 - *Better funding-Increase patient fees to cover practice investment, equipment and staff*
 - *Allow referrals by post*
 - *Long term stability of contract and a model that pays per patient visit as opposed to per case*
- All staff confirmed that they would be comfortable in approaching a colleague for advice and guidance.
 - Results indicate a similar split in numbers of those practices that have an Oral surgeon available every day with 5 (38.46%) confirming they do and 6 (46.15%) confirming they do not. A further 2 (15.38%) did not consider this question applicable to them.
Of those respondents that indicated an oral surgeon is not available daily, information was provided as to the provisions in place which include:
 - *Weekend appointments to meet patient needs*
 - *GDP's to manage in the absence of an oral surgeon*
 - *Additional support is available by the oral surgeon by phone and email if required*
 - *Refer to hospital if an oral surgeon is not available.*

- Responses varied with 5 (38.46%) confirming they could take emergency referrals within 24 hours whilst 3 (23.07%) confirmed most of the time and 2 (15.38%) stating sometimes. In addition, there were 2 (15.38%) that confirmed they cannot offer this and 1 (7.69%) that stated this was not applicable to them.

Of those practices that cannot offer this service, reasons given include:

- *Due to the pandemic and backlog of appointments*
 - *Limited attendance of an oral surgeon*
- Most staff 6 (46.15%) confirmed they were not providing Level 3a procedures in a primary care setting compared to 3 (23.07%) that were. A further 4 (30.76%) did not feel this was applicable to them.
Of those practices that do offer level 3a procedures confirmed this to be:
 - *Removal/coronectomy of complicated wisdom teeth with support of 3D imaging (CBCT)*

Summary from dental professionals in Leicester City, Leicestershire and Rutland

- This questionnaire was completed by 12 members of staff working in Leicester City, Leicestershire and Rutland of which 9 (75.00%) described themselves as a General Dental Practitioner and 3 (25.00%) as Level 2 IMOS Provider or Performer.
- Staff indicated that they have access to the following imaging facilities within their practice:

| Type of facility | Yes | No |
|----------------------------|-----|----|
| Orthopantomogram (OPG) | 8 | 4 |
| Computed tomography (CBCT) | 5 | 7 |
| Digital Radiography | 9 | 3 |

In addition to the above, 10 (83.33%) staff confirmed they use digital radiography to transfer images compared to 2 (16.66%) that do not. Of the staff that do not use this facility confirmed the reasons to be:

- *Currently using plain films*
 - *Our radiograph facility is not computerized so we use an X-ray scanner to upload images for mod referral*
- Results indicate that 11 (91.66%) of practices in Leicester City, Leicestershire and Rutland do not provide Conscious Sedation. Of the one response that does provide this confirmed the type to be Intravenous Sedation (IV).
 - Most staff 10 (83.33%) confirmed that they found the Referral Management System for clinical triage beneficial compared to one that does not. The reason provided as to why this is not considered beneficial is:
 - It is not consistent
 - When asked- If your Referral Management System does not have clinical triage, would it benefit from having clinical triage, some staff 5 (41.66%) selected yes whilst 6 (50.00%) stated not applicable. One respondent did not answer this question.
 - In order to improve the current Level 2 Intermediate Minor Oral Surgery provision staff rated each category in order of importance, Improvement priority 1 (IP1), Improvement priority 2 (IP2) and Improvement priority 3 (IP3). Respondents highlighted the following:

| | IP1 | IP2 | 1P3 |
|-----------------------|-----|-----|-----|
| Service model | 0 | 1 | 3 |
| Clinic access | 2 | 3 | 1 |
| Referral | 1 | 2 | 4 |
| Staffing and training | 0 | 1 | 0 |
| Waiting times | 1 | 2 | 1 |
| Fees and funding | 2 | 1 | 2 |
| Procurement process | 5 | 2 | 1 |

In addition, it was suggested that more training is provided to GDP's to help with referrals.

- All staff confirmed that they would be comfortable in approaching a colleague for advice and guidance.
- Results indicate an equal split in numbers of those practices that have an Oral surgeon available every day with 4 (33.33%) confirming they do and 4 (33.33%) confirming they do not. A further 4 (33.33%) did not consider this question applicable to them.
Of those respondents that indicated an oral surgeon is not available daily, information was provided as to the provisions in place which include:
 - *Experienced clinical professionals are available to provide aftercare. On call Oral Surgeon accessible where required*
 - *Other clinicians are able to see the patient if there is an issue.*
- Responses varied with 5 (41.66%) confirming they could take emergency referrals within 24 hours whilst 4 (33.33%) confirmed most of the time and 1 (8.33%) stating sometimes. In addition, there was 1 (8.33%) that confirmed they cannot offer this and 1 (8.33%) that stated this was not applicable to them.
- Most staff 8 (66.66%) confirmed they were not providing Level 3a procedures in a primary care setting compared to 3 (25.00%) that were. A further 1 (8.33%) did not feel this was applicable to them.

Summary from dental professionals in Lincolnshire

- This questionnaire was completed by 6 members of staff working in Lincolnshire of which 4 (66.66%) described themselves as a General Dental Practitioner and 2 (33.33%) as Level 2 IMOS Provider or Performer.
- Staff indicated that they have access to the following imaging facilities within their practice:

| Type of facility | Yes | No |
|----------------------------|-----|----|
| Orthopantomogram (OPG) | 5 | 1 |
| Computed tomography (CBCT) | 1 | 5 |
| Digital Radiography | 6 | - |

In addition to the above all staff confirmed they use digital radiography to transfer images.

- Results indicate that six practices in Lincolnshire do not provide Conscious Sedation.
- Some staff 3 (50.00%) confirmed that they found the Referral Management System for clinical triage beneficial compared to one that does not. The reasons provided as to why this is not considered beneficial is:
 - *Although clinical triage has been completed, referrals often still get sent to the practice that for example require sedation when we are not contracted to provide this.*
- When asked- If your Referral Management System does not have clinical triage would it benefit from having clinical triage 1 (8.33%) respondent selected yes, 1 (8.33%) selected no and 4 (33.33%) did not answer this question. Of the respondent that selected no, made the following comment:
 - *I am confident that patients I refer need secondary care.*
- In order to improve the current Level 2 Intermediate Minor Oral Surgery provision staff rated each category in order of importance, Improvement priority 1 (IP1), Improvement priority 2 (IP2) and Improvement priority 3 (IP3). Respondents highlighted the following:

| | IP1 | IP2 | 1P3 |
|-----------------------|-----|-----|-----|
| Service model | 0 | 1 | 0 |
| Clinic access | 4 | 0 | 0 |
| Referral | 0 | 1 | 1 |
| Staffing and training | 0 | 0 | 0 |
| Waiting times | 2 | 2 | 1 |
| Fees and funding | 0 | 0 | 0 |
| Procurement process | 0 | 1 | 2 |

In addition, the following comments were made:

- Waiting times have increased greatly during the pandemic. They were very good before this. A new service model where sedation was provided would benefit patients and reduce the burden on secondary care.
 - Due to the backlog waiting times are lengthy for patients.
 - There is not enough clinics to provide IMOS in the county. There needs to be more contracts available with equal opportunities.
 - Clinic access... the clinic in Boston is upstairs clinic only and not suitable for disabled patients.
- All staff confirmed that they would be comfortable in approaching a colleague for advice and guidance.
 - 2 respondents (33.33%) confirmed they do not have an Oral surgeon available every day whilst 4 (66.66%) did not consider this question applicable to them.

Of those respondents that indicated an oral surgeon is not available daily, information was provided as to the provisions in place which include:

- We can access a surgeon for advice at all times. A good selection of appointments are catered for following a surgical procedure. We provide aftercare instructions to patients both verbally and electronically following treatment.
 - We don't have an oral surgeon in general practice we refer to IMOS or hospital
- Responses varied with 2 (33.33%) confirming they could take emergency referrals within 24 hours whilst 1 (16.66%) confirmed sometimes. In addition, there was 3 (50.00%) that stated this was not applicable to them.
- Further comments were also made to describe the alternatives in place:
- We have a surgeon in 3 x a month on separate weeks. Emergency appointments are reserved in these sessions for such cases.
 - Yes I see emergencies but not for failed extractions as I am a GDP.

- Most staff 3 (50.00%) confirmed they were not providing Level 3a procedures in a primary care setting compared to 1 (16.66%) that was. A further 2 (33.33%) felt this was not applicable to them.

Of the practice that does provide level 3a procedures include:

- Retained roots
- Wisdom teeth extractions
- Surgical extractions
- Alveoplasty
- Sinus lift / augmentation
- Bone graft / augmentation
- Dental implants
- Conscious sedation

Summary from dental professionals in Northamptonshire

- This questionnaire was completed by 3 members of staff working in Northamptonshire of which 2 (66.66%) described themselves as a General Dental Practitioner and 1 (33.33%) as Level 2 IMOS Provider or Performer.
- Staff indicated that they have access to the following imaging facilities within their practice:

| Type of facility | Yes | No |
|----------------------------|-----|----|
| Orthopantomogram (OPG) | 1 | 2 |
| Computed tomography (CBCT) | - | 3 |
| Digital Radiography | 3 | - |

In addition to the above all staff confirmed they use digital radiography to transfer images.

- Results indicate that two practices in Northamptonshire do not provide Conscious Sedation compared to one that does. Of this one practice the type of sedation was confirmed as Intravenous Sedation (IV).
- Some staff 2 (66.66%) confirmed that they found the Referral Management System for clinical triage beneficial compared to one that did not feel this was applicable to them. The following additional comment was made:
 - In part yes, however when we were triaging ourselves I feel we were more strict than the triage team seem to be. Also it was good as we had local knowledge of the practices that were referring and whether they had OPT machines.
- When asked- If your Referral Management System does not have clinical triage would it benefit from having clinical triage one selected yes whilst two did not feel this was applicable to them.

- In order to improve the current Level 2 Intermediate Minor Oral Surgery provision staff rated each category in order of importance, Improvement priority 1 (IP1), Improvement priority 2 (IP2) and Improvement priority 3 (IP3). Respondents highlighted the following:

| | IP1 | IP2 | IP3 |
|-----------------------|-----|-----|-----|
| Service model | 0 | 0 | 0 |
| Clinic access | 0 | 0 | 1 |
| Referral | 0 | 2 | 0 |
| Staffing and training | 0 | 0 | 0 |
| Waiting times | 1 | 1 | 1 |
| Fees and funding | 0 | 0 | 0 |
| Procurement process | 0 | 1 | 1 |

In addition, the following comments were made:

- *Due to covid the waiting times have dramatically increased and it is going to take quite a while for this to go down. Pre-covid the waiting times were more manageable at 2-3 weeks, now its about 6-8 months. There doesn't seem to be consistency with the triagers and their criteria. Some seem to be more stricter than others about what they accept. More notice for the procurement process and more involvement would be beneficial.*
 - *Obviously waiting times are always an issue. It would be useful to have more sites. The referral system is convoluted and unnecessarily complicated. It also asks Covid status which is irrelevant as patients are unlikely to be seen for months.*
- All staff confirmed that they would be comfortable in approaching a colleague for advice and guidance.
 - All staff confirmed they do not have an Oral surgeon available every day however confirmed the provisions in place which include:
 - *Even though the surgeon isn't working every day they are contactable by phone should the nursing team need to contact them for advice.*
 - *We provide our own advice.*
 - Responses varied with one confirming they could sometimes take emergency referrals within 24 hours whilst 1 confirmed they could not and one stated this was not applicable to them.
 - *Pre-covid then 100% yes, but now due to the pandemic this is more difficult, but they will be booked in as soon as possible.*
 - All staff confirmed they were not providing Level 3a procedures in a primary care setting.

Summary from dental professionals in Nottinghamshire

- This questionnaire was completed by 11 members of staff working in Nottinghamshire of which 6 (54.54%) described themselves as a General Dental Practitioner, 4 (36.36%) as Level 2 IMOS Provider or Performer and 1 (9.09% as Level 3a/b Oral Surgery Provider or Consultant or Specialist Registrar.
- Staff indicated that they have access to the following imaging facilities within their practice:

| Type of facility | Yes | No |
|----------------------------|-----|----|
| Orthopantomogram (OPG) | 5 | 6 |
| Computed tomography (CBCT) | 2 | 9 |
| Digital Radiography | 10 | 1 |

In addition to the above all staff confirmed they use digital radiography to transfer images.

- Results indicate that 6 (54.54%) of practices in Nottinghamshire do not provide Conscious Sedation compared to 5 (45.45%) that do. One practice confirmed the type of sedation offered to be General Anaesthetic (GA).
- Most staff 5 (45.45%) confirmed that they found the Referral Management System for clinical triage beneficial compared to one that did not answer this question.
- When asked- If your Referral Management System does not have clinical triage would it benefit from having clinical triage two selected yes whilst ten did not answer this question.
- In order to improve the current Level 2 Intermediate Minor Oral Surgery provision staff rated each category in order of importance, Improvement priority 1 (IP1), Improvement priority 2 (IP2) and Improvement priority 3 (IP3). Respondents highlighted the following:

| | IP1 | IP2 | IP3 |
|-----------------------|-----|-----|-----|
| Service model | 0 | 1 | 2 |
| Clinic access | 2 | 2 | 0 |
| Referral | 0 | 1 | 4 |
| Staffing and training | 0 | 2 | 0 |
| Waiting times | 3 | 2 | 1 |
| Fees and funding | 4 | 2 | 1 |
| Procurement process | 2 | 1 | 1 |

In addition, the following areas were said to require improvements:

- *Increase fees for treatment to reflect the number of stages required for treatment*
- *Simpler procurement process*
- *Reduce waiting times*
- *Increase availability of procurement contracts*

- All staff confirmed that they would be comfortable in approaching a colleague for advice and guidance.

- *Most staff 6 (54.54%) confirmed they do not have an Oral surgeon available every day compared to 3 (27.27%) that do. The following provisions were confirmed to be in place:*
 - *Advice available from the oral surgeon who works at a different practice on other days of the week.*
 - *Post op instructions given*
 - *Our service commitment for patients post-op is 24 hours. The 111 service and the patient's own GDP also provide cover for advice and care.*

- Responses varied with 4 (36.36%) confirming that emergency referrals within 24 hours is provided, 3 (27.27%) offered this sometimes whilst 1 (9.09%) did not offer this. A further 3 (27.27%) felt this was not applicable to them. Two additional comments made include:
 - *Where available appointments are free we are happy to see emergencies at short notice.*
 - *This is not possible. There is no triage facility.*

- Most staff 5 (45.45%) confirmed they were not providing Level 3a procedures in a primary care setting compared to 3 (27.27%) that were. A further three staff did not answer this question.

