



# Intermediate Minor Oral Surgery services in Lincolnshire

## 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 Lincolnshire 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 Lincolnshire'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. One request was made for a hard copy of the information; this was prepared and posted to the requestor.

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 Lincolnshire; 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 three locations in Lincolnshire:

1. Lincoln
2. Skegness
3. Spalding

North Lincolnshire and North East Lincolnshire were not within the scope of the consultation as they are commissioned by NHS North East and Yorkshire.

The detail of the proposal is in Appendix 1.

# Respondents

A total of 236 responses were received and the respondent profile was diverse (Table 1, Table 2, Table 3, Table 4).

Table 1. Respondent type

	Number
Patient	104
Member of the public	58
Carer	3
Dental professional	54
Non-dental healthcare professional	2
Voluntary sector representative	1
Other	7
Prefer not to say	6
Not answered	1
<b>Total</b>	<b>236</b>

Table 2. Sex of respondents

	Number
Female	158
Male	64
Non-Binary	1
Prefer not to describe myself	3
Prefer not to say	9
Not answered	1
<b>Total</b>	<b>236</b>

Table 3. Age of respondents

	Number
16 - 24	7
25 - 34	54
35 - 59	92
60 - 74	57
75+	14
Prefer not to say	12
Not answered	0
<b>Total</b>	<b>236</b>

Table 4. Disability status of respondents

	Number
Yes	35
No	184
Prefer not to say	15
Not answered	2
<b>Total</b>	<b>236</b>



# 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.

Two responses were excluded from the analysis process as they were considered offensive.

## Location

The proposed locations at Lincoln, Skegness and Spalding were mentioned in many responses. Lincoln was considered accessible by some respondents and less so by others. Skegness and Spalding were acknowledged to have poor transport links and a number of respondents reported that accessing these locations could be lengthy or complicated. Conversely, it was raised that so long as access is possible at the most convenient location for each patient, the proposed locations were viable.

Boston was suggested as a location based on a range of factors; these included its location, rail and road links, demographic factors and proposed city status. Sleaford was also suggested on account of its central railway station and new bypass. Grantham's accessibility, transport links, population composition and projected population growth were cited as factors to recommend it. Louth was deemed to be unjustly underserved in the proposal. It was also stated that the proposed model would increase journey times for residents of Gainsborough and Horncastle, and limit access for those living in the centre of the county.

While several towns were put forward for consideration, there was a lack of clarity regarding how these suggested locations would fit within the wider model for the county. Very few responses considered Lincolnshire as a whole.

*“Rather than Skegness I believe that Boston should be the hub on the east coast. Anyone living in Skegness can easily travel to either Lincoln or Boston.”*

*“The proposed locations looks fine”*

*“Looking on your map there is a big stretch of land diagonally down the middle where travel times to a clinic are 45 minutes or longer. The towns are Grantham, Sleaford, Horncastle and Louth. Surely by keeping 5 IMOS clinics you could have the 3 locations you have suggested in Lincoln, Spalding and Skegness but also 1 clinic in Sleaford and 1 in Louth thereby serving the population more fairly”*

*“Grantham has seen many reductions in NHS services to the point it is becoming a NHS ghost town.”*

*“I am happy with them...from where I live in Alford there us a bus service to my nearest IMOS centre in Skegness. I also have a car.”*

*“Arranging of appointments with understanding of lincs geography, so patients not sent to most distant venue.”*

## Travel and Transport

It was raised that the proposed locations would necessitate longer journeys from some areas, with the potential for increased travel costs and difficulties for those who struggle to travel.

Many respondents commented that they would travel to an appointment by car. Several raised that they had no access to public transport where they lived, so it was of little value to them that the proposed locations had public transport links. Adequate parking was deemed essential. Congestion, the risk of road traffic collisions, parking charges and the environmental impact of driving were cited as disadvantages of this mode of transport.

A number of respondents stated that they would travel to appointments on public transport. Some raised the need to change bus or train during their journeys, the likelihood of travel sickness and the impact of public transport staff shortages as disadvantages.

A car sharing scheme was cited as a potential option, with the caveat that the operability of this would be limited for the service under consideration. A dedicated transport service for IMOS patients was also suggested.

*“There may be bus and train services at the end of someone's journey but that is of no value to people with no access to bus and train services near their homes.”*

*“Must be adequate parking at or near surgery venue.”*

*“I object to having to travel miles away”*

## Infrastructure and Logistics

The required physical attributes of IMOS premises were referenced in a small number of responses. The importance of accessibility for those with mobility issues and need for recovery facilities for patients following conscious sedation were stated. It was acknowledged that patients often prefer receiving treatment in a dental practice rather than in a hospital.

*“Has to be better than the arrangements at present where access to the service is not really (physically) accessible for those of us with mobility issues and so I dread any possibility I might need an extraction”*

*“There would need to be adequate parking and recovery facilities for patients”*

## Service Provision

Respondents expressed concern about the lack of patient choice and potential waiting times for treatment with a smaller number of locations. Some indicated this could put pressure on hospital services or lead to patients attempting self-treatment. It was also expressed that that the number of failed appointments would likely increase, as would the number of referrals based on the trend over recent years. Other suggestions for service provision included retaining the existing locations but reducing their capacity, and ceasing all dedicated IMOS provision in favour of general dental services providing IMOS treatment. Scope for patients to

return following post-treatment complications was highlighted as an important consideration.

Regarding cost, IMOS treatment was considered good value for money.

*“I personally think it’s not a great idea it’ll just put pressure on the remaining three hospitals please take into consideration the amount of patients that will be in pain and will have to wait for months just to be seen”*

*“IMOS service is quite a popular service with a marked increase in referrals year on year”*

*“I’m so glad that there is an opportunity to take care of the health of our teeth at a good price!”*

## Conscious Sedation

The availability of conscious sedation at all proposed locations was welcomed and several respondents stated that the prospect of IMOS treatment caused them to feel anxious. It was mentioned that providing conscious sedation at additional locations above those proposed would be advantageous.

Conversely it was also expressed that conscious sedation was not required at all proposed IMOS locations. The reported reasons for this included its limited role in patient management, scope for abuse of the service by referring practitioners, the potential for complications, the impact of recovery time on service efficiency, complications with travel post-treatment and the existence of oral pre-medication and general anaesthetic as alternatives.

It was acknowledged that clinicians providing conscious sedation ought to undertake a minimum of 50 cases per year in order to maintain their clinical competence.

*“offer more mos services including sedation”*

*“I am petrified of dentists”*

*“When sedation services are made available in each site, the service will be open to abuse by some dentists.”*

*“If a patient requires sedation then this will need to be at least 2 visits”*

*“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”*

## Workforce

Some respondents raised the potential impact of the proposed service model on the present IMOS workforce. They highlighted scope for workforce scarcity due to competition from private service providers, the effects of COVID-19 and Brexit, and the potential for clinical skill fade in areas without a proposed IMOS location. The opinion that sufficient clinicians were available to operate additional IMOS locations was also stated.

*“Not inconceivable that an IMOS site could open on a private basis and deprives an NHS site of a surgeon who could work there”*

*“don’t know the exact effect of Covid-19 and Brexit on the primary care dental workforce”*

## COVID-19

It was expressed that limited access to dental services during the COVID-19 pandemic had led patients to rely on emergency dental services, or to attempt dental treatment themselves. This was seen to have increased the need for IMOS treatment.

*“In Dec 2021, we are still seeing patients who had their appointment for a filling cancelled due to the first lockdown and now the tooth needs extraction. We are also seeing patients who had DIY fillings placed during the lockdown and now needing extractions.”*

## Population

Lincolnshire's population was mentioned in many responses and its projected population growth was considered key in planning services for the future. Respondents submitted requests for consideration to be given to the needs of the elderly, disabled, ethnic minorities, prisoners, and those without English as a first language.

*“this can become very confusing and difficult for ones that are elderly and vuneralble adults, and ones with language barriers”*

## Current IMOS Services

Many respondents commented on their experiences of the current IMOS services. They shared positive feedback on their treatment, interactions with IMOS staff and the facilities available. Some submitted feedback on behalf of others, praising the experiences of their family members, friends and patients. It was stated that the IMOS service had been commended for leading to a reduction in the number of patients requiring treatment in hospital settings.

The waiting times for treatment within the current IMOS services featured in numerous responses. Some respondents expressed dissatisfaction at the timescale from referral to treatment and it was felt that this compared poorly both with other areas and the pre-COVID-19 period.

*“I am pleased, I was told what to treat, and how to deal with the health of my teeth!”*

*“Staff were lovely, put me at ease”*

*“We have the best dentists in Lincolnshire”*

*“By referral took 7 months before i had treatment”*

*“I have still not had an appointment as stated ‘within 18 weeks of a referral’  
I’m still waiting to be seen...”*

## Patient Surveys

Several responses referenced the results of surveys of IMOS patients. Some of these had been undertaken at service level, while one was county-wide. The latter was stated to have had 28 participants. The themes within these patient surveys have been included in the analysis above.

## Other Themes

Many responses featured topics that were not relevant to the consultation. These topics included the COVID-19 vaccination programme, accident and emergency services, issues relating primary and secondary care medical services and new footwear.

Several respondents identified potential premises and providers, recommending them for the delivery of future IMOS services. These recommendations fell beyond the scope of the consultation.

# Consultation Process

A large proportion of respondents commented on the consultation process. Some stated how they learnt of the consultation; a consultation mailing list, the local press, Facebook, Twitter, a newspaper website, dental practice marketing and an IMOS service survey were cited as sources.

Some respondents shared their satisfaction with the consultation process and their appreciation that they had been included. Others stated that they struggled to understand it, would have liked more information, that their dental practice had not informed them about it and that a longer timescale would have been beneficial. Some remarked that they felt the consultation was not genuine, that the decision had already been taken and that the consultation was undertaken merely to fulfil legal requirements. Respondents who attended a pre-consultation event expressed that they would like to have provided input to the proposed service model in advance of the public consultation period.

Several respondents interpreted the option to comment on how they had been consulted as an opportunity to provide feedback on a clinical consultation, rather than the public consultation process. Their remarks were complimentary.

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.

*“I am pleased to be on the "mailing list" for this and any other consultations.”*

*“The opportunity to make a difference in this way is to be welcomed. Without this sort of survey I would not know where to make my opinions known. Well done!!”*

*“Only found this via a shared Facebook post.”*

*“We were pleased to be given the opportunity to attend a pre-consultation event but disappointed that we were unable to ask questions or provide input to the proposals”*



# Outcome

NHS England and NHS Improvement express their gratitude to all the respondents to the public consultation on IMOS services in Lincolnshire. The number of responses received was encouraging, as were the diversity of the respondent profile and the range of themes considered.

The proposal in the public consultation was designed to align IMOS service provision with Lincolnshire's current and future population and its oral health needs, as identified by a needs assessment. The modelling undertaken verified the proposal's clinical, logistical, and financial viability. While many of the responses to the public consultation referenced alternatives, none of these were deemed as clinically, logistically and financially viable as the proposal.

With respect to waiting times, Lincolnshire'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. NHS England and NHS Improvement will continue to monitor IMOS waiting times closely, so potential barriers to the timely delivery of treatment may be identified and overcome.

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)<sup>1</sup>. 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.

The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013<sup>2</sup> 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

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<sup>1</sup> <https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

<sup>2</sup> <https://www.legislation.gov.uk/ukxi/2013/500/contents/made>

premise, a comprehensive review of all relevant factors, and the necessary governance processes and approvals, it has been decided to proceed with the IMOS service model proposed in the public consultation.

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

# Appendix 1. Public Consultation Information

## Have your say on Intermediate Minor Oral Surgery services in Lincolnshire

### 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 Lincolnshire will soon end, along with those for the other IMOS services across the East Midlands. These services were established in 2008 when Lincolnshire's population and its oral health needs were different to those today. New IMOS services are being developed to meet Lincolnshire'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 Lincolnshire?

The **current** IMOS services operate from five locations in Lincolnshire:

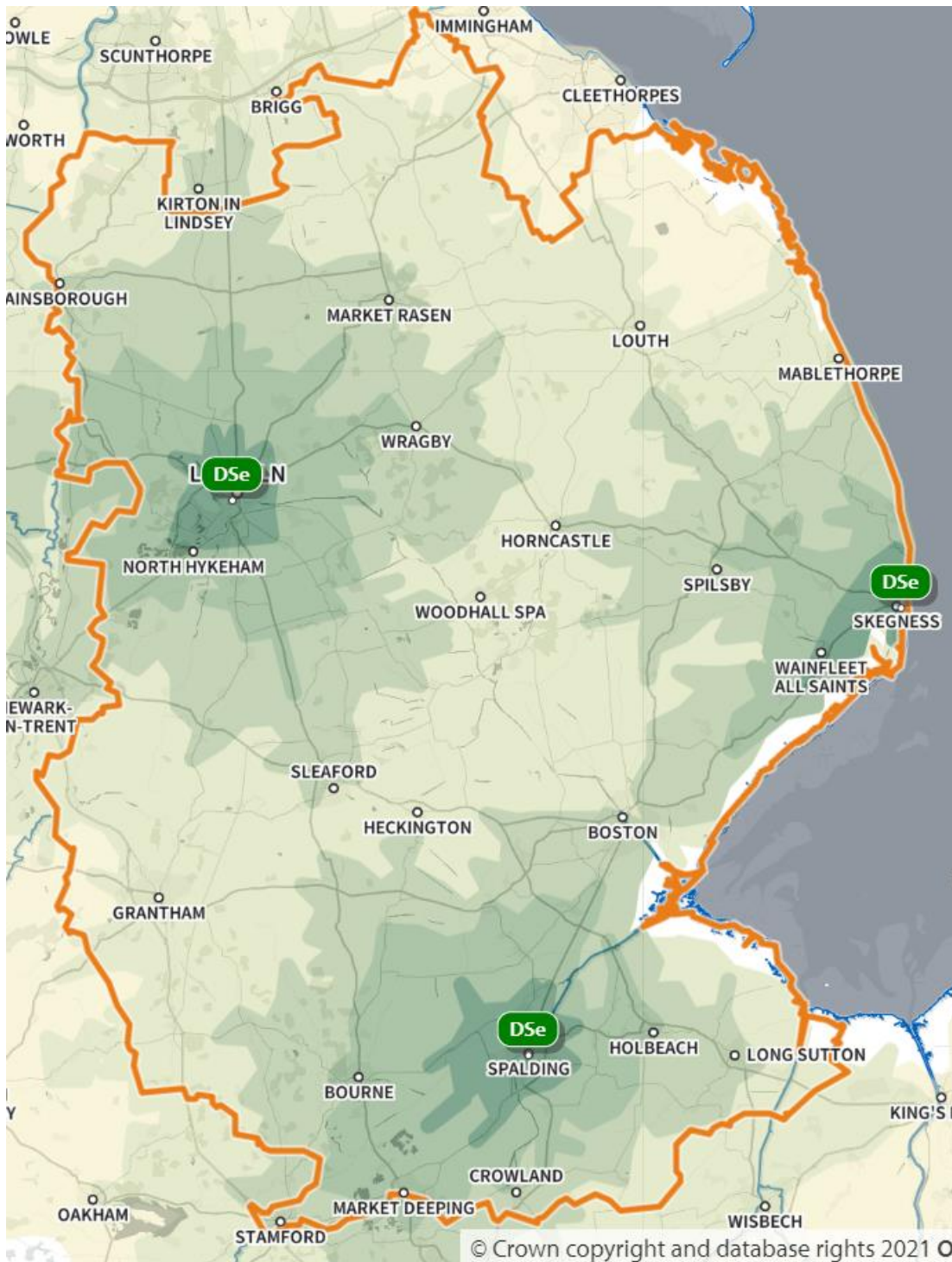
1. Gainsborough
2. Lincoln
3. Skegness
4. Grantham
5. Boston

## What are the proposed IMOS services in Lincolnshire?

The **proposed** IMOS services would operate from three locations in Lincolnshire:

1. Lincoln
2. Skegness
3. Spalding

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. North Lincolnshire and North East Lincolnshire are not included as the services in these areas are not within the scope of the consultation.



**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 Lincolnshire'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](mailto:england.em-dentalengage@nhs.net).