



# Intermediate Minor Oral Surgery services in Northamptonshire

## 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 Northamptonshire 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 Northamptonshire's current and future needs, with the views of stakeholders playing an integral part in this process.

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

## Public Consultation

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

The public consultation was promoted via the following channels:

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

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

## The Proposal

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

1. Kettering

2. Northampton

The detail of the proposal is in Appendix 1. NHS England and NHS Improvement acknowledge that there was not an IMOS service operating in Kettering at the time the public consultation was undertaken and express their apologies for any confusion caused by this error.

# Respondents

A total of 18 responses were received (Table 1, Table 2, Table 3, Table 4).

Table 1. Respondent type

	Number
Patient	4
Member of the public	2
Carer	0
Dental professional	9
Non-dental healthcare professional	0
Voluntary sector representative	0
Other	3
Prefer not to say	0
Not answered	0
<b>Total</b>	<b>18</b>

Table 2. Sex of respondents

	Number
Female	9
Male	6
Non-Binary	0
Prefer not to describe myself	0
Prefer not to say	2
Not answered	1
<b>Total</b>	<b>18</b>

Table 3. Age of respondents

	Number
16 - 24	0
25 - 34	3
35 - 59	10
60 - 74	2
75+	0
Prefer not to say	2
Not answered	1
<b>Total</b>	<b>18</b>

Table 4. Disability status of respondents

	Number
Yes	1
No	14
Prefer not to say	2
Not answered	1
<b>Total</b>	<b>18</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.

## Location

Several respondents commented on the location of the proposed services. Some felt these were satisfactory and there was enthusiasm regarding the inclusion of Kettering. Others felt additional locations would be preferable; continuing with the current service locations and locating a service in every major town were put forward as alternatives. Daventry was mentioned on account of its poor transport links and the age profile of its residents. Corby was suggested based on patient preference and deprivation.

*“I think it is good that there are several options available across the county.”*

*“I believe the changes serve the communities in Northampton, Kettering, Corby and Wellingborough sufficiently, but the road links from Daventry are slow and there is no rail link so they are going to be left out on a limb.”*

*“Daventry does not have a train station but the age profile of the population means that they have complex medical needs and often require assistance of Oral surgery.”*

*“when asking patients what clinic is best suited to them they prefer Corby”*

## Travel and Transport

The proposed service model was said to require longer and more time-consuming journeys than the existing one. Locating services on public transport routes was seen as key, in particular to ensure access for those who could not drive. It was however acknowledged that public transport would not always be used. Transport links were considered poor in some parts of the county. It was noted that in some

areas off peak travel was not possible by public transport and that travelling at peak times would increase journey times. Parking featured in a number of responses; respondents were keen that this should be available at services, free of charge.

Travel costs were also cited as an important consideration. It was emphasised that travelling between towns was significantly more expensive than travelling within towns.

*“Although travel has been reviewed the infrequent service of public transport within rural areas would mean that off peak travel wouldn't be possible.”*

*“Most patients accessing these services would not necessarily travel via train to attend.”*

*“parking needs to be good AND it needs to be on a good bus route - it can't be one or the other”*

*“The new proposal also appears to have the potential of increasing distance and time for travel. In addition, the cost of travel increases significantly when travelling between towns compared to within towns. For example, Corby is an area of high deprivation and a return trip to Kettering by bus costs £8.”*

## Service Provision

Regarding service provision, there was a feeling that an increase in staff and surgery space were required to provide sufficient capacity for patients to be treated within 18 weeks of referral. Northamptonshire's projected population growth and its planned residential construction were referenced with respect to this. The need for investment was stressed, along with reservation that a reduction in the number of locations would have an adverse impact on patient care and choice. The prospect of larger numbers of patients congregating within fewer services was a source of anxiety on account of COVID-19. Recruitment was cited as a potential challenge, with concern that employing staff from outside of the region could result in quality being compromised.

The management of post-treatment complications featured in a few responses. The importance of scope for patients to return to services following treatment was raised and a window of four weeks for corollary treatment was suggested.

It was felt the information on the patient charge provided in the consultation may generate confusion, with clarity on charging arrangements requested.

*“I suggest providing funding for services ,to manage post care and a seamless service with an option to keep care cases open with access for patients for 4 weeks post operative.”*

*“Northamptonshire has one of the highest levels of required growth to meet the incoming Government new house build proposals. For Corby, Kettering, Wellingborough and East Northants this will mean an increase of 3,008 new homes per annum”*

*“The document explains there is a patient charge for IMOS treatment. We wonder if this may generate confusion in public consultation (as patients currently pay their general dental practice, not the IMOS service provider). We would welcome greater clarity in the final documentation to avoid any confusion.”*

## Conscious Sedation

Several respondents mentioned conscious sedation. It was stated that this was currently available for IMOS patients in Northamptonshire, with about 5% of those referred for IMOS treatment availing of it. There was also interest in expanding the offer of conscious sedation, yet it was acknowledged that not all IMOS patients require it. The need for a minimum of 50 cases to be undertaken under conscious sedation annually for the retention of clinical skills was highlighted. In term of premises, the necessity of recovery facilities was stated.

*“Northamptonshire already provides conscious sedation for its cohort of IMOS patients. However, only a small percentage (around 5%) of patients referred into the service will end up receiving or accepting sedation for their treatment.”*

*“not everyone does need sedation in order to access their treatment”*

## Current IMOS Services

Capacity issues featured in a number of comments regarding the current services. Waiting times were believed to compare poorly with those in other areas and services were reported to be struggling to treat patients within 18 weeks of referral. A lack of workforce, secondary to the delayed implementation of contractual change, was said to be responsible. Excellent feedback was received on the treatment provided by the current services and their post-treatment care was highly praised. It was detailed that calls are made to patients 24 hours post-treatment, to ensure they need no further support.

It was stated that the current services had been commended as among the best nationally for their contribution to reducing the number of oral surgery cases requiring hospital care.

*“wait times remain above the 18 week standard”*

*“I feel the service we provide help patients from all surrounding area, we receive amazing feed back on the service we provide.”*

*“After care is exceptional already with patient call back achieved 24 hours post surgery to ensure they require no further support”*

## Patient Survey

Thirteen patients completed a survey that had been undertaken across the IMOS services in Northamptonshire and their level of satisfaction with the current services was high. The themes drawn from the survey results have been included under the headings above.

## Other Themes

Contractual matters and the mobilisation of services for urgent dental care surfaced in the consultation responses. These were not relevant to the proposal.

# Consultation Process

Some respondents provided feedback on the consultation process. They included how they learnt of the consultation, with place of work, job role, pre-consultation event and recent attendance at an IMOS service mentioned. It was felt the consultation had not been widely communicated and therefore it may not capture the views of those who would use the service.

Some felt that greater input from the current IMOS workforce ought to have been sought as part of the process, particularly regarding the contractual elements of future IMOS service provision. The opportunity to ask questions on the proposal was considered an omission.

A small number of respondents interpreted the invitation to provide feedback on the consultation as a request to comment on a clinical consultation. Their sentiments were positive, although the waiting time for appointments was viewed with dissatisfaction.

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 have been consulted through work about the proposed changes.”*

*“I have only been consulted because I have recently received treatment”*

*“I am seeing this as I work in healthcare (non clinical) and this is the first I have seen of this consultation. I've not seen it being widely communicated elsewhere either, so it may not get a wide range of views from the people who are really going to use it.”*

# Outcome

NHS England and NHS Improvement express their gratitude to all the respondents to the public consultation on IMOS services in Northamptonshire. The number of responses received was small, although they covered a range of themes and represented differing perspectives.

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

The alternative model reflects the consultation feedback, remains aligned with current and future needs and demonstrates clinical, logistical and financial viability. Within the alternative model, IMOS services would operate from two locations in Northamptonshire:

1. Corby
2. Northampton

With respect to waiting times, Northamptonshire'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 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 HTCS 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

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

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 premise, a comprehensive review of all relevant factors, and the necessary governance processes and approvals, it has been decided to proceed with the alternative IMOS service model outlined above.

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

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

# Appendix 1. Public Consultation Information

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

### 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 Northamptonshire will soon end, along with those for the other IMOS services across the East Midlands. These services were established in 2012 when Northamptonshire's population and its oral health needs were different to those today. New IMOS services are being developed to meet Northamptonshire'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 Northamptonshire?

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

1. Corby
2. Kettering
3. Wellingborough
4. Daventry
5. Northampton

## What are the proposed IMOS services in Northamptonshire?

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

1. Kettering
2. Northampton

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



**DSe** Proposed IMOS service location

10 20 30 45 60
 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 Northamptonshire'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).