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Special care dentistry

Clinical standard

Version 2, 28 October 2022

Updates to the previous version of this document are highlighted in yellow.

Contents

1. Executive summary

The dental services described within this clinical standard are vital in supporting the quality and efficacy of the breadth of dental treatment and oral health care.

Special Care dentistry is an important element of the provision of high-quality dental care. It has relevance where oral health interventions may be complicated by physical, sensory, intellectual, mental, medical, emotional or social impairments or disability or a combination of these factors.

2. What is Special Care Dentistry?

2.1 Description of the specialty

The speciality of Special Care Dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or a combination of these factors. The specialty focuses on adolescents and adults only and includes the important period of transition as the adolescent moves into adulthood.[1]

The age range has never been defined and is an area for future discussion and development to ensure the transition for children's care can be appropriately managed in a common approach across England.

Special Care Dentistry is provided in a variety of settings including in primary care, hospital and community organisations. Equally, it is delivered and supported by all members of the dental team.

2.2 Description of the workforce and training

2.2.1 Workforce

Special Care Dentistry, in common with other specialties, is provided by dentists and Dental Care Professionals (DCPs).

Special Care Dentistry can and does form part of routine care provided by general dental practitioners (GDPs) where the requirements of the patient do not require specialist input.

A key element to the services delivered is prevention which can be delivered by therapists, hygienists and dental nurses.

2.2.2 Training

Competent primary care delivery depends on sufficient training at dental undergraduate level and in the early years' postgraduate programmes (foundation and core training). The Advancing Dental Care (ADC) Review Report was

[1] GDC 2012 Speciality Training Curriculum. Special care Dentistry. Found March 2022 at URL APPENDIX A (gdc-uk.org)

published in September 2021. The report identifies the future dental education and training infrastructure that produces a skilled, multi-professional oral healthcare workforce, which can best support patient and population needs within the NHS.[2] The report reflects the need to use the full scope of practice of all registrants and to clarify the knowledge and skills required at generalist and specialist levels of delivery.

The Education Outcomes Framework Department of Health, Education Policy 2013[3] described the framework required to measure progress in 'improvements in education, training and workforce development' in order to 'monitor the outcomes of the education and training system in the wider health and care system'. Dental undergraduate and postgraduate programmes are monitored against the technical guidance of the Education Outcomes Framework.[4]

2.3 Description of the complexity levels

Securing Excellence in Commissioning NHS Dental Services[5] signalled a care pathway approach for dental services aligning with the NHS Commissioning Board single operating model. Dental care pathways describe consistent, nationally agreed descriptors of case complexity, procedures and quality standards across all levels of care.

The levels of complexity do not describe contracts, or practitioners or settings. Levels 1, 2 and 3 care descriptors reflect the workforce skills and environmental requirements to deliver care of each level of complexity.

2.3.1 Levels of Care

Level 1 Care

It is challenging to describe the Special Care Dentistry scope of practice for a provider of Level 1 care. Complexity may relate to the patient and their specific

[2] Health Education England Sept 2021 HEE's Advancing Dental Care Review: Final Report Blueprint for future dental education and training to develop a multi-professional oral healthcare workforce Found March 2022 at URL HEE's Advancing Dental Care Review: Final Report

[3] Department of Health March 2013 Gateway reference 18774 The Education Outcomes Framework Found March 2022 at URL DH Title (publishing.service.gov.uk)

[4] Department of Health March 2013 Gateway reference 18774 The Education Outcomes Framework Found March 2022 at URL EOF Indicators - Technical Guidance (publishing.service.gov.uk)

[5] NHS Commissioning Board February 2013 Securing excellence in commissioning NHS dental services Found March 2022 at URL commissioning-dental.pdf (england.nhs.uk)

additional needs, as opposed to the planned dental procedure. Clearly this is varied and likely to change, dependent on the clinical situation and over time.

As with other specialties, most Special Care Dentistry patients will initially be seen within primary care dental services. All providers of NHS services are required to make reasonable adjustments for patients with additional needs, as outlined in the Equality Act 2010.[6] Reasonable adjustments include reviewing the time made available to the patient interaction and types of equipment and/or facilities needed to support the interaction.

Services should provide clear information regarding their facilities to inform patient choice. All patients should be treated with equality, respect and dignity. This is within the remit of a provider of NHS primary dental care mandatory services. These services are provided under existing contractual arrangements for primary care dentistry.

While the complexity of this group of patients may necessitate more specialised care for operative interventions, providers of primary care are integral to the provision of basic care, appropriate preventive interventions and continuing care. Due to challenges of providing treatment in this group, the importance of good prevention cannot be overemphasised.

Primary care teams should focus on providing high quality, relevant preventative interventions as indicated in Delivering better oral health.[7] Where appropriate, liaising with carers may be needed to facilitate this.

Dentists need to be conversant with current guidance relevant to Special Care Dentistry patients, for example safeguarding training, obtaining consent and management of patients taking certain medication.[8]

People with additional or special care needs may receive most of their care from a GDP for most of the time. Occasionally they may require treatment that requires

[6] Equality Act 2010. Found March 2022 at URL Equality Act 2010: guidance - GOV.UK (www.gov.uk)

[7] Department of Health and Social Care November 2021 Delivering better oral health: an evidence-based toolkit for prevention Found March 2022 at URL https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention

[8] RCS England March 2014 Career Development Framework for Consultant Appointments in Special Care Dentistry Appendix 14. Found April 2022 at url SCD Career Dev March 2014 Appendix.pdf

more specialised management and may require a referral. This shared care may be for a short period of time or for a specific episode of care. Once the episode of care or period of time has ended, they may be discharged back to their GDP for routine care and monitoring. Patients suitable for management within GDP should not be disadvantaged through inappropriate and unnecessary referral.

The description of patients requiring care at Level 2 and 3 and the factors affecting eligibility provide a guide to GDPs and Commissioners to the factors that should be considered when a patient is deemed appropriate for onward referral, beyond the reasonable adjustments patients should expect from a provider of services, through a GDS/PDS contract.

Level 2 and 3 care

The challenges in delivering care that would warrant additional support are described below, using the descriptions in the BDA case mix tool.[9]

Case mix category	Level 2 care Dentist with enhanced skills or experience	Level 3 care Registered Specialist/ Consultant
Communication	Significant communication difficulties due to multi-sensory or cognitive impairment	No verbal communication ability due to severe cognitive impairment
Co-operation	Presents with a disability or psychological or mental health state that means: • only limited examination is possible • significant treatment interruption due to inability to co-operate, inability to tolerate procedure or inappropriate behaviour resulting in only a limited examination May require: • Advanced anxiety and behaviour modification techniques, eg progressive desensitisation, Cognitive Behavioural Therapy • Conscious sedation for moderate phobia / gagging, or concomitant disabling/ medical / mental health condition	Presents with severe disability or mental health state that prevents them from co-operating with dental examination and/or treatment. May require: 1. Specialist experience of managing combative, agitated or inappropriate behaviour in patient at risk of harm to self or others 2. Basic/Advanced sedation techniques dependant of level of co-operation, anxiety and treatment required 3. Assessment of patient requiring dental treatment under GA Significant clinical holding[10] involving Level 2 or 3 holds / multidisciplinary working

[9] British Dental Association 2019 Case Mix Found March 2022 at URL Case mix (bda.org)

[10] BSDH June 2009 'Clinical Holding' Skills for Dental Services for people unable to comply with routing oral health care. Found March 2022 at URL BSDH_Clinical_Holding_Guideline_Jan_2010

Medical	ASA 3 moderately controlled medical condition(s) Progressive degenerative medical/ disabling condition: intermediate stage where specialised service of risk assessment is required May require indirect specialist supervision	ASA 3 unstable and ASA 4 medical Condition. Progressive degenerative medical / disabling condition: advanced stage May require: • multifactorial / multispecialty medical risk assessment • treatment in medically supported hospital setting • use of conscious sedation in ASA III/IV conditions • shared medical care eg haematology, radiology, oncology, cardiology, respiratory medicine
Access	Requires NHS transport to access dental surgery and/or special equipment to transfer to dental chair (manual handling risk assessment, hoist)	Patients who require secondary care facilities for access
Oral risk	Oral hygiene requires support of third party	Access to oral cavity for dental treatment severely restricted by major positioning difficulties, inability to open mouth or dysphagia problems Patient unable to tolerate home oral care provided by third party Requires multidisciplinary management of oral care with high risk factors for oral disease
Legal and ethical	Best interests require second clinical opinion Doubtful capacity to consent, clinician required to make best interest decision and consult/ correspond to do so	Patients subject to a Deprivation of Liberty safeguard or court decision regarding their oral care. Clinician required to make a non-intervention decision where there is extreme difficulty in providing care and it is not in the patient's best interests to provide active treatment

2.4 Clinical standards

Level 2 Care[11]	Level 3 Care[12]
Facilities Providers must provide within the service: • Hoists • Wheelchair recliner • Positioning aids • Access to specialist transport services • Variety of communication aids • Bariatric facilities • Equipment to support the delivery of all modes of conscious sedation to the contemporaneous standard[13]	**Facilities** Providers must provide: • Access to facilities for providing general anaesthesia • Medically supportive hospital settings to enable care of people with highest medical risk

The detail contained in the table below describes a safe specification for services. The standards are additional to those expected to those at level one.

Commissioners should also consider elements such as location of services and hours of operation as this may result in improved experiences for patients.

[11] Level 2 standards are additional elements to the those expected of a Level1/GDP environment

[12] It is expected that Level 3 standards are additional elements to the Level 2 standards

[13] The standards relate to the Commissioning Guide for Sedation and the IACSD standards Dental sedation report v11 2020.pdf

p	**Personnel** The team must include a specialist/consultant[14] in Special Care Dentistry. The knowledge, understanding and skills required of a specialist registrant are outlined by the GDC and are expected to be demonstrable via portfolio to commissioners. The GDC document highlights possible sources of evidence. The team must be able to provide: Medical risk assessment for all modes of delivery, including sedation and GA Skills to support collaborative working with medical specialities in secondary care including haematology, cardiology, oncology and mental health Skills to support wider health & social care leadership development
Access Providers should provide rapid access within 48 hours for patients who have an urgent need.	**Access** Dedicated theatre sessions should be available each week for patients who require GA. There should be sufficient sessions so any patient who requires treatment under GA does not have to wait longer than 4 weeks

[14] General Dental Council. Speciality training Curriculum 2012. Found March 2022 https://www.gdc-uk.org/docs/default-source/specialist-lists/specialcaredentistrycurriculum2012.pdf?sfvrsn=4ed16149_2

Clinical Governance Providers have appropriate risk management policies and processes and be able to demonstrate how risks are monitored, reviewed and managed. Providers review clinical and other standard operating procedures on a regular basis and be able to demonstrate that this is undertaken and staff appropriately informed. Two qualified clinicians available to participate in best interest decisions when necessary.	**Clinical Governance** Clinical leadership from a consultant in Special Care Dentistry across health and social care
Information Governance Generic standard across health and social care	**Information Governance** Generic standard across health and social care

Measurement of quality and outcomes against these clinical standards will require use of quantitative and qualitative measures. The measures need to acknowledge patient factors that challenge delivery of care and system factors that support delivery of care [eg integrated working across organisations].

The following are examples of evidence which could be used to demonstrate that appropriate processes and protocols are in place:

- Justification of need for level 2 and level 3 care utilising the Case Mix tool on discharge.
- Reference to CQC inspection reports and CQC Outcomes.
- Reference to professional society clinical guidelines such as the British Society of Disability and Oral Health[15].
- Use of appropriate agreed local checklists highlighting aspects of the service and relevant facilities, such as signage and accessible information.

[15] British Society of Disability and Oral Health guidelines. Found March 2022 at URL https://www.bsdh.org/index.php/bsdh-guidelines

- Audits including:
  - Use and prescription of high fluoride toothpaste and varnish where appropriate
  - Provision and review of oral care plans
  - Use of visual aids where appropriate to patient needs
  - Patient and carer involvement in decisions about care
  - Recognising, recording and management of pain

Guidance may need to be developed to support service evaluations, audit and to ensure outcomes are recorded and reported which enables comparison and benchmarking of services.

2.5 Patient reported outcome and experience measures

In addition to the collection of the quality and outcome measures, each provider should collect patient related outcome measures (PRoMs) and patient related experience measures (PReMS) and report these to commissioners. A generic set of measures have been agreed for all guides. Patient and public engagement in the production of these measures has formed a cornerstone of their inclusion. These sets of aggregated data will need to be collected on a national basis and will allow for benchmarking and service improvement.[16]

Additionally for Special Care Dentistry there are additional questions shown below. Services should consider the use of alternate formats for people who have sensory challenges, learning difficulties and learning disabilities; this will relate to the local population.

The additional questions are:

Selected specialty specific PRoM for Special Care Dentistry

Question	**Has the procedure made a positive effect on your prefer day to day life ?**
Responses	Yes
	No

[16] NHS England Sept 2015 Guide for Commissioning Specialist Dentistry Services intro-guide-comms-dent-specl.pdf (england.nhs.uk)

Selected specialty specific PReM for Special Care Dentistry

Question	**Were your concerns and/ or anxieties managed well during the procedure?**
Responses	Yes
	No

It must be emphasised that given the nature of some special care service users' disabilities, the functions of eating and speaking comfortably, should be presented as separate questions. In addition, the responses to questions may not be truly indicative of the quality of care received and where outlier answers are seen they should be explored with clinicians, patients and carers.

While there is a requirement for NHS services to implement the 'Friends and Family' test, it should be recognised that, given the nature of Special Care Dentistry, the question is unlikely to be consistently interpreted within the intended context.

3. Referral management

Providers of Special Care Dentistry accept patients who require a flexible service that aligns with the values of the NHS Constitution. The services must be responsive to an individual's need and address equitable service provision.

The use of Referral Management Systems should be the required mode of professional referral for all specialities. Special Care Dentistry referrals from families and carers are necessary in exceptional circumstances to ensure that no one is disadvantaged. An example of a professional referral 'form' is provided at Appendix 1 (Pro-forma Referral Forms) of this guide.

In order to understand the referral processes and the potential for shared care an illustration of a patient's journey can be found in Appendix 2 of this guide (Summarised illustrative patient journey).

All providers of Level 2 and 3 Special Care Dentistry should all be contractually bound to engage and participate within a MCN for Special Care Dentistry.

4. Assessing need

The commissioning of any services should be supported by a health needs assessment. The needs assessment should be completed, working closely with a consultant in dental public health and the Local Professional Network (LPN) as part of the commissioning process. It should include:

- A description of the oral health needs of the local population.
- A description of the special care groups in the local population.
- A description of the current oral healthcare service provision for special care groups.
- Identification of gaps in service provision against local needs.
- Recommendations for the future development of special care dental services in line with the commissioning guide.

Special care groups experience varying levels of disability and ill health; therefore there is a spectrum of need and complex additional care needs across the population. Importantly, disability does not imply need and, for many people, treatment can be provided within the general dental practice setting, while those at the more severe end of the spectrum may require more specialised special care dental services.

Appendix 1: Referral form

Please note: Missing information in fields marked with an asterisk (*) will mean that the form cannot be processed and will be returned to the referrer. Please help to avoid unnecessary delay for patients.

1. Patient details					
Title				Referral date*	
Forename(s)*				Surname*	
Gender (✓)	M		F	NHS Number	
Tel				DOB*	
Address*					
Postcode*					
Details of next of kin/carer					
Full name					
Address					
Telephone					

2. Referrer details			
Name*		Tel* *(Work)*	
Work address*			
Job title			
Email address *(nhs.net if available)*			

3. Patient General Dental Practitioner (GDP) details			
Patient does not have a dentist (✓)		I am the referring dentist (✓)	
Name			
Practice address			
Performer number			

4. Dental treatment (For GDP referrals)
What dental treatment does the patient need?* (State)
4.1 Ability to co-operate
What treatment have you attempted to provide?*
What difficulties were encountered?*

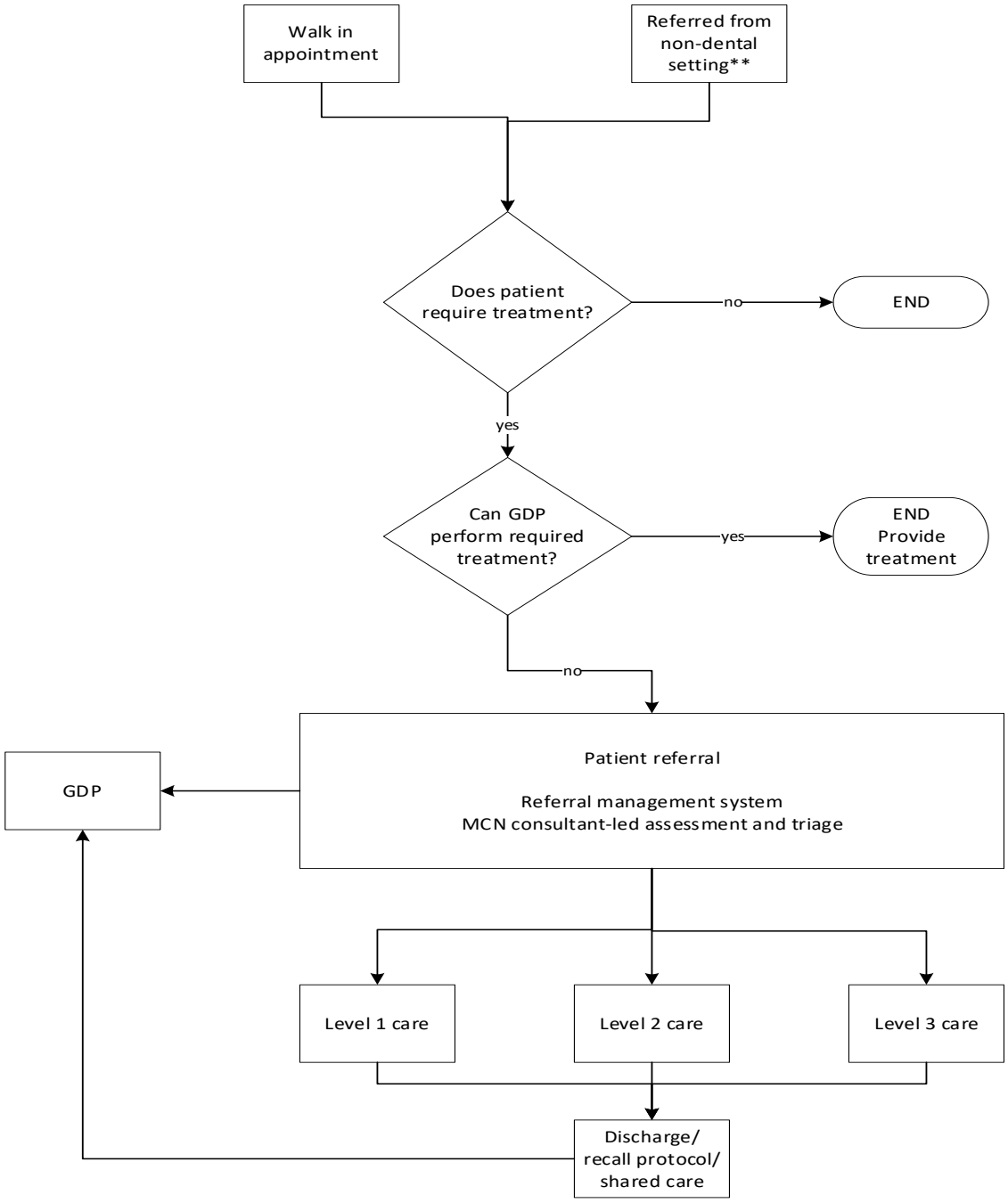
5. Main reason for referral* (See published acceptance criteria)			
Disability (✓)			
Medical (✓)			
Mental Health (✓)			
5.1 Disability information	**Details**		
Ability to communicate? (✓)	Partially impaired		
	Severely impaired		
Able to leave the home? (✓)	Yes		
	No		
Able to transfer to dental chair? (✓)	Yes		
	No		
Has capacity to consent? (✓)	Yes		
	No		
	Partially		
5.2 Medical history information (*All referrals)			
List main medical conditions*			
List all medications being taken*			

5.3 Mental health information				
Provide mental health diagnosis				
Extreme dental phobia? (✓)	Yes		No	

6.0 Referrer signature*	
Date*	

Using your secure nhs.net e-mail account send the completed referral form and relevant radiographic images to:

Appendix 2: Summarised illustrative patient journey



**** Examples of where referrals into GDPs may come from:**

- Healthcare professionals
- Relatives and carers
- Learning disability teams
- Day centre and residential/ care home staff
- Community mental health teams
- Social services
- Tertiary referral
- GMPs
- 111

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

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