Classification: Official-Sensitive

NHS England

Annex 4 - Dental and oral health, minimum service requirements

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Overview	
1.	The provider will ensure that the service is provided at all times in accordance with the principles, values and standards referred to in this document, the terms and conditions set out within the contract and all relevant national legislative requirements. This includes: • Home Office Detention Service Orders (DSOs). • NHS (including NICE) and HMIP/CQC standards of quality, good practice, access and effectiveness. • NHS and Home Office equality and decency policies/charters. • Compliance with related legislation including: the Mental Capacity Act, the Mental Health Act, the Equality Act, the Safeguarding Vulnerable Groups Act, and the Care Act
2.	The provider must be aware of, consider, and refer to the national and local policy context and drivers in the development, design, and delivery of the service. Key documents are referred to within this specification, but the provider should keep abreast of subsequent and updated policies and consider any relevant policies not listed which they are aware of. The paragraphs below outline some of the key policy context.
3.	As per the Delivering better oral health[1] and evidence-based toolkit for prevention, fourth edition updated November 2021, there will be a focus on promoting oral health and supporting behaviour change through great emphasis on risk-based management.
Patient centred care	
4.	To enable a positive experience of dental services, dental services will be patient centred, and patients should be given the opportunity to play an active role in shaping and assessing the service over the lifetime of the contract.
5.	The service will provide person centred care delivered by professionals and allied staff who are suitably competent, well led, properly supervised and operating within a clear, quality and clinical governance framework supporting safe and effective delivery.
6.	Individuals are to be assisted to achieve good oral health and to be able to continue to maintain their oral health either within the detained settings or in the community following release.

[1] Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK

7.	Patients where possible, are to be actively involved in their care planning and the decisions made about them and are supported to proactively manage their oral health.
Integrated working	
8.	Strong partnerships and integrated pathways are to be developed with other functions and professionals within the establishment to facilitate opportunities to promote healthy living and improve oral health inequalities.
9.	Work in partnership with the healthcare provider develop an integrated health and oral health offer to raise awareness of good oral health throughout the immigration removal centre, (IRC) amongst detained individuals and staff employed to work in the IRC.
Reducing health inequalities and improving oral health	
10.	Ensure alignment of healthcare messages across the IRC and signposting individuals to smoking cessation, mental health and wellbeing services and alcohol and substance misuse services. Making every contact count[2]
11.	Ensure the service recognises the inequalities faced by the detained individuals and proactively aims to reduce the inequalities therein (Core20+Five)
12.	Engagement should be proactive from the service, particularly for those individuals who are less able to seek help or engage proactively with services.
Service model	
13.	The service will provide detained individuals within the IRC with high quality dental care, prioritised according to dental need, during contracted hours. This includes the full range of mandatory dental services as set out in regulation 14 of the National Health Service regulations 2005,[3] urgent and emergency treatment and preventative oral health with the exception of short stay detained individuals as outlined below. The proposed delivery model centres around the provision of the service through the following pathways: • early days in the detained setting • planned care - primary care - mental health - substance misuse

[2] NHS England » Making Every Contact Count (MECC): Consensus statement
[3] The National Health Service (General Dental Services Contracts) Regulations 2005

	• unplanned and urgent emergency care • release and transfer.
Early days in the detained setting	
14.	A person's early days in the detained setting can be difficult. The new environment, being away from support structures, and the prospect of being detained for a significant length of time can be distressing and mean individuals may have feelings of vulnerability. It is essential that the primary aim during a person's early days in the detained setting should be to keep people safe through good support, robust risk assessment and signposting them to the right service.
15.	Early days are a critical time for healthcare providers to enable people to re-engage with health services and by doing so support rehabilitation and recovery. Deliverables: In partnership with the healthcare provider: • develop oral health assessment protocols to support the categorisation of patients based on treatment needs across emergency, urgent and routine care so that oral health assessment is an embedded part of the initial and secondary screening processes • develop early treatment protocols for patients with high dental need such as prescribing of high fluoride toothpaste • identify risk factors that impact on oral health such as diabetes and cardiovascular disease • develop a suite of oral health messages that support understanding and self-management on oral health • develop a training programme to support healthcare and wider partners to develop a better understanding of the impacts of poor physical health on oral health • all detained individuals are provided with comprehensive information on how to access dental services, the treatment they are entitled to and how to initiate an appointment. This information should be available in multiple languages and include formats to support neurodiverse patients.
16.	The provider will ensure that detained individuals requiring urgent care for dental pain and minor trauma have access to a dentist within 48 hours. Where this cannot be achieved an appropriate health practitioner will see the individual within 24 hours to make an assessment

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	as to the appropriate course of action. The provider will have procedures in place to ensure that these assessments are robustly documented and followed up.
Planned care	
17.	Primary care dental services in prisons provide the main point of dental contact for detained individuals. For many detained individuals this may be their only experience of dental care. Dental teams will co-ordinate dental care for patients requiring other specialist input both from internal and external healthcare teams and providers. **Planned care will comprise the following elements**: Delivery of Mandatory Dental Services The full range of mandatory services are included within the remit of the service as outlined below: • Examination • Diagnosis • Advice and planning of treatment. • Preventative care and treatment • Periodontal treatment • Conservative treatment • Surgical treatment • Supply and repair of dental appliances • The taking of radiographs • The supply of listed drugs and listed appliances • The issue of prescriptions using the NHS dental formulary: Dental prescriber must issue named patient prescriptions directly and log on the Healdh and Justice Information System (HJIS). Prescribing cannot be delegated to the healthcare provider. The following services are not within the service remit: • Advanced mandatory services • Dental public health services • Domiciliary services • Orthodontic services • Sedation services • Prescription dispensing and dispensing costs – this remains the responsibility of the pharmacy or healthcare provider. • Medicines stock including controlled drugs CDs used by the dentist will be sourced, owned and provided by the primary healthcare provider. Local protocols and MOUs can be used to describe these arrangements. • Treatment under private contract between any detainee or detainee representative and any dentist engaged by the Provider for the provision of dental services.

- Treatment of Immigration Removal Centre staff unless it is an emergency.

Service delivery by a multiskilled dental team

- The dental service will be delivered by a multidisciplinary team of dental professionals which may include utilisation of a hygienist and/or dental therapist.

Hours of operation

- The core service will operate 365 days a year. The different elements of the service will operate on a core (9.00 am-5.30pm), Monday to Friday basis as appropriate and deliverable within the detained setting. The dental provider will agree with the healthcare provider arrangements for managing out of hours acute dental presentations. There will be a local operating procedure to underpin this arrangement.

- The provider will work with the centre manager to regularly review the frequency, timings, and logistics of healthcare activities, with an aim to include delivering a more wing-based approach where possible to support access to education, training and employment.
  It is expected that the services will fit around the IRC regime for the majority of time when detained individuals are out of their cell. Where there are reduced/restricted regimes, it is expected that the service will adapt to location and times of unlock to provide maximum efficiency.

Triage service

- The provider will deliver a triage service to screen all detained individuals requesting dental treatment so that session utilisation is maximised and delivered according to need. This will inform the defined prioritisation process.
- All requests for dental treatment will be triaged using an appropriate triage screening template.
- The provider must have an appropriate system for booking appointments.

Demand management

- The dental provider will proactively manage waiting times to a minimum:
- The provider is expected to work collaboratively with all IRC staff and healthcare provider staff to reduce the number of non-attendances due to security checks and shutdowns and subsequent impact on clinical sessions.
- Non-attendance rates should be recorded and submitted (see below, quality assurance).
- The provider will ensure that every reasonable effort is taken to minimise lost clinical time from detained individuals failing to attend, thus improving access to dental care.
- The provider is expected to implement appropriate protocols to assist in this objective by monitoring did not attend (DNA) rates. DNA rates will be reviewed regularly by

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commissioners who will produce action/recovery plans to reduce rates and maximise session effectiveness.

- There should be a focus on continuity of care based on available information within the patient's clinical records including utilisation of pre-existing care plans to inform the dental teams of patient prioritisation.
- Waiting lists should be routinely cleansed either weekly or monthly to ensure priority of care is at the forefront of delivery and deterioration of oral conditions is minimised.
- Provide stabilisation if a treatment plan cannot be completed to secure oral health. This should be discussed with the patient and documented in the patient record.
- Dental appointments are not automatically transferred when someone is transferred between detained settings, this should be made clear on transfer.
- The provider will ensure that there is a clear process for recording all detainee contacts, assessment and treatment given through contemporaneous clinical records. Details of all attendances and treatment provided should be inputted onto the clinical system (currently SystmOne) as well as the providers own record system which should be made available to commissioners if requested.
- DNAs and no access visits are routinely followed at the earliest opportunity
- Any enabling concerns resulting in DNAs and no access visits are to be recorded and reported through the detained setting local delivery boards and to commissioners through contract management arrangements in agreed timeframes.
- Where wait times for urgent care are consistently logged beyond 7 days, the commissioner and provider will work together to address this.
- Dental service providers should ensure they have a clear and defensible clinical management process for case selection which takes account of clinical risk and individual factors, including medical and prescribing history. This should include a basis (eg a RAG rated criteria) for the prioritisation of routine/continuing care case presentations to help build a clearer picture of overall service demand, to inform service activity planning and risk management strategies.
- The effective length of stay, (if known), should inform the treatment plan and whether stabilisation will be provided due to the length of stay time constraint. This phasing should be in line with NHS England phased treatment guidelines. Consent and discussions regarding this with the patient should be recorded.
- Prioritisation of routine care should be informed by an initial assessment where dental care is prioritised for "at risk groups" in relation to medical vulnerability, which include maintaining the clinical system records of major conditions such as but not limited to:
    - unstable diabetes
    - oncology patients
    - cardio-vascular disease
    - immunosuppression
    - xerostomia

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- Caries risk assessment, i.e RAG rated assessment of contributing conditions[4]:

Other considerations:

- many psychological and social determinants influence patients' choices, which means some treatment plans may not be regarded as wholly in-line with the available evidence based/literature. For example, making a denture for mental well-being reasons when there is still an unstable periodontal condition or teeth still with decay in the mouth.

For further guidance please refer to the Phased treatment planning guidance[5]:

Oral health promotion
The provider will deliver an oral health programme in line with Delivering Better Oral Health and in conjunction with the healthcare team and IRC health programme. It should be an integral part of health promotion within the centre and as a minimum this must include:

- brushing twice daily with fluoride toothpaste
- providing advice to the centre manager so that good quality dental products are available on the canteen list
- providing dietary advice on healthy meals, smoking and tobacco cessation, alcohol, obesity and diabetes advice.
- Providing fluoride varnish application (for high-risk patients for dental decay)

The oral health promotion program/advice must be documented for all patients.

Record keeping
The dental provider should have access to a dental system of their choice to record all patient information in accordance with General Dental Council (GDC) clinical record keeping guidelines All consultations must also be entered on the clinical system to facilitate good communication on transfer. Regular record keeping audits should be undertaken to maintain and improve the quality of oral health care provided. These audits should be available to commissioners on request. In addition, please see overarching healthcare specification, section 5.1.

Service development
Dental service providers should be both flexible and aim for innovation in their delivery. Use of technology (including telemedicine) for triaging to support referral processes and for treatments should be considered and used appropriately to support services and provide timely access to care.

[4] Delivering better oral health an evidence based toolkit for prevention- chapter 4 - dental caries (gov.uk)

[5] Avoidance of doubt: provision of phased treatments (NHS England)

	The service will ensure the service user voice help shapes the service over the lifetime of the contract. **Mental health and substance misuse** The service will, in collaboration with healthcare providers, develop processes underpinned by standard operating procedures to sign-post detained individuals to the dental service at the right time in their treatment journey. **Short stay detained individuals** The provider shall not provide services other than urgent treatment and stabilisation to short term detained individuals except where reasonably clinically justified to do so. Opportunistic oral health promotion advice should also be given to short term detained individuals where possible.
Unplanned and urgent care	
18.	Access to urgent dental care should be a priority. NHS England have published a commissioning standard for urgent dental care which should form the basis of a locally developed protocol, this includes definitions of ‘emergency’, ‘urgent’ and ‘routine’ dental care and these definitions should be used by all healthcare providers. Commissioners and providers should use the following guidance to inform locally developed protocols in conjunction with other healthcare providers[6]: Dental emergencies include the following conditions, which require contact with a dentist or other appropriate clinician within one hour and are treated in a timescale appropriate to the severity of the condition: • trauma including facial/laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth • oro-facial swelling if this is significant and worsening • post-extraction bleeding that the patient is not able to control with local measures • dental conditions that have resulted in acute systemic illness or raised temperature as a result of a dental infection • severe trismus • oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes. In life threatening medical emergencies, patients should be transferred to accident and emergency immediately.

[6] Clinical standard for urgent dental care (NHS England)

	• the provider will ensure that detained individuals requiring urgent care for dental pain and minor trauma, have access to a dentist within 48 hours. Where this cannot be achieved, an appropriate health practitioner will see the individual within 24 hours to make an assessment as to the appropriate course of action. The provider will have procedures in place to ensure that these assessments are robustly documented and followed up. • the service will develop joint protocols with the healthcare provider for the identification and management of detained individuals that require urgent or emergency treatment and advice Urgent dental problems include the following conditions, which should receive self-help advice and treatment within 24 hours: • dental and soft-tissue infections without a systemic effect • severe dental and facial pain, that is, pain that cannot be controlled by the patient following self-help advice • fractured teeth or tooth with pulpal exposure. The service will work in partnership with the healthcare provider to ensure the above protocols are embedded within the early days in the detained setting processes. Out of hours, as set out above, the dental provider will agree with the healthcare provider arrangements for managing out of hours acute dental presentations. There will be a local operating procedure to underpin this arrangement. IRC detained individuals will also have access to 111 support.
Release and transfer	
19.	Discharge plans will be provided on release to support dental continuity of care comprehensive treatment plans will be in place that address the individual's needs not only while in the IRC but acknowledges the potential need for further treatment on release. If an individual is released from the IRC back to a community in England, with consent (if eligible) ensure a referral is made to their local RECONNECT and ensure the individual has the contact details of the service on release. Provision of appropriate dental information and contact details for detained individuals ready for release will be made available, to allow detained individuals to make informed oral healthcare choices and enable continuity of care outside the detention centre setting. In order to facilitate the transfer of information to other IRCs in the event of a detainee being transferred, the provider must ensure that SystmOne and the provider's own clinical record

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	system is kept up to date with contemporaneous records in accordance with current faculty of general dental practice (FGDP)[7] guidance.
Roles and Responsibilities	
20.	It is important that the roles, responsibilities and interrelationships of the dental and healthcare providers and Home Office are clearly understood by all parties to maximise efficiency and avoid duplication of duties. There should be a tripartite memorandum of understanding (MoU) agreed and signed by the three aforementioned parties that sets out responsibilities across a number of agreed areas. It is likely that the detail within the MoU is unique to each IRC setting. The details of the MOU may include but is not limited to: • ownership of fixed asset equipment documented and shared between parties • responsibility for maintenance, repair and replacement of fixed asset equipment including service level agreements • responsibility for maintenance, repair and replacement of non-fixed asset equipment to ensure safe, uninterrupted oral health care delivery. Evidence of maintenance records and schedules should be available on request • access to emergency drugs • waste management process • regular meetings between the three parties to discuss optimising processes • out of hours responsibilities • prescribing • interpreting and translation service • radiation protection.
Clinical governance	
21.	Clinical governance arrangements and structures will be in place which facilitate continuous service improvement. The provider will implement infection control policies and procedures which comply with the essential requirements of HTM01-05: Decontamination in dental practice[8]. In addition, the provider will work with the commissioner to achieve the best practice standard described in the guidance. The provider will ensure that dental prescribing is in line with the British National Formulary and take account of national and local guidelines. The provider will work in collaboration with the healthcare provider to facilitate access to emergency medicines.

[7] FGDP standards and guidance now available at cgdent.uk – College of General Dentistry
[8] Decontamination in primary care dental practices

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Exclusion	
22.	Where a dentist feels that a patient would benefit from treatment that appears to be subject to exclusion, they should discuss this with the commissioner in an appropriate timeframe.
Equipment	
23.	Providing dental services in a detained setting presents particular issues due to the surgical nature of dentistry, requiring specific settings and equipment. Failure to provide key dental equipment (such as dental chair or sterilisation equipment) can result in extensive delays to treatment. All fixed assets and their maintenance remain the responsibility of the Home Office, any issues or delays in the timely maintenance, repair or replacement of fixed equipment should be accurately recorded and reported to the detained setting manager and commissioners. Fixed assets can include: • dental chair • compressor • suction motor • wall mounted x-ray machine. The dental provider assumes responsibility for the maintenance, repair and replacement of non-fixed equipment during the lifetime of the contract. All parties should work together to facilitate a continuous service and escalate any concerns through commissioners and existing governance channels. Servicing, maintenance, and replacement documents should be available on request to commissioners within a timeframe of one week. The provider will keep an asset register which will be updated annually.
Medical physics	
24.	Radiation protection management and medical protection advisors for established x-ray equipment is the responsibility of the dental provider. Registration of the equipment and initial radiation protection approval for new establishments remains the responsibility of the Home Office.
Ventilation	

25.	Ventilation of the dental suite should adhere to ventilation regulations[9] and the maintenance and installation of the ventilation remains the responsibility of the Home Office. The dental provider will be responsible for raising any concerns about the ventilation with the Home Office director in the first instance. Dental service providers should familiarise themselves with their working environment including the levels of ventilation within dental suites and other dental rooms/areas to ensure all requirements of current health and safety policy/procedures and IPC guidance is adhered to.
Quality performance indicators	
26.	The provider must produce a monthly workforce provision report to deliver the service and a weekly report of DNA rates and non attended visits. The provider must submit all clinical datasets of treatment provision to support performance against key performance indicators to support the determination of the following against the national benchmark: • radiographs rate per 100 FP17s • endodontic treatment rate per 100 FP17s • extractions rate per 100 FP17s • extractions as a % of extractions + endodontic treatment • band 3 rates per 100 FP17s • % satisfied with dentistry received • % satisfied with wait for appointment

[9] NHS England » Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises

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