1. **Population and Needs**

The prison estate is in a constant state of flux with each prison having its own specific health care needs. There has been a rapid growth in the prison population in recent years with an increase of 98% between 1993 and 2012. This rate of growth is now showing signs of slowing.

Since 2002 there have been significant reductions in both the number of women in prison as well as the number of prisoners on remand. The number of people over the age of 60 in prison has shown the largest increase in recent years. The average time served by prisoners has also increased. This continually changing landscape imposes challenges for both the commissioning and delivery of a quality dental service across the prison estate.

Surveys conducted in the UK show that the physical, mental and social health of people in prison is poorer than that of the general population. The prison population also exhibits high rates of drug, alcohol and tobacco dependence as well as high levels of chronic illness and disability.

Poor oral health is well documented for this patient group with the prevalence of oral disease being four times higher, on average, than that of the general population. A number of behavioural predisposing factors have been identified such as alcohol, tobacco, substance misuse, high sugar diets, chaotic lifestyles, and poor oral hygiene. These issues are further compounded by the high incidence of learning difficulties and mental health problems. These patients often have had little oral health education resulting in a low perception of oral health. The oral health of the general population has improved markedly in the last 30 years whilst there has been little or no improvement for this vulnerable, socially excluded group.

2. **Outcomes**

2.1. **NHS Outcomes Framework Domains and Indicators**

The following five domains make up the NHS outcomes framework. Of particular significance to prison dentistry are domains 2, 4 and 5.
2.2. **Health and Justice Outcomes**

The purpose of this dental service provision is to promote a high quality, primary care dental service for secure settings which is comparable to the service patients should expect to receive in a community setting. This service will be evidence based, accountable, and enable dentists to exercise professional judgement in working with patients to agree outcomes that will best promote better oral health and prevent ill health. The service will ensure that life threatening and distressing dental conditions are effectively managed and that individuals are supported in improving their oral health.

The service will ensure the following:

2.2.1. On arrival at the facility, all patients are informed on how to access dental services.

2.2.2. Patients have ready access to emergency dental treatment and evidence-based routine dental care. Patients requiring emergency treatment will be prioritised.

2.2.3. Patients receive timely, efficient dental services which enhance their health and well being.

2.2.4. Patients will have access to all the materials required to follow the advice and recommendations contained in “Delivering Better Oral Health - an evidence-based toolkit for prevention.”

2.2.5. The patient population receives support in improving their long-term oral health outcomes. This will be achieved by working together with other providers to offer advice and education on improving diet, oral hygiene, and management of behaviour associated with tobacco, drugs and alcohol.

2.2.6. The dental team will work with other prison primary care services to foster an integrated model of primary care delivery which provides patient-centred, effective, and efficient care in a multidisciplinary setting.

2.2.7. Patient views and feedback are used to continually monitor and improve the service.

2.2.8. The dental service is delivered in accordance with best practice and governance principles and is regularly audited.

2.2.9. The dental provider will work with prison authorities to ensure, where possible, that continuity of care arrangements are in place to support patients on transfer to another prison.

2.2.10. The dental provider will work with commissioners to ensure, where possible, that continuity of care arrangements are in place to support patients on release.

2.2.11. The patient population is informed about how to access dental care upon release.

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3. **Scope of Service**

To provide an effective prison dental service, it will be necessary for commissioners, prison authorities, the dental provider and other stakeholders to work together to achieve the following:

### 3.1. Aims and Objectives of the Service

3.1.1. To provide a comprehensive dental service that is comparable to the care delivered by an NHS dental practice in a community setting. This service is to include:

   a. Management of patients requiring emergency treatment for dental pain, infection or trauma

   b. The provision of routine dental care that has patient outcomes as its focus. This should be evidence-based, address patients’ long-term oral health care needs and be based upon the principles laid out in “Delivering Better Oral Health - an evidence-based toolkit for prevention.”

3.1.2. To work with other providers to promote improved oral health and participate in health promotion and rehabilitation initiatives within the prison.

3.1.3. To work with other primary care services and stakeholders to deliver an integrated care model that supports patient-centred care.

3.1.4. To work in partnership with commissioners and prison authorities in providing services that have the capacity and capability to respond to changes in the prison population, demographic or national policy.

### 3.2. Service Description

The clinical services to be provided are mandatory services as defined within NHS GDS and PDS Regulations.

3.2.1. The dental care and treatment to be provided as appropriate for the population to include:

   a. Appropriate triage pathways and systems that ensure appropriate routine, urgent and emergency care are provided in accordance with access standards

   b. Assessment of medical and dental history

   c. Examination and diagnosis including the taking of appropriate radiographs and other special tests, where necessary

   d. Treatment planning as appropriate

   e. Preventative advice and care in accordance with “Delivering Better Oral Health - an evidence-based toolkit for prevention”

   f. Appropriate periodontal, restorative, and surgical treatment
g. Assessment and treatment or referral for patients with dental and facial injuries. When the dentist is not available in the prison, existing pathways should be followed by the healthcare team which enable access through a local dental access centre or A&E department.

h. Supply and repair of dental appliances

i. The issue of prescriptions

j. Courses of dental treatment should be completed as expeditiously as possible.

3.2.2. Oral Health Promotion activities are to include:

a. Engagement with other healthcare providers to facilitate and integrate oral healthcare promotion in other healthcare promotional activities such as health fayres, family days, etc.

b. Promotional materials to include posters and patient information leaflets promoting oral health

c. Participation in national events such as Smile Month, national No Smoking Day, etc.

d. Provide training for healthcare staff in oral health promotion messages including the links associated with poor oral health such as sugar consumption, smoking and substance misuse.

e. One-to-one oral hygiene instruction in the surgery

3.2.3. Clinical staff performing services will be required to implement national guidelines and pathways for prison dental care in line with the requirements of this specification.

3.2.4. The dentist will work with pharmacy and healthcare staff to ensure that resuscitation equipment and emergency drugs are maintained and available for use in the dental surgery at all times. The dentist is responsible for ensuring that emergency procedures are practised with all dental staff in accordance with best practice and GDC guidelines.

3.2.5. All prescribing is carried out using the prescribing module on SystmOne, and all medicines are dispensed by the pharmacies at the prison. Audits on prescribing practice are carried out in accordance with the principles laid out by the GDC, the BNF, and the FGDP(UK). Medicines are to be prescribed from the dental list detailed in the current version of the BNF.

3.2.6. The dentist is expected to work with healthcare staff and commissioners to enable referrals for external care in an expeditious manner. A referral pathway and protocol should be established that details this process.

3.2.7. Appropriate access and care pathways are in place that ensure that patients requiring emergency or urgent dental conditions are treated within a clinically acceptable timeframe and their expectations for dental services are managed appropriately.
3.2.8. It is the responsibility of the dentist to ensure that there are clear processes in place for recording patient assessment, treatment plans (where applicable), and treatment provided. This should be recorded within a contemporaneous records system which may be electronic or manual. Where possible, this record should be transferred with the patient if they are transferred between establishments.

3.2.9. The NHS Business Services Authority Dental Services Division should be notified of the completion of courses of treatment in as timely a manner as possible utilising the appropriate FP17 electronic or manual forms.

3.2.10. The provider will implement infection control policies and procedures which comply with the essential requirements of HTM01-05. If not already achieving a best practice standard, then the provider will work with the commissioners to develop an operational plan to achieve this. Every six months an electronic audit will be carried out using the Infection Protection Society Online Audit Tool in accordance with best practice.

3.2.11. The provider will comply with any reasonable request from the commissioners to review and inspect infection control procedures.

3.2.12. The provider will work with the prison authorities and commissioners to ensure compliance with the Ionising Radiations Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). A Radiation Protection Supervisor (RPS) and Radiation Protection Adviser (RPA) will be appointed and the Health and Safety Executive (HSE) will be notified in accordance with regulations. Local rules are to be implemented and displayed and a quality assurance system should be in place that includes an audit process.

3.2.13. The dentist is expected to attend, where possible, all integrated clinical governance meetings.

The information provided above is not intended to be an exhaustive description but to describe the general outline of services expected.

3.3. Population Covered

(To be added locally)

3.4. Days and Hours of Operation

3.4.1. XX sessions per week is/are required from a dentist with appropriate support from a qualified dental care professional (DCP). When treating patients, dental clinicians must always be supported by a DCP or, in exceptional circumstances, another healthcare professional.

3.4.2. The clinical diary should be managed by the dental staff. When appropriate, the diary can be managed in liaison with reception and healthcare staff. Appointments will be booked for an appropriate length of time based on patient needs and the treatment being carried out.
3.4.3. Alternative care pathways for out-of-hours and emergency cover should be followed when a dentist is not onsite.

3.4.4. The length of treatment sessions will vary from prison to prison depending on the prison regime. A treatment session is expected to be 3 hours, when possible. This does not include administration and decontamination time.

3.5. **Referral Criteria and Route**

3.5.1. The dentist, commissioners, and the healthcare team will work together to develop effective processes for prisoners to access dental services. This will include processes for prioritisation of urgent cases and the effective use of resources. These will be subject to ongoing review.

3.5.2. All patients are entitled to full dental care that is comparable to that which they should expect to receive in the community setting. There may be practical limitations on care offered to patients where it is unlikely that a course of treatment would be completed before the prisoner is released.

3.5.3. A pathway will be in place to ensure that during the first or second screening of new arrivals, all patients are provided with information on how to access the dental service, the treatment they are entitled to, and how to initiate an appointment.

3.5.4. All patients should be informed of current waiting times. This may be most conveniently achieved through notices displayed in residential and other communal areas, as well as the central healthcare facility.

3.5.5. Systems should be in place to report and record the reasons for the failed attendance of appointments so that appropriate action may be taken and allow trends to be monitored.

3.5.6. Where it is possible, patients should be informed more than 48 hours in advance of their appointment times. A system should exist to fill cancelled appointment slots at short notice to maximize the use of clinical time.

3.5.7. Patients should be aware that it is their responsibility to rearrange appointments if they clash with other commitments. Failure to do so may result in delays in continuing their dental treatment.

3.6. **Exclusion Criteria**

The following services are specifically excluded:

3.6.1. Orthodontics, except by referral for patients under 18 years of age or those already undergoing orthodontic treatment.

3.6.2. Sedation services, except by referral.

3.6.3. Temporary restorations should only be carried out when it is unlikely that treatment can be completed prior to the patient's release. Permanent restorations are always the treatment of choice. Clinicians must document their reason for using temporary restorations in the patient record.

3.6.4. Treatment under private contract between any prisoner and any dentist engaged by the commissioner for the provision of dental services.

3.6.5. Treatment involving laboratory items where there is a likelihood that the treatment may not be completed due to possible patient transfer or release.

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3.6.6. Treatment of establishment staff, unless emergency care is required.
3.6.7. Any cosmetic treatment that is not routinely funded via the NHS.

Where the dentist feels that a patient would benefit from treatment that appears to be subject to the above exclusions, they should discuss this with the commissioner.

3.7. **Management of Service Demand**

The provider will proactively manage waiting times, keeping them within targets by:

3.7.1. Proactive management of demand and capacity and implementation of a flexible reactive appointment system that is responsive to needs.

3.7.2. The proactive management of DNAs in partnership with the healthcare team and prison operator. Reasons for DNAs should be recorded, if possible, and trends monitored.

3.7.3. Prioritising access for urgent care during contracted hours.

4. **Applicable Service Standards**

4.1. **National Standards**

The provision of services will be in line with:

- Reforming Prison Dental Services in England – A Guide to Good Practice (OPM)
- Strategy for Modernising Dental Services for Prisoners in England (DH 2003)
- Delivering Better Oral Health (current edition)
- Securing Excellence in Commissioning NHS Dental Services
- Evaluation for the Impact of the National Strategy for Improving Prison Dental Services in England (PHRN 2006)
- Care Quality Commission Standards
- NICE Guidelines

4.2. **Access Requirements**

The provision of services is to be in line with the standards recommended in the “Strategy for Modernising Dental Services for Prisoners in England” (Department of Health 2003) and comply with the requirements for primary care services within Health Performance and Quality Indicators.

**Emergency cases:** Where there is potential for serious harm (e.g. severe facial trauma or bleeding), patients must be assessed and receive immediate appropriate treatment. This may include referral to A&E.

**Urgent cases (e.g. dental pain and minor trauma):** Access to a dentist within 48 hours. Where this is not possible, the patient must be assessed by an appropriate practitioner within 24 hours and be seen by a dentist within 7 working days of referral by healthcare staff.
**Routine cases:** Access to a dentist within 6 weeks from receipt of the request/referral. Dental recall intervals will be determined in accordance with NICE guidelines. The dental provider will ensure that patients are made aware of the recommended interval between check-ups, when possible.

The dentist is required to maintain oversight of the current dental waiting times and waiting lists and take proactive action to flexibly manage capacity and demand.

### 4.3. Workforce Requirements

4.3.1. Dentists working in secure settings must have sufficient experience and prison training to allow them to deliver safe, appropriate, and effective dental care within these settings.

4.3.2. An appropriate proportion of CPD and dental audit activity of all members of the dental team must relate directly to their prison dental service duties.

4.3.3. Dentists working in secure settings must have all the necessary security clearances as required by the prison authorities and CQC.

4.3.4. Additionally, all dentists working in secure settings must:

   a. have full General Dental Council (GDC) registration;
   b. discharge their professional responsibilities in line with their professional standards, regulations and codes of conduct;
   c. have a certificate evidencing that they have successfully completed vocational/foundation dental training or have a recognised equivalent certificate;
   d. have the right to work in the United Kingdom;
   e. have appropriate professional indemnity or insurance;
   f. be included in NHS England's national dental performer's list;
   g. have undertaken a programme of continuing professional development in compliance with GDC requirements; and,
   h. have appropriate support to take the necessary study leave in order to develop the necessary skills and to keep up to date for working in a secure environment.