

## FOI Request Response information

<b>FOI request reference:</b>	2018/172
<b>Date request received:</b>	21/05/2018
<b>Date request responded to:</b>	15/06/2018
<b>Category:</b>	Service delivery
<b>Tags:</b>	Dental, dentists, community, services, children, adults, tender, staff, roles, banding,

### Request Detail:

Please can you provide the following information for the community dental service(s) provided by your organisation for 6<sup>th</sup> April 2017 to 5<sup>th</sup> April 2018 unless otherwise stated.

1. Did your organisation provide a community dental service\*?

*\*By community dental service we mean a service that provides dental care in community settings to children and vulnerable adults, including elderly and housebound people, people with physical disabilities or mental illness.*

Yes, we did provide a community dental service. *Please continue to Question 2.*

No, we did not provide a community dental service. *Please provide the name of the organisation that provides this service in your geographical area. You do not need to respond to the remainder of the questions in this FOIA request.*

2. How many community dental service(s)\* were provided by your organisation?

*\*Community dental services providing dental care to a population living in a particular geographical area, not specific functions or parts of a service.*

Number of services: [            ]

3. Has your service been the subject of a tendering process in the last year (6<sup>th</sup> April 2017 to 5<sup>th</sup> April 2018)?
4. Will your service be going for tender within the next calendar year?
5. What geographical area(s) does this service/these services cover?
6. How many of each of the following agreements and/or contracts does/did your organisation have to provide community dental services?

*Please write '0' if you provide no services under a particular contract/agreement type*

Number of Personal Dental Service (PDS) agreements: [            ]

Number of SPCDS contracts: [       ]

Number of TDS contracts: [       ]

Number of NHS standard contracts : [       ]

Other: [       ]

7. Have/has any of the geographic area(s) covered by the community dental service(s) that your organisation provides been the subject of a dental public health needs assessment *in the past year*?

*If 'yes', then please continue to Question 8*

*If 'no', then please proceed to Question 9*

8. Did your organisation receive the results of this public health needs assessment(s)?
9. For each band please enter the relevant number corresponding to the column and row labels.

*\*By WTE we mean 'whole time equivalent'. This is the total hours worked by all dentists divided by average hours worked by a full-time dentist. Please write '0' if there are no staff at a specific band.*

10. For the Band C specialists you have please enter the relevant number corresponding to the column and row labels.

*\*By WTE we mean 'whole time equivalent'. This is the total hours worked by all dentists divided by average hours worked by a full-time dentist. Please write '0' if there are no staff at a specific band.*

	Headcount	WTE*
Paediatric Dentistry		
Special Care Dentistry		

11. For each grade please enter the relevant number corresponding to the column and row labels.

*\*By WTE we mean 'whole time equivalent'. This is the total hours worked by all dentists divided by average hours worked by a full-time dentist. Please write '0' if there are no staff at a specific grade.*

Grade	<i>Currently (today), how many dentists are employed on each of the given grades by your organisation on Hospital Medical and Dental Contracts and who perform:</i>	
	headcount	WTE*
Dental Core Trainee (DCT/SHO):		
Specialty Trainee (StR)		
Staff and Associate Specialist grades		
Consultant		

Please answer the following questions (Questions 12-16) for all the community dental service(s) that your organisation provide/provided.

12. What percentage of your *continuing care patients* have been offered a recall appointment within NICE dental recall guidelines in the past year?
13. How many patients have your community dental service(s) provided treatment for in the 6<sup>th</sup> April 2016 to 5<sup>th</sup> April 2017 year?
14. How many courses of treatment have your community dental service(s) provided in the 6<sup>th</sup> April 2016 to 5<sup>th</sup> April 2017 year?
15. During the financial year 6<sup>th</sup> April 2017 to 5<sup>th</sup> April 2018, how many patients were referred and accepted into your community dental service(s) from:

A General Dental Practitioner (GDP) [       ]

Another healthcare professional (apart from a GDP) [       ]

16. Of all new patients referred and accepted into your community dental service(s) during the financial year 6<sup>th</sup> April 2017 to 5<sup>th</sup> April 2018, how many waited or are scheduled to wait more than 18 weeks for:

Initial assessment [       ]

Commencement of treatment [       ]

**Response Detail:**

The Trust response to your recent FOI request can be found in the attached pdf document.

**Please click on the paperclip symbol, on the left hand toolbar, to see additional attachments.**