

## BASCD 2024 Abstract #21

### A deep dive into London's domiciliary dental services

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#### Background:

Domiciliary services aim to reach those who are unable to reach a service themselves. From 2008 to 2019, the number of reported domiciliary dental visits completed in England and Wales has reduced, with a further dramatic decline during the COVID-19 pandemic. With an ageing multimorbid population with challenging behavioural and dental needs, the demand for domiciliary dental care is likely to increase. Contractual changes have made access to domiciliary care in England particularly complex. With the emergence of variable commissioning arrangements, a standardised approach for the delivery of safe and effective patient-centred care to this vulnerable group should be an area of focus.

#### Objectives:

To review domiciliary dental service provision across London and activity across all settings and providers.

#### Methods:

A multidisciplinary core working group was established involving Dental Public Health, commissioning teams, a dental clinical advisor and the special care dentistry managed clinical network. A review of existing contracts, demographic factors and relevant clinical guidelines was undertaken. Data analysis of FP17 forms from the NHS Business Service Authority (BSA) data was conducted, alongside qualitative engagement with stakeholders to further understand data gaps.

#### Results:

Three General Dental Services (GDS) providers with four contracts were identified. Five Community Dental Service (CDS) providers held domiciliary activity in ten lots across 32 local authorities. Analysis revealed variation in clinical activity across services with significant differences between CDS and GDS providers. There were limitations in the data, particularly a lack of clarity on the accuracy of the reporting on FP17 forms from the CDS.

#### Conclusion:

The findings suggest that further exploration on the data is needed, and highlighted variation in domiciliary care pathways. Further data collection is needed, which will fill data gaps with a view to set a standard for consistent domiciliary clinical care for London.

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