Gateway Approval Reference Number: 7787

COMMISSIONING CONSCIOUS SEDATION SERVICES IN PRIMARY DENTAL CARE

1 INTRODUCTION

1.1 This guidance provides advice on strategic commissioning of sedation services, together with advice on some transitional issues where PCTs have sought clarification of existing guidance.

1.2 Previous guidance on sedation services has focused on transitional issues associated with the new contractual arrangements from 1 April 2006. This guidance addresses strategic commissioning issues that have previously been covered only by more general guidance on specialist dental services.

2 SUMMARY

2.1 The first part of the guidance provides an overview of:

- the relevant contract regulations (section 4)
- indications for the use of conscious sedation (section 5)
- the use of conscious sedation in primary care (section 6)
- conscious sedation techniques (section 7).

2.2 The second part sets out the steps that PCTs may wish to take to:

- assess needs and commission services on a sector-wide basis (section 8)
- develop a sector-wide quality framework that enables PCTs to be assured of the quality of sedation services including facilities, training and patient experience (section 9)
- review the operation of new Personal Dental Services (PDS) agreements and General Dental Services (GDS) contracts that include sedation to ensure that they accurately reflect agreed service and funding levels (section 10) and that patient charges and units of dental activity are being correctly applied (section 11).

3 BACKGROUND

3.1 In 2000 a group chaired by the then Chief Medical and Dental Officers of England published a report ('A Conscious Decision') recommending that general anaesthesia for dental treatment should only be used where there is no other appropriate method of pain and /or anxiety management available for a patient. Following this report, the use of general anaesthesia for dental treatment is now confined to hospital settings where critical care facilities are available. Consequently, the demand for the use of conscious sedation in primary dental care has increased.

3.2 All dental patients have a right to expect adequate pain and anxiety control when undergoing dental treatment. Conscious sedation techniques have an

important role in this area, particularly for those individuals who would be otherwise reluctant to seek dental care.

3.3 Good practice recommendations on the use of conscious sedation are set out in 'Conscious Sedation in Primary Dental Care', a report by an expert group of the Standing Dental Advisory Committee (SDAC) published in 2003[1] (which PCTs are advised to consult for more detailed clinical guidance).

4 CURRENT REGULATIONS AND GUIDANCE

4.1 The NHS (GDS Contracts) Regulations 2005 and NHS (PDS Agreements) Regulations 2005 define "sedation services" as:

"a course of treatment provided to a patient during which the contractor administers one or more drugs to a patient, which produce a state of depression of the central nervous system to enable treatment to be carried out, and during and in respect of that period of sedation:

a) the drugs and techniques used to provide the sedation are deployed by the contractor in a manner that ensures loss of consciousness is rendered unlikely; and

b) verbal contact with the patient is maintained in so far as is reasonably practicable".

4.2 This definition is very similar to the definition used in the SDAC report and defines the state of conscious sedation rather than the methods by which it is achieved. It is important to note that conscious sedation should not be interpreted as light general anaesthesia. The use of any technique where there is loss of consciousness or abolition of protective reflexes is general anaesthesia and is permitted only in the provision of primary dental services by a Trust. The drugs and techniques used in conscious sedation should therefore have a margin of safety wide enough to render loss of consciousness unlikely.

4.3 Contractors providing sedation services under a GDS contract or PDS agreement are also required under NHS regulations to provide sedation services to patients in accordance with the recommendations contained in the SDAC report "as far as the recommendations are relevant to the type of sedation being administered and the patient to whom the sedation is being administered".

4.4 For courses of treatment involving the use of conscious sedation, mixing of private and NHS treatment is not permissible under NHS regulations. This regulation is designed to protect patient safety and maintain quality assurance by ensuring that, where treatment is provided under NHS arrangements, any conscious sedation provided in association with that treatment is provided in accordance with the recommendations of the SDAC report.

[1] Standing Dental Advisory Committee, 'Conscious Sedation In The Provision of Dental Care: Report of an Expert Group on Sedation for Dentistry' (DH 2003) available at http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4069257&chk=tn2nc6

4.5 The General Dental Council's ethical guidance 'Standards for Dental Professionals' states that dental professionals are expected to follow the guidance contained in the SDAC report.

5 INDICATIONS FOR THE USE OF CONSCIOUS SEDATION

5.1 Before using a conscious sedation technique other methods of pain and anxiety control, including behaviour management techniques, should first be considered. There are a variety of clinical indications that may indicate a need for the use of conscious sedation including:

- patients that are anxious or phobic
- those patients with movement disorder, physical and/or mental disability who are otherwise unlikely to allow safe completion of treatment
- to enable a particularly unpleasant and complicated procedure, such as a more difficult surgical removal of a tooth, to be carried out without distress to the patient
- to avoid the need for general anaesthesia, for example in patients with long-standing dental phobia.

5.2 For some patients the use of conscious sedation will either be a one-off episode, for example in association with an oral surgical procedure, or used as an intermediate stage as part of a graduated introduction to treatment under local anaesthesia. For other patients, such as those with a physical or mental disability, the use of conscious sedation may be a long-term requirement in order to enable them to receive dental care.

6 CONSCIOUS SEDATION IN PRIMARY DENTAL CARE

6.1 All patients have to be assessed by the treating practitioner to determine their suitability for treatment before any conscious sedation technique is used, even if they have already been assessed by a referring practitioner. PCTs need to be aware that patients suffering from dental phobia tend to have a higher than normal failed appointment rate.

6.2 As part of any assessment it is recommended to use the American Society of Anesthesiologists (ASA) Physical Status classification (see Table 1 below). Practitioners carrying out treatment under conscious sedation should be familiar with this classification. In primary care it is recommended that conscious sedation should normally only be administered to patients who are categorised as ASA I or II. Patients in ASA III should normally be referred to an appropriate secondary care facility. Some patients' status will vary between ASA II and III. Some asthmatics, for example, will be suitable for treatment in primary care on some occasions, but on others may require referral to secondary care depending on the stability of their condition at the time of treatment.

Table 1 ASA classification

Scale	Description
Class I	Normal healthy patients
Class II	Patients with mild systemic disease
Class III	Patients with severe systemic disease that is limiting but not incapacitating
Class IV	Patients with incapacitating disease that is a constant threat to life
Class V	Patients not expected to live more than 24 hours

7 CONSCIOUS SEDATION TECHNIQUES

7.1 Any conscious sedation technique used should be:

- safe
- effective
- appropriate for the needs of the individual undergoing the technique on a particular occasion
- the simplest technique that achieves the above criteria.

7.2 A variety of conscious sedation techniques are available, and practitioners may offer a combination of techniques. The aim of the notes below is to give a brief overview of these techniques and their indications. In some practices the dentist carrying out treatment will also administer the sedation. He or she must be supported by an appropriately trained Dental Nurse (see section 9.10). In other practices, a dentist will carry out the dental treatment with either another dentist or a medical practitioner administering the sedation.

Inhalation sedation

7.3 The only recommended technique for inhalation sedation uses a titrated dose of nitrous oxide and oxygen, allowing a minimum delivery of 30% oxygen at all times. This technique should normally be the first choice for child dental patients who are unable to tolerate dental treatment with local anaesthesia alone, but is also suitable for use in adult dental patients.

Intravenous sedation

7.4 The standard technique involves the administration of a titrated dose of a benzodiazepine (usually midazolam). Intravenous midazolam is less predictable in young patients (below the age of 16) and so should normally only be considered if other options cannot be used. Patients over 65 years of age usually require much smaller doses of midazolam titrated more slowly.

7.5 The use of fixed bolus doses for intravenous or inhalation sedation is inappropriate. Doses should always be titrated against the patient's response in order to achieve the recognised sedation end-point.

Oral and intranasal sedation

7.6 These techniques are less widely used but helpful for some patients with severe disabilities. It should be noted that oral sedation is not the same as the use of oral premedication (involving for example, the prescription of a small dose of diazepam the night before an appointment). Oral and intranasal sedation should only be used by practitioners who have received appropriate training and who are experienced in the use of intravenous techniques. It is not possible to reliably titrate an oral or intranasal dose against the patient's response and so the effects are less predictable, with consequent risk of over or under sedation.

More complex techniques

7.7 The majority of cases will be suitable for treatment using one of the basic sedation techniques outlined above. Whilst there are other advanced sedation techniques, these would not be expected to be normal routine practice. Such techniques include the use of multiple drugs (polypharmacy) for intravenous sedation, inhalation sedation using agents other than nitrous oxide, combined sequential routes, any form of paediatric sedation (other than nitrous oxide) and continuous infusions of a drug or drugs. The use of such techniques should be restricted to an appropriately trained and experienced practitioner working in an appropriate environment.

8 COMMISSIONING SEDATION SERVICES

8.1 The key principles set out in 'Health Reform in England: Update and Commissioning Framework' (published by the Department in July 2006)[2], although specifically aimed at commissioning of secondary care services, are equally applicable to these services. In line with the commissioning cycle set out in the framework, commissioning of sedation services should encompass:

- assessing needs
- reviewing service provision, deciding priorities, designing services
- managing demand, referrals and individual needs assessments
- managing performance
- seeking public and patient views.

8.2 As with other specialist dental services that span primary and secondary care, PCTs are encouraged to work collaboratively, including across SHA boundaries if appropriate, to commission more effectively for larger populations. Pooling of specialist commissioning expertise can be a valuable way of ensuring effective needs assessment, referral policies and clinical governance.

[2] Commissioning Framework (July 2006): www.dh.gov.uk/assetRoot/04/13/72/30/04137230.pdf

Assessing needs

8.3 PCTs should consider the level of need for sedation services as part of an integrated service for pain and anxiety management for dental patients. The levels and types of need for child and adult patients should be assessed separately, taking into account the factors in section 5 above. It is important to assess the particular needs of children and adults with special needs.

Reviewing service provision, deciding priorities, designing services

8.4 NHS sedation services can be provided:

- in secondary care
- in primary dental care services managed directly by PCTs
- by independent contractors under PDS agreements (which could be limited to the provision of treatments under sedation)
- by independent contractors under GDS contracts. (provided that sedation is an agreed 'additional service').

8.5 In reviewing services, PCTs are advised to look among other factors at:

- current patient flows through these different services
- how far service provision reflects patient needs
- whether some cases treated in secondary care under sedation or general anaesthesia could be treated under sedation in primary care.

Managing demand, referrals, individual needs assessment

8.6 PCTs may find it useful to develop common referral criteria and guidelines (e.g. across an SHA area) for treatment under conscious sedation.

8.7 PCTs may also wish to consider referral management systems that support consistent assessment of patients' needs and referral to the most suitable provider.

Managing performance

8.8 Section 9 below sets out suggested factors to take into account in managing the quality of services. Sections 10 and 11 cover management of activity requirements and patient charges.

Seeking patient and public views

8.9 PCTs should also seek the views of patients and the public in line with any developments or changes being proposed to ensure that they best reflect their views regarding the relative priority and the best approach to the delivery of services locally.

9 QUALITY

9.1 PCTs may find it useful to adopt a sector-wide approach to assuring the quality of the sedation services that they commission or provide. This could include protocols for assessing the suitability of facilities and services, assessing the knowledge and skills of dentists and other staff, and applying clinical governance.

9.2 Where quality requirements are not already part of contractual requirements, PCTs may wish to include compliance with best practice recommendations as a condition of future contracts it agrees with sedation providers, or of any contract variations. PCTs will also of course wish to ensure that any directly managed sedation services comply with best practice recommendations.

Facilities

9.3 NHS regulations require contractors to ensure practice premises are suitable for the delivery of services. The regulations allow the PCT to enter and inspect the practice premises.

9.4 Many of the requirements of a practice inspection will be common to all dental practices, such as health and safety, infection control, emergency drugs etc. However, there are a number of specific areas that need to be considered for practices providing sedation services.

9.5 Dental Advisers, or Dental Reference Officers from the Dental Reference Service (DRS) of the NHS Business Services Authority, can inspect practices in relation to sedation services on behalf of the PCT commissioning them. Alternatively, some PCTs may wish to seek specialist advice in this area.

9.6 PCTs may wish to use the DRS checklist for practices offering basic sedation techniques and additionally identify those using advanced techniques (see Annex 1). Some of the requirements are good practice requirements, others are mandatory. More detailed specialist advice may be required in order to determine whether services are being provided in accordance with best practice recommendations.

Training of dental practitioners providing sedation

9.7 All dental practitioners should have a range of practical experience in the administration of inhalational and intravenous sedation on graduation. However, in most cases this experience will be limited and will need to be supplemented by postgraduate training.

9.8 Where more complex techniques are being used practitioners (medical or dental) will require further higher levels of training, leading to certification or qualification such as a Diploma in Conscious Sedation awarded by a recognised institution.

9.9 The Department of Health and the Faculty of General Dental Practice are developing a competency framework for dentists with a special interest (DwSIs) in sedation, to help PCTs assure the quality of sedation services.

Training of other staff

9.10 Under NHS regulations, contractors are required to take reasonable steps to satisfy themselves that any dental care professional employed or engaged to perform dental services is suitably qualified and competent to discharge the duties for which they are employed. Staff involved in the provision of sedation services must be appropriately trained. Dental nurses should be able to demonstrate evidence they have received specific training in sedation, ideally leading to a specialist nursing qualification from the National Examining Board for Dental Nurses (NEBDN).

9.11 Similarly, where a medical practitioner is engaged or employed to provide sedation the contractor must take steps to ensure they are competent, with due regard to their qualifications, training and previous experience.

Continuing Professional Development (CPD)

9.12 Under NHS regulations, contractors are required to ensure appropriate arrangements are in place for any dental practitioner or dental care professional performing or assisting in the performance of NHS dental services to maintain and update their skills and knowledge. Appropriate CPD in relation to the delivery of sedation services is therefore a requirement for all members of the dental team.

Clinical governance

9.13 Under NHS regulations, contractors must comply with PCT clinical governance arrangements, allowing PCTs to assure the quality of the services they commission or provide. In addition to these local clinical governance arrangements, the DRS is able to carry out surgery visits on behalf of PCTs, with an emphasis on clinical effectiveness and quality assurance to provide external validation of PCTs' clinical governance arrangements. These visits include the examination of patients and a review of clinical records.

10 TRANSITIONAL ARRANGEMENTS

10.1 Sedation capacity varies between PCTs, reflecting practitioners' historical decisions whether to provide sedation services to either their own patients, or as a referral service accepting patients from a wider geographical area.

10.2 Activity and earnings undertaken during the reference period (October 2004 – September 2005) were reflected in Calculated Annual Contract Values (CACVs). Fees associated with the administration of sedation and with the clinical activity provided to patients whilst sedated formed part of contractors' overall gross fees. Sedation activity was shown separately on the CACV schedules as a summary of the NHS claims that included sedation during the reference period.

10.3 From April 2006, dentists who previously provided a mix of mandatory and sedation services have been expected to continue to provide the same range and level of services, unless a different approach has been agreed. The three

broad options that may have been agreed between the PCT and contractor, are for the dentist to:

- maintain the level of sedation activity undertaken during the reference period, so that this level forms part of the overall service agreement from 1 April 2006

- substitute the income and activity associated with sedation in favour of additional mandatory services from 1 April 2006. This may have been agreed, for example, where the dentist provided little sedation activity or where the PCT considered that it already had more than enough local provision

- increase the level of sedation services contracted from April 2006. This may have been agreed, for example, where PCTs had identified sedation services as a high local priority in their commissioning plans, based on local needs assessment, on either a short or longer term basis.

10.4 From April 2006, those contracts including sedation services, require an Annex to the contract specifying:

- the annual number of courses of treatment involving sedation (the same figure set out in the CACV schedule for the number of claims involving sedation, unless activity has been increased or decreased); and

- an annual sum to be paid in respect of those courses of treatment.

10.5 The required level of sedation activity was not subject to the 5 per cent reduction (compared to the reference period) that applied to other GDS activity levels.

11 COLLECTION OF PATIENT CHARGES AND ASSIGNMENT OF UNITS OF DENTAL ACTIVITY FOR SEDATION

11.1 Sedation services should be provided as an entire course of treatment by one contractor. The contractor is entitled to Units of Dental Activity (UDAs) for the banded course of treatment involved (either a Band 2 or Band 3 course). The patient (if a charge-payer) pays the appropriate charge for that banded course of treatment. There is no additional patient charge for the administration of sedation, and both the sedation and the course of treatment must be provided under the NHS.

11.2 Where a dentist refers a patient to a practice with a sedation contract in order for the patient to receive sedation services, the normal policy should be to regard any examination or treatment carried out by the referring dentist as a separate course of treatment. This means that:

- The referring contractor should be credited with the appropriate UDAs for any examination or treatment that has been provided up to the point of referral – and the patient (if a charge payer) will pay the appropriate charge for that banded course of treatment.

- The sedation contractor carrying out the new course of treatment should be credited with the appropriate UDAs for that course of treatment – and the patient (if a charge payer) will also pay the appropriate charge for the new course of treatment.

11.3 Versions of the referral notice FP17RN dated prior to April 2006 do not reflect this policy on sedation referrals. New supplies of the form are available in the usual way from the NHS Business Services Authority.

12 FURTHER INFORMATION

12.1 PCTs may find the following references of assistance:

- Conscious Sedation In the Provision of Dental Care: report of an Expert Group on Sedation for Dentistry, Standing Dental Advisory Committee. Department of Health, 2003

- A Conscious Decision: A review of the use of general anaesthesia and conscious sedation in primary dental care. Department of Health, 2000

- General Dental Council: Standards for Dental Professionals, 2005.

- UK National Guidelines in Paediatric Dentistry: Managing anxious children: the use of conscious sedation in paediatric dentistry. Faculty of Dental Surgery, Royal College of Surgeons. International Journal of Paediatric Dentistry 12 (5), 359–372.

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DRS Sedation Checklist ANNEX A

For all guideline references in this section please see:

- Accompanying Notes to – SAAD
- Conscious Sedation in Dentistry
- Practice Inspection Checklist
- Basic Sedation Techniques

General Does the practice provide:	**Yes**	**No**	**Observations**
• oral sedation?			
• intra-nasal sedation?			
• inhalation sedation (**IS**)?			
• **IS** using a volatile anaesthetic agent?			
• intravenous sedation (**IVS**)?			
• **IVS** using a drug or drugs other than Midazolam?			
Are children under 16 usually sedated with **IS** using only nitrous oxide/ oxygen?			Recommended
Are sedation patients normally **ASA I** or **II**?			Recommended
Facilities • Are the recovery and waiting areas separate?			Not mandatory
• Is there access for emergency services to the building/surgery?			GDS requirement
• Is there space within the surgery, around the chair to deal with an emergency?			GDS requirement
• Can the dental chair be placed in a head down tilt position?			GDS requirement
Sedation practice • Does the practice follow a recognised sedation protocol?			Should be following DoH guidance
• Are the patients normally assessed for suitability for sedation at a preceding appointment?			Recommended
• Are the options for anxiety and pain control explained to the patient prior to obtaining consent for sedation?			Mandatory
• Do patients have the opportunity to ask questions?			Mandatory
• Is a cannula used to secure **IV** access?			Recommended
• Is **IVS** administered by titration to a recognised sedation end point?			Mandatory
• Is **IS** administered by titration to a recognised sedation end point?			Mandatory
• Are recognised discharge criteria followed?			Mandatory (but can be defined locally)
• Does the sedationist discharge the patient?			Mandatory
• Are the patients given a telephone number to call in case of problems?			Recommended
• Do all sedation patients have an escort?			Mandatory

	Yes	No	Observations
Documentation • Are patients given written pre-operative instructions?			Mandatory
• Are patients given written post-operative instructions?			Mandatory
Are the following noted and checked prior to sedation? • Medical, dental and social histories			Mandatory
• Previous sedations/ GAs			Mandatory
• ASA category			Recommended
• Pre-operative vital signs (incl. BP)			Mandatory
• Dental treatment required			Mandatory
• Is written consent obtained prior to sedation?			Mandatory
• Is a contemporaneous record kept of the administration of sedation?			Mandatory
Equipment • Is there equipment for measuring BP?			Mandatory for adults

For practices using inhalation sedation:

• Is there a dedicated IS machine?			Mandatory (Must NOT have independent controls for nitrous oxide and oxygen if
Does this have the following? • Minimum delivery of 30% 0xygen			Mandatory
• Emergency nitrous oxide cut-off			Mandatory
• Is the IS machine checked by a suitably trained and experienced member of staff prior to each session?			Mandatory
• Is there scavenging of waste gases?			Recommended. Active scavenging in busy practices
• Is the equipment serviced according to the manufacturers' guidelines?			Mandatory
• Are the gases stored according to the current safety requirements?			Mandatory

For practices using IV, oral and intra-nasal sedation:

• Is a pulse oximeter used?			Mandatory
• Is the equipment serviced according to the manufacturers' guidelines?			Mandatory
• Service in date?			Mandatory
• Can supplemental oxygen be given if required?			Mandatory

	Yes	No	Observations
Emergency equipment • Is emergency oxygen available?			GDS requirement
• Is there a back-up supply/cylinder?			Recommended
• Is there a self-inflating bag valve mask with reservoir bag (e.g. Ambu-bag)?			GDS requirement
• Is there a pocket face mask (e.g. Laerdal pocket mask) to provide ventilation?			GDS requirement
• Is back-up suction available?			GDS requirement
• Are Yankaeur suckers available?			Recommended
• Is the emergency equipment readily available?			GDS requirement
Drugs • If benzodiazepines are used, is the reversal agent, flumazenil, available?			Mandatory
• Are emergency drugs available?			GDS requirement
• Are all sedation and emergency drugs in date?			GDS requirement
• Are drug labels available for syringes?			GDS requirement
Staff • Can all sedationists demonstrate training in sedation, as well as a commitment to continuing professional education?			Mandatory
• Can all nurses assisting demonstrate training in sedation?			Mandatory
• Can all recovery staff (if applicable) demonstrate training appropriate to their duties?			Mandatory
Please list names and qualifications of all additional staff involved in sedation:			