Primary Care Dental Services

Reported by: Cathy Lush, Clinical Dental Director,
David Babb Senior Dental Officer
Alex Fraser, Dental Service Development Manager

The Committee is asked to note:
1. The progress towards the H9 target and implementation of other oral health improvement programmes
2. The updated position regarding access to NHS dentistry.
3. The update on the Dental infrastructure projects in the CHP area.
4. The update on the Maximising Access to Dental Services project

1. Background
The challenges regarding access to primary care dental services have been well documented and the Action Plan for Improving Oral Health and Modernising NHS Dental Services (2005) the fundamental objectives of which were to:

- To improve oral health
- To provide accessible services

There was a commitment to improving the accessibility of dental services (both to scheduled and unscheduled care) to all patient groups through workforce and infrastructure developments and a parallel commitment to oral health improvement through a number of national programmes designed to raise awareness of oral health and the opportunities for securing improvement in oral health.

2. Oral health Improvement

2.1 HEAT Target H9 – Children’s Fluoride Varnish
At least 60% of 3- and 4-year-olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014

Dental clinical guidance recommends that all children over 2 years of age have fluoride varnish applied twice a year to help prevent dental caries. Health Board’s performance again this recommendation is monitored via HEAT Target H9.

Fluoride varnish applications are reported from dental practice and from Childsmile Nursery. Health Boards are judged on the worst performing quintile and early results from all Boards indicate that this will be a very challenging target.

Percentage of Children age 3 and 4 receiving 2 or more fluoride varnish applications between 1 April 2010 and 30 June 2011

Mid CHP
Worse performing quintile 3-year-old SIMD 4 = 1.33%
Best performing quintile 4-year-old SIMD 1 = 16.12%

Highland
Worse performing quintile 3-year-old SIMD 5 = 0.52%
Best performing quintile 4-year-old SIMD 1 = 10.77%

A range of measures are in place to improve our performance against this target and progress will be closely monitored.
2.2 Childsmile (http://www.child-smile.org.uk/)

Childsmile adopts a multi-agency approach to improving children’s oral health through dental practice, community, and nursery and school settings. The programme promotes oral health from birth, particularly amongst people living in priority areas. The programme targets children from birth providing a comprehensive pathway of oral health promotion and clinical preventive care delivered by local dental practices (Childsmile Practice), with additional clinical preventive programmes such as fluoride varnish for children attending Childsmile nurseries and schools (Childsmile Nursery and School). Childsmile is supported in the community via a network of Childsmile Oral Health Support Workers (OHSW) who work closely with Public Health Nursing Teams and Nurseries and Schools.

Childsmile has been implemented by a phased approach in Mid Highland CHP beginning in 2009/10:

<table>
<thead>
<tr>
<th>Date</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>Alness &amp; Invergordon</td>
</tr>
<tr>
<td>2010/11</td>
<td>Lochaber &amp; Skye and Lochalsh</td>
</tr>
<tr>
<td>2011/12</td>
<td>All remaining areas</td>
</tr>
</tbody>
</table>

The information below for Mid Highland CHP is taken from the NHS Highland Childsmile Integrated Monitoring Report (Amended) January to June 2011. Copies of the full report can be made available on request to David Babb at David.Babb@nhs.net

| Childsmile Nursery & School | 26 local authority/partnership pre-school education establishments and 21 local authority primary schools were participating in Childsmile during January to June 2011 |
|                            | 2344 children were targeted for the fluoride varnish programme |
|                            | 1247 children received at least one Fluoride Varnish application, representing 83% of children with validated consents and 60% of targeted children in participating establishments |
|                            | 6.1% (91) of children with validated consents were recommended to attend a Dentist, the majority (88) because of possible caries. |

| Childsmile Practice (Child referral and Oral Health Support Worker (OHSW) contact) | 185 children were referred to a OHSW, mainly from health visitors and baby clinics (93%) |
|                                                                              | Dietary advice was delivered at 90% of visits. |
|                                                                              | Toothbrushing advice was delivered at 95% of first visits |
|                                                                              | Dental packs were given at 86% |

| Child Enrolments, Attendance and Interventions | At June 2011, 331 children from NHS Highland Mid CHP were enrolled in Childsmile Practice. |
|                                                | 286 children attended a Childsmile dental practice appointment during January to June 2011. |

Childsmile is now included in the statement of dental remuneration within which those GDPs providing NHS items of treatment and the salaried dentists work.

2.3 The National Dental Inspection Programme

The National Dental Inspection Programme (NDIP) provides an essential source of information for tracking changes in the dental health of Scottish children. Key age groups are targeted: at entry into school in primary one (P1) and in primary seven (P7) before the move to secondary school. In recent years NHS Highland has been able to provide robust reporting at CHP level:
Percentage of 5-year-olds with no obvious decay experience

<table>
<thead>
<tr>
<th></th>
<th>Highland</th>
<th>Mid CHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>63.7%</td>
<td>68.7%</td>
</tr>
</tbody>
</table>

Percentage of 11-year-olds with no obvious decay experience

<table>
<thead>
<tr>
<th></th>
<th>Highland</th>
<th>Mid CHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>77.0%</td>
<td>80.5%</td>
</tr>
</tbody>
</table>

The results for Mid CHP and Highland as a whole compare well with the national target for Health Boards that 60% of 5 and 11-year-olds should be free from obvious decay experience by 2010.


Caring for Smiles was launched in May 2010. It is a national resource comprising of a training guide to enable oral health professionals to deliver training for care staff to enable them to provide a high standard of oral care for dependent older people. NHS Highland is currently offering this training to staff in all care homes for dependent older people. In Mid Highland the training has been offered to 24 care homes and to date a total of 105 care workers have received the training in 17 care homes.

It is intended that this training will be extended to other groups of staff and Carers to ensure that dependent patients in their own homes are also able to benefit from the improved oral health.

3. Access to NHS dental services

3.1 Providers of NHS dental services (see Appendix 1)

A summary of providers of NHS dental services can be found at Appendix 1. Within the Mid CHP area, services are provided by 11 General Dental Practitioner (GDP) practices and 8 salaried dental teams. The salaried dental service provides wholly NHS dental services to mainstream patients and priority groups as well as accepting patients on referral for care. The service also provides a range of specialist services including sedation and general anaesthetics.

The GDP practices contract with NHS Highland to provide NHS dental services under the General Dental Services Regulations (2010) and their commitment to NHS dentistry can vary in line with the business model of their practice. Those practices which have a set level of patient registrations and income derived from NHS are defined as NHS committed or partially committed and are entitled to additional allowances.

3.2 Planned Care

Access to planned and continuing care is best demonstrated by the dental registration statistics published by Information Services Division (ISD). There has been a continuing upward trend in NHS dental registrations since 2006 throughout Highland and dental registrations by patient post code are now available at CHP level.

For the purposes of service planning, NHS dental registrations, by patient post code, are mapped annually by the Health Intelligence Team. The most recent mapping exercise can be found at Appendix 2 and is used to inform service planning.

The analysis of the most recent information available on dental registrations is illustrated in Table 1 and confirms that further work is still required to meet the registration targets described in the Action Plan for Improving Oral Health and Modernising NHS Dental Services (2005) [www.scotland.gov.uk](http://www.scotland.gov.uk) and planned increased capacity together with improved awareness through the national oral health improvement programmes are the strategies for achieving this.
Table 1

GDS registration levels Q/E 30 September 2011

<table>
<thead>
<tr>
<th>Children’s Registration Targets</th>
<th>Sep 2011</th>
<th>Highl and Mid CHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 yr olds 55%</td>
<td></td>
<td>37.3%</td>
</tr>
<tr>
<td>3-5yr olds 80% - Old HEAT Target</td>
<td></td>
<td>84.6%</td>
</tr>
<tr>
<td>6-12 yr olds 90%</td>
<td></td>
<td>94.6%</td>
</tr>
<tr>
<td>0-17 yr olds 85%</td>
<td></td>
<td>83.8%</td>
</tr>
<tr>
<td>Adult Registration Targets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-64 years to 65%.</td>
<td></td>
<td>57.9%</td>
</tr>
<tr>
<td>65+ years registered to 50%.</td>
<td></td>
<td>47.6%</td>
</tr>
</tbody>
</table>

3.3 Unscheduled Care
Under the General Dental Services Regulations, it is the responsibility of the dentist with whom the patient is registered to provide access to unscheduled care within hours. During the out of hours period access is through NHS 24 via the Scottish Emergency Dental Service (SEDS) and within the Mid CHP area, patients are seen in 3 locations depending on where they live:

- Inverness
- Fort William (alternating weekly with Oban)
- Kyle (alternating with Portree)

With the exception of one Practice, all dentists working in the Mid CHP area participate in the integrated out of hours service and following successful recruitment to the Skye team, our current assessment is that the Skye service is sustainable.

4 Dental Infrastructure Projects
A summary of progress with the dental premises projects in the Mid CHP area is provided below:

4.1 Portree Dental Clinic (3 surgeries, £1.2 million capital budget)
- Building handed over on 16th January on time and within budget.
- Opened for patients on 30th January 2012 with an official opening in March 2012.
- Temporary facility to be decommissioned during February and March 2012.

4.2 Dunvegan Health Centre
Work started in February 2012 to refurbish the surgery to ensure compliance with Control of Infection through:
- Creation of a separate dental admin office, taking reception function out of the surgery.
- Replacement of all cabinetry and worktops in the dental surgery.
4.3. **Robertson Health Centre, Alness**
Work started on 23 January 2012 to refurbish the 4 dental surgeries and will be complete within 7 weeks. The refurbishment will address control of infection issues within the surgeries and eliminate clinical down time experienced due to failure of ageing equipment.

4.4 **Tain Health Centre**
A 4 surgery dental unit is included within the Tain Health Centre project and will enable the relocation of the current service from leased premises which have no capacity to achieve compliance with Decontamination Guidance and have limited accessibility. The additional 2 surgeries will provide additional access to services and the facilities to develop referral services within the locality.

5 **Service Development (see Appendix 3)**
In line with the commitment to reduce health inequalities, the Maximising Access project was established, under the leadership of Jan Baird, (Transitions Director). The purpose of this work is to ensure that access to NHS dental services improves, all groups within the community are able to benefit including those who have the most to gain in terms of improved oral health. Work is ongoing to streamline and improve referral pathways and services, raise awareness within stakeholder groups of the benefits for improved oral health dental registration provides and to ensure an appropriate performance and monitoring framework is in place to demonstrate success. A newsletter is to be circulated shortly to key stakeholders who attended a workshop in 2010 at the inception of the project and is included in Appendix 3 for information and cascading within the CHP.
Note
Appendix 2

Estimated proportion of NHS Highland population registered with GDS by datazone area in December 2009 and 2010

<table>
<thead>
<tr>
<th>General Dental Service Registrations</th>
<th>Estimated percentage registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.6 - 40.8</td>
<td></td>
</tr>
<tr>
<td>40.9 - 52.3</td>
<td></td>
</tr>
<tr>
<td>52.4 - 63.3</td>
<td></td>
</tr>
<tr>
<td>63.4 - 75.9</td>
<td></td>
</tr>
<tr>
<td>76.0 - 100.0</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3

Maximising Access to Primary Care Dental Services
Programme Update December 2011

Dear Colleague

Following the Maximising Access to NHS Primary Care Dental Services Workshop in September 2010 we agreed that we would provide an update on progress made in the year that followed. A great deal of work has been undertaken in the past 12 months and we plan to arrange a follow up meeting/workshop during 2012. In the meantime we thought that you might be interested to receive an update on our progress thus far.

During 2011 the Project Board convened on four occasions to steer and oversee the work being undertaken and provide a forum to monitor risks and consider issues which might impact on the success of the project.

As anticipated the management of the project is being taken forward through four workstreams which have the following aims and report through representation at each Project Board:

1. **Information, Resources & Performance**
   - The organisation is able to monitor and audit the project to demonstrate quality, effectiveness and efficiency

2. **Oral Health Improvement**
   - Patients, carers and support agencies have awareness of the importance of good oral health and have knowledge of how to access dental care and support

3. **Education and training**
   - Staff have the knowledge and skills to deliver oral health care appropriate to the needs of all patient groups

4. **Care Pathways**
   - All patient groups are able to access dental services – timely and appropriate

The progress of the each workstream to date and is summarised below.

**Information, Resources & Performance**

*Referring in to Dental Services*

The development of a single standardised referral form is close to completion. Referrals will be received and acknowledged at a single dental referral centre and triaged prior to sending patient details to local dental teams.

The centralised referral centre will be able monitor referrals and provide reporting as part of the performance framework. The timescale for this to be in place is April 2012.

Initial discussions have also taken place regarding the development of an electronic referral system.

*Service Planning & Modelling*

A paper is being prepared to guide the targeting of dental services, incorporating oral health related health indicators from the Scottish Public Health Observatory website (scotpho.org.uk) in addition to dental registration data at local level. It is anticipated that this work will confirm the geographical areas with the greatest need and is to be complete by March 2012.
Performance
Highland is a pathfinder site for the Patient Experience Questionnaires (PEQs) for Dentistry and this was launched during December 2011. This will have the potential to provide useful patient feedback locally as well as informing a larger pilot of all Boards in 2012. Additional Key Performance Indicators will be centred on registration, participation, and referrals.

The Weighted Case Mix Tool (WCMT) was piloted in 2007 in some salaried dental clinics and is applied to any course of dental treatment to provide a measure of treatment complexity. Following this initial work, the WCMT was customised to reflect the Scottish situation and has now been rolled out to all salaried dental clinics. It is intended to review the reporting of this information as part of the performance framework for this project. Discussions are to take place with the Deputy Chief Dental Officer around Quality Indicators and it is hoped that there will be synergy between the national work and that which is being developed locally.

Oral Health Improvement

Scoping
The main focus of the work stream has been on scoping the priority groups at both high and ground-working levels. A scoping matrix is being developed with the names and contact details of key individuals who work with and support people in priority groups. This will be circulated to the other workstreams to ensure a joined-up working approach and to manage the risks of duplication between the groups.

Awareness Raising and Training
It has been agreed that the Chief Medical Officer’s request for the provision of Health Promotion advice packs in GP surgeries should be extended to dental surgeries. The contents of the packs will be centred around common risk factors and any oral health improvement information will be reviewed prior to the distribution of this resource.

A number of oral health awareness raising and training resources are available and in the process of being developed as part of national oral health improvement programmes:

- Childsmile for pre-school and primary school aged children
- Caring for smiles for dependent older people
- Smiles4Life for homeless and roofless people.

Drawing from these resources and in conjunction with local Oral Health Educators a generic awareness raising and training programme is to be developed which aims to highlight the benefits of good oral health, how this might be achieved and maintained and how to refer in and access local dental care.

Following the proposed training model for Smiles4Life the level of oral health training will not only reflect the needs of priority groups but also those of the staff and organisations which support them. Training will therefore be available at 3 levels from a simple information providing role to a more involved client-centred approach which utilises motivational interviewing.

Planning for Fairness
A Planning for Fairness process has been completed for the project and will help ensure that those most at risk of discrimination are not disadvantaged, but rather that their needs and experiences are taken into account as a considered part of the project.


Education and Training

Information leaflets for staff
The work stream has developed approximately twelve information leaflets for dental clinical teams covering a number of conditions and the oral health considerations for some priority groups. These staff resources have been produced to follow a similar format and will be published on the NHS Highland dental intranet pages where they will be available to all dental staff.

Staff Training Events
Five areas of specific dental staff training have been prioritised:

These include:

- Stoke
- Autistic Spectrum Disorder
- Palliative care
- Dementia
- Adults with Incapacity/Consent

Training will be delivered via a variety of approaches e.g. – Dental Clinical Discussion Groups – NHS Education Scotland organised courses – Staff meetings.

Training opportunities for dental support and administration staff have been highlighted and will be included with all other staff training courses and events on a dedicated ‘Training and Education Calendar’.

It has been agreed that generic behaviour change training including delivering brief interventions and motivational interviewing would be useful for members of the dental team. In the first instance Oral Health Educators will be considered for this Highland Public Health Network training to support a common risk centred approach to oral health education and training.

Awareness Raising Workshops
A number of awareness raising workshops have been undertaken locally for dental teams. These events have focused on informing staff regarding the development of the service and engaging with dental teams to enable the project to best meet the needs of staff in addition to those of the all patient groups and NHS Highland.

More workshops are planned during the early part of 2012.

Care Pathways
The group is working towards ensuring that oral health is an integral part of all care pathways and that a referral for advice or oral health/dental care can be triggered by those undertaking initial patient/client assessments. Following the example of the national work for oral health care for dependent older people the dental trigger questions are:

1. Does the client complain of suffering any dental or oral problems?
   If yes – Refer to dentist for appointment.

2. Date of last dental examination or treatment?
   If more than 2 years – Refer to dentist for check up
This approach will be supported by an appropriate horizontal referral pathway via the central dental referral centre. This will help ensure that patients/clients receive appropriate and timely anticipatory dental care and build upon the opportunities to instigate self care regimes.

The areas with oral health links to date include:

- Children – via the Childsmile and Child health Surveillance Programme
- Dependent Older People in Care Homes – via Caring for Smiles
- Homeless – via the dental visiting service to Inverness Homeless Shelter
- Stroke
- Autism
- Palliative Care
- Children with Exceptional Needs
- Head and Neck Oncology
- Bariatric care
- Keep Well Programme
- Adult Community Care Services

Upon completion of the group scoping exercise it is envisage that an oral health focus and associated referral links will be established through many of the priority groups and support agencies.

We look forward to meeting with you again during next year to provide further project updates but in the meantime if you have any comments or questions please contact Cathy Lush, Clinical Dental Director (Catherine.lush@nhs.net)