Together for Health

A National Oral Health Plan for Wales
Annual Report 2017/18
TOGETHER FOR HEALTH: A NATIONAL ORAL HEALTH PLAN FOR WALES 2013-18

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Foreword by the Chief Dental Officer

I am pleased to present the Welsh Government’s final Annual Report on delivery of Together for Health: A National Oral Health Plan 2013-18. This Report provides a national overview and describes progress against the National Oral Health Plan (NOHP) in its final year. I have taken the opportunity to highlight where we have made excellent progress over the last 5 years, where challenges remain and we have more to do.

The commitment of the dental profession and their teams continues to make a sustainable difference to the oral health of the citizens of Wales. It is also important to recognise the contribution of key stakeholders, notably health boards, Public Health Wales (PHW) and the Dental Postgraduate Section, Wales Deanery, Cardiff University (PGMDE), to the delivery of the plan.

Later this year we will publish a new Framework which will build on the firm foundations laid by the NOHP and draw on the experience, whilst learning we have all gained in delivering it. Primarily the Framework will describe how dental services can contribute to delivery of Prosperity for All, the Welsh Government’s national strategy, and our response to the Parliamentary Review of Health and Social Care in Wales.

It is very encouraging to reflect on the last five years of the NOHP and what has been achieved to improve and maintain the oral health and well being of citizens in Wales. I am confident that dental teams and key stakeholders will continue to engage and contribute during the coming years.

Yours sincerely

Colette Bridgman
Introduction

In 2013, the Welsh Government published their 5 year plan Together for Health: A National Oral Health Plan for Wales 2013-18 to provide direction for improving oral health and reducing oral health equalities in Wales. This is the final report on delivery of the plan. Part I describes the progress that has been made whilst acknowledging that challenges remain and Part II looks to the future. This final report on the NOHP is not the “end” of having a National plan. Rather it recognises the real achievements and improvements generated by Wales’ first National Oral Health Plan, and points the way to the future where we can build on those achievements, address the remaining challenges and draw on what we have learnt in delivering the NOHP.

Part I

The NOHP identified key actions for all stakeholders: Welsh Government; health boards; PHW; and the Dental Deanery. The annual reports have highlighted delivery, good practice and challenges.

Health boards were required to develop Local Oral Health Plans (LOHP) and report on these annually. Past reports have identified good practice and areas where real improvements have been made at local level. They have also identified areas where there is still a great deal to do and we highlight 2 areas to illustrate this.

Children’s Dental Health and Inequalities

Our greatest achievement has been made in child oral health. Since 2013, there has been a steady and sustained decrease in the population of children with experience of dental decay. In 2011/12, the proportion of five year old children with dental decay was 41.4%. By 2015/16, this reduced to 34.2%. Our action was to target all social groups across Wales with an emphasis on the most deprived communities, and due to our determination to improve oral health (in children), we have not witnessed any evidence of widening inequalities.

Our main achievements over the last 5 years include:

- In 2007/08, 14 children in a class of 30 would have tooth decay. By 2015/16 this had fallen to 10 in a class of 30.

- In March 2015, the Welsh Oral Health Intelligence Unit (WOHIU) published its first survey of the dental health of 3 year olds. It showed that amongst those children with decay, the average number of teeth affected by decay in Wales (2.9) was below the English average (3.1) and lower than the North West of England (3.3) (the most appropriate comparator for Wales).

- Data from a 2016 survey of 5 year olds undertaken by the Welsh Oral Health Information Unit (WOHIU) at Cardiff University showed that overall in 2011/12
the dental health of 5 year olds had improved by 6% and by 17% in children attending schools participating in Designed to Smile (D2S).

- It is interesting to note the increase in delivery of the D2S programme between 2011/12 (when the programme was established across all of Wales) and the latest D2S report (2015 to 2016).

**Settings Participating (nurseries and schools)**

2011/12 - 1,211  
2015/16 - 1,542

**Children brushing**

2011/12 - 70,094  
2015/16 - 94,789

**Fluoride Varnish application (children having either one or two applications during the year)**

2011/12 - 6,526  
2015/16 - 37,260

A high proportion of children age 5 and over regularly attend general dental practice in Wales – 247,581 out of a population of 383,818 (64.5%) in 2016/17. This is welcome but we now need to do more to encourage dental attendance at any early age and we are putting a focus on dental attendance before the age of 1. Data shows that only 24.4% of children age 0-2 attended general dental practice in 2016/17. Dental attendance before the age of 1 allows children to become accustomed to dental visits, while the dental team can support parents with preventive advice and help to ensure their children's teeth remain decay free.

**Designed to Smile**

Over the last 12 months the following actions have contributed to improved delivery of the programme and the oral health of young children in Wales:

- better monitoring within the Design to Smile teams in Abertawe Bro Morgannwg University Health Board to ensure that they can address any concerns early and improve the service;

- two additional fluoride varnish application nurses have been recruited to the Programme in Betsi Cadwaladr University Health Board;

- the Design to Smile Programme in Cwm Taf University Health Board is making great progress by increasing the numbers of settings taking part whilst the innovative design and promotion of the Baby Teeth Do Matter activity is very encouraging; and
- Aneurin Bevan University Health Board continued to demonstrate dedication to training nursing staff in Designed to Smile and special care dentistry.

In 2017 we issued a Welsh Health Circular to refocus D2S and move it from “good to great”. The evidence based refocus is already having an impact with D2S teams starting to engage with general dental service teams.

Designed to Smile has also been included by the platform for Better Oral Health in Europe which has gathered examples of best practices in oral health promotion and prevention from across Europe.

**Child Dental GA Reduction in Wales**

In 2011, an inquiry into children’s oral health by the National Assembly for Wales Children and Young People’s Committee recommended that as part of Designed to Smile we should collect data on the number of dental general anaesthetics (GA) administered to children. Welsh Government agreed this would be a useful indicator and it formally became part of the National Oral Health Plan.

**Overall GA activity 2011-2017**

![Graph showing GA activity from 2011-2017](image)
Reduction in GA activity 2013–2017 by Provider LHB

It could be argued the reduction reflects changes of assessment and treatment protocols rather than population level improvements in oral health. Professional opinion expressed by key stakeholders suggests that some of this fall may reflect availability of GA services and longer waiting times may not be associated with a reduction in need. The positive position would suggest the availability of specialist Paediatric Dental Service and conscious sedation services also affects the utilisation of GA for dental treatment, but this is a relatively new pathway and more has to be done.

There are a number of actions that Welsh Government and health boards can take to further reduce the number of child dental GAs. These will be described more fully in future as part of delivering Prosperity for All, but may include:-

- More effective triage, pre-assessment, treatment planning and provision of treatment under conscious sedation-
- Monitoring demand and need for child dental GAs and improvements to ensure children receive the most appropriate care in the most appropriate setting-
- Health boards should develop medium and long term plans to reduce the number of child dental GAs - the introduction of the electronic referral management system during 2018 will assist health boards in accurately capturing the number of children who receive dental treatment under general anaesthesia and allow for national, regional, and local service planning.

**Mouth Cancer**

Actions in the NOHP primarily focussed on the need to educate and train dental professionals, participation in National Mouth Cancer Month and delivering the actions in the then Tobacco Control Action Plan.
There have been important developments in this area, but there is still a great deal to do if we are to make meaningful progress in identifying mouth cancer at an early stage.

Some key improvements include:

- Active engagement in National Mouth Cancer Month by health boards and PHW;
- An ongoing programme of teaching by the Dental Deanery (and other Continuing Professional Development providers) to support General Dental Council registrants to understand and address the issues. The first Deanery multi professional study event for dental teams, pharmacists, GPs and optometrists focussed on mouth cancer;
- Development of a mouth cancer e-learning resource for use by dental and medical professionals across Wales;
- The Tobacco Control Delivery Plan for Wales includes the following target: *By 2020, 2.5% of adult smokers (estimated) attending dental practices will be referred to Help Me Quit per annum (national and health board level target).* This has prompted further information to dental teams about the HMQ service; and;
- The Deanery’s all-Wales Smoking Cessation Audit is being revised and updated.

These are important actions to update and engage with professionals, but there is more to do to engage the public and alert them to the risk factors associated with mouth cancer. Dental professionals can not do this in isolation – the main messages are the same as those associated with wider determinants of health: smoking cessation, safe levels of alcohol consumption, safety in the sun and safer sex. Dental professionals in Wales have actively promoted gender neutral HPV vaccination.

Wales is a relatively small country. This allows us to collaborate and bring our providers, stakeholders and commissioners together to develop a common vision and plan delivery. The Oral Surgery Managed Clinical Networks will have a major role in driving this agenda in future.

At the heart of service quality improvement is tackling variation. Incidence of cancer varies by 23% between the most and least deprived areas in Wales\(^1\). As a small country with good communication with our health boards and locally with providers we can do substantially better to tackle differences in services and reduce inequalities. Targeted prevention including diet, tobacco and lifestyle advice, uptake of population screening programmes and equitable access to care will help to drive down socio-economic and geographical variation in outcomes. Early detection of mouth cancer can play a significant part in improving the prognosis and survival rates and further collaboration between Public Health Wales, health boards, primary care clusters and the Wales Cancer Network may also improve outcomes.

Key Achievements in 2017 / 2018 highlighted in LOHPs

- Several health boards have an increased emphasis on Special Care Dentistry where new referral and care pathways are being implemented and delivering improved patient care.

- Increased engagement has been evident with a wide ranging mix of stakeholders including Clinical Directors, Health Care Workers, General Dental Practitioners and their teams, the Community Dental Service (CDS), health boards, PHW, and the Deanery. More open dialogue has taken place and in some cases, collaboration and sharing of ideas which aligns with how we can: provide shared care; focus our efforts on the things that matter; and work differently with our partners to have a greater impact.

- Several health boards are reducing child dental GA. There has been progress in triage care pathway and provision of paediatric dentistry including sedation and behaviour management. Designed to Smile is making a real difference to children by providing early access to dental advice and education.

- Delivery of training has also been evident. Whether it has been training for Health Care Support Workers, provided by the Deaneary, liaison with PHW or building on the skills of those involved with the delivery of Designed to Smile, it is vital that we continue to develop, improve and sustain our dental workforce. Importantly there is evidence of dedication across all elements of dentistry.

Areas to be addressed

- We were specifically looking for evidence of what health boards have achieved, how they have implemented new pathways or remain unable to address concerns of the previous year. In many instances, evidence was lacking and as a result, we have not been able to establish how successful health boards have been, for instance: in reducing waiting times; changing patient numbers; or increasing settings for Designed to Smile. In providing positive examples we hoped this would inspire others. Disappointing results can still be used as lessons learnt. It is also useful to know how patients are benefitting.

- Cancer pathway detail and promotion was also quite variable which was disappointing and undoubtedly meant that some opportunities were missed. With an increasing focus on early detection and prevention, more promotion would be welcomed. We realise that some health boards have to share resources (staff and facilities) but as pressures and numbers increase, current arrangements may need to change. As a result, we felt that alternative plans should be considered as well as the recruitment of Restorative Consultants where required.

- In some areas 2018 will allow improved access to NHS care and more NHS patients will be cared for, but this will not be reflected across Wales. Securing timely access to NHS dentistry remains a problem for many in Wales. It is a long
standing challenge and where it is most acute continued and significant
underspend of dental resources is not justified or acceptable. As contract reform
is implemented the focus will be to improve quality and efficiency and make the
best use of the resources we have. As in previous years health boards will need
to manage and make best use of dental budgets.

- During the financial year 2016/17 the total dental spend was £171.6m (including
  patient charge income). Of this £6.5m was recovered for underperformance of
  contracted activity which represents 3.8% of the total. This is a significant
  illustration of ‘lost’ dental provision and patient care. It is important that Health
  Boards continue to progress plans to improve dental services and support
  practices experiencing difficulty in meeting activity targets. For example where
  there are recruitment issues, where the UDA value is below regional averages or
  when patient needs are high.

- Last year’s report included details of waiting times of 26 weeks, particularly in
  relation to Special Care Dentistry and GA for children, with some patients still
  waiting this length of time and others waiting for 3 months. There has been a
  reduction overall which is very pleasing but a great deal more is required.

A great deal of good practice, progress and dedication has been made and we
highlight some of the main achievements for each health board below:

**Betsi Cadwaladr University Health Board (CDS)**

The CDS has been instrumental over the last 12 months in assisting access to NHS
dental services particularly to Stroke patients, older patients within Mental Health
Units and providing valuable support to integrated oral health care pathways for
head and neck cancer multi-disciplinary teams.

**Cwm Taf University Health Board (Child Oral Health)**

The health board continues to focus on improving oral health for children through
both the Designed to Smile and Baby Teeth Do Matter programmes. These
programmes compliment each other and support dental teams to work with parents
of babies and very young children. Unlike other parts of Wales, Cwm Taf has not
seen a reduction in tooth decay in children so the added emphasis of 2 programmes
is welcome.

**Hywel Dda University Health Board (Training)**

It is pleasing to see that there has been an increased focus on training for Health
Care Support Workers and health professionals which will develop, improve and
sustain our workforce and enhance quality of mouthcare for vulnerable people.
Planning and preparation of new and essential services can only assist us in
delivering effective, quality treatment which is the focus of all.

**Powys Teaching Health Board (Inhalation Sedation Service)**
The introduction and development of their inhalation sedation service across Powys is extremely welcome and should assist us in reducing GA numbers and particularly in children whilst the conscious sedation service and triaging protocol for inhalation sedation is also well received.

**Abertawe Bro Morgannwg University Health Board (GA Pathway)**

The introduction of the GA Pathway is already making a difference as it is implemented within the community. Increased collaboration between health board, general dental services steering groups and dental service providers has also greatly assisted in delivering this service which is still in its infancy, although we hope to see significantly reduced GA numbers over the forthcoming years.

**Aneurin Bevan University Health Board (Access)**

Access will remain a re-occurring issue, but I am pleased to see that the health board have made concerted efforts to improve GDS access over the last 12 months. As a result, the investment made has led to a more effective service across 11 practices whilst an additional 60 Orthodontic patients have been treated with the intention of the health board reducing waiting lists further.

**Cardiff & Vale**

Work is in hand to procure additional NHS general dental services practice capacity to serve the expanding population in north Cardiff.

**Part II**

We can draw strength from the consistency of our approach by building on the foundations laid by the NOHP. It focused on 3 themes - prevention, service delivery and quality and safety. These themes will remain relevant for the foreseeable future if we are to deliver the programmes and service we want our health boards to secure for patients and the public.

When the NOHP was published in 2013, there were sharp differences between communities with the best and worst oral health in Wales and our performance lagged behind similar countries in some important aspects. Sustainability lies at the heart of our agenda and good health is vital to the creation of a prosperous, successful and sustainable Wales. We must improve the health of everyone in Wales and pay particular attention to reducing health inequalities. We must prevent disease wherever possible and ensure we have modern NHS dental services delivering high quality care to meet need.

Whilst access to dental care remains a challenge in parts of Wales, it is encouraging to note that the number of people accessing NHS dental care increased during the span of the NOHP. At the start of 2013, 1.681million people accessed NHS GDS
care: this had increased to 1.712 million at the start of 2018. This is an increase of 31,000. WG, clinical teams and health boards need to work more collaboratively to ensure equitable access to care continues to improve in the future. The contract reform programme offers a platform for this this to develop and must remain a priority or the groups who have difficulty in accessing routine dental services will continue to lose out.

The legal and policy foundations have been laid to take Wales forward, and our approach will align with these and actively support their delivery. Of particular relevance are:

- **The Well-being of Future Generations (Wales) Act 2015.** The Act has seven well-being goals for national government, local government, health boards and other specified public bodies. It details ways in which these bodies must work - and work together - to improve the well-being of people in Wales. Public bodies must take account for the long term, work to prevent problems occurring or getting worse, take an integrated and collaborative approach, and consider and involve people.

- **Prudent Health Care** – these ways of working are becoming embedded in NHS Wales and will continue to guide dental services delivery in the future.

- **The Welsh Government strategy Taking Wales Forward 2016 - 2021 and the dental response in Taking Oral Health Improvement and Dental Services Forward in Wales.**

- **Prosperity for All**
  
  *Prosperity for All: the National Strategy* focuses on the early years of a child’s life where we can shape their future in terms of their health early on. Reducing GA is therefore an important shift in our approach of treatment and ultimately prevention.

- **The Parliamentary Review of Health and Social Care in Wales (January 2018)** has the Quadruple Aim to:
  - Improve population health and wellbeing through a focus on prevention;
  - Improve the experience and quality of care for individuals and families;
  - Enrich the wellbeing capability and engagement of the health and social care workforce; and
  - Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

The Review advises us that every plan, strategy and practice should be driven by the Quadruple Aim and securing fair, timely access to NHS dentistry must underpin our work. To achieve the first, the Welsh Government and health boards must significantly redistribute resources to support prevention by using epidemiological and service data, scoping future trends and adopting a greater emphasis on prevention and behaviour change methodologies to significantly improve population health and well-being.
The future direction for oral health improvement and dental services will particularly align with Prosperity for All. We are developing our response and a Framework for delivery. We have begun the process of seeking views of the dental profession in Wales to help us to shape it further. The next stage will be to discuss our plans with a wide range of other stakeholders including health boards and patient/public representatives. The work will build on the legacy of the NOHP and LOHPs. However, we want to set an ambitious course with delivery at pace for future years. We want all stakeholders – but particularly the health boards – to use their experience from 5 years of LOHPs to develop ongoing development plans for the future and align and respond to a national Framework.