



Llywodraeth Cymru  
Welsh Government

# The oral health and dental services response

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## **A Healthier Wales:** **our Plan for Health and Social Care**

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# A Healthier Wales: our Plan for Health and Social Care

## The oral health and dental services response

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*A Healthier Wales* sets out a vision of transformation in Wales using a ‘whole system approach’ which is focussed on health and well-being, and on preventing illness. This response outlines how oral health and dental services in Wales will continue to develop in line with the changing needs of the population and how it will contribute to the plan.

Our vision for dentistry builds on the philosophy of Prudent Healthcare and we recognise that system change is required. Our focus is on transformation, innovation and delivery to meet need. The values and design principles described in the plan will assist us implement change in dentistry. By investing in the teams who deliver dental care, offering strong national leadership and continuous engagement it will be possible to see change happen relatively quickly across Wales. We want to:

- Improve population health, oral health and well-being through a greater focus on prevention;
- Improve access, experience and quality of dental care for individuals and families;
- Enrich the well-being, capability and engagement of the dental workforce; and
- Increase the value achieved from funding of dental services and programmes through improvement, innovation, use of best practice, and eliminating waste.

These four goals demonstrate how oral health and dental services will contribute to the plan and achieve the Quadruple Aim proposed by the Parliamentary Review of Health and Social Care in Wales (2018).

These four goals are supportive of requirements of the Well-being of Future Generations (Wales) Act (2015), legislation that calls on public bodies to consider how they could act to overcome some of society’s most enduring problems (poverty, health inequalities and climate change), to build a better future for the people of Wales. They also complement the principles of Prudent Healthcare building a vision of dental services in the future in which dental teams, patients and the public work together in a system that prioritises those with the greatest need, to deliver better outcomes, improve health and well-being, with an engaged work force to deliver care that is good value for investment made.

The Programme for Government, *Taking Wales Forward*, set out the commitments Welsh Government will deliver to drive improvement and make the biggest differences to the lives of everyone in Wales. In response to the publication of this document, in March 2017 the Chief Dental Officer published *Taking Oral Health Improvement and Dental Services Forward in Wales*, which outlined the key priorities for oral health improvement and dentistry in the short to medium term. The three key areas for action were: strengthening and refocusing the Designed to Smile national child oral health improvement programme; initiating a programme of General Dental Services (GDS)

Contract Reform to identify new ways of working in primary care general dental services; and the implementation of national electronic referrals system for all specialist dental services in Wales.

Emerging from *Taking Wales Forward* is the national strategy *Prosperity for All*. This supports the principal commitments, sets them into a long-term context, and illustrates how they fit with the work of wider public services. The goal of this document is to lay the foundations for achieving a Wales that is prosperous and secure, healthy and active, ambitious and learning, and united and connected. It is about achieving *Prosperity for All*.

## **Prosperity for All and A Healthier Wales**

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This response outlines how oral health and dental services in Wales will contribute to the delivery of the *National Strategy: Prosperity for All* and ensure dentistry helps achieve the vision and values set out in *A Healthier Wales*..

Good oral health is an important part of well-being. In children, it contributes to physical, educational and social development. In adults, good oral health means people take fewer days off due to toothache and experience a better quality of life as they can eat and speak without discomfort or embarrassment. We know that the oral health of children in Wales is improving across all social groups. The fact that children attending schools in the most deprived areas are seeing the greatest improvements in oral health is likely to be due to the impact of the Designed to Smile population oral health programme. This speaks to the hard work of the Designed to Smile teams and the commitment shown by the families and settings taking part in the programme. However, there is no room for complacency as there are still high rates of dental diseases across many areas and communities of Wales, particularly amongst young adults, older people and those living in areas of deprivation. These are conditions which cause pain and discomfort, and that share the common risk factors of non-communicable diseases. They are associated with culture, poverty and lifestyle behaviours. These are not easy things to address, but issues we all have a duty to tackle. Preventing disease across all social groups is key to creating a more prosperous and equal Wales. This will only happen if oral health is considered alongside the wider factors determining health, and action is taken on every level, from inclusion in all relevant policies to implementation.

In order to be able to meet the changing oral health needs of our population we also need thriving dental services within which people have fulfilling and secure employment. These services should provide prudent care which is responsive to the needs of patients and the public. For dentistry and oral health to contribute to each of the national strategy goals, we need to make progress. This response outlines what is working well and, what we need to do to achieve these ambitions and how.

**Prosperous and Secure**

Stable and secure preventive led dental services, delivered by a changing dental team.

**Healthy and Active**

Responsive and effective care delivered to patients who protect and maintain their own oral health within an environment where oral health improvement and protection is integrated in all relevant policy areas.

**Ambitious and Learning**

Dental teams fulfilling their potential within systems that are learning and harnessing technological innovation

**United and Connected**

Secure accessible seamless system of dental care prioritising those with the greatest need by adopting bold new ways of working

## Oral health and dental services in Wales

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The vision articulated in the final report of the Parliamentary Review of Health and Social Care for Wales was of a single seamless system of health and care for Wales. We have considered what this means for oral health and dental services in Wales and how this will help us to maximise dentistry's contribution to the Quadruple Aim, so that no patient falls through the gap.

Patients and the public lie at the heart of any health and social care system. Oral health and dental services will reflect the needs of the populations they serve, in locations where they can provide the most effective, equitable, accessible and acceptable care for patients. However, whilst the standards and outcomes of care will aim to be the same across Wales, the settings and context from which it is delivered will differ. Wales is a small but geographically diverse country. What may work in densely-populated, urban areas in South East Wales may not be appropriate for more sparsely-populated, rural communities in Mid or West Wales. This is therefore about establishing national principles and standards but having flexibility around local delivery.

Whilst the majority of dentistry in Wales is provided in primary care, there are times when patients require care from specialist services. When this occurs, services will be offered close to home wherever possible and without awkward transitions or interruptions or unnecessary delays. This should occur at every level, with collaborative working between

GDS, Community Dental Services (CDS), and Hospital Dental Services (HDS) from Health Board-level, right down to local providers involved in the care of individual patients. The first step in this is through developing shared understanding of the strengths and talents of each service, better communication across boundaries, and appreciating the benefits of working together. Before we can effectively engage with primary care clusters, we need to work together better within dentistry.

In order to achieve our vision of dental services that are fit for future generations, there is a need for new models of care, co-developed by service planners, patients and those providing care. The size and organisation of dental services in Wales mean we have the agility and flexibility within local planning structures to develop and test bold new ways of working which support the principles of the Well-being of Future Generations (Wales) Act. By setting up systems that are always learning, it will be possible to accelerate the pace at which innovation occurs, to secure better outcomes and experiences for patients.

The best way to develop and share the models of oral health improvement and dental care delivery of the future is by building leadership within dental teams. We are fortunate in Wales that we have many talented and motivated individuals working within our oral health and dental services. We want to support all dental professionals, regardless of their position, to fulfil their potential, and contribute to wider work of primary care clusters for the benefit of their communities as exceptional dental leaders.

## **How we will achieve our vision for oral health and dental services**

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We have a bold vision of developing oral health and dental services which promote the prevention of dental disease, for both individual and collective well-being, ready and willing to meet the needs now, and in the future. This vision underpins all seven well-being goals and is essential to the realisation of a more prosperous, a healthier, and a more equal Wales. We will lay out our plan under three themes, and one guiding principle.

**Patients + the public at the heart of everything we do**

A Step Up in Prevention

Dental Services Fit for  
Future Generations

Developing Dental Teams  
and Networks

Regardless of who you are, and your role in dentistry or oral health, these themes are relevant to you. **This response speaks to Health Board executives, Primary Care and dental contracting teams, dental clinical leads, specialists, academics, generalists, dental care professionals (DCPs) and, in practice, hospital, community services and programmes.** These are ambitious proposals, which reflect a shift in policy direction, supporting delivery of the national plan *A Healthier Wales* and demonstrating how oral health and dental services intend to rise to the challenges laid out in the Parliamentary Review of Health and Social Care in Wales. This response is cognisant of the principle of *Once for Wales*, a desire to increase integration and co-operation between health organisations and allow regional ‘flex’ during strategic implementation, whilst avoiding unnecessary duplication.

## A step up in prevention

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### *Where are we now?*

**We believe that wherever possible we need to prevent dental diseases, such as dental caries (decay); we need to change our system to reflect this.**

Despite the successes of the community-based child population oral health improvement programme, *Designed to Smile*, rates of dental disease in both children and adults are unacceptably high in Wales. In 2015/16 out of a class of 30 5 year-olds, a third would have decay experience, and these 10 children would have an average of 3.6 teeth affected<sup>1</sup>. Every year in Wales over 7,000 children have a general anaesthetic for dental treatment, most commonly the removal of carious teeth<sup>2</sup>. There are teenagers having all of their teeth removed.

Many of the dental disease experienced by our population share common risk factors with other non-communicable diseases and are impacted by our environments and behaviours. The frequency and amount of sugar-sweetened drinks increases the risk of dental decay. Nearly two-fifth (21%) of Welsh children aged 11-16 years drink these two or more times a day. Both smoking and alcohol intake contribute to a higher risk of developing mouth cancer, yet 20% of Welsh adults smoke and 41% consume more alcohol than is recommended by national guidelines.

Whilst our ambition is to prevent disease, at the current time, dental contract arrangements reward treatment, not prevention. The rigidity of the NHS Unit of Dental Activity (UDA) target culture stifles the effective use of skill-mix and personalised

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<sup>1</sup> Morgan, M. and Monaghan, N (2017). PICTURE OF ORAL HEALTH 2017. DENTAL CARIES IN 5 YEAR OLDS (2015/2016). Cardiff University. Available from: <https://www.cardiff.ac.uk/research/explore/research-units/welsh-oral-health-information-unit>

<sup>2</sup> Morgan, M. (2018). CHILD DENTAL GENERAL ANAESTHETICS IN WALES. Public Health Wales. Available from: <http://www.wales.nhs.uk/sitesplus/888/page/69210>

prevention. There are opportunities for other members of the dental team to provide the preventative interventions currently not done or primarily delivered by dentists.

### *Our vision for the future*

Is one where:

- Patients are empowered to protect and improve their own oral health
- Oral health and dental services place prevention at their core
- Oral health is considered in all settings and in all relevant policies

### *Patients who protect and improve their own oral health*

#### **What are we seeking to achieve?**

An increase in oral health literacy. We want to empower patients to understand how their behaviour affects their likelihood of developing dental disease. We want dental teams to support them to lower their risk of oral disease and improve their oral health.

#### **Why are we doing this?**

The most effective way of preventing oral disease is empowering and supporting patients and the public to maintain and protect their own oral health and that of their dependents.

#### **How will this work?**

All patients attending NHS primary dental care services will receive an oral health risk and need assessment, using the Assessment of Clinical Oral Risk and Need (ACORN), at least once a year. The dental team will support patients and those that care for them to understand their oral health status and the behaviours they can change to reduce their risk of oral disease.

### *Prevention-led dental services*

#### **What are we seeking to achieve?**

We want primary care dental services to work collaboratively with patients and the public to deliver evidence-informed personalised preventative-led care that takes account of patients' needs and their priorities for their own oral health. It takes time and skill to do this well.

#### **Why are we doing this?**

Common oral diseases and conditions are largely preventable. They are unpleasant to experience and costly to treat. It is in patients' and the public's best interests that we prevent and control disease wherever possible.



## **How will this work?**

The programme of General Dental Service contract reform will change how dental teams deliver and are remunerated for providing dental care. This will include incentives to step-up prevention and utilise the preventative-skills of the whole dental team to meet patients' needs. Robust measures of need and outcomes will be used to capture the clinical challenges dental teams experience and the impact dental services are making to ensure evidence-informed prevention ('what we know works') is being delivered.

## *Oral health in all settings and in all policies*

### **What are we seeking to achieve?**

We want to contribute to redressing the wider determinants of health for the population of Wales. We want to promote living and working environments conducive to the improvement and maintenance of oral health that in turn will contribute to the well-being and prosperity of Wales and the Welsh people.

### **Why are we doing this?**

We recognise that the delivery of dental services is a small part of securing the oral health of a population. We know that, similar to the factors underlying general health and well-being, social, environmental and lifestyle factors play a much bigger role in determining an individual's oral health. In the past, oral health has not always been considered when policies related to these wider factors have been under consideration.

### **How will this work?**

We intend to raise the profile of the contribution improving oral health can make to wider health and well-being. We will challenge, and expect others to challenge, when oral health is not being considered when policies and public health strategies relevant to oral health e.g. alcohol, smoking, obesity and Human Papilloma Virus immunisation, are being developed.

Education, healthcare and community-venues will to be supported to protect and support oral health, e.g. by removing sugar-sweetened beverages and sugary snacks from sale and offering healthier alternatives.

## *Our Commitments and Actions*

### **We are...**

- Committed to continual investment in Designed to Smile, the national population oral health improvement programme. The current ambition of this targeted programme is to keep children decay-free by age 5. The programme is focused on the prevention of dental disease amongst the very young and achieves this via collaborations across a variety of settings and professions. The programme is now led via a national steering group and the strategic objectives of its refocus laid out

in Welsh Health Circular WHC (2017) Number 23. Other age and priority groups will be considered in time.

- Working with dental teams and bodies in Wales to focus on proactive prevention needs of older people and those in hospital settings.
- Producing and sharing 'expectations' of preventive care delivery in primary dental care which dental teams can use to support patients to value and maintain their oral health.

### **We will...**

- Continue to progress a programme of GDS contract reform.
- Expect Health Boards, NHS Business Service Authority and dental teams to measure need and outcome in all aspects of dental care delivery.
- Use the published 'expectations' of preventive care as markers of quality care delivery.
- Make available resources and toolkits to dental teams to support the delivery of preventive care. An example of this is *Making Prevention Work in Practice*, a course that aims to provide DCPs (particularly dental nurses) with the additional skills to undertake practice-based prevention and the application of fluoride varnish via a train-the-trainer approach.
- Work to ensure the inclusion of oral health in all relevant policy areas and with all relevant organisations e.g. Local Authorities.
- Explore innovative models for domiciliary care and outreach preventive care for patients who are unable or unwilling to access primary care settings.

## **Patients and the public at the heart of everything we do**

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### *Where are we now?*

**Our dental services are a resource for the people of Wales; but not everyone who wants to, or needs to, access NHS care can do so.**

NHS dental services in Wales reach millions of patients. Just over half of adults (52%) and two thirds of children (66%) accessed NHS GDS in the last two years. Thousands more were cared for by CDS, accessed urgent dental care, or received treatment from specialist services. However, opportunities exist to increase access to NHS dentistry for those who want it.

In order to secure dental services for a greater proportion of the population, we must strive to achieve the best outcomes for those with the greatest need from the resources we have. There is evidence that a disproportionate amount of NHS GDS resources are spent on a cohort of patients who have relatively low rates of oral disease and who may be attending too frequently. There are also examples of inefficiencies at the primary and secondary care interface. Whilst change has begun, for example there is a significant

programme of GDS contract reform in place in all seven Health Boards, our ambition is to see the pace of this innovation increase. Similarly, whilst the balance of specialist care provision has begun to shift from hospital to community settings in some areas; in others Health Boards have been slow to seize the opportunity to provide care closer to patients' homes.

### *Our vision for the future*

Is one where there is:

- Accessible dental care
- Responsive, effective care
- A seamless system of care

### *Accessible dental care*

#### **What are we seeking to achieve?**

We want to increase access to NHS primary care dentistry and provide dental services (primary, specialist, or urgent care) that meet the needs of local communities.

#### **Why are we doing this?**

We believe care should be accessible for those with the greatest health need first – a principle of Prudent Healthcare. Our commitment is to increase access to NHS dental care, particularly for patients who have not seen a dentist in the previous two years (one year for children), by making more effective and efficient use of the resources we have.

#### **How will this work?**

Services will be planned and delivered according to need, with specific considerations given to how to address inequities in access. Care will be provided in settings that facilitate the delivery of safe, cost-effective, and timely care.

### *Responsive, effective care*

#### **What are we seeking to achieve?**

A greater focus on dental treatments and interventions proven to improve and maintain oral health. At the same time, care should consider patients' views and values about their oral health, including their right to decline offers of routine care if they wish.

#### **Why are we doing this?**

We want to get the best possible outcomes for patients from the dental resources we have, and prioritise patients according to need and risk. Most of the dental treatments routinely provided in NHS Wales are supported by a strong foundation of scientific evidence. However, there are a small number of treatments where the benefit to patients is less clear.

### **How will this work?**

Health Boards should prioritise the prompt and effective management of urgent conditions. Those who want it should be offered routine care. Wherever possible, care plans should ensure that disease processes are stabilised, and these should take account of a patient's response to behavioural modification advice and context in which care is provided. Subsequent dental recalls intervals will be agreed between patients and their dental team, according to patients' need and risk of disease.

### *A seamless system of care*

### **What are we seeking to achieve?**

We aspire to achieve greater integration, understanding, and collaboration across service boundaries (GDS, CDS and specialist services). This will be supported by improved oral health intelligence to inform the planning and delivery of accessible dental services (including urgent and specialist provision).

### **Why are we doing this?**

Removing the barriers that exist between GDS, CDS and specialist services will improve outcomes and experiences of patients who require urgent, specialist, or domiciliary care and reduce waste.

### **How will this work?**

Better services start with a thorough understanding of population need. Better data on dental need and access to care allow integrated, needs-led planning and monitoring of dental services at Health Board level. Where possible, a greater volume and variety of outreach services will be provided in primary care, supported by specialist oversight. Strengthened dental clinical leadership in Health Boards will oversee the greater integration of dental and other healthcare services.

## **Commitments and Actions**

### **We are...**

- Investing in primary dental care and ensuring Health Boards utilise the investment Welsh Government makes in dentistry and oral health as intended.
- Investing in oral health care intelligence to complement established epidemiological programmes via the Welsh Oral Health Information Unit. We are expanding epidemiological surveys into adult groups (current 18-25 survey).
- Working with Health Boards to strengthen their delivery of timely, needs-led urgent and routine dental care.
- Committed to contract reform for GDS. We are currently testing the use of a chair-side need and risk assessment tool (the ACORN) and developing a patient-facing tool that dental teams can use to communicate oral health need and risk.

## **We will...**

- Increase the numbers of practices involved in the NHS GDS contract reform programme.
- Establish a Welsh Dental Research Network in primary dental care practice
- Appoint specialists to work outside of hospital settings, e.g. two Consultants/Specialists in Paediatric Dentistry who will be based in primary care.
- Expect Health Boards who have not already done so, to appoint a Clinical Dental Lead (Associate Director level) (3 in place, ABMU, HD, PT).
- Ensure Health Boards do not only rely solely on UDA/Unit of Orthodontic Activity (UOA) delivery to monitor dental care or to procure new services
- Expect that health boards support dental providers who are experiencing difficulty in meeting contractual commitments during the year using contract reform principles and not wait to recover funds at year end.
- Improve the information available to patients and the public on: self-care and access to dental services, including the treatments available, specialist care, and applicable patient charge.
- Capture need and understand demand for all dental specialist services via referral management system. Record all population access to CDS. Capture patient need and outcomes via FP17W forms for CDS/GDS/Personal Dental Services. Report and communicate clinical need and risk, in addition to clinical activity, in all primary dental care services

## **Dental services fit for future generations**

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### *Where are we now?*

**The population of Wales is changing, so too are their dental needs; we need dental services that are ready to meet these needs.**

Whilst the prevalence of dental caries has decreased across the whole population, there are still a number of children who suffer the disproportionate burden of disease. Similarly, whilst the prevalence of decay amongst adults has fallen, many people are reaching older age, retaining natural teeth, with increasingly complex dental needs. The incidence of oral cancer is also increasing. We need dental services that are well-placed to manage the changing oral health needs of the Welsh population and to implement timely preventative advice and treatment that will reduce the distress caused by these conditions for years to come.

Currently, dental practices with NHS dental contracts receive a fixed annual contract value for delivery of banded treatment activity. These arrangements do not overtly incentivise personalised prevention or the use of skill-mix, however some providers deliver this regardless and this should be recognised.

Whilst Welsh Government has recently made investment in dental care, some Health Boards have chosen to tightly tie these ‘access’ monies to UDA targets alone, not always delivering increased patient access or prevention-led care. Furthermore, some of the resource that Welsh Government invests in dental care is lost through claw back by Health Boards, which employ models of financial planning that rarely return this investment to dentistry.

### *Our vision for the future*

Is one where we:

- Have stable and secure dental services
- Develop systems that are always learning
- Harness technological innovation

### *Stable and secure dental services*

#### **What are we seeking to achieve?**

Financially secure and sustainable dental services that deliver greater value and that are funded to deliver quality, preventive-led care. This will be supported by contract models and monitoring systems that incentivise prevention, skill-mix, and the provision of evidence-informed care. Part of this involves using existing resources more effectively to improve patient outcomes and reduce the carbon footprint of dentistry.

#### **Why are we doing this?**

To future proof dental services to meet the oral health and environmental challenges of future generations and contribute to achieving the Welsh Government’s well-being goals. It is our ambition that dental practices across Wales exist as thriving, sustainable businesses offering care and employment to local communities.

#### **How will this work?**

We will encourage Health Boards to move away from small and time-limited access initiatives. Instead, we will encourage them to develop innovative approaches that offer recurrent funding with longer contract lengths, offering stability, a focus on outcomes and opportunities for growth in existing services.

We will work to reduce the frequency of dental interventions that have limited positive impact on oral health, to promote the sustainability of dental services and reduce the carbon footprint of dentistry, which is mainly incurred by routine and repeat examinations and ‘scale and polish’ appointments. We will also explore strategies to recognise and reduce the productivity losses incurred when patients do not attend scheduled appointments.

## *Systems that are always learning*

### **What are we seeking to achieve?**

Increasing the pace at which improvement happens by giving clinical teams the opportunity to innovate. We want dental teams of all sizes orientated towards a philosophy of continual improvement for patient and public benefit.

### **Why are we doing this?**

To ensure NHS dental care is sustainable, safe, person-centred, effective and efficient. We know that those individuals providing dental care day in, day out almost always have ideas about how care could be improved. Our ambition is that clinical teams feel empowered to make these changes to their practice. In a stretched system it is easy to lower expectations, we want everyone involved in the planning and delivery of care to have high aspirations for the quality of their services.

### **How will this work?**

There will be an integrated approach across organisations to quality improvement in dental services. We will increasingly use benchmarking to hold Health Boards to account, by demonstrating the 'lost impact' of stifled innovation. In turn, we expect Health Boards to use new ways of monitoring and providing feedback on performance to dental teams, over and above UDA/UOA delivery. We expect all those in dental services to harness the opportunity to learn and improve from less favourable outcomes, including late stage oral cancer diagnoses.

## *Harnessing technological innovation*

### **What are we seeking to achieve?**

Dental systems which make better use of technology to allow the delivery of more effective and efficient care.

### **Why are we doing this?**

This will help us achieve our vision of seamless, responsive, and effective care. Better intelligence on access, referrals, risk, need and patient outcomes will allow more efficient planning and delivery of services by giving a context to activity.

### **How will this work?**

We will invest in technological solutions that will provide information that will improve the planning and delivery of dental services and expect Health Boards and providers of dental services to do the same. One focus of technological innovation should be around solutions to improve the transition of patients between services.

## *Commitments and Actions*

### **We are...**

- Holding Health Boards to account for the investment Welsh Government makes in dental services and programmes.
- Investing in a national electronic referral management system for all dental specialties. By 2020 all dental referrals in Wales will be made using an electronic referral management system.
- Committed to contract reform and innovative approaches to dental care delivery focussing on value, need, and outcomes.
- Maximising quality improvement and measurement in general dental services via the updated GDS Quality Assurance System (QAS). This in turn will inform to Health Education and Improvement Wales (HEIW) work streams.
- Moving to a system of electronic submission of all NHS primary dental care activity data. This is the move to electronic submission of all FP17Ws and FP17OWs from May 2019
- Capturing all access and need in primary care on an electronic patient-based platform via FP17W forms.

### **We will...**

- Expect that information collected on need and demand for specialist care by the electronic referral management system is used to plan and redesign service improvement.
- Review procedures to ensure complaints about Welsh dental professionals are dealt with at a local level first, and that the lessons learnt are shared within Wales.
- Utilise Clinical Audit and Peer Review (CAPR) funding to allow dental teams to embed quality improvement methodology in their practices and work together to embed the principles of contract reform into their care.
- Consider a national agreed lowest acceptable UDA/UOA value. Best practice will be our expectation for those with UDA/UOAs at the upper level.
- Explore innovative models in which existing practices work together to provide care for small populations in rural and remote areas.
- Expect Public Health Wales, 1000 Lives Programme, and HEIW to work collaboratively to implement quality improvement projects relating to oral health in health and care settings and align to the contract reform programme.
- Work collaboratively with HEIW and training establishments to develop and deliver the dental workforce required for the future.



## Developing dental teams and networks

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### *Where are we now?*

**Dental teams are our greatest strength and we cannot achieve our vision for oral health and dental services without their partnership.**

Dental teams are made up of highly trained, committed professionals, many of whom have ambitions to continue learning. However, there are indications that some have become demotivated, feeling that their skills are undervalued and their potential unrealised.

Currently dentists provide the majority of dentistry in the UK. However, a significant proportion of care could be provided by DCPs working to the extent of their scope of practice. Whilst there are some strong examples of dental teams and services that have harnessed their skill mix to increase the delivery of prevention-led care, we aspire to make this a universal characteristic of dental services in Wales.

Primary care clusters have worked well for general medical practices, but to date, dental engagement in clusters has been limited. There are opportunities for networks of dental teams (GDS, CDS and specialist services) to work together to increase efficiency, improve the stability of service delivery, and learn the value of neighbourhood collaborative working.

### *Our vision for the future*

Is one where there are:

- Changing dental teams
- Dental teams that fulfil their potential
- Bold new ways of working

### *A changing dental team*

#### **What are we seeking to achieve?**

Effective use of skill mix within dental practice teams and specialist services. We want to see an increase in the number of hygienists, therapists and dental nurses with additional skills trained and retained in Wales, and working to the extent of their scope of practice.

#### **Why are we doing this?**

To create an efficient preventive-led dental team that can best meet the needs of future generations of Wales.

#### **How will this work?**

The supply of DCPs from training programmes across Wales (the 'push') will match to future demand from the dental healthcare sector (the 'pull'). This will be driven by changes in the NHS dental contract and supported by new investment from Welsh Government.

### *Dental teams that fulfil their potential*

#### **What are we seeking to achieve?**

Widened access to employment opportunities within the dental team. Motivated dental teams that are supported to achieve their professional goals and a career structure for DCPs.

#### **Why are we doing this?**

To develop the skills within dental teams to delivery effective preventive-led care that achieves the best outcomes from the available resources. To create dental practices that are sustainable businesses offering employment to local communities.

#### **How will this work?**

Development of skill-escalators to allow *all* dental professionals to acquire the skills and competencies to further their professional development; building capacity, interests and competence at all levels.

By building capacity, particularly in relation to the delivery of preventive care and advice by DCPs, this will free up clinical capacity elsewhere in the dental team (particularly among dental practitioners). It is our vision that in turn, these practitioners will have opportunities to work towards achieving additional skills and competence in areas such as endodontics, paediatric dentistry, and minor oral surgery via clinical placements with GDC-registered specialists. This in turn should facilitate the development of shared-care arrangements between specialists and primary care practitioners and improve communication across boundaries within dental care.

### *Bold new ways of working*

#### **What are we seeking to achieve?**

Primary care dental teams that work together to address the needs of their local populations. Dental networks that collaborate to improve patient care and share learning. We want Health Boards to welcome innovation and risk-taking by their pioneering dental teams and to give these pacesetters the room they need to trial bold new ways of working.

#### **Why are we doing this?**

Different communities have different oral health challenges. Dental teams working within these communities are well placed to identify solutions to these challenges. Dental teams that work collaboratively with others are more resilient and can use resources

more imaginatively. However, local executive behaviour and capacity within dental contracting in Health Boards plays an integral role in success or failure of system change.

### **How will this work?**

There is support from Welsh Government for local dental federation development, cluster working, and innovative models of care. Health Boards need to appreciate that with a small amount of additional resource or slack within the system, local dental leaders will emerge and thrive.

### *Commitments and Actions*

#### **We are...**

- Working with Health Boards to embrace innovative ways of working in dentistry.
- Establishing a pacesetter group of dental practices working on contract reform in Abertawe Bro Morgannwg University Health Board.
- Reviewing the curriculum and quality monitoring of dental nurse training in Wales.
- Ensuring that Health Board procurements take account of the opportunities to use the skills of the whole dental team.
- Exploring ways to use dentistry as a vehicle to widen access to employment and skill development.

#### **We will...**

- Extend the opportunities for practices to work together to other areas of Wales.
- Establish a university-led Faculty of Dental Care Professionals to work with further education colleges and training providers to set clear educational frameworks and monitor the quality of training.
- Establish an Innovation Fund to support practices to develop their teams.
- Develop and establish the oral health care assistant roles in dental teams.
- Work with HEIW to explore accrediting General Dental Practitioners' enhanced skills in dental specialist areas.

## **Key priorities for 2018-2021 and beyond – *what transforming success in Dentistry looks like:***

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A Transformation Programme Board will be established from existing groups to strengthen national leadership and focus to stimulate, validate and share.

### **1. *Timely access to prevention focussed NHS dental care:***

- Year-on-year increase in the proportion of people who have seen an NHS dental practitioner in the last 2 years (1 year for children) in all Health Boards
- Anyone experiencing dental pain affecting daily life will receive effective dental treatment within 48 hours and receive a timely offer to return and have a comprehensive Oral Health and Need Assessment (OHNA) completed
- Key preventive advice and ‘expectations’ being delivered is the norm in clinical practice

### **2. *Sustained and whole system change underpinned by contract reform:***

- Rapid rollout of dental practices with NHS contracts in reform programme (From 23 to 50 in 2018 and increase thereafter until all are included by 2021)
- Agree and implement lowest value acceptable for UDAs/UOAs in GDS/PDS contracts in Wales by March 2019
- Proportion of contracts governed by measures other than UDA/UOA (access, need and outcome measures) being utilised in performance monitoring and development of service decisions
- Greater use of the whole team

### **3. *Teams that are trained, supported and delivering:***

- Executive level encouragement, primary care/clinical leadership in place in all 7 Health Boards by 2020
- Dental contracting teams understanding and using new models of contracting and monitoring in all 7 HBs by 2019
- Opportunities for working differently realised in contract reform practices
- Wales Dental Research Network (WDRN) engaging practices established and involving a number of contract reform practices in all health boards
- Groups of dentists meeting and working productively with each other (such as the ABMU pacesetters) and with clusters – can be linked to WDRN
- DCP Faculty established and *Making Prevention Work in Practice* programme rolled-out in 2018
- Innovation fund supporting expansion of DCPs in practice
- Employment opportunities for communities in dental practices as part of lifting people out of poverty – number employed as OH care assistants

### **4. *Oral health intelligence and evidence driving improvement***

- All patients in contact with primary dental care will have their oral health need and risk assessed, explained and reported by 2020
- All referrals to specialist services will be made electronically, shift of service/consultant resource to primary care in all 7 HBs and specialist provision benchmarked
- Integration of needs assessment information into service planning at all levels in dentistry
- Benchmarking used to celebrate Health Board and service progress from 2018
- Steady fall in the number of children needing and receiving a GA for extractions - a 50% reduction by end of 2020/21 when compared to 2011/12.

##### ***5. Improve population health and well-being***

- Continued child oral health improvement 5 & 12 year old surveys
- More awareness of population OH change and challenges in adults such as Assessment of Clinical Oral Risks and Needs (ACORN) results and 18-25 survey influencing service design and provision
- Late presentation Oral Cancer and clearance of permanent teeth in teenagers and young adults reported and investigated by MCNs to support continual improvement.