## Improving access to specialist dental services delivered in primary care

**Date of Review:** April 2016

**For Action by:** Health Boards

**Action required by:** April 2016
See paragraph 5

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Consultants in Dental Public Health

Clinical Directors of Community Dental Services
Summary

The purpose of this Circular is to provide, detail of Welsh Government policy and available funding to deliver better oral health to vulnerable patient groups by improving access to specialist dental services across Wales.

Action

Health boards to work in collaboration to deliver a programme of effective mouth care for vulnerable people living in Wales. The Community Dental Service (CDS) will play an integral role in the delivery, strengthening existing good practice and introducing new procedures where appropriate.
1. Background

Together for Health – A National Oral Health Plan for Wales (NOHP) highlights the need to meet the four dental related actions included in the Welsh Government’s Programme for Government. The NOHP requires health boards to develop local action plans to meet identified oral health needs and identifies three clear themes: prevention of oral disease; service delivery; and quality and safety. All health boards have delivered plans identifying variable needs. Following an analysis of the relative strengths and weaknesses of each plan, in May 2014 Welsh Government produced an Annual Report identifying a requirement for continued work with health boards to ensure all their actions are progressed, monitored and delivered. Common themes and key priorities of health board plans included issues associated with an increasing and ageing population, and a lack of access to more specialised services, in particular access to Special Care Dentistry, Restorative Dentistry, Paediatric Dentistry and Oral Surgery. With the launch of the national plan for primary care in Wales, 2014-15 is the start of an ongoing focus into enhanced delivery of services in a primary care setting.

2. Key Issues

A key issue for Welsh Government is to ensure the needs of the most vulnerable are met. Provision of special care dentistry and access to specialist services for vulnerable people is known to be poor in some areas of Wales. Providing additional resources to promote and improve access to these services will help to meet some of the needs of the most vulnerable in our society, in addition to supporting the Programme for Government commitment.

Recurrent funding is being invested to meet identified special care priorities. Health boards are requested to develop and/or refine proposals to deliver access to these dental services to be delivered substantially in a primary care setting. The proposals need to be for new services and not to fund existing specialist services. They need to be effective, providing specialised access, in line with prudent healthcare principles, and reducing waiting times in the secondary care sector. The successful delivery of this initiative will increase access to specialised dental services for 1,500-3,000 additional patients per year. All approved proposals will be performance monitored by Welsh Government officials and local health board targets will be delivered based on the types and quantity of service developed.

3. Needs Assessment

It is estimated that in Wales as many as one in four adults has experienced, or will experience, a disability during their life time. This is a diverse client group with a range of disabilities and complex additional needs. It includes people living at home and in residential care.

Levels of disability are highest in South East Wales and lowest in Mid Wales. Levels of disability are high in the South Wales Valleys communities (e.g. Blaenau Gwent 27.4%) and lowest in towns and cities (Wrexham 15.6% and Swansea 15.5%). Many of these disabilities are minor or moderate and people receive oral care appropriate to their needs in mainstream services, supported by specialist backup if required.
However, within Wales there are approximately 14,000 adults with severe learning disability alone. If only some of the people with a wide range of other disabilities and complex medical conditions are added, the volume of adults could easily exceed 25,000. Recent evidence suggests the proportion of the population aged 60 years and over accounts for nearly 1 in 4 people in Wales. Over the next 20 years the overall population is projected to grow by 3% whilst the number of people of retirement age will grow by 11%. The number of people aged 85 years and over is projected to increase by a third. The majority of this group will continue to require ongoing dental care by specialists, or shared care with colleagues in other specialties or primary care settings.

Many disabilities can impact on oral health, which in turn can impact on general health and quality of life. It is essential oral health care is an integrated part of health care planning for people with disabilities. People with special needs require access to dental services suitable for their needs, and these services will include access to appropriately trained and equipped dental teams. Some people will require ongoing access to specialist care. In recognising care pathways are not static, specialists in Special Care Dentistry should be linked with colleagues working in primary dental care teams, ensuring dental care is delivered by the most appropriate clinical teams.

There are examples of good practice in Wales where there is a critical mass of properly trained dentists and Dental Care Professionals (DCPs) to develop specialist services in line with national guidelines and frameworks. However, this is variable and there is a requirement for further investment to develop equitable access to specialist services across Wales.

4. Funding

Total funding of £370,000 is available to deliver the programme from 2015-16. The funding is recurrent and is intended to be used for oral health improvement under the terms of this guidance. The distribution of allocations has been developed based on the need to develop and maintain equitable access to specialist dental services across Wales and with advice from the Welsh Dental Committee and Strategic Forum in Special Care Dentistry.

Allocation of funding

- **Abertawe Bro Morgannwg University and Hywel Dda University Health Boards** - £50,000 each to meet identified needs services in current local oral health plans by improving access to specialist dental services, in particular within the remit of Special Care Dentistry;

- **Betsi Cadwaladr University Health Board and Powys Teaching Health Board** - £50,000 each to meet identified needs services in current local oral health plans by improving access to specialist dental services in particular within the remit of Special Care Dentistry;

- **Aneurin Bevan and Cwm Taf University Health Boards** - £50,000 each to meet identified needs services in current local oral health plans by improving access to specialist dental services, in particular within the remit of Special Care Dentistry;
• Funding of £70,000 will be allocated to the Dental Section of the Wales Deanery to fully fund one trainee in an (academic/service) training programme in Special Care Dentistry. Wales Deanery is expected to utilise existing training programme infrastructure, with Cardiff and Vale University and Aneurin Bevan University Health Boards to deliver this programme.

To enable Welsh Government to monitor expenditure on this initiative, please ensure it can be clearly identified as part of the health board quarterly dental contract return (separate arrangements will be made with the Wales Deanery for reporting its expenditure).

5. Programme development

Working collaboratively, health boards are required to put in place a programme to deliver effective access to specialist dental services. These developments will be locally led and implemented, identifying and building on work currently underway, with particular regard to the role of the CDS in Wales. Annex 1 provides examples of innovative delivery of specialist dental services.

Health boards, working with local authorities, will ensure the full involvement of their local oral health advisory group (or equivalent) and relevant Managed Clinical Network to plan local delivery, ensuring ALL local stakeholders are provided with opportunities to contribute effectively.

It is acknowledged health boards are at different stages in developing specialist dental services and progress in introducing these new posts will therefore differ across Wales. It would be particularly challenging to expect all health boards to implement the programme immediately; however it is reasonable to expect the action to be delivered by April 2016. It is expected that health boards will work together and develop joint proposals where these will deliver improvements most efficiently e.g. joint appointment(s).

6. Monitoring and Evaluation

Welsh Government dental policy team will monitor delivery by:

• discussion at annual review meetings with health boards;
• formal assessment of Local Oral Health Plan (LOHP) delivery; and
• annual reports from relevant Managed Clinical Networks.

The funding arrangements are provided for the specific purpose of delivering oral health improvement initiatives as outlined in this Circular. Participating health boards and the Wales Deanery are required to provide information relating to this proposal as part of the NOHP/LOHP reporting process. Evidence of the local consultation process will be required together with details of the action taken to engage local stakeholders and to deliver the required developments in service provision. A series of performance measures will be developed in order to monitor progress effectively. These are likely to include waiting time targets for general anaesthesia for vulnerable patients and demonstrating improved access to services tailored to hard to reach individuals. Incomplete delivery of the objectives of this Circular may result in monies being recovered by Welsh Government.
Annex 1

The Report on Special Care Dentistry in Wales - Review and Recommendations (October 2010): Examples of good practice

**South Wales : An Integrated Care Pathway**

Gwent CDS provides care for all people requiring Special Care Dentistry who cannot access the GDS. Referrals are from GPs, Primary Care Dentists, the Hospital Dental Service and other health professionals e.g., Dieticians, Speech and Language Therapists. Referrals can be for ‘one off’ treatments but are mainly for continuing care.

Adults with learning disabilities are referred through the Learning Disability teams as well as through outreach work by the dental team at day centres and residential homes.

Care programmes for specific groups are led by senior Special Care Dentists i.e. for older people, and adults with learning disabilities, mental illness and medically compromising conditions. Each programme includes aims and objectives, targets and monitoring strategies. Approximately 1800 adult patients receive regular care within these service programmes. Others receive ‘one-off’ treatments.

The dental team carries out oral health promotion with carers in group residential homes and day centres, as well as on a ‘one to one’ basis with patients.

Coordination of these services and treatment is carried out by Specialists in Special Care Dentistry and well trained dental teams. They work in fixed clinics, mobile units and on a domiciliary basis. Dentists trained in sedation provide care for those patients unable to tolerate routine dentistry; and CDS dentists carry out care under general anaesthesia in the local District General Hospital in collaboration with the Department of Oral and Maxillofacial surgery.

**North Wales: Maximising the use of the dental team**

The Specialist leads a team of a Dental Therapist and an Oral Health Educator. A comprehensive service provides training for carers in care homes, an annual dental examination of residents to provide individuals with oral healthcare advice and written oral healthcare plans, and arranging follow-up dental treatment.

Some treatments will be provided from a specially designed CDS dental mobile unit at the care homes, or using domiciliary equipment. As the service develops it is anticipated that there will be scope to incorporate those older people who live in their own homes, and their carers.

The full report on Special Care Dentistry in Wales can be accessed from this link [http://wales.gov.uk/topics/health/cmo/professionals/dental/publication/information/specialcare/?lang=en](http://wales.gov.uk/topics/health/cmo/professionals/dental/publication/information/specialcare/?lang=en)

Access to all relevant special care dentistry from this link [http://www.wales.nhs.uk/thedevelopmentofspecialcaredentistryinwales](http://www.wales.nhs.uk/thedevelopmentofspecialcaredentistryinwales)