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Chief Executives Local Health Boards

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# **The Role of the Community Dental Service and Services for Vulnerable People**

## **Summary**

This Welsh Health Circular provides updated guidance on provision of dental services to vulnerable people and the current and future role of the Community Dental Service (CDS) in Wales. Welsh Government considers the CDS to play a leading role in providing care for vulnerable people and improving the oral health of priority groups.

This WHC replaces and cancels the Ministerial Letter EH/ML/014/08 - Dental Services for Vulnerable People and the Role of the Community Dental Service. It also includes updated guidance on situations where CDS should normally charge for dental treatment.

## **Action required**

Chief Executives of health boards are asked to ensure that arrangements are in place to implement this guidance. In doing so they need to identify the full range of dental services required to meet dental and oral health needs in their area and to satisfy the statutory duty to provide dental services to meet all reasonable needs.

Health boards should use their professional advisory structures to review and inform the provision of dental care by all local dental services including the CDS, primary care services provided by General Dental Services (GDS), Personal Dental Services (PDS) and Hospital Dental Services (HDS), and how these relate to Local Authority boundaries and primary care clusters. Specialists and Consultants in Dental Public Health will provide detailed and expert assistance in needs assessment and, in collaboration with others, advice on service development.

Service planning must also take into account the important role of the CDS in delivering the Local and National Oral Health Plan as well as oral health promotion programmes including Designed to Smile (D2S), the programme to improve oral health of older people living in care homes and the 1000 lives service improvement programme to improve mouthcare for adults in hospital. The CDS also has the potential to improve access to specialist dental services delivered in community settings.

CDS are already embedding the principles of prudent healthcare, particularly in using all members of the dental team to their fullest potential through team working and enabling all members of the dental team to work to their full scope of practice in line with GDC registration; e.g. trained dental nurses are applying fluoride varnish

as part of D2S. The use of direct access by dental therapists and hygienists has been strongly promoted by CDS in Wales and we expect this to be part of service delivery in all CDS in Wales.

Health boards are expected to continue to work collaboratively with other health boards and be fully engaged in Managed Clinical Networks (MCNS) to ensure safe and timely provision of services. Effective MCNs for Special Care Dentistry (SCD) are essential for delivery of services to vulnerable people, and we want to see consistent outcomes and service improvement in all health boards

An effective CDS needs investment to be maintained, or increased where additional services are delivered e.g. endodontics where this supports appropriate delivery in primary care settings instead of secondary care. This will help to ensure the most vulnerable people have timely access to all necessary dental care. Access to Special Care Dentistry (SCD), specialised paediatric dentistry, and provision of sedation services is critical for the successful delivery of appropriate dental services.

## **The Provision of Dental Services for Vulnerable People**

Vulnerable people may be defined as those for whom inequality of healthcare has been demonstrated. Individuals differ in their needs and abilities but many will have special care needs which may not be met by general dental services. Individuals are also affected by factors such as socio economic circumstances and geography. Improved oral health can improve the general health of vulnerable people.

Vulnerable people are often at increased risk of dental and oral disease and are likely to include those who are unable to:

- co-operate with routine dental care;
- understand the need for dental care and good oral hygiene;
- maintain good oral hygiene without assistance; and
- readily access dental services (e.g. patients who require a hoist to transfer to the dental chair).

They may also be:

- people with complex health needs which may include medical, physical or mental health needs;
- socially disadvantaged, including asylum seekers, homeless people and people with substance misuse issues;
- Looked After Children (LAC) or children at risk; and
- frail and vulnerable older people, including those living with dementia and people who live in care homes.

CDS have the potential to take the prime role in caring for the most vulnerable people, working in partnership with the GDS/PDS/HDS, health care professionals and a wide range of other agencies. CDS have developed expertise in the field of SCD and specialised paediatric dentistry including the appointment of Consultants and Specialists with advanced training and extended skills in some areas of Wales. They are able to provide and support delivery of highly specialised care in community settings and Welsh Government would wish to see health boards maintain the momentum in planning service delivery to include Consultants and Specialists in SCD. Service development may be assisted through collaboration with other organisations responsible for the welfare of vulnerable people including other parts of the NHS, the Third Sector, Education and Social Services.

Vulnerable people should be cared for by dentists and dental teams who can demonstrate appropriate skills and experience (specialist experience when required) and who work in accessible, appropriate and safe environments. Their care may need additional clinical and management resources and health boards should be sensitive to the additional time and training needed to provide safe and effective care for people with special care needs.

### **Shared Care and Care pathways**

The general dental practitioner (GDP) is the lynchpin of primary care dental services and the provider of choice for the vast majority of people in Wales. GDPs also provide care to many vulnerable people, but there are those for whom the additional skills and expertise of the CDS are required. Care Pathways for vulnerable people can involve a wide range of other agencies including the Third Sector, specialist healthcare teams, Flying Start Health Visitors and care home personnel.

The CDS may be the sole provider of care, or provide shared care with GDPs and/or HDS. Effective shared care should be facilitated by the introduction of clear care and referral pathways so that patients receive timely care from the most appropriate service. Shared care will require the CDS to appropriately refer patients back to the general dental service on completion of care required in the CDS.

Health boards may decide to introduce local policies whereby the CDS accept patients for care by referral only, including referral from GDPs, HDS and other health and social care professionals. This may help to ensure the CDS is able to focus all of its resources on care of the most vulnerable people. Sufficient access to provision of general dental services and advice from the local MCN in SCD will be key in delivering this policy.

## **Domiciliary Services**

Domiciliary care should reflect need in relation to the risks and benefit to patients. The implementation of robust eligibility criteria will enable a cohesive domiciliary service to be delivered. The CDS is seen as pivotal in the co-ordination of local services offering a single point of access for the health board. However we expect care to be provided as a cross service arrangement with patients being referred to the most appropriate provider be it the GDS, PDS, CDS or HDS.

### **Services for People who would normally be expected to use general dental services**

Wherever possible GDPs should provide care for the whole family, developing a pattern of dental attendance in children that can continue into adult life. However it is apparent that some patients, particularly children, continue to use the CDS when they should be cared for by GDPs.

Children who attend the CDS should be transferred to the general dental service as soon as practical, unless they have additional needs which can only be met by the CDS or there is evidence that their parents/carers are highly unlikely to take their child/children to the GDP. CDS should develop local protocols for active assessment and transfer to the general dental service. A local protocol is likely to include:

- the age at which children are assessed for suitability of transfer (for example when leaving primary education);
- child having received oral health prevention advice and treatment;
- no active caries;
- the ability to accept and co-operate with dental care; and
- pattern of dental attendance.

General dental services are the mainstay of dental care, but in exceptional circumstances the CDS may need to provide dental care and treatment to people who would normally be expected to use GDPs, e.g.:

- children who have experienced difficulty in obtaining treatment in the general dental service, or for whom there is evidence they would not otherwise access treatment in the general dental service;
- under CDS/PDS arrangements in areas where there are insufficient general dental services (particularly for children); and
- urgent care for those adults who are not vulnerable but are temporarily experiencing difficulty accessing a GDP.

Welsh Government would not want this to detract from the primary role of the CDS to care for vulnerable people or use CDS resources for this purpose.

## **Quality and Safety**

CDS are expected to comply with quality and safety standards and guidance including:

- GDC requirements for registrants;
- Welsh Government policies and guidance on quality and safety (e.g. the Health and Care Standards);
- NICE guidelines, including those on recall intervals; and
- Health board policies and processes for quality and safety.

In line with the requirements of the Welsh Government Quality Delivery Plan, we expect the CDS to continue to embed and use recognised improvement methodologies, including audit. The majority of CDS staff have completed Bronze level training for “*Improving Quality Together*” with some CDS team members going on to achieve Silver level. Health boards should encourage CDS personnel to undertake Silver and Gold level training and recognise this will require appropriate IT support.

## **Training and Development Role**

CDS teams play an essential role in providing training to dentists (both during and following graduation) and to some who are undertaking specialist training. Examples include final year dental student’s outreach teaching, training for dental foundation, Dental Core Trainees, postgraduate specialist training in SCD and paediatric dentistry. Specialist training must be supervised by a Consultant as some parts of the curriculum can only be delivered by Consultants. This requires close working with the Dental Section of Wales Deanery and other training providers.

Training of Dental Care Professionals is also undertaken by the CDS in some areas of Wales and plays an important role in the development of this group.

CDS team members are often called upon to use their expertise to support all Wales groups, the Third Sector and specialist organisations. In addition they provide a valuable contribution to the wider development and delivery of health and social care in Wales, e.g. through their work in the 1000 lives and care home programmes, and we expect this to continue.

## **Oral Health Education and Promotion for individual patients and public health**

CDS are expected to use the evidence base for individual patient care as described in “[Delivering Better Oral Health: an evidence-based toolkit for prevention \(Third edition\)](#)”. In particular we expect CDS service users to receive all possible support to prevent tooth decay and other oral diseases including identification of risk factors, appropriate oral hygiene instruction, advice on diet and use of fluoride varnish and

fissure sealants as appropriate. CDS teams must also follow the guidance relating to wider determinants of health such as smoking and alcohol consumption. All CDS staff have a role in helping to ensure “every contact counts”.

The CDS has led the delivery of D2S since 2008. This is the national child oral health improvement programme for Wales which is targeted on pre-school, nursery and primary schools in the most socially disadvantaged areas as outlined in WHC 2008(08) and Ministerial Letter EH/ML/032/09. D2S teams are an integral part of the CDS and we expect even closer working to ensure full integration. CDS teams are expected to use the evidence based procedures and principles which underpin D2S.

Any public health promotion activity must:

- Have clear aims and objectives;
- be appropriately targeted;
- be evidence based; and
- be subject to robust evaluation.

The evidence base demonstrates that community based education in oral health alone will not reduce levels of dental disease. However it can raise awareness of important issues such as mouth cancer.

Health boards should ensure that oral health promotion links with other health promotion activity in their area so that a consistent and holistic approach is taken. Liaison between NHS and Local Authorities will help to ensure maximum impact for such initiatives.

## **Dental Epidemiological Surveys**

Regular National and local surveys of child and adult oral health have provided the UK with one of the best dental health data sets in the world and a firm basis for service and workforce planning. They contribute to the oral health needs assessments which health boards must undertake to support both national and local delivery of dental services and the work of primary care clusters.

Assessment of all age groups is supported by the Welsh Government funded dental epidemiological surveys, and the British Association for the Study of Community Dentistry (BASCD) programme of Oral Health Epidemiological Surveys. In addition to annual surveys the Welsh Government has also supported the decennial UK surveys of child and adult oral health.

As part of its public health function the CDS has developed real expertise in this field. We regard the retention and development of capability and capacity to undertake dental survey work as a priority.

## **Screening**

Welsh Government has published guidance to the CDS on dental screening in schools. This aligns screening in schools to D2S.

<http://gov.wales/docs/phhs/publications/140916schooldentalscreeningen.pdf>

<http://gov.wales/topics/health/cmo/professionals/dental/publication/information/school-dental-screening/?lang=en>

CDS may also screen or provide clinical oral health risk assessments to other groups including people living in care homes for older people or people with learning disability. However, we expect services to clearly define the objectives of this activity and evaluate it to ensure it is an efficient way to identify individuals in need of care and direct them into appropriate services.

## **Orthodontics**

Orthodontic treatment should only be provided to children and young people who

- have consistently good oral hygiene;
- have no active caries and low risk factors for caries;
- are able to accept and co-operate with dental care;
- understand the need to keep all dental appointments; and
- are able to attend the necessary appointments

Children and young people who fulfil these criteria are unlikely to require routine dental care in the CDS. As a general rule we expect the CDS to refer their patients who need orthodontic treatment to specialist GDS, PDS or HDS services and thereby ensure that CDS resources are used to provide care for vulnerable people.

Where access to orthodontic care is very limited the CDS may consider providing orthodontic care under GDS/PDS arrangements. Any children receiving orthodontic care in the CDS must meet the same IOTN criteria as applied in Regulations and guidance for NHS funded orthodontic care in the GDS/PDS and receive that care from clinicians who are on the GDC specialist list or meet the criteria for a dentist with special interest in orthodontics.

## **Information and Communication Technology**

Efficient patient care, service delivery and local and national monitoring must be supported by good IT for all CDS in Wales. Welsh Government requires CDS to submit an annual return (CDSWR) and health boards may need to provide specific support for IT systems as part of their overall ICT planning to ensure accurate and timely data collection.

## **Reporting Activity data**

The reporting data on salaried dental services in Wales is currently collected via the CDSWR introduced in April 2015.

## **Dental charges in the CDS**

See Annex 1.

Any queries relating to this WHC should be addressed to:

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## **Annex 1**

### **Dental Charges in the Community Dental Service**

Where appropriate the CDS should normally charge their adult patients for certain items of dental treatment. NHS dental charges for Band 3 treatments apply to the CDS as per the NHS (Dental Charges) (Wales) Regulations 2006 (as amended) (“The Dental Charges Regulations 2006”).

Patients who are not otherwise exempt from charges will be liable to pay the standard NHS charges for dentures and bridges. The maximum charge to patients will be the current Band 3 charge as set out in the Dental Charges Regulations 2006. Patients should not be expected to pay more (or less) for treatment in the CDS than they would in the GDS and PDS.

Regulation 11 of the Dental Charges Regulations 2006 applies to replacement dentures and replacement of lost orthodontic appliances.

Where the CDS provides general dental services (as a PDS) they must operate within the Dental Charges Regulations 2006.