

# IMPROVING ORAL HEALTH IN WOLVERHAMPTON

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Wolverhampton City   
Primary Care Trust

## **Foreword**

**Wolverhampton City PCT is delighted to present its revised Oral Health Strategy. It lays out our plans to deliver improvements in Oral health to the people of Wolverhampton over the next five years and beyond.**

**Oral Health is intrinsically linked to general health and therefore it is the responsibility of everyone involved in health care to consider oral health issues within his or her work.**

**This strategy is focused on prevention. There is a wealth of evidence that tooth decay and gum disease can be prevented and it is important to begin these preventive practices as early as possible. It is therefore a strategic imperative that preventive actions and interventions are provided, particularly to young children, as soon as possible. Part of ensuring this happens is by re-orientating primary dental care to a more preventive approach.**

**The data suggests that people in the West Midland have some of the best oral health in Europe; however we also know that within the area there are areas of high need and there is too much decay in some of our children's teeth. Merely putting new practices into areas of deprivation will not necessarily reduce this decay; we need to offer education to parents about diet and sugar and feeding habits. To this end we will be continuing to work with colleagues such as Sure Start staff, health visitors, the healthy eating team and other health care workers to ensure consistent messages are given to parents. Only by being creative and offering services in a way that people want can we achieve change; doing more of the same will not have the desired effect.**

**You can find some of the preventive messages on the back cover of this booklet – please take time to read.**

**This strategy contains ambitious aims. By working together with the larger dental team and others I believe that we can make a real and sustainable difference to the oral health of our city.**

**Dr Adrian Phillips  
Director of Public Health**

**Contents:****Page No.**

1. Introduction	4
2. The Context for Dentistry	4
3. Drivers for Change	6
4. Aims of the Wolverhampton Strategy	8
5. The Current Position	9
6. Wolverhamptons Oral Health Needs	12
7. A Vision for Wolverhampton	17
8. The Priorities for Action	19
9. Delivering the Priorities	20
10. Strategic Steps	23
11. Performance Measures	24
12. Summary Statement	25

## 1 Introduction

In 2006 the Board of Wolverhampton City PCT approved an Dental Services Strategy that incorporated an Oral Health Needs Assessment. Since then new contractual arrangements for primary care dentistry have been introduced.

Since 1 April 2006 PCTs have been responsible for commissioning NHS dentistry. The new contract between PCTs and high street dentists is intended to facilitate services being provided to meet the needs of the population.

A National Oral Health Action Plan for England - "Choosing Better Oral Health," was published by the Department of Health in November 2005. In order to deliver the aims of this plan – improving oral health and in addition deliver a range of quality primary and specialist dental care to meet local needs – Wolverhampton City PCT Board approved the Dental Services Strategy 2006.

This document refreshes that strategic plan in response to a requirement of the West Midlands Strategic Health Authority - to review oral health strategies/commissioning plans in line with the NHS West Midlands. The SHA expects to receive the completed Oral Health Strategy using this template by 31<sup>st</sup> April 2008. Objectives and milestones derived from the strategy will form part of the overall performance management framework of the SHA.

The PCT will improve oral health and NHS dentistry and this document defines what we will do in the period to 2012 to achieve this end.

## 2. The Context for Dentistry

### The National Context

On 1<sup>st</sup> April 2006 budgets and commissioning responsibility for dental services was devolved to local PCTs, in line with the provisions of the Health and Social Care Act 2003. The government agenda is to ensure that local services are appropriate to local populations and other contractor groups are now commissioned locally, such as pharmacists and general medical practitioners. The Options for Change document published in June 2002 introduced notions of reform and integration of dentistry into the wider primary care agenda.

## The Strategic Health Authority

The West Midlands Strategic Health Authority has made investing for health commitments to improving the availability of NHS dentistry and has set two strategic goals for dentistry and oral health:

- Patients throughout the West Midlands are able to access high quality NHS dentistry locally and conveniently
- Achieving a greater focus on health improvement and disease prevention in dentistry, so as to reduce inequalities in dental health and build further on our position of the best children's teeth in Europe, and extending that benefit through the adult population

## Primary Care Trust

### The Changing Role of the PCT

Since 1 April 2006, Wolverhampton City PCT has had new responsibilities within dentistry and is required to work more closely with dental colleagues to deliver oral health improvements. It is envisaged that dentistry and oral health improvement will become an integral part of local services. Improvements in oral health will not be able to be delivered by dentists and their teams alone, it will require collaboration with others in health and other sectors to make a difference.

Wolverhampton City PCT needs to:

- build on the effective implementation of the new dental contract and monitor performance
- continue to keep oral health an integral part of the local delivery plan
- ensure evidence based dental services and effective preventive interventions are delivered in Wolverhampton
- ensure that any local programmes are based on health needs
- ensure everyone in Wolverhampton knows the key preventive messages and actions required to improve oral health.

Wolverhampton City PCT will continue to progress this agenda.

The recent reforms provide an opportunity to consider population oral health improvement and dental service development in one strategy financed from the dental budget and already agreed LDP resources. Any further externally driven strategic developments would be considered through the LDP process.

The PCT holds contracts with local dentists; the contract values are based on a system of payment for delivery of a specified amount of dental activity, which is based on dentists historic working patterns. The activity is weighted to the south west of the city with less activity available in the north east and south east sectors. These latter contain the most deprived areas of the city and the PCT will redress this balance over time by transferring activity when it becomes available (through retirement, contract terminations etc) as well as investing any new money specifically in areas of most need and targeting specific groups.

The Operating Framework sets out the governments' commitment to maintaining and expanding dental services and increasing access year on year. PCTs are required to develop services which are fair, personalized, effective and safe and in line with the wider vision for the NHS set out in *Our NHS, Our Future*.

### Contract monitoring

As the PCT issues the contracts it is also responsible for monitoring them, in terms of contractors meeting activity targets as well as providing quality services. An annual programme is in place and has been based on Standards for Better Health. These standards are common to all health care providers and are designed to drive up quality within services and to ensure that all services meet specific core standards and have plans in place to meet developmental standards.

When the new contract was introduced in 2006 the activity and value was based on a dentist's historical activity and earnings. PCTs have a ring fenced allocation of dental funding; this means that the dental allocation cannot be spent on other services until 2011. The level of income to dentists was protected for 3 years. In April 2009 the dentists guaranteed income period will end. The PCT, as part of its monitoring and regulatory role will systematically analyse activity data for each contractor and will be able to negotiate adjustments to the income and activity where value for money has not been demonstrated. In this way the PCT will be able to drive up standards and use any funding released as a result of this review to commission additional activity or invest the funding in new innovative services.

PCTs duties to engage and consult the public will become more wide reaching and must be taken into account when planning services; once the local arrangements are in place more consultation on dental services specifically will be undertaken.

### 3 Drivers for Change

A number of key *national* and *local* documents have helped form the Oral Health Strategy. These include:

- Options for change - (Department of Health (DH), 2002)
- NHS Dentistry: Delivering Change - (CDO, July 2004)
- The NHS Improvement Plan - (DH, 2004)

- Report of the Primary Care Workforce Review - (DH, 2004)
- Creating the Future: Modernised Careers for Salaried Dentists in Primary Care (DH, 2004)
- Choosing Health - (DH, 2004)
- Standards for Better Health - (DH, 2004)
- Implementing a Scheme for Dentists with Special Interests (DwSIs) (DH, 2004)
- Creating a Patient-led NHS - (DH, 2005)
- Commissioning a Patient-led NHS - (DH, 2005)
- Choosing Better Oral Health - (DH, 2005)
- Health reform in England: commissioning framework - (DH, 2006)
- Effective Interventions - (NICE)
- SHA Framework for PCT Oral Health Improvement & Commissioning Strategies (WM SHA, December 2007)
- Investing for Health, A Strategic Framework for the West Midlands, (November 2007)
- Delivering Better Oral Health, An evidence-based toolkit for prevention (September 2007)
- Duty to involve patients Strengthened, Briefing Paper (DH, 2007)
- Our NHS, Our Future, Lord Darzi's Interim Report (DH, October 2007)
- NHS Dental Statistic for England, Quarter 1: 30 June 2007, The Information Centre
- Valuing People's Oral Health: Oral Health Care for People with Special Needs Report (February 2007) by the Steering Group for improving access to oral health care for people with special needs
- Our Health, Our Care, Our Say: A New Direction for Community Services (DH, January 2006)
- Guidance on Changing Lives/ 18 weeks (DH 2007)
- The Operating Framework (DH Jan 2008)

The key themes of these documents include:

- Improving dental access for everyone
- Trying to reduce oral health inequalities
- Changing the way dentists work and are paid
- Engaging and involving the community in determining policy
- Developing the dental team through skill mix
- Integrating dentistry within the NHS family
- Developing

In addition, Wolverhampton City PCT has published various strategies which encompass the interface between primary care and secondary care, premises and service redesign, bringing care closer to home and has strategies and delivery plans to develop primary care based services. All of these documents are based on the our fundamental responsibilities of Primary Care Trusts, which are;

1. Improving health and Reducing Inequalities
2. Securing Services
3. Provision of High Quality Services
4. Integration of Health and Social Care

The PCT has information from PALS contacts, complaints, MORI polls, CAB surveys and from direct contact and discussion with patients. The PALS experience is that 73% of all enquires a year are about accessing dentists. The main points we take from this information is the need to improve access but also to ensure patients and the public have accurate information about services and how to access them as well as information on their rights. Many patients do not understand the system and their rights and responsibilities and clearly the PCT is bound to address this itself and by working with dentists and their teams to ensure that everyone has the right information in the right format.

The Dental Practice Division which holds records of all courses of treatment has recently improved the report forms used by dentists. This means that PCTs will have more information in the future about prevention, fissure sealants, fluoride varnishes etc that are applied, this information is not currently available but clearly needs to be and needs to be monitored.

#### 4 Aims of the Wolverhampton Strategy

The aims of this strategy, over the next five years, are given below. These aims are intrinsically linked to the PCT's overall vision of securing Health and Well-being for all Wolverhampton residents.

- › Reduce the prevalence of dental decay, especially in young children
- › Reduce inequalities in dental disease prevalence and uptake of services, particularly in the harder to reach "groups"
- › Ensure that key consistent preventive messages and interventions are delivered.
- › Commissioning and provision of modern, dental care services in fit for purpose premises

- › Ensure access to routine, unscheduled and out of hours dental care is available to all
- › Provide evidence informed care according to identified need
- › Promote choice by service users, by ongoing consultation and engagement
- >Redressing the imbalance in equity of access
- > Ensure that the primary and secondary care interface is developed to enhance patient care

These aims are far-reaching and ambitious. This Oral Health Strategy describes what has already been achieved, work in progress, and what we will need to do in the future.

## 5 The Current Position

The new working arrangements in primary dental care offer flexibility to move away from a restorative and treatment driven focus to a more preventive approach. There are two main types of dental care services operating in Wolverhampton - primary dental care services (high street dentists, specialist orthodontists and the PCT dental services) and the secondary care specialist services (maxillo-facial and orthodontic dentistry). Wolverhampton residents can also access other specialist care via a number of different routes for example hospital consultant services at Birmingham Dental Hospital.

### Primary Dental Care

#### *General Dental Services (nGDS and nPDS)*

The majority of NHS primary dental services are provided by general dental practitioners, operating under the new contract, known as nGDS / PDS. As of April 2008, Wolverhampton has 34 practices, which are staffed by 93 dentists and their teams, which include therapists (1), hygienist (17), dental nurses and receptionists (120). A total of 42 contracts are held between the PCT and local dentists. Please note these figures do not relate to whole time equivalence and only refer to NHS commitment.

Several of the practices in Wolverhampton provide Vocational Training positions for new dentists (five at the time of writing but this can vary) and there are 3 practices that offer sedation, and 15 that offer domiciliary visits. A total of 29 practitioners offer orthodontic services, one being a specialist practitioner, registered with the GDC.

Wolverhampton introduced the new contractual arrangements with primary care dentists in 2006. The new contract offers some opportunities for innovative practice that were not possible under the old GDS system. These will be highlighted later in the strategy.

According to the Information Centre data, in the two year period ending 31 March 2007 161,457 people were seen by local dentists. In the two years ending 30<sup>th</sup> September 2007 158,307 people accessed Wolverhampton services. A target has been set to ensure 170,000 people are seen in the two year period ending March 2010. There are fluctuations in the levels of people accessing services which may be due to people from other PCT areas being able to access dental care in their own PCT area, as areas which have had poorer access have received additional funding to build up local services.

Most dentists offer some level of private care, though many are 90-95% committed to the NHS. Most practices have some level of NHS activity. 5 practices are known to the PCT to be totally private but the actual numbers of patients who attend are unknown; a conservative estimate would be that a few thousand people attend for private treatment. Everyone in the country has the right to NHS dental care.

### ***Directly Provided Service - PCT DS***

Formerly known as the Community or Salaried Dental Services the Wolverhampton team comprises of 10 (not WTE) dentists and 3 (not WTE) therapists supported by a dental nurse team. They provide clinical services in paediatric dentistry and sedation as well as offering dental care to those with disability and impairment. In addition safety net access is offered for children in deprived areas and vulnerable groups who cannot access NHS primary dental care in high street practices. This includes access to emergency dental care.

The PCT-DS provide treatment services at clinics in Bilston Health Centre and Phoenix Primary Care Centre, Whitmore Reans, Primrose Lane, Alfred Squire, Pendeford, Ashmore Park and via a Mobile Dental Unit. An outreach screening and treatment service is provided to vulnerable groups in specific settings, for example day centres, nursing homes and a domiciliary service to housebound older people. The service also takes part in the outreach teaching programme to fourth and final year dental undergraduates from Birmingham Dental School, offering supervised block placements. There are plans to host a joint second year training post with New Cross Hospital's maxillo-facial service. The PCT DS usually has at least 1 student dental nurse who is completing their Dental Nurse NVQ Level III at Matthew Boulton College in Birmingham.

PCT DS offers training in level 2 Certificates in Oral Health, certificated by the Royal Society for the Promotion of health. A variety of training is available to all health professionals as well as primary care dental teams.

Treatment for children using inhalation sedation is available and on average 70 episodes of care using this service are offered each year and this number will increase. Further audit work will be undertaken to ascertain where the children come from. Although offered at 3 clinics the plan is to roll out this service to PCT DS sites. Occasionally adults are offered this means of managing dental phobia. Around 450 referrals are received from family dentists; this is a dramatic increase since the introduction of the new contract. A children's out patient general an aesthetic extraction list is co-coordinated and staffed by Wolverhampton PCT DS staff at New Cross Hospital; approximately 500 children are seen in this setting.

### ***Dental Public Health Function***

The PCT DS provides a public health function in the collection of epidemiological data. There is no consultant in dental public health in the employ of the PCT, following the retirement of the post holder in 2006, however the PCT can buy in advice as required, and there are 3 consultants in public health as well as other public health team members who can provide support. The PCT will review its position once the results of a national review of the role and function of dental public health consultants is made available.

Wolverhampton PCT sees tackling inequalities in health as a major role, and sees the need to integrate dental public health with the wider health and inequalities agenda. As an example of this commitment dental practices have recently been commissioned to provide information and referrals to the Stop Smoking Service and a training plan is being developed to train practice nurses in smoking cessation.

The Oral Health Improvement Team in line with "Choosing Better Oral Health" and "Delivering Better Oral Health" work collaboratively with others such as health professionals, the smoking cessation team, healthy schools programme, healthy eating programmes, and there are plans to strengthen and expand these links. The individuals working in the team are key to delivering some of the milestones within this strategy.

### ***In hours – Unscheduled care Phoenix Primary Care and Bilston Health Centre***

Many primary care dental practices and the PCT DS, offer in-hours unscheduled care in Wolverhampton. With the introduction of the new GDS contract it was hoped that more practices would see and treat patients who were not previously on a dental list. However, such patients are still experiencing difficulties in accessing dental services.

The PCT has therefore continued to offer an in-hours access to pain relief and treatment for those who are experiencing pain/problems and who are not in receipt of routine dental care or who do not receive routine assessment and care/treatment. NHS BSA activity data confirms that the total number of patients seen, April 2006 to March 2007, was 5000.

New Cross Hospital also provides some occasional unscheduled care to Wolverhampton residents, though apart from trauma cases is minimal.

### ***Hospital Dental Services***

The Royal Hospital Acute Trust offers Consultant led services in both Oral and Maxillofacial Surgery and orthodontic dentistry. Birmingham Dental Hospital provides a referral service for Restorative dentistry, oral medicine paediatrics, periodontics and oral surgery. There is also provision for occasional urgent paediatric general anaesthetics.

### ***Out of hours care (OOH Care)***

The PCT has a responsibility to ensure a level of OOH care is made available and the following service is available; the Out of Hours service operates between 6:30pm and 8.30pm each weekday Monday to Friday and 9am to 12pm weekends and bank holidays. The service operates a telephone triage service and offers advice to callers. Those who meet the agreed criteria for OOH treatment, are seen in the Phoenix Centre; the service being co-located with the GP out of hours service and the walk in centre. Advice is also given regarding general dental practices for in hour's service.

## **6 Wolverhampton Oral Health Needs**

While research shows that oral health is steadily improving across the UK, for many young children living within Wolverhampton this improvement has been seen, however there are several areas where there are pockets of children with active dental disease.

Wolverhampton has a population of about 260,000 people with about 22% coming from a wide ethnic minority background. It is a changing town with stubborn and persistent inequalities. Men and women in Wolverhampton have a lower life expectancy than in other areas of the country. 35% of households have no car and many adults have no formal qualifications. This is the local context for the oral health needs assessment.

### **Oral health needs of children and young people in Wolverhampton**

- A Third (32.2%) of Wolverhampton children have had experience of dental decay by the time they are five years old.( Survey (2005/06) and in 10% of the schools over 50 % of 5 year olds have dental decay experience. 5 year old children in

Wolverhampton had an average of 1.1 decayed teeth. (2005/06) This is in line with the average for England 33.3% and the West Midlands

- Around 29.5% 5 year olds have active decay with almost 1% having an obvious abscess on the day of the survey resulting in toothache, pain while eating, crying, sleeplessness and being distracted at school with resultant negative impact on educational achievement.
- Among those children with decay, each has had approximately 2.86 decayed, filled or missing teeth by the age of 5 (2005/06 survey) and 25% of Year 6 children (2004/05 survey) had decayed permanent teeth that had not been treated.
- 4% of 14 year olds in Wolverhampton had experienced trauma to their front teeth (survey year 03/04).
- Around a third of children within the Wolverhampton area are likely to require orthodontic treatment to correct irregularities in the appearance of their teeth, though not all will seek such treatment.
- Several babies born in Wolverhampton each year will require extensive treatment for cleft palate and/or lip.
- Further information is required on Looked after Children although research from around the UK suggests that they will have poorer oral health than their peers. The PCT will research this area fully to establish the local picture and ensure services are available.
- Children with impairment or disability also tend to experience higher levels of disease than that found in the general population.
- Every month about 50 children in Wolverhampton are listed to have teeth extracted under general anaesthesia at The Wolverhampton Royal Acute Hospitals Trust. Many more children will have extractions undertaken using local anaesthesia in primary care settings.

**TABLE 1** Priority and non-priority wards in Wolverhampton

Priority wards	Non-priority wards	
1. Bilston East	1. Bilston North	9. Tettenhall Regis
2. Blakenhall	2. Bushbury North	10. Tettenhall Wightwick
3. Bushbury South and Low Hill	3. Fallings Park	11. Wednesfield North
4. East Park	4. Merry Hill	12. Wednesfield South
5. Ettingshall	5. Oxley	
6. Graiseley	6. Park	
7. Heath Town	7. Penn	
8. St Peter's	8. Spring Vale	

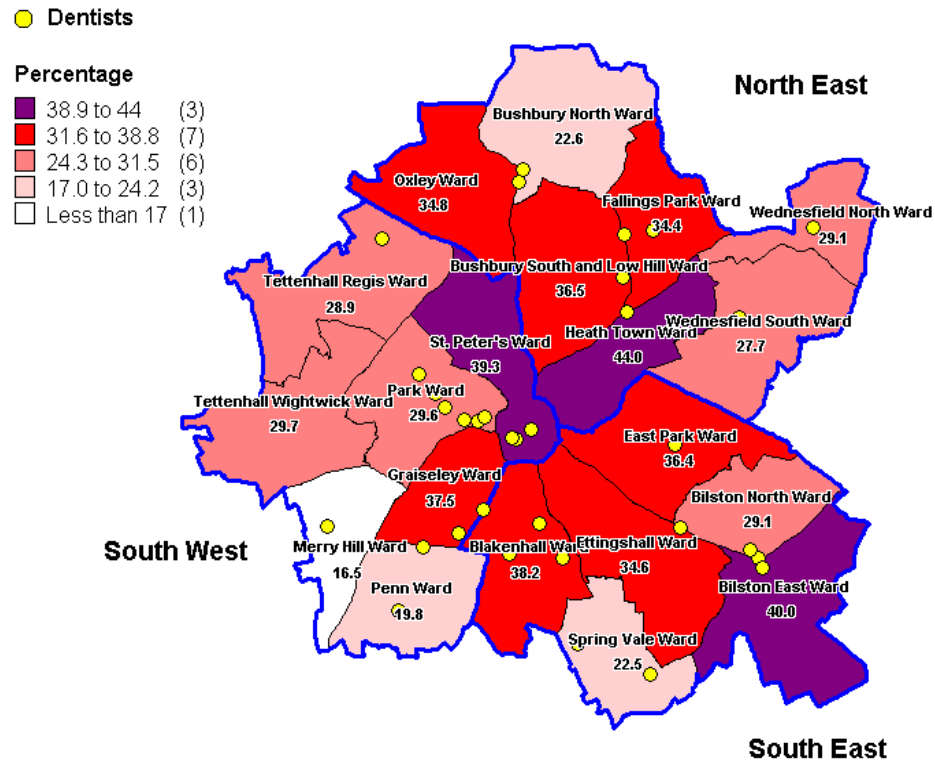
We are particularly interested in the priority wards within Wolverhampton. The Government defines a priority neighbourhood as “an electoral ward that is in the 10% most disadvantaged wards in the country”. This is based on a particular measure called the Index of Multiple Deprivation which looks at health, wealth, housing, etc.

Wolverhampton received additional Government funding through the Neighbourhood Renewal Fund to address disadvantages in these particular wards. The distribution of priority wards in the city is shown in table 1.

All the major political parties have expressed commitments to reduce inequalities in health. Tackling health inequalities is a top priority for the Government. The recent NHS Operating Framework identified targets and actions in more detail. We know that health inequalities are stubborn, persistent and difficult to change. Inequalities in health are highlighted by the fact that life expectancy continues to be broadly related to where people are born and live. It is not surprising that people living in deprived areas have higher death rates than those living in more advantaged areas.

Wolverhampton is a Spearhead Authority (joint Wolverhampton City Council and Wolverhampton City Primary Care Trust) as it is in the bottom fifth of areas for life expectancy and deprivation indicators.

## Percentage of children at age 5 with tooth decay experience 2005/06



Source Dentistry Management

The map above shows the wards of Wolverhampton, the locations of dental practices and decay experience of five year old children. It is interesting that whilst the highest decayed, missing and filled teeth score occur in areas of significant deprivation, and are the priority area for the PCT some of the areas do have dental practices within them. However the complexity of patient access, dietary and social behaviours have profound effects on health and merely putting more dentists into these areas is unlikely to change behaviour and therefore outcomes.

Ideas such as using a mobile van and offering free check ups or services on supermarket car parks, outside schools, temples mosques etc must be seriously considered and piloted to test their effectiveness. Also to be taken into consideration is the ethnic mix of the populations in the priority wards as well the transient nature of residents, such as asylum seekers.

Uptake of care; the information centre data tells us that in a two year period around 160,000 people accessed a dentist. Some people, had more than one course of treatment, and some people attend every few months because of gum disease and others only attend when they are in pain. The services need to be able to cater to everyone's needs. Over the next two years the PCT will be challenging dentists locally on how many new patients they accept each year; National Institute of Clinical Excellence guidelines state that dentists should not put all patients onto an automatic 6 month recall list unless it is clinically necessary. People who want to attend the dentist should be offered appointments in line with their needs; thus freeing up appointments for people who have previously been unable to access dentistry routinely. The PCT wants to ensure dentistry is available for all people but cannot endorse dentally fit patients taking all available appointments at the cost of those with high treatment needs/ untreated oral health problems, hence a focus on implementing the NICE Recall Guidelines.

### **Oral health needs of adults within Wolverhampton**

Oral health epidemiological studies are not generally carried out within adult populations leading to a lack of robust local data. However it is accepted (on a population basis) that the condition of people's teeth when they are five years old is a good indicator for their oral health in later life.

The last national adult oral health survey was in 1998. Using synthetic analysis of these data it is possible to determine the number of adults in Wolverhampton who will have lost all their teeth.

Gum disease is a major cause of tooth loss in adults. 54% of the adult population in England has a significant level of gum disease, which has been linked to systemic problems health including cardiovascular disease.

As more elderly people retain their teeth for longer their dental needs increase and access to restorative care is necessary, with the ageing population access to this treatment will increase. Root decay is a particular problem for this section of the community and can be difficult to treat.

Oral cancer has a high death rate and is linked to the following factors: tobacco smoking and chewing, chewing betel nuts, excessive alcohol intake, high use of cannabis, presence of pre-malignant lesions in the mouth (white patches and non-healing ulcers) and dietary factors.

Approximately 16 Wolverhampton residents will be diagnosed with head and neck cancer each year. They often require extensive restorative dental treatment after their cancer therapy.

### **Oral health needs of vulnerable groups**

Vulnerable groups of society often experience poorer oral health and can have more difficulty in gaining access to primary dental care services, such as people with alcohol and/or substance misuse problems.

Adults with impairment or disability that make diagnosis, experience or treatment of dental disease challenging are a special group at risk.

People with a mental illness tend to have fewer teeth, more untreated decay and more periodontal disease than the general population.

Those in long term institutional care can be vulnerable. This includes older people in residential homes who are often dependant on others for their diet, personal care and access to health services.

Other adult groups at risk include those socially excluded for example through addiction (drug and alcohol), lack of educational attainment, poverty, those seeking asylum and the homeless.

Some people may be vulnerable because they cannot access information; such as where English is a second language, at present the PCT is not geared to cater for this group and work needs to be done to ensure that all people have adequate information about self care as well as how to access services.

**There is a need to use the strength of robust commissioning processes to ensure local dental services respond to oral health needs of the Wolverhampton population, in particular of vulnerable groups.**

## **7. A Vision for Wolverhampton**

This plan proposes a vision to improve oral health in Wolverhampton and to develop dental services that are be needs and patient led, accessible, evidence based and preventively orientated. The plan will be delivered by a dental team with the right mix of skills working to defined standards and by others working collaboratively with them.

## Key Delivery Issues & the Framework for Delivery

**Primary Dental Care provision** - A key aim of the strategic plan is to secure the current level of NHS primary dentistry that is now fully established within the new contract and to develop a more preventive focus with existing and new providers. This will be achieved by close working relationships with general dental practitioners in the area an innovative commissioning and procurement process. New services will be required to work to the Preventative Toolkit

**Unscheduled Care** - Out of hours unscheduled care is provided initially via the use of a telephone triage system. In hours unscheduled services are provided by the primary dental practices, PCT DS. Provision of extended hours services will affect the use of out of hour's services and a full review will be held after a pilot or new ways of working.

**Hard to reach & vulnerable groups** - working with primary care (n GDS and PCT DS) and using robust commissioning processes to improve services for those who are house bound, or are resident in nursing or residential accommodation have special needs or for whom there are barriers to care.

**Specialist services** - innovative systems for the delivery of specialist care via the use of DwSpl schemes, care pathway development, referral guidelines and central triage. These services should include a full range of sedation choices for nervous adults and children. The development of DwSpl schemes is fundamental to the success of the Care Closer to Home Strategy as services cannot be transferred from the hospital setting unless properly trained and accredited providers are available in the primary care setting

## Triage, Clinical assessment and treatment services – development of DwSPi schemes

Clinical engagement involving primary and secondary care dentists in the development of protocols and testing future referral system is essential to test and ensure effectiveness.

Clinical networks with Consultant involvement in multi-surgery centres to develop DwSpl cannot only provide essential specialist services but can also help increase skill mix and capacity within the Wolverhampton dental primary care workforce.

**Prevention & Partners** - The dental disease process is understood, effective prevention is a realistic goal and would contribute to wider public health and social inclusion. To this end, this strategy suggests identifying partners (such as school nurses and health visitors) and joining forces for concerted pan-Wolverhampton action between now and 2012 to address the problem of poor child oral health. This could make a difference to the percentage of children reaching school in 2012 decay free and as a direct consequence improve their health and well being in future years. Local pharmacists will run information and sign posting campaigns every other year; funding will be available to purchase "Brushing for Life" packs to be distributed to children in the poorest areas. Given the issues around diet and

childhood obesity the role of dental practitioners cannot be under estimated; creative commissioning will ensure links are made between dental and the wider public health agendas; thus building networks of partners.

**Focusing on What Works** – Wolverhampton PCT wants to offer services which work and doing more of the same is not necessarily the best way forward. The Department of Health has produced an evidence based toolkit for prevention. The PCT will review best practice and will pilot working in new ways by engaging with practices now as well as commissioning any new services to work in different ways. Some new ways of working may be, for example, to apply fluoride varnish to all children's teeth, and offering smoking cessation services in dental practices. We are making links with other PCTs which have already commissioned differently and we are learning valuable lessons on challenging old ways of working in order to achieve our aims.

**Directly Provided Services - PCT DS** - Changes in the way that PCTs are organised (the provider function being separated from the commissioning function) offers new opportunities for the PCT DS to develop to meet needs. A review of salaried services has taken place and a new pay spine and terms and conditions have been introduced. The service will build on its strengths as a specialist care provider working within a defined service specification.

**Water fluoridation in Wolverhampton** – Fluoridation of drinking water is widely used in the UK, for example in areas of the Midlands and the North East. In these areas and in many countries across the world it has been shown to be highly effective in preventing tooth decay. Adjustment of the level of fluoride in the water to improve dental health has a 60 year history and there is no evidence to show that it is harmful to human health.

Wolverhampton has had a fluoridated water supply for the past several years and around £150,000 are spent annually on this.

## **8 The Priorities for Action**

**The following list is the areas we would like to concentrate on for the next five years:**

1. Concentrate our oral health promotion activities on young children of under five years and their families and link into centres that provide to this group and their families.
2. Target evidence based treatments that can prevent dental decay and disease at those who need them most.
3. Develop the services that we provide to individuals with impairment or disability and identify and help individuals who still cannot gain access to dental services.

4. Ensure that patients lead the developments in the dental services that Wolverhampton PCT provides by engaging service users.
5. Build on the strengths of current oral health promotion and link messages to general health and well being by building community capacity to promote oral health through training and development of members of the community to lead oral health promotion efforts.
6. Utilise the provision in the new general dental services contract to commission services that are preventive in nature. Such service re-design could help reduce the burden of treatment for Wolverhampton residents.
7. Develop dentists with special interests within the Wolverhampton primary dental care community.
8. Improve the quality of what and where dental care is delivered and monitor performance.
9. Ensure an adequate in-hours service exists for all adults and children and ensure that no one in Wolverhampton endures chronic dental pain.
10. Integrate the NHS IT systems into the primary dental care services within Wolverhampton in line with the national strategies.
11. Make formal links to public health initiatives, such as services for obesity, smoking etc

## 9 Delivering the Priorities

**Wolverhampton PCT has a number of initiatives that will deliver the actions described on the previous page. Here are some of them in more detail. We will introduce new initiatives over time to ensure we meet the challenge of improving oral health.**

### Children and Prevention

Child at home, or in health, social and education settings are the key target group for delivering oral health improvement. Key personnel will continue to be offered training by the oral health improvement team on a range of oral health issues, including the need for a clear bed time routine which includes tooth brushing with recommended fluoride toothpaste. Children's community or health or education settings will continue to have regular contact with the oral health improvement team and in time and where appropriate to do so, regular

visits by an extended duty dental nurse who will be able to provide more advice to those parent's requiring it and also provide preventative treatments to high risk children - such as the application of fluoride varnishes. We are extending the range of people we work with to include for example community pharmacists who have contact with families and can give advice. We will continue with our Mini Molar and Mighty Molar campaigns, which target resources at those who need most help.

### **Primary Care Dental Services - Redesign for Prevention**

The introduction of the new dental contract offers the possibility of new commissioning opportunities for the PCT. In Wolverhampton we want to use this flexibility to bring evidence based preventive measures to where they are needed most and to children accessing primary dental care. Wolverhampton PCT is working on service redesign systems for primary dental care. By incorporating a risk assessment with allied prevention care pathways we aim to reduce the incidence of tooth decay and hence the number of children in pain requiring treatment. As described previously, the condition of the teeth at five years old is a good indicator of future oral health so this is a programme whose benefits should extend into adulthood. We are also working to improve and extend access to NHS dental care in Wolverhampton by opening new practices and commissioning extended hours services, as well as developing innovative ways of ensuring that all people have access to dentistry, particularly those with special needs or who traditionally do not access services. The opening of new practices is linked to LIFT and other premises development schemes and we plan to open 2 in the most deprived areas / areas of high levels of decay. The PCT will commission new practices to work in a preventative way rather than in traditional ways. A new practice opened in the Mayfields in 2006 and has been able to treat many people who previously could not access a dentist. The PCT will continue to work with existing practitioners to ensure best value, accessible, quality services.

### **Develop Dentists with a Specialist Interest**

There are plans to commence development of DwSpi specialist care schemes in 2008 which will enable us to bring specialist services closer to home in Wolverhampton. The PCT would like to develop this method of delivery further. We aim to provide local access for residents to minor oral surgery, orthodontics and trauma delivered by primary care dentists under the clinical network support and supervision of specialists. As well as improving access this model also trains dentists and their teams in new skills and builds capacity in primary care for the future.

### **Development of oral health improvement, access and quality of care in primary care dental services.**

From the board approval of the original Dental Services Strategy in 2006 Wolverhampton PCT has been committed to developing access and quality in the dental services directly provided and commissioned via the new contract.

The PCT has developed local policies on infection control and has provided training in this important area. A clinical governance framework has been developed and will be shortly distributed to dentists. A local work plan has been developed for use in Wolverhampton linking progress to Standards for Better Health.

The PCT will be supporting the development of a vocational training scheme for newly qualified therapists, which is planned to August 2008. The PCT has committed to fund 2 places in the city at high street dental surgeries. We would also like to host an enhanced training practice which would be a flag ship for dental training.

When commissioning new services the PCT will develop service specifications which include adherence to the Evidence Based Preventative Toolkit to ensure the focus is on prevention. New methods of assessing compliance will need to be produced.

A working group across the West Midland Strategic Health Authority area is developing measures to support PCTs in measuring quality, increasing skill mix in the dental team and development of dental pathways. This package will assist all PCTs in driving up quality, producing modern service specifications and improving the patient experience. Wolverhampton is a member of this group

The PCT is committed to training for all members of the dental team and a city wide training plan will be produced by summer 2008 for which funding has already been identified.

In taking commissioning decisions the PCT will take account of local people's views; however there may be some disinvestment from areas where oral health is relatively good to enable reinvestment in areas of higher need; in this way we will be able to address the mismatch between needs and current service pattern. Clearly we will have patients/ members of the public who will be unhappy with this approach.

To this end see the table below which demonstrates how the PCT has "moved" activity around already to offer improved access in areas of need. Dental activity is bought in units called "units of dental activity" and is referred to as "UDAs". There are still inequalities but progress is being made and it must be understood that it will take some years yet until the balance is correct.

	April 2006	April 2007	April 2008
South West	203753 UDA	193052 UDA	182441 UDA
South East	114485 UDA	126882 UDA	143743 UDA
North East	133605 UDA	119295 UDA	126045 UDA

10 Strategic Steps

Wolverhampton PCT – Oral Health Improvement Plan - Access, Quality and Outcomes

2012/13

Improvement Plan 2007 - 2012

2006	2007	2008	2009	2010/11	2012/13
<p>Capital funding used to support improvements in infection control, meet DDA computerization and opportunities to a cost of £251,000</p> <p>Implemented new working arrangements, 34 practices</p> <p>Opened new practice in The Mayfields</p> <p>Census epidemiological survey of 5-year old children and questionnaire to parents</p> <p>Six month contract reviews held</p> <p>Transition of CDS to PCT DS</p> <p>Establish a tendering and procurement process</p> <p>Arrangement of out-of-hours service for Wolverhampton</p> <p>Meeting with Patients Forum, reports to Overview and Scrutiny Panel</p> <p>LDC terms of reference agreed</p>	<p>Formal Standards for Better Health based contract reviews held for all contractors</p> <p>Service re-design and specification produced for triage as a result of;</p> <p>Orthodontic services review supported by consultant</p> <p>Draft Clinical Governance Framework and Work Plan developed</p> <p>Nurse registration survey undertaken</p> <p>Smoking Services offered via dental surgeries</p> <p>Modernization funding made available to dental contractors</p> <p>Mental Capacity training for dental teams</p> <p>DDA self audit launched at seminar</p> <p>Establishment of contractor training group</p> <p>Spent £312,000 on computerization, DDA infection prevention</p>	<p>Child Protection Training held-resources distributed to practices</p> <p>Presentations to local orthodontists re; orthodontic review Relocation of a practice to an area of higher need</p> <p>Clinical Governance action plan approved and shared with dentists</p> <p>Tender launched to procure £250,000 activity</p> <p>Orthodontic triage service introduced to ensure 18 week is met</p> <p>Updated Strategy to be approved by Trust Board; July Training for local pharmacists to participate in Jan 09 health promotion campaigns</p> <p>Establish and implement dental therapist vocational training posts in practices and an F2 dentist</p> <p>Continue training for health professionals in oral health promotion</p> <p>Recruit dental practice advisor to PCT</p> <p>Appointment of commissioning manager Short term funding plan agreed Establish public engagement model Training plan developed and implemented for the dental team</p>	<p>Implement DwSPi dental specialties under consultant/specialist supervision</p> <p>Build specialist capacity in primary care moving the skills closer to home of the population</p> <p>Designing service model and specification to meet needs and capture any barriers to implementation of re-designed service model</p> <p>Establish enhanced training practice</p> <p>New service models in development</p> <p>Salaried services purchase new mobile unit</p> <p>Service model for mobile unit agreed and implemented Pharmacy campaign with information, brushes etc being distributed</p> <p>Full assessment of dental activity over 3 years; VFM review and contracts renegotiated</p>	<p>Review PCT DS service model plus establish other innovative practice models</p> <p>Roll out service re-design to practices and PCT DS if improvements in oral health demonstrate it</p> <p>Evaluate and report on specialist model and monitor performance impact on referrals to specialist care</p> <p>Practice visits scheme includes lay assessors</p> <p>Oral Health Needs Assessment to be undertaken</p> <p>Open new practices; co-located with medical practices. Model based on prevention.</p> <p>Training to nursing home and residential homes re; oral health</p>	<p>Evaluate new system and report on impact on oral health</p> <p>Evaluate skill mix of practitioners involved in DwSPi scheme</p> <p>Integration of dentistry to NHS IM&amp;T</p> <p>Practices compliant with new infection control requirements</p> <p>Larger more specialist multi-surgery facilities in primary care</p> <p>Improved oral health</p> <p>Routine access to NHS dental service</p> <p>Increased numbers of children attending school decay free</p> <p>Pharmacy campaign with information, brushes etc being distributed</p>

Achievements to Date

Future Plans

## 11 Performance Measures

1. PCT has Oral Health Strategy as part of LDP.
2. Oral Health Improvement
  - Dental Caries Prevalence and Experience in 5-year old children
  - Dental Caries Prevalence and Experience in the permanent dentition
  - Local Epidemiological Surveys – Assess adult sub-groups need
3. Unscheduled Care/Access – Quarterly Reports
  - Monitor calls to PCT Patient Services
  - Total number of calls to triage service
  - Number and proportion of calls that received advice only
  - Received immediate treatment
  - Were referred to primary care following urgent treatment
4. Service Improvement
  - Access to routine primary dental care
  - Number of geographic sites
  - Number of sites accepting new patients
  - Number of residents requiring access
5. Total numbers of courses of treatment by payment banding
6. Innovative service reports
  - New procurements
  - Reports on service re-design
  - Development of clinical indicators
  - Development of DwSPIs
  - Development of protocols and central referral management systems with secondary care.

## Key Preventive Messages to be delivered consistently by all:

### *In addition to advocating a healthy lifestyle.....*

- Reduce both the frequency and amount of sugars consumed in food and drink, especially fizzy drinks.
- Ensure feeding bottles are discontinued by 12 months
- Begin brushing with fluoride toothpaste as the first teeth erupt. Tooth brushing in young children should be supervised by an adult and be part of a bedtime routine
- Ensure long term medication is sugar free wherever possible
- Continue with regular, twice daily brushing using a family fluoride toothpaste or pastes with higher fluoride concentrations, if appropriate in older children and adults
- Ensure supplements to alleviate the symptoms of a dry mouth are provided should this condition develop
- Access primary dental care services at appropriate intervals to receive evidence informed preventive care and advice. This may include prescribed higher strength fluoride toothpaste and/or frequent applications of fluoride varnishes to those at risk of decay.
- Do not smoke or use smokeless tobacco

## 13 Summary Statement

Oral health is central to healthy living and a key marker of the health of a community. The key findings of the Oral Health Needs Assessment undertaken in 2004 were the prevalence of decay in pre-school children, the percentage of 5 year olds with obvious decay and the inequalities in disease experience and uptake of services across all age groups. Dental disease processes are understood; effective prevention is a realistic goal and would contribute to the wider public health. This oral health strategy builds on the previous document and outlines key priorities and actions required to deliver better oral health for the people of Wolverhampton. Its focus is the introduction of evidence based preventive strategies delivered within primary dental care, in high quality safe environments by a skilled whole dental team working collaboratively with others in Wolverhampton and will be underpinned by self care.

## Glossary of common abbreviations

BASCD	British Association for Study of Community Dentistry
DDA	Disability Discrimination Act
DH	Department of Health
DMFT	Decayed, Missing and Filled Teeth ( in permanent teeth)
dmft	decayed, missing and filled teeth (in deciduous teeth)
GA	General Anaesthesia
GDPs	General Dental Practitioners
GDS	General Dental Services
GPs	General Practitioners
HDS	Hospital Dental Services
IMD	Index of Multiple Deprivation
IOTN	Index of Orthodontic Treatment Need
LDC	Local Dental Committee
NHS	National Health Service
NHSBSA	National Health Service Business Service Authority
NICE	National Institute for Health and Clinical Excellence
OHNA	Oral Health Needs Assessment
ONS	Office of National Statistics
PALS	Patient Advice and Liaison Services
PCC	Primary Care Contracting
PCT	Primary Care Trust
PCTDS	Primary Care Trust Dental Services
PDS	Personal Dental Services
PEC	Professional Executive Committee
PPI	Patient and Public Involvement
WMSHA	West Midlands Strategic Health Authority
TPCT	Teaching Primary Care Trust
UDA	Unit of Dental Activity
UK	United Kingdom
UOA	Unit of Orthodontic Activity
WHO	World Health Organisation

WTE	Whole Time Equivalent
WCPCT	Wolverhampton City Primary Care Trust

**Further copies of this document are available from:**

The Primary Care Contracting Team  
Primrose Lane Health Centre  
The Scotlands  
Wolverhampton

