



Llywodraeth Cymru
Welsh Government

www.gov.wales

Primary Dental Care in Wales

Colette Bridgman CDO
PRIME Centre Wales Annual Event 2018
26th November 2018

Primary Dental Care in Wales

Thank you for the opportunity to speak to you about primary care dentistry.

First a few facts about Dentistry and Oral Health:

- Dentistry *is* a largely primary care based profession
- Majority of dental specialist provision could also be in primary care setting
- There are 440 dental practices in Wales with NHS contracts, majority also provide some private provision (40 are NHS only), 90 Private only practices and 7 HB Community & Personal Dental Services
- Dental disease accounts for the highest number of general anaesthetics administered to children last year in circa 7000 children – it was 11,000 in 2010/11!
- Good OH contributes to well-being and overall health – **eat, speak and socialise without discomfort or embarrassment**

Primary Care Dentistry

- **We know** that strong primary and urgent care means **more effective whole system** health benefits and improved outcomes
- **It must be** underpinned by strong evidence
- We are getting better at that in primary care dentistry **particularly in Wales**
- I want to share some examples with you of **academic, policy and service** collaboration that is having **impact**

A bit about population Oral Health – the headlines!

- 47% of adults in Wales had obvious tooth decay (ADHS 2009/10)
- PUFA = 8% (an indication for urgent care), Current dental pain = 8%
- A third of 5 year olds in 2015/16 had experienced tooth decay (was 47% in 2008!)
- 65% of 15 years (active decay) 2015 survey

Burden of disease, inequality and impact on well-being!

Welsh Government – Policy

- **WG invest almost £200 million in NHS dental services and programmes every year**
- **Patients contribute an additional £30 million**
- **Dentistry and Oral Health Improvement can contribute to national policy and Well Being of Future Generations Act**



Welsh Government

▶ **Taking Wales Forward**

2016-2021

gov.wales

Setting Our Priorities in Response

Build on what is working well

- Set policy priorities,
- Give direction on key work programmes
- **Using evidence to explain, implement and monitor change !**



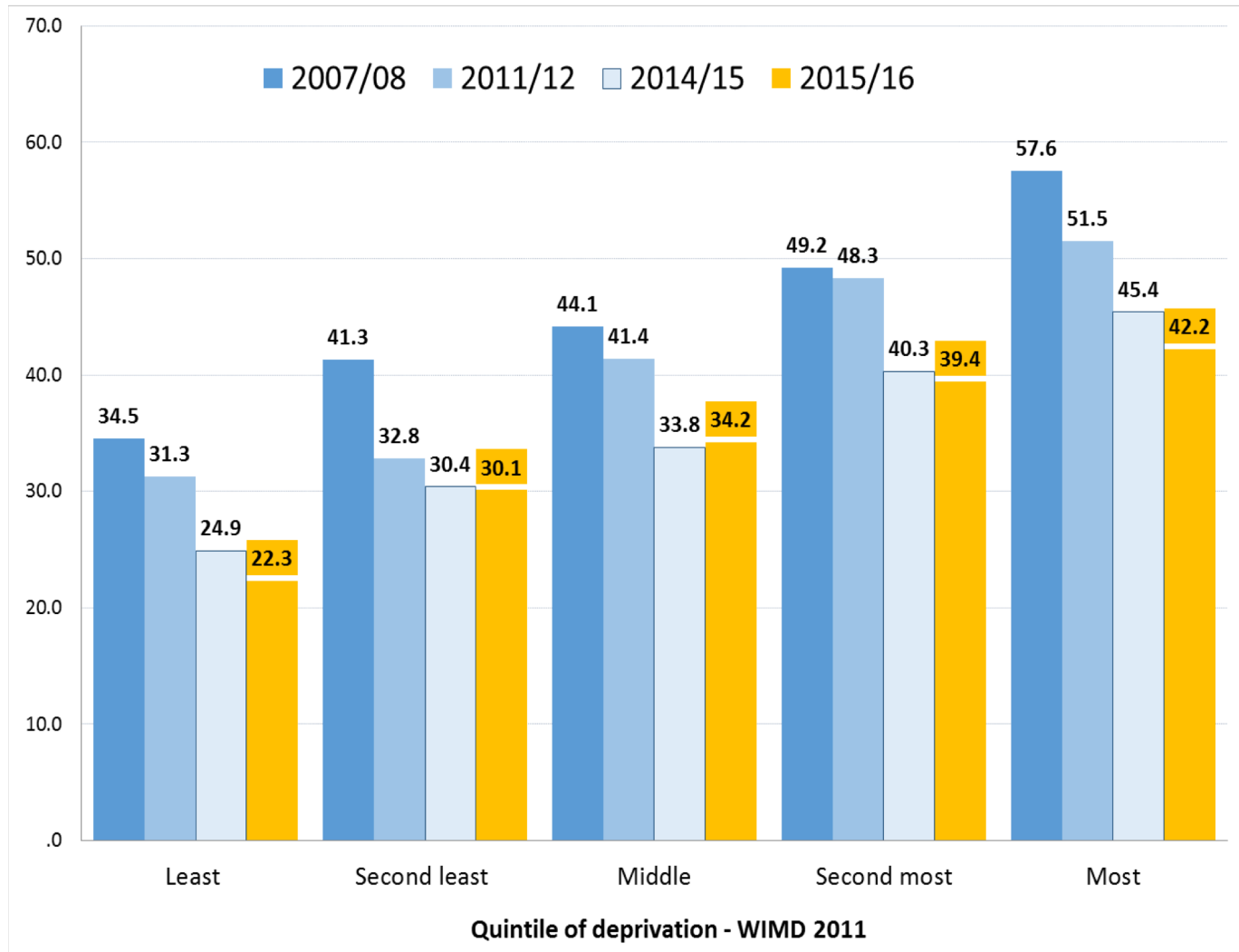
Llywodraeth Cymru
Welsh Government

Taking Oral Health Improvement and Dental Services Forward in Wales

A Framework outlining priorities for
dentistry and a future work programme

March 2017

D2S - Positive Decay trend by quintile of deprivation, 5 year olds



Had policy impact!

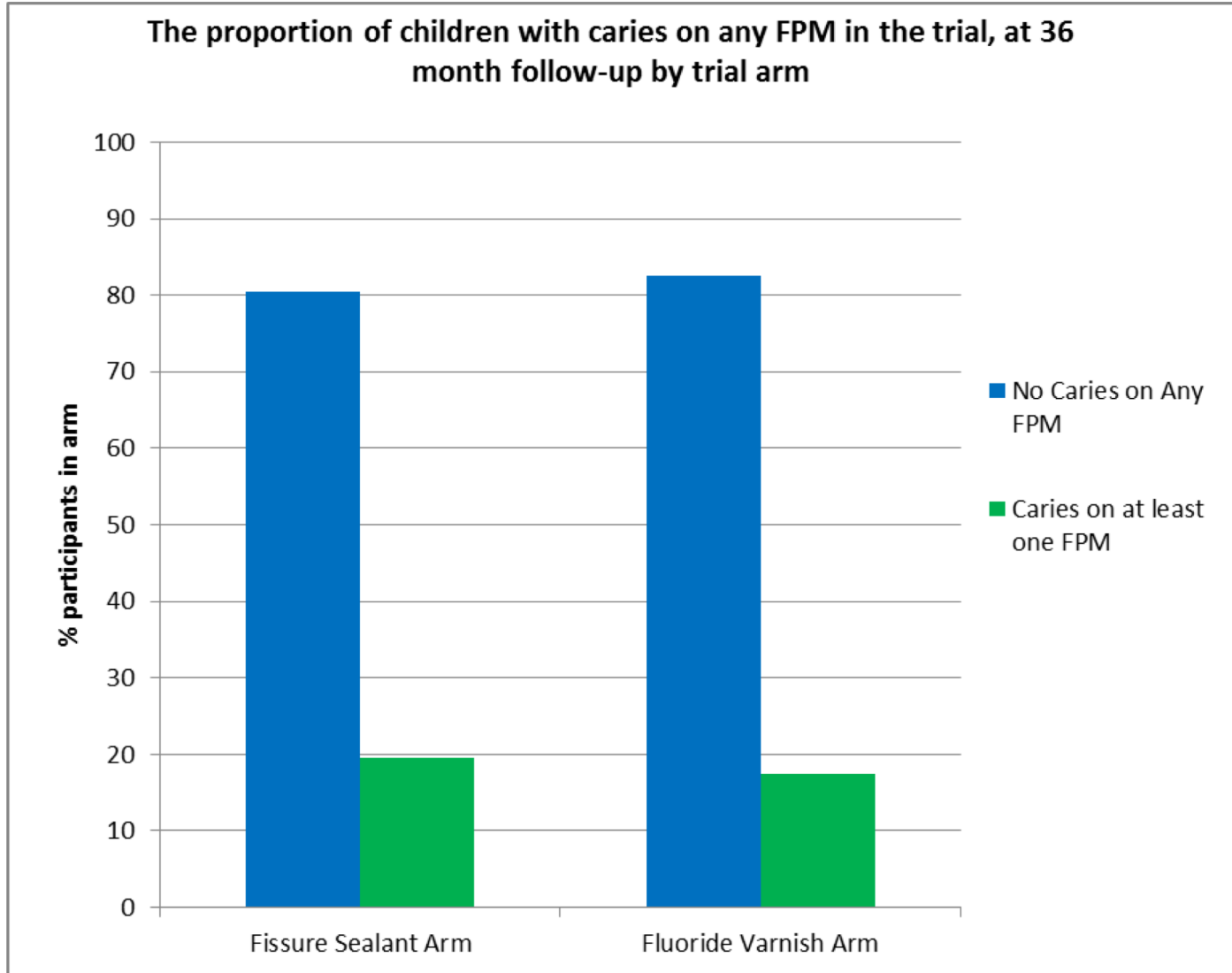


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



The proportion of children with caries on any FPM in the trial, at 36 month follow-up by trial arm



Conclusions

In community oral health programmes targeted at children at high caries risk, the application of fluoride varnish as a **caries preventive measure will result in caries prevention that is not significantly different** from that obtained by applying and maintaining fissure sealants after 36 months.

So FV cheaper to apply

Value based health care principles

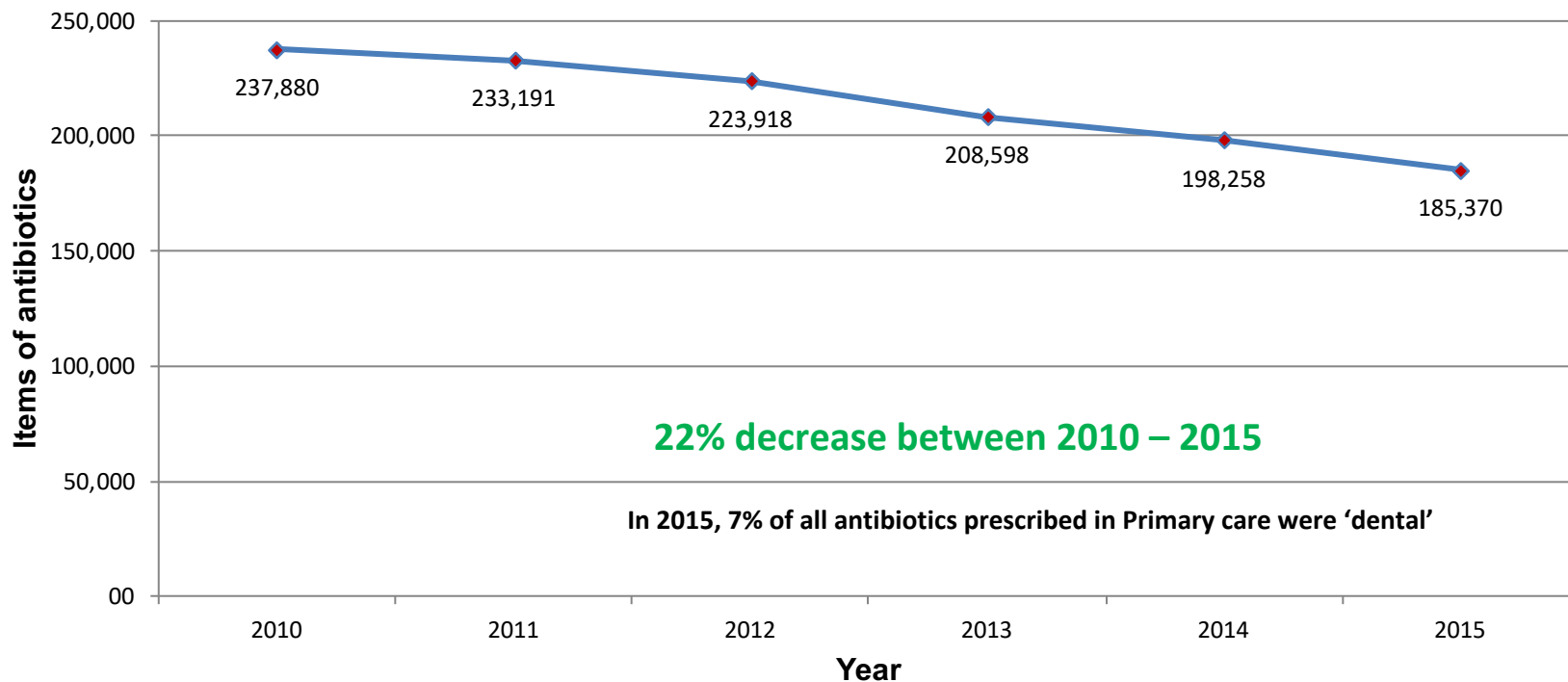
The Parliamentary Review

Quadruple Aim for All

Four mutually supportive goals each of which should be vigorously pursued. To continually:

- improve population health and wellbeing through a focus on prevention;
- improve the experience and quality of care for individuals and families;
- enrich the wellbeing, capability and engagement of the health and social care workforce
- **increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.**

Items of Antibiotics Prescribed 2010-2015

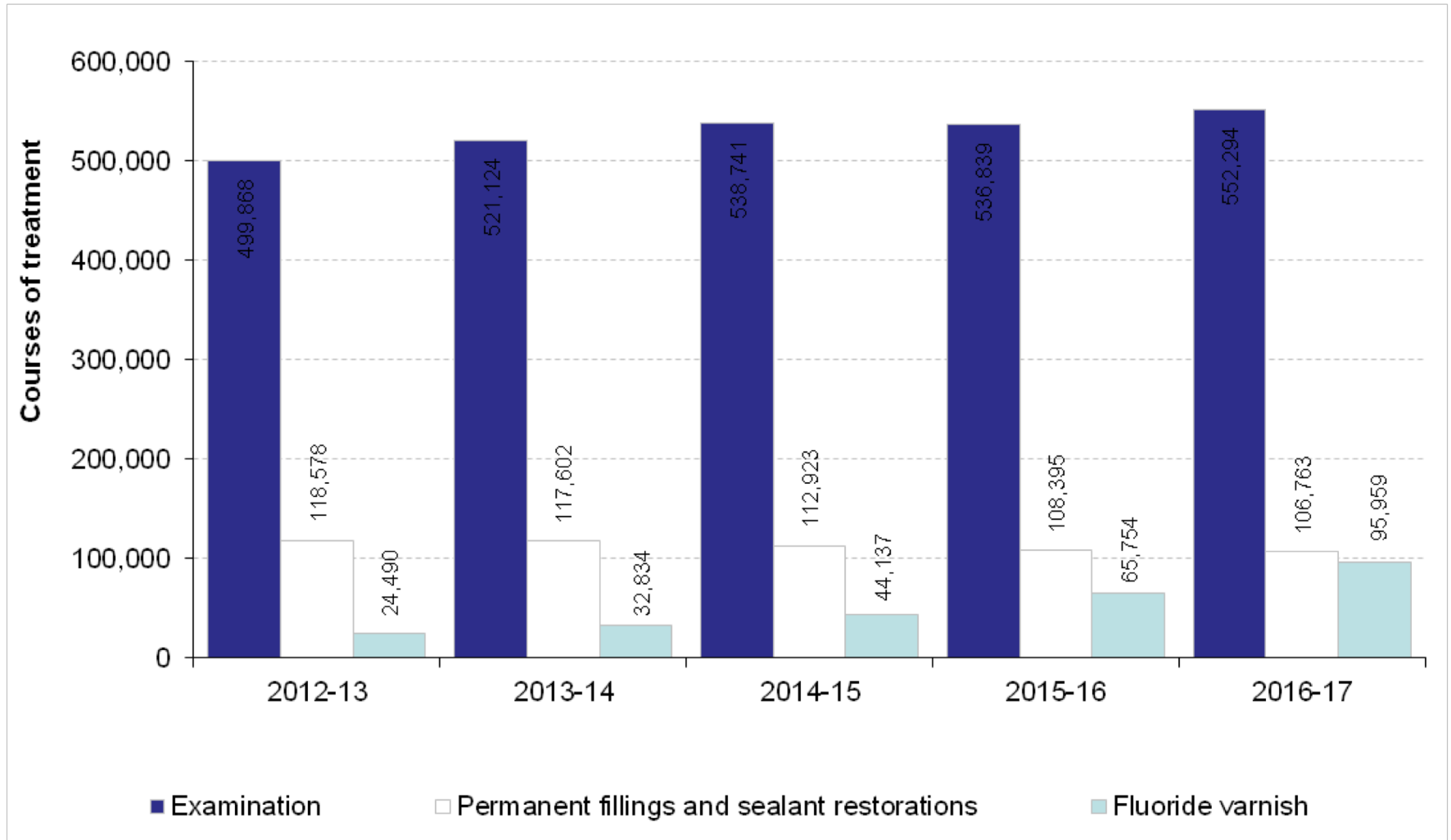


Prudent healthcare – a different way of working and, relationship between professionals and patients



– and the related idea of **only-do-what-only-you-can-do**, healthcare professionals working at the maximum of their clinical competency **i.e. step up skill mix in dentistry**

Challenges - Use of fluoride varnish in GDS Wales (0-17 years) **Why so low?**



Context and Purpose



Llywodraeth Cymru
Welsh Government

**The oral and dental
services response**

A Healthier Wales:
our Plan for Health and Social Care

4 Themes within document

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**

We are concentrating on 5
priority areas to make it happen
as set out in last 2 pages

These are.....

5 Priorities to achieve transformation in dentistry...

- 1. Timely access to prevention focussed dental care*
- 2. Sustained and whole system change -& contract reform*
- 3. Expanded teams that are trained, supported and delivering*
- 4. Oral health intelligence and evidence driving improvement***
- 5. Improve population health and well-being*



55 practices
taking part
across Wales
All 7 HBs
Engaged

Need & Risk
Tool and
expectations
are operational

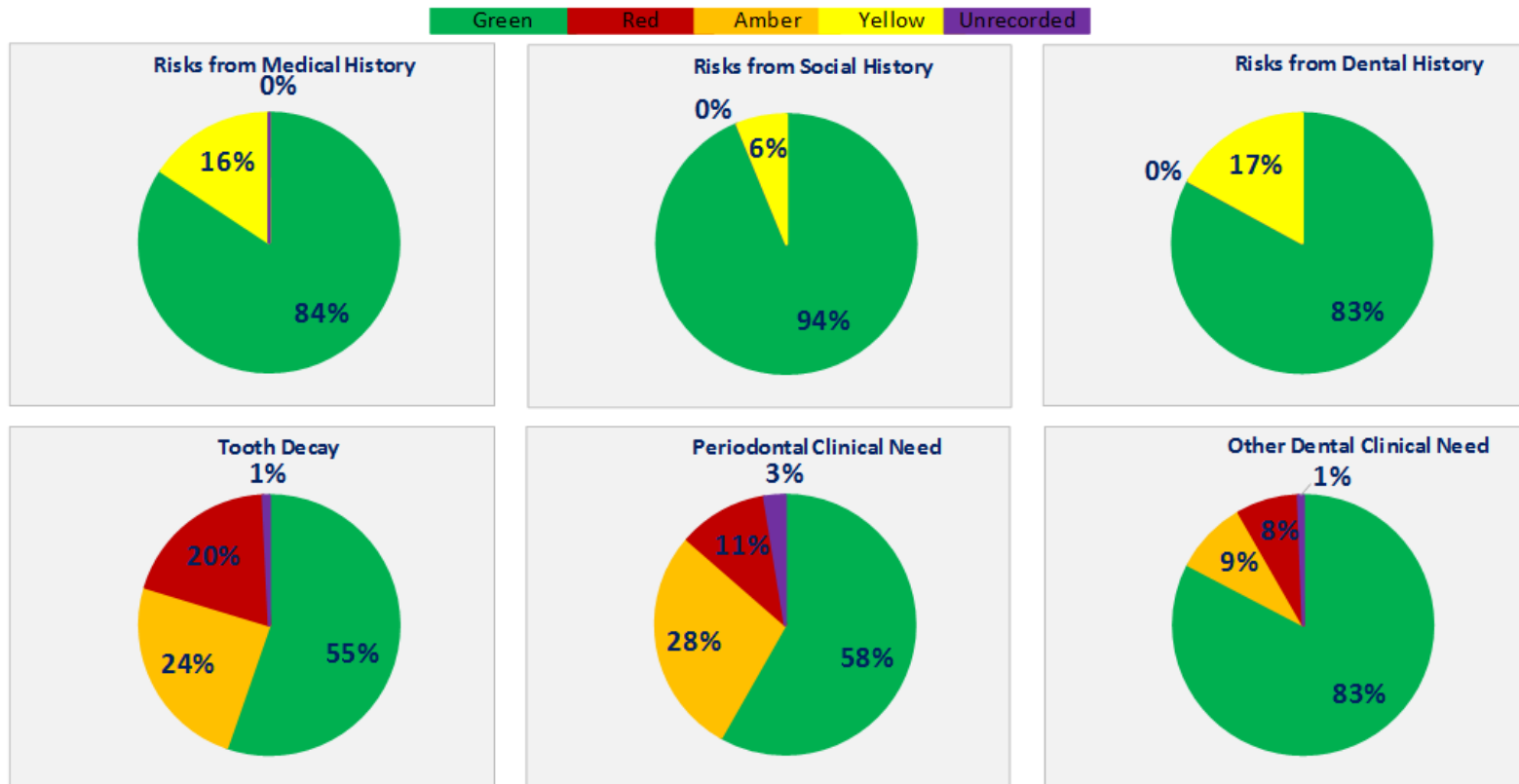
**Skill mix
expansion &
development
and
prevention
training in
place**

So... what are we doing to transform primary care dentistry in Wales?

- Exploiting flexibility in current contract
- Developing and testing need and outcome clinical measures as a substitute for UDAs (treatment targets)
- Expanding utilisation of the whole team
- Transforming the thinking
- For any given annual contract value - the number of patients, their needs & outcomes, oral health literacy & self care and quality of preventive care delivered - matters more than 'performance on activity targets i.e. % UDAs!

Understanding Needs & Risks – 23 Practices

Figure 2: Distribution of risks from medical, dental and social history, tooth decay, periodontal and other dental clinical needs

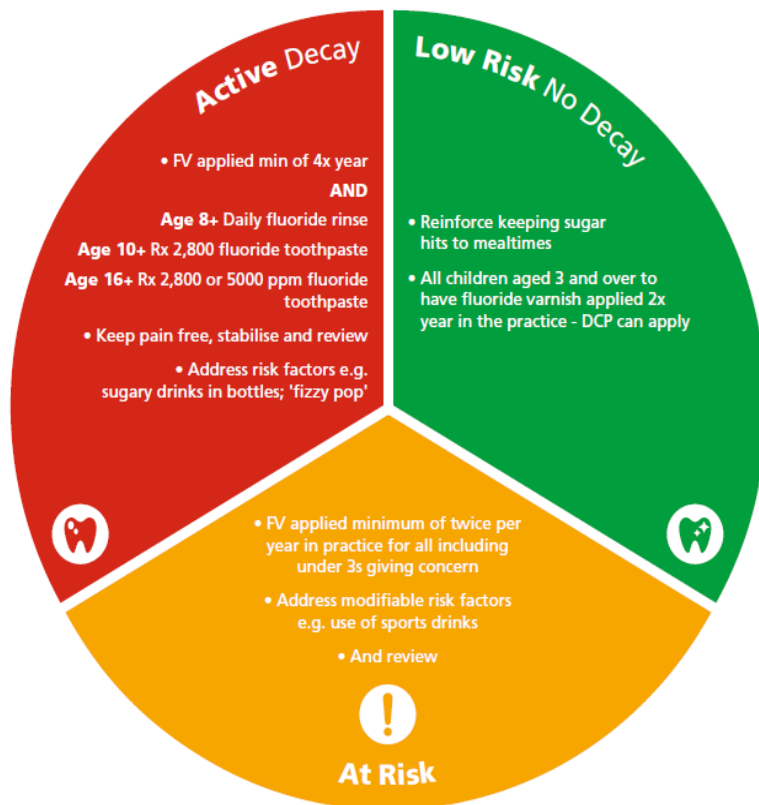


Assessment of Clinical Oral Risk and Need (ACORN)

Do it well once per year

Expectations

Tooth Decay - Children



Toothbrushing advice for all

- Brush their teeth for them until age 7 - last thing at night and one other time daily using family fluoride toothpaste containing 1,350 - 1,500ppm fluoride
- Under 3 yrs. a smear of toothpaste; 3+ pea-sized amount
- Spit don't rinse after brushing
- Reinforce keeping sugar hits to mealtimes
- Nothing sugary to eat or drink in the hour before bed
- Keep the child happy



Radiographic Assessment for all

Indications for bitewings:
Children age 4+ if cooperative

FGDP radiography guidelines on frequency of bitewings:

High risk: 6-12 months

All children:

12-18 months (primary teeth)

24 months (permanent teeth)

Contraindications:

Lack of compliance,
spaced dentition



Practice Profiles measuring more than % of UDAs

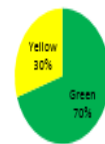
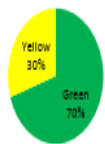
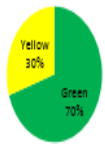


GDS Reform End of Year One Report

Medical History

Social History

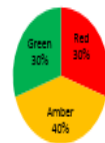
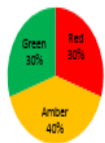
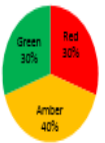
Dental History



Tooth Decay

Periodontal Clinical Need

Other conditions



Actual Contract Value	Value of 10%
-----------------------	--------------

Contracted UDAs	UDA Rate	Contracted number of UDAs after 10% reduction

Year	Patient Charge Revenue £
2014/15	£
2015/16	£
2016/17	£

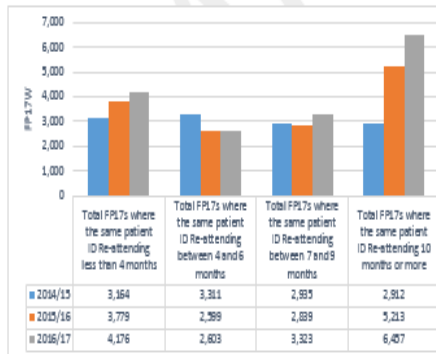
Patient Access

Total patients seen unique count of patient identities on FP17W for general treatment – 12 month period	Year	Children 0-17	Adults 18+
	2014/15		
	2015/16		
	2016/17		

Fluoride Varnish

Fluoride Varnish Applications per 100 FP17w	Year	Children 0-17	Adults 18+
	2014/15		
	2015/16		
	2016/17		

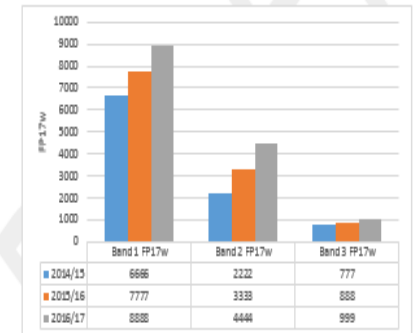
Patient re attendance Child – 0 - 17



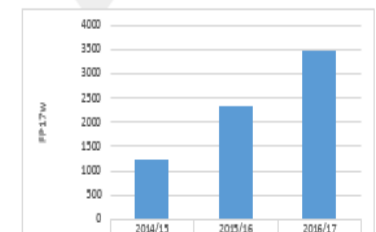
Patient re attendance Adult 18+



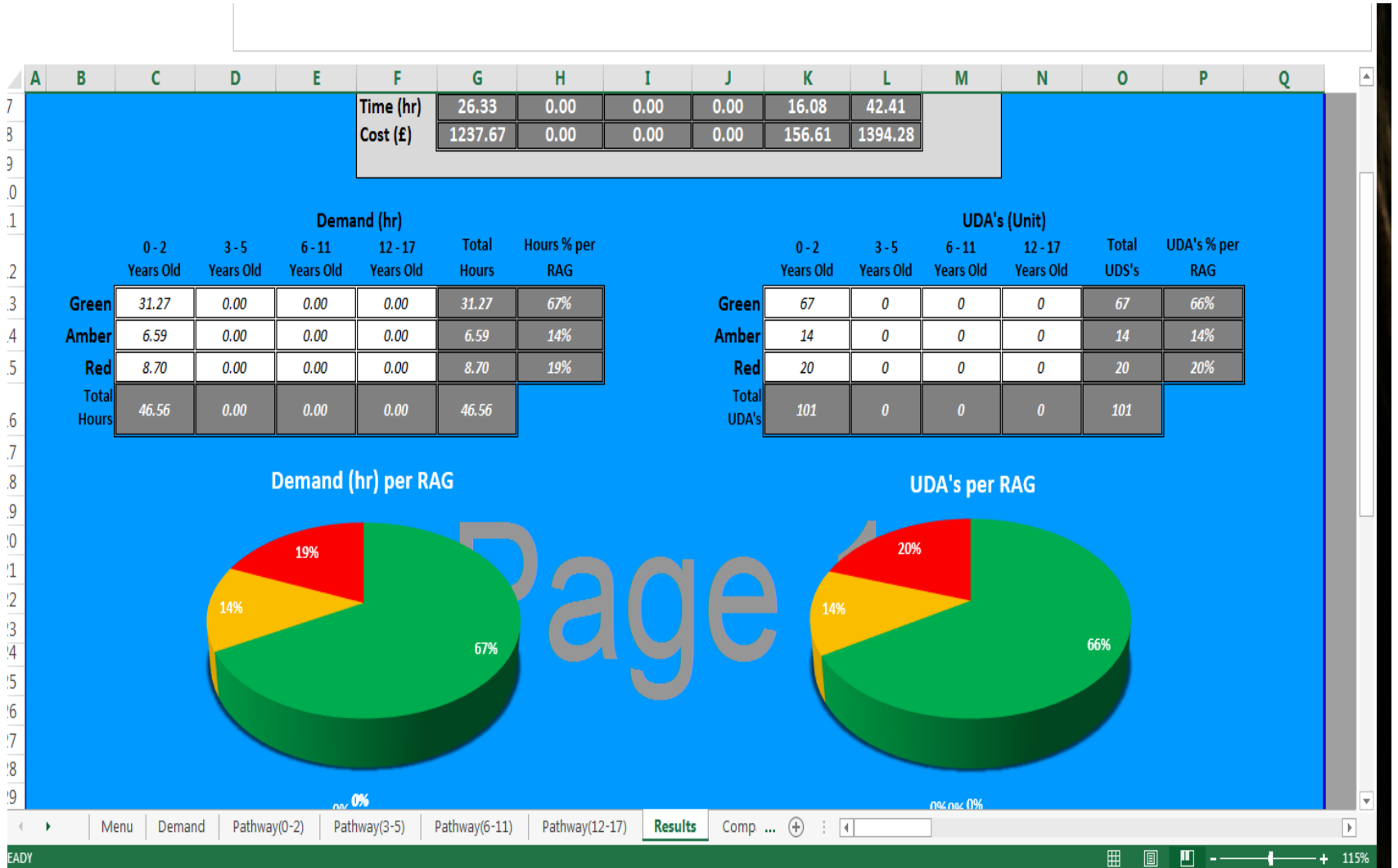
Treatment Band FP17w



Urgent FP17w

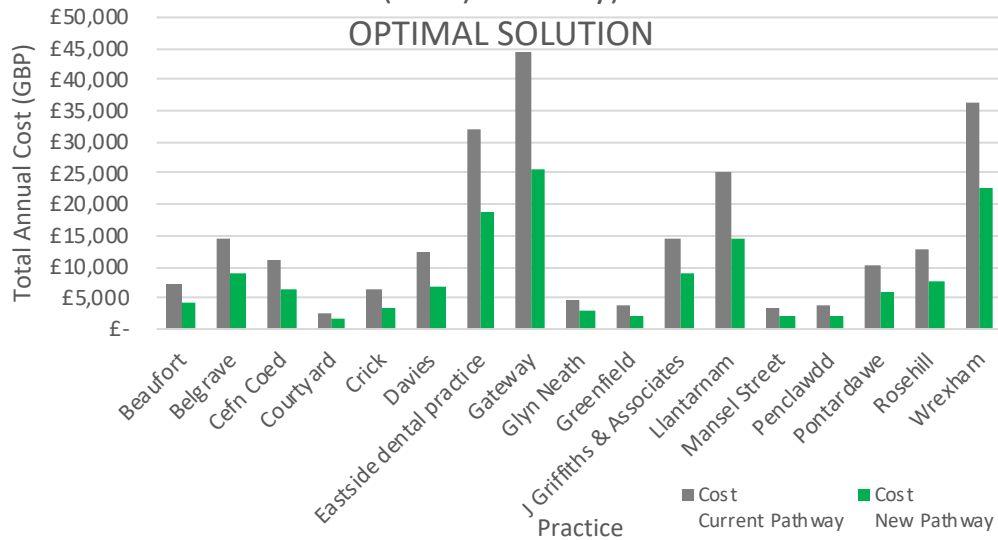


Innovative tools to assist practices plan and make work force changes

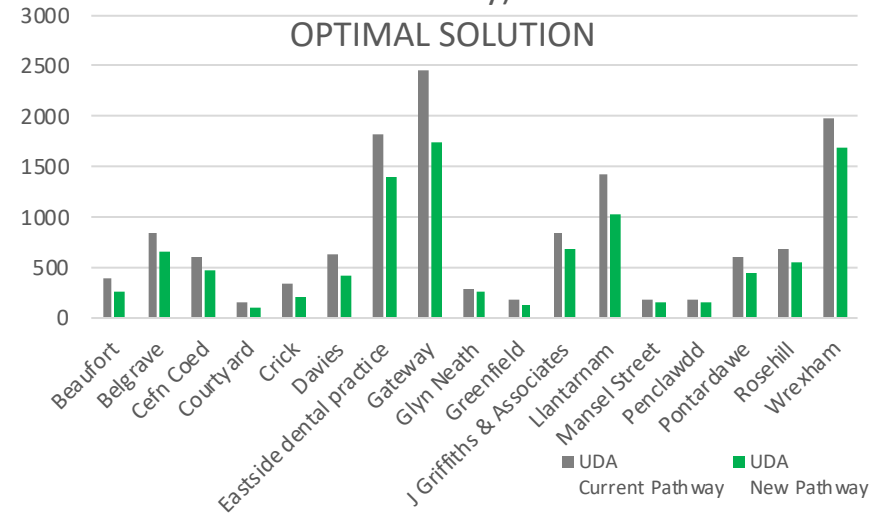


Results

Comparison of Cost (Current vs 'Gold Standard' (New) Pathway)



Comparison of UDAs (Current vs New Pathway)



	Current Clinical Pathway			New Clinical Pathway		
	Demand (hr)	Cost WF costs only (£)	UDAs	Demand (hr)	Cost WF costs only (£)	UDAs
Total	5002.77	£ 235,130.23	13600	5016.65	£ 144,478.52	10343

Evidence & findings making a difference

Research

- Finding equivalent caries preventive effect of fluoride varnish & fissure sealants D2S community OHI programme
- Dentists antibiotics prescribing behaviour in primary care
- Using practice population need & risk data to assess skill mix requirements - using the innovative workforce planning tool developed

Impact

- On the delivery of D2S population OHI Scheme influenced policy refocus decisions
- Resulted in significant reduction as dentists now adhering to protocols
- Supporting practices to assess readiness for adoption of skill mix and informing WF requirements - also affirmative of contract reform approach and considerations

Shared Goals in Dentistry

- Policy leads have influence in developing 'research questions'
- Research findings shared rapidly have impact
- Service users and providers being linked in to shape 'what needs answering', prioritisation, design, & interpretation/sharing of findings
- Using significant change process to build capacity by establishing Welsh Dental Research Networks – will involve primary dental care teams
- Work across sectors and professional groups

“What counts can’t always be counted” Einstein

A week in the life of a CDO can’t always be policy led and planned!

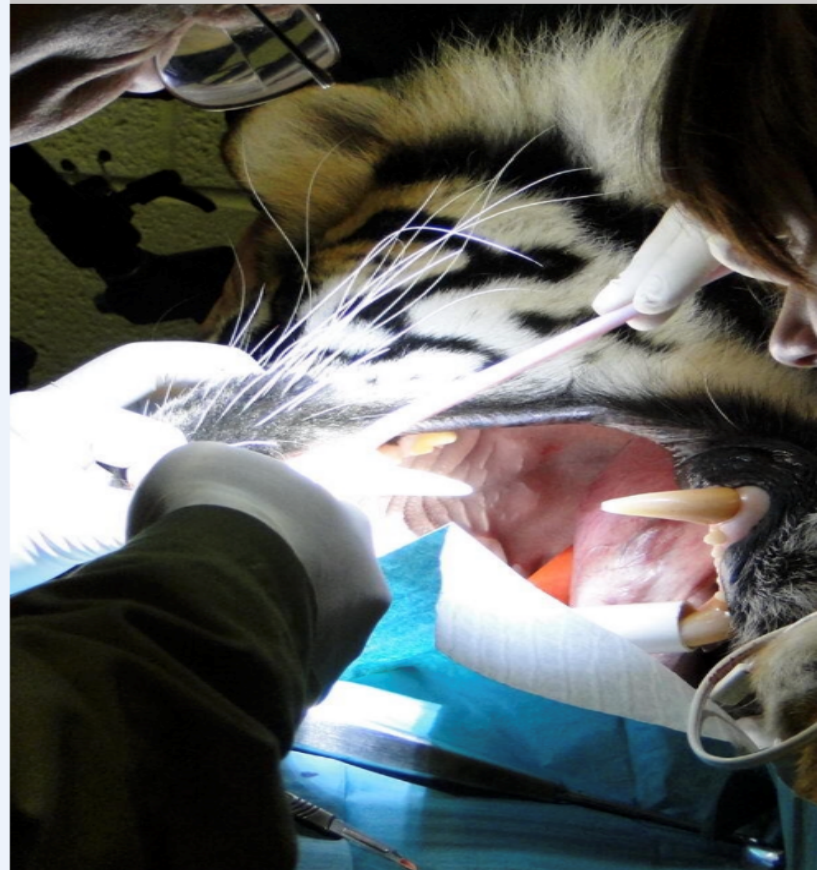
Welsh NHS patients queuing around the corner to register at new dental practice



Seb Evans

November 2018

2 days ago



Sumatran tiger in North Wales Mountain Zoo with broken tooth receives 2 hour of dental treatment! November 2018

Diolch yn fawr

Thank you



Llywodraeth Cymru
Welsh Government

www.cymru.gov.uk