“Improving Our Oral Health”

Local Oral Health Plan 2013-2018
Aneurin Bevan Health Board
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1 Introduction

Aneurin Bevan Health Board is committed to improving the oral health of its population by ensuring access to safe, quality oral health services for all. It is recognised that Oral Health is an important part of general health and well-being throughout an individual’s whole lifespan. It affects an individual’s quality of life through its effect on physical and psychosocial health and thus it is essential that Oral Health is an integral part of all of the Health Board’s Service Plans.


This plan focuses on delivering the Health Board’s Strategy for improving Oral Health for its population by ensuring adequate access across services and delivering high quality, effective and efficient oral health care to all and delivering care locally in the Primary and Community setting wherever possible.

In terms of disease control and management, it is important that there is sufficient provision of appropriate oral health services. Changes will be required within primary, community and secondary care services to ensure oral health services are more equitable and accessible. Clinical and professional support, advice and leadership is required to review services and make improvements in efficiency, cost-effectiveness and patient outcomes. Continuous improvement in quality and patient safety must be at the heart of service delivery.

Oral diseases are a significant burden to the world with an estimated 3.9 billion people affected by oral diseases. Tooth decay, although preventable, is the most prevalent chronic disease. It has been estimated that 35% of the world population suffer from untreated tooth decay on permanent teeth\(^1\).

In Wales, people in the most deprived areas have higher levels of mental illness, hearing and sight problems and long-term conditions, particularly chronic respiratory diseases, cardiovascular diseases and arthritis. Oral health is also closely associated with deprivation. People living in the most deprived communities in Wales have the worst oral health in Wales.

The overall prevalence and severity of tooth decay in Aneurin Bevan Health Board makes tooth decay a significant public health problem requiring a multifaceted approach to oral health improvement.

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\(^1\) Marcenes et al. Global burden of oral conditions in 1990-2010: as systematic analysis, Journal of Dental Research, 2013;92(7):592-597
This document outlines the vision and high level actions to improve oral health and address oral health inequity. A detailed Action Plan has been produced which clearly sets out the detailed actions required to deliver this vision.
2 Strategic Context

The key strategic drivers, which influence the delivery of all services, include the following:

- **Together for Health** sets out the Five Year vision for the National Health Service in Wales. It refers to strong local primary and community services available to everyone, wherever they live.

- **Setting the Direction** is the Primary and Community Services Strategic Delivery Programme.

- **Together for Health: A National Oral Health Plan for Wales 2013-18** outlines an agenda for improving oral health and reducing oral health inequalities over the next five years.

- **Doing Well Doing Better: Standards for Health Services in Wales** sets out the standards for health services in Wales, including dental services.

- **Clinical Futures** is the Health Board’s clinical and service improvement strategy that sets out a very clear view about how services will need to change over a ten year period in order to sustain appropriate access to, and delivery of, safe services and excellent standards of care to patients.

- **Aneurin Bevan Health Board Neighbourhood Care Network Strategic Plan for 2013-18** sets out the vision and priority areas for the future of primary and community services for the Local Authority areas across Gwent.

In order to deliver this Local Oral Health Plan and achieve its objectives, the Health Board will need to work with a wide range of stakeholders including users of dental services, the dental workforce, other Local Health Boards, Public Health Wales, the Department of Dental Postgraduate Education, the NHS Business Services Authority Dental Services Division and other partners, including Education and Local Authority Social Services, Local Dental Committee and Community Health Council.
3 Oral Health Needs of the Local Population

A higher percentage of Aneurin Bevan Health Board population live in deprived areas compared with the national population (Fig 1). Hence, there is a high level of dental need in the Health Board population.

Oral Health is an important part of general health and well-being throughout an individual’s whole lifespan. It affects an individual’s quality of life through its effect on physical and psycho-social health.

The overall prevalence and severity of tooth decay in Aneurin Bevan Health Board makes tooth decay a significant public health problem requiring a multi-faceted approach to oral health improvement.
Local deprivation fifths for each health board have been produced by ranking all Lower Super Output Areas (LSOAs) within the area and grouping them into fifths, based on the Welsh Index of Multiple Deprivation (2008).
3.1 Tooth decay

National dental surveys provide a good picture of dental health in the population. However, these surveys only record a tooth as decayed if decay extends into middle layer of the tooth called dentine. Tooth decay within the outer layer of a tooth (called enamel) is not counted; hence, the actual prevalence of tooth decay in the population may be much higher than the rates reported in the national survey reports.

Overall, the dental health of the Welsh population has been improving over the last four decades. However, the level of dental decay in Aneurin Bevan Health Board is still high (see below).

Children

Dental health of children in Aneurin Bevan Health Board is the worst in Wales and there is wide variation in distribution of tooth decay within Aneurin Bevan Health Board. The majority of tooth decay is present in the deprived communities.

DMFT (for adult/permanent teeth) and dmft (for baby/deciduous teeth) are commonly used indicators of dental health. DMFT/dmft is the total number of teeth in children that are decayed, filled or missing (extracted due to decay).

The most recent five year olds’ dental survey carried out in 2011/12 reported that 46.4% of five year olds in Aneurin Bevan Health Board had experienced tooth decay, i.e. dmft >0 (30% in Monmouth and 64.4% in Blaenau Gwent). When compared to the previous survey in 2007/08, there are signs of some improvement in dental health of five year olds, but they are not significant improvements.

The most recent survey of 12 year olds was carried out in 2012/13. However, the results of this survey are not yet available. In 2008/09, 50.4% of 12 year olds in Aneurin Bevan Health Board had experienced tooth decay, i.e. DMFT > 0 (43.7% in Monmouth to 58.8% in Blaenau Gwent).

It has been proposed that the National Dental Epidemiology Programme will be carrying out a survey of three year olds in 2013/14. The Health Board will participate in the survey so that we have a greater understanding of development of tooth decay in children under 5 years of age.
**Adults**

Adult Dental Health Surveys have been carried out every ten years since 1968. However, results are only available at an all Wales level. Adult Dental Health Surveys carried out in 2009 found that 47% of dentate adults in Wales had tooth decay with a mean number of 1.1 decayed teeth. Ten percent of adults did not have any of their own teeth. In 2009, 58% of adults aged 75 yrs and over in Wales were dentate, i.e. had one or more of their own teeth, compared to 18% in 1988. 8% of adults in Wales reported current dental pain.

Over half of dentate adults in Wales (51 per cent) were classified as having a high sugar intake, i.e. they consume cakes, puddings, biscuits, pastries, sweets, chocolate or fizzy drinks six times a week or more.

Although more adults in Wales in 2009 reported receiving dental advice from a member of a dental team compared to 1998, oral hygiene practice and its effectiveness at home seems to have worsened. 74% reported receiving dental hygiene advice from a dental team. However, 77% had visible plaque on average of 7.7 teeth (32% of their teeth). 67% of dentate adults had visible calculus.

**Vulnerable Groups**

There is sufficient evidence in the literature that vulnerable groups (care home residents, patients with mental illness, learning disability, Looked after Children, homeless, substance misuse patients etc.) have either a higher level of unmet oral health need or higher level of extraction rate compared to the general population.

Gum Disease (Gingivitis and Periodontal disease): Poor oral health, smoking, stress and systemic diseases like diabetes are risk factors for periodontal disease. Around 23% of adults in Wales smoke and 56% of dentate adults had bleeding and 50% had periodontal pocket of 4mm or more and 8% had periodontal pocket of 6mm or more. As increasing numbers of people keep their teeth into their old age, prevalence of periodontal disease is also likely to rise. Only 71 percent of dentate adults in Wales reported brushing their teeth twice a day. 77% of dentate adults had visible plaque on their teeth.

Effective oral hygiene at home and smoking cessation are the most important factors in prevention and treatment of gum disease.

Many systemic diseases and their treatment have implications on oral health. Similarly, increasing numbers of researches are exploring links between gum disease and systemic diseases. There is some evidence that improvement in gum health helps diabetes patients.
3.2 Oral Cancer

Between 1995 and 2009, the average number of head and neck cancer patients registered in the all Wales database per year was 476 (328 males and 149 females). The average age of patients at diagnosis is about 65 years. Approximately 23% of these patients die within the first year of diagnosis (compared to 20% in England) and approximately 45% within five years of diagnosis.

Between 1995 and 2009, there were 485 living head and neck cancer patients in Aneurin Bevan Health Board.

Oral cancer is predominantly a disease of males over the age of 50 yrs. However, its incidence in females and younger adults is increasing. Although the rate of oral cancer in the population is low, its impact can be devastating. Incidence of oral cancer is highest in the deprived population in Wales.

The most important risk factors are tobacco usage and excess consumption of alcohol. The link between exposure to the sun and lip cancer is well established, hence, many oral cancer cases can be prevented. There is increasing evidence of the role of Human Papilloma Virus in certain oral cancers.

Effective tobacco and alcohol control plans will be important to reduce the incidence of oral cancers. Early referral, diagnosis and intervention are important to lessen the burden of disease on the affected population.

3.3 Others

Tooth surface loss

Tooth surface loss is an increasing problem mainly due to increasing consumption of acidic drinks.

Sixty-seven per cent of dentate adults had wear on their anterior teeth in 1998, compared with 87% in 2009; 2009 ADHS found that 2% of adults have severe tooth surface loss (tooth wear) on their anterior teeth. These patients require prevention and expensive and complex oral rehabilitation.

It is important to include oral health messages on dental erosion in oral health programmes, diet/nutrition programmes and relevant health services such as the Eating Disorder Service.
Oral and Maxillofacial Injuries

Head and neck injuries range from simple loosening of teeth and cut in the skin to complex injuries requiring multidisciplinary surgery and care. There is approximately one facial injury per 100 people per year and the incidence is rising. Many people with oral and maxillofacial trauma attend Accident and Emergency departments and receive care from Maxillofacial departments in secondary care. Fall, violence (mainly alcohol related), road traffic accidents and contact sports cause these injuries.

It is important to understand the local burden of oral and Maxillofacial trauma and work with partners to reduce the burden of oral and Maxillofacial trauma.

A detailed Oral Health profile for Aneurin Bevan Health Board developed by Cardiff University is attached at Appendix 1.

3.4 Implications of changing demographic

The Aneurin Bevan Health Board population increased by 4.3% between 2001 and 2011. There were 576,700 people living in Aneurin Bevan Health Board area in 2011. The highest rate of population growth in Aneurin Bevan Health Board was in Monmouthshire – 7.4% increase from 2001. Population of 65 yrs and over increased by around 12% between 2001 and 2011 (around 90,300 in 2001 to 101,100 in 2011).

During the same period, the population of 80 years and older increased by 18%, hence the local population is increasing and ageing. This trend is similar to the national trend seen in Wales. Decennial Adult Dental Health Surveys show that dental health of adults has improved over the last four decades. Increasing number of older people are retaining their own teeth into older age. It is generally accepted that widespread use of fluoride toothpaste is the main reason for this improvement.

Adults aged 45 yrs and over pose the greatest challenge for the Health Board. As they grow older, they will retain their own teeth into old age. Many of their teeth will have dental fillings, including crowns, increasing the number of missing teeth that will be replaced with complex bridges and implants rather than dentures.

With many of them developing chronic diseases, dementia and cancers, level and complexity of care required by older people in future will increase. It is important that this cohort of adults are exposed to regular dental prevention throughout their life course so that demand for complex care is reduced.

2 British Association of Oral and Maxillofacial Surgeons
http://www.baoms.org.uk/What_is_Oral_and_Maxillofacial_Surgery/Sub_specialist_Areas/Trauma
4 Dental Service Delivery

Aneurin Bevan Health Board currently secures oral health services for its population via the following mechanisms:

- Directly provide Community and Hospital Dental Services;
- Contract with General Dental Practitioners to provide Primary Dental Services;
- Commission specialist services from other Health Boards ie Dental Hospital Wales;
- Commissions Children’s General Anaesthetic Services from Kensington Court.

To ensure the planning and delivery of safe and quality Oral Health Services, it is essential that all strategic planning, monitoring and delivery is undertaken with a truly integrated approach ensuring access to clinical and professional advice and also involvement by key external stakeholders.

There are therefore four key components which the Health Board must focus on to ensure the best possible services are delivered for its population as set out in the National Oral Health Plan.

These are:

- Oral Health promotion
- Strategic Management, Governance and Quality and Patient Safety
- Workforce and Training
- Access and Performance

Each of these areas are identified below with high level actions the Health Board has already taken and those which are included within the detailed Local Oral Health Plan attached.

4.1 Oral Health Promotion and Prevention

Oral health promotion and prevention is at the core of this plan. While Designed to Smile will be the major programme for oral health improvement of children, other initiatives will need to be developed for others including vulnerable groups.
The five-year plan recognises that sustainable oral health improvement will not be possible unless everyone makes oral health improvement his or her business. In practice this means individuals taking responsibility for their oral health and integration of oral health into health and social care needs assessments, health programmes, individual care plans, care pathways and commissioning/performance frameworks. Everyone working with vulnerable groups has a responsibility to ensure that they receive oral care and prevention as Fundamentals of Care.

In terms of disease control and management, it is important that there is sufficient provision of appropriate oral health services. Changes will be required within primary, community and secondary care services to ensure oral health services are more equitable and accessible. Clinical and professional support, advice and leadership is required to review services and make improvements in efficiency, cost-effectiveness and patient outcomes. Continuous improvement in quality and patient safety must be at the heart of service delivery.

**Good Practice/Progress:**

- The Health Board has already established an Oral Health Promotion Steering Group (with a range of stakeholders, including those delivering Designed to Smile). This group has raised awareness of the importance of oral health among non-dental professions. The Group is chaired by the Director of Public Health.

- The Health Board has prioritised oral health improvement for children within its Public Health Framework and has developed an oral health promotions strategy prioritising children, older people and vulnerable groups.

- Community Dental Services have an established care pathway for substance misuse patients.

- The Health Board continues to develop a number of Oral Health Promotion programmes.

Further actions relating to oral health promotion and prevention are set out below.
Future Actions:

Health Promotion and Primary Prevention

The Health Board’s Health Promotion Programme will continue to:

- Promote oral health so that oral health is everyone’s business.
- Encourage individuals to live a healthy lifestyle (balanced diet, no smoking, alcohol consumption within recommended level).
- Provide consistent oral health messages to the public and patients i.e. multiple agencies and professional groups give the same oral health message.
- Deliver evidence based population oral health programmes (e.g. Designed to Smile) including general health and well being messages.
- Ensure advocacy and empowerment of vulnerable groups (work with partners).

Secondary Prevention and Treatment Services

The Five-year Local Oral Health Plan seeks to:

- Improve on early diagnosis and intervention of oral diseases especially oral cancer.
- Improve access for ‘high need’ patients, 0-5 year olds and over 50’s.
- Re-orientate services to make them more preventive, equitable and accessible based on need and deprivation.
- Implement Equality Impact Assessments in oral health planning and delivery of programmes and services.

4.2 Strategic Management, Governance and Quality and Patient Safety

The Health Board has a fully developed Governance Structure in place to provide effective and efficient dental services for the population. The Governance structure which includes:

- An Oral Health Advisory Group which has clinical and management representation from all dental sectors including Public Health Wales and the Local Dental Committee, to ensure all Strategic and
Delivery plans are clinically led and there is robust access to clinical and professional advice;

- Dental Quality and Patient Safety groups chaired by Clinical Directors which reports to Divisional Quality and Patient Safety Groups;

- A series of multi-professional oral health Task and Finish Groups have been set up to ensure an integrated approach to planning and delivering oral health services;

- The Health Board has already established an Oral Health Promotion Steering Group (with a range of stakeholders, including those delivering Designed to Smile). This group has raised awareness of the importance of oral health among non-dental professions. The Group is chaired by the Director of Public Health.

The Health Board has strong working relationships with both the Community Health Council and Local Dental Committee and, whenever appropriate, members from both are included on Task and Finish Groups to plan and deliver oral health services.

**Good Practice/Progress:**

- The Health Board has a clear governance structure which allows for robust professional and clinical advice and leadership.

- The Community Dental Service within Aneurin Bevan Health Board has over 95% Bronze level accreditation as part of the Aneurin Bevan Health Board Continuous Improvement Annual Quality Plan process.

- The Health Board has adopted the Public Health Wales “Model Dental Governance Framework for General Dental Services” to ensure a robust process is in place for quarterly and annual monitoring.

- The Health Board ensures an integrated approach to service planning including key stakeholders such as Dental Public Health, Community Health Council and Local Dental Committee by the creation of Task and Finish Groups. Examples include Domiciliary Care pathway and Minor Oral Surgery Pathway Task and Finish Groups.

- A Task and Finish Group, chaired by the Neighbourhood Care Network dental lead for the Health Board was set up with multi-disciplinary clinical and managerial representation to develop the five-year Local Oral Health Plan.
Future actions:

- The Health Board will establish an Integrated Oral Health Group which will be chaired by the Executive Lead. This group will over-see all oral health issues and will have clinical and managerial representation from General Dental Services, Community Dental Services, Hospital Dental Services, Dental Public Health, Local Dental Committee and Community Health Council. It is planned that this Group will be fully functional from 1 March 2014.

- The Oral Health Advisory Group will be stepped down and members will be included on the new Integrated Oral Health Group.

- To establish closer working relationships with Neighbourhood Care Networks on oral health issues. This brings with it the opportunity to strengthen the involvement of Local Authority and Third Sector partners in oral health service planning.

- The Health Board’s services and management teams will work closely with the Community Health Council, the Third Sector and Local Authorities to improve on engagement with patients and public and use the information to plan and improve services.

- The Health Board will continue to engage with the Local Dental Committee and Community Health Council in planning and delivering dental services.

- Health Board will work closely with the Health Inspectorate Wales to ensure Quality and Patient Safety in delivery of dental general anaesthesia services and other dental services as appropriate.

- "Doing Well and Doing Better – Standards for Health Services in Wales" and its subsequent versions will underpin the delivery of dental services in the Health Board.

- The Health Board will systematically analyse patient, public and staffs’ concerns and complaints in improving Dental Services Quality and Patient Safety.

- The Health Board will maintain the monitoring of Quality Assurance System uptake across all Dental Practices.

- The Health Board will share appropriate information on Quality and Patient Safety including Best Practices with other Health Boards and relevant organisations.
The Health Board will promote research and audit in dental services especially primary dental care where most of the dental care is delivered.

4.3 Workforce and Training

As with any service, the ability to recruit and retain excellent staff is at the forefront of the quality of service delivered. The Health Board recognises that it must ensure that there is adequate capacity to meet its needs and also that the staff are supported to continually to develop and improve their skills.

A report published by the National Leadership and Innovation Agency for Healthcare in September 2012 “Analysis of the Dental Workforce in Wales” concludes that if the rate of growth in dentist numbers continues at historical rates, Wales is likely to have a broad balance between supply and demand and unlikely to face a Wales-wide shortfall of dentists during 2012-2020.

The General Dental Council recognises that good dental care is delivered by the wider dental team and recognises the role of Dental Hygienists and Dental Therapists in delivering services which would allow Dentists to focus on complex therapeutic activities. At present the contractual framework does not allow for a huge amount of development as the General Dental Council currently stipulates that hygienists and therapists must work to the prescription of a registered dentist.

Future Actions:

- To continue to work with the Post Graduate Medical and Dental Education to ensure our dental teams have access to high quality postgraduate training;
- To work with the Post Graduate Medical and Dental Education to ensure that the dental actions contained within the Tobacco Control Action Plan are taken forward;
- To continue to lead and participate in 1000 Lives Mouthcare for Adults in Hospital;
- The Community Dental Service will establish a programme to support providers of education and training for Health Care Support workers;
To roll out Mouthcare for Adults in Hospital programme across Aneurin Bevan Health Board;

The Health Board will continue to deliver occupational health services to all staff working in the dental services including General Dental Services/Personal Dental Services. It will continue to monitor Health Protection issues in relation to dental services for e.g. Flu and seasonal flu immunisation of dental staff, infection control in dental practices.

4.4 Access

This section sets out the work already undertaken within the Health Board to increase access to oral services for its population and those actions identified in the Local Oral Health Plan to take forward to increase and improve access.

This section is split between General Dental Services, Community Dental Services, Hospital Dental Services and other.

Access to General Dental Services - Primary Care

There are currently 375 General Dental Practitioners delivering dental services across Aneurin Bevan Health Board and in 2012/13 treated approximately 300,069 patients across Gwent.

In August 2012 the Health Board undertook a review of access to General Dental Services across Aneurin Bevan Health Board using anecdotal data with regards concerns around access and also data published by Dental Public Health Wales and Cardiff University in March 2012 on current service use in relation to need.

This data provided evidence of the anecdotal concerns and confirmed that increased capacity was required in Blaenau Gwent, Caerphilly, Torfaen and Newport.

In December 2012 the Board agreed to invest an additional £0.250m into General Dental Services to secure four new contracts, in each of the four Localities identified.

As a result of the ongoing review of access to General Dental Services the Health Board continues to invest in additional emergency sessions in Newport and has increased capacity in Prescoed prison.
Recognising the opportunities to shift the balance of dental care from secondary settings to primary care and other non-hospital based settings the Health Board has also undertaken work to increase specialist services and capacity in Primary Care to reduce inappropriate referrals to Community and Hospital based Dental Services.

It is envisaged that the enhancement of Primary Care dental services will improve access across the system, allowing patients to be treated closer to home and reduce waiting times.

**Good Practice/Progress:**

- The Health Board during 2013/14 has increased capacity to General Dental Services via the commissioning of four new Personal Dental Services using data provided by Cardiff University and Dental Public Health Wales to inform this commissioning.

- The Health Board has approved a new Minor Oral Surgery service to be delivered via specialists in primary care of General Dental Providers with Enhanced skills from 1 April 2014.

- The Health Board has approved an investment in domiciliary dental care to be commissioned from General Dental Providers from 1 April 2014, including a central triage process and dedicated Oral Health Educator time.

- The Health Board has fully implemented the Public Health Wales “Model Dental Governance Framework for General Dental Services” to ensure robust contract monitoring and reviews are in place with regards quarterly, mid-year and annual reviews;

- The Health Board continues to review data on recall intervals, apparent high value Units of Dental Activity and “splitting” courses of treatment as part of the quarterly and annual review process. This data is reviewed by a multi-disciplinary panel which includes primary care officers, the Primary Care Dental Advisor and Governance Manager;

- The Health Board has implemented the recommendations of the South East Wales Managed Clinical Network with regards the Enhanced Skills accreditation process for orthodontics;

Further actions relating to Access to general Dental Services included within the detailed action plan are set out below.
Future Actions:

- The Health Board will explore the potential for commissioning a Dentist with Enhanced Skill/Specialist service from General Dental Providers for Restorative and Endodontic services.

- The Health Board will review its current General Dental provider sedation provision as part of an overall review of Aneurin Bevan Health Board sedation access with a view to reducing General Anaesthetic activity for Aneurin Bevan Health Board patients.

- The Health Board will continue to include issues relating to primary care dental care as part of its annual primary care reporting process and its published Annual Quality Statement.

- The Health Board will identify a sustainable solution to increase access to General Dental Services in Newport.

- The Health Board will continue to actively support and encourage General Dental Providers to participate in Welsh Dental Pilots.

- The Health Board will ensure all General Dental providers are Hospital Technical Memorandum 1-05 compliant.

- Any new contract awarded will ensure they are Disability Discrimination Act compliant.

Access to Community Dental Services

The role of Community Dental Services in Wales was issued in a 2009 Ministerial Letter and in summary covers:

- provision of facilities for a full range of treatment to children who have experienced difficulty in obtaining primary care dental services, or for whom there is evidence they would not otherwise seek treatment from such services; and

- provision of facilities for a full range of treatment to children and adults who, due to their special circumstance, require special care dentistry and/or have experienced difficulty in obtaining treatment from other services, or would not have otherwise sought treatment from other services.

The Community Dental Service also performs other roles such as screening, epidemiology and health promotion including delivery of the Designed to Smile Programme.
The Community Dental Service is well placed to facilitate the development of integrated dental services, as outlined in the consultation document “Together for Health – Delivering Integrated Care Plan”.

Strong working relationships between General Dental Services and Community Dental Services is essential to ensure the services complement one another.

At present, nationally the Community Dental Service has no standard system for monitoring performance. The Health Board will support the Welsh Government to review and improve Community Dental Service information data to ensure it meets all stakeholder requirements.

**Good Practice/Progress:**

- The Health Board has already prioritised oral health improvement for children within its Public Health Framework and has developed an oral health promotion strategy prioritising children, older people and vulnerable groups.

- The Health Board has set up an Oral Health Steering Group which has raised awareness amongst stakeholders of the importance of oral health.

- The Health Board has two Consultants in Special Care Dentistry, one of which is Chair of the organisation’s Health Professional Forum;

- The Health Board chairs, and actively participates in, the South East Wales Managed Clinical Network for Special Care Dentistry.

- The Health Board has appointed a paediatric specialist in dental paediatric services.

- There is a Substance Misuse Pathway in place in Newport to support those patients requiring emergency treatment. This pathway is currently being reviewed with a view to rolling out across Aneurin Bevan Health Board.

- The Community Dental Service undertakes annual patient satisfaction surveys for the Community Dental Service service and Out of Hours Service.

- The Community Dental Service has produced and obtained clinical approval from the Oral Health Advisory Group to implement a central triage system for children’s general anaesthesia treatment.
• The Health Board has commissioned a bariatric Community Dental Service in the new Blaenavon Primary Care Resource Centre which will be available from September 2014.

Further actions relating to Access to Community Dental Services included within the detailed action plan are set out below.

**Future Actions:**

- Establish new referral and care pathways which are compliant with the Special Care Dentistry Implementation Plan.

- To continue training in Specialist Care Dentistry staff as measured through appraisal.

- Continue to lead and be actively involved in the South East Wales Specialist Care Managed Clinical Network including the development of pathways for sedation and Specialist Care Dentistry General Anaesthesia.

- To continue to develop Oral Health Plan programmes in vulnerable areas prioritising care homes and patients with learning disabilities.

- To explore the opportunity for future bariatric provision in the Newport East Primary Care Resource Centre.

- To establish a system to collect General Anaesthetic waiting list data for vulnerable patients and report quarterly to the Oral Health Advisory Group.

- The Health Board will continue to deliver dental Out of Hours services which meet recent National guidance including provision to urgent Out of Hours dental care within 24 hours.

- The Service will explore opportunities to expand their estate and link into the Health Board’s out of hospital Estates Strategy;

- The Service will explore the potential to appoint a Restorative Consultant in the Community care setting.

- The Service will actively engage with other Health Board services dealing with frail and vulnerable patients to ensure oral health features in all future delivery plans and strategies.
**Designed to Smile**

Designed to Smile is a targeted National Oral Health Improvement Programme which primarily focuses on the improvement of dental health in children.

The Programme was fully rolled out across Wales in October 2009 and is funded by the Welsh Government. By March 2012, 78,350 children from 1,121 schools and nurseries in the most deprived parts of Wales were taking part.

At present there is no national quality framework associated with the programme to benchmark effectiveness and efficiency of individual Designed to Smile programmes.

**Good Practice/Progress:**

- The Health Board has fully implemented the Design to Smile Programme using a target approach in the most deprived areas across Gwent.

- A recent National Survey of tooth decay across Wales showed a marked decrease in tooth decay in 5 year olds across Aneurin Bevan Health Board.

- The Health Board’s implementation of fissure sealants programme has been rolled out in more places than anywhere else in Wales.

- Health Visitors within the Health Board are using the Oral Health toolkit developed by Dental Public Health and using the Designed to Smile toolkit.

Future actions for the Health Board include:

**Future Actions:**

- Continue to develop Designed to Smile programmes using annual objectives.

- On receipt of a National Designed to Smile Quality Framework from Welsh Government to ensure delivery and data requirements are met.

- To continue to report annual Designed to Smile activities to Welsh Government and promote increased number of teeth
fissure sealant.

- To work with General Dental Providers to receive referrals from the Designed to Smile team for children requiring dental care.

### Access to Hospital Based Dental Services

Aneurin Bevan Health Board patients currently access specialist consultant led Oral and Maxillofacial, Orthodontic and Head and Neck Cancer services within Hospital Based services within the Health Board and externally from Cwm Taf Local Health Board, Cardiff and Vale University Health Board, Dental Hospital Wales and from English providers, where appropriate.

At present there are significant waiting times for access to specialist dental services for Aneurin Bevan Health Board residents.

In an ideal system the interface between primary, community and secondary care dental care would be seamless to ensure wherever possible patients can access specialist dental services based in primary care (specialists/Dentist with Enhanced Skills) to release capacity within Secondary and Community Care to deal with complex care and ensure effectiveness and efficiency.

### Good Practice/Progress:

- The Health Board has an established Core Trainee 1 programme for oral surgery training practices.

- The Health Board has four highly specialised maxillofacial consultants in post who actively work with other specialties within the Health Board ie Ear, Nose and Throat clinicians to deliver integrated care.

- The Health Board revised the Urgent Referrals pathway for oral cancer and issued to all Primary Care professionals.

Further actions relating to Access to Community Dental Services included within the detailed action plan are set out below.
Future Actions:

- The Health Board will increase its Consultant in Restorative Dentistry capacity from February 2014.
- The Health Board would welcome the development of a South East Wales Managed Clinical Network to look at the future provision of Restorative dental care that takes into account the needs of the Gwent population.
- The Health Board will continue to work with the Cancer Networks and Head and Neck Cancer National Specialist Advisory Group to improve outcomes and standards of care received by oral cancer and wider head and neck cancers patients.

Dental treatment using general anaesthesia

Aneurin Bevan Health Board currently accesses general anaesthesia dental treatment via Hospital Dental Services, Community Dental services or via an external Service Level Agreement with Kensington Court for the treatment of children.

The issues associated with the use of General Anaesthesia within the Health Board can be categorised into three areas:

- Excessive waiting times for patients who require General Anaesthesia dental treatment;
- Confirmation of the number of children being referred and treated by General Anaesthesia and providing assurance that this is appropriate;
- A need to increase capacity in specialist paediatric dental services and to explore alternative treatments such as sedation and behaviour modification techniques.
**Good Practice/Progress:**

- The Health Board has appointed a 0.6 wte paediatric dental specialist as part of the Community Dental Service.

- Obtained clinical agreement for a central triage system for children’s General Anaesthetics to be implemented in 2014.

- Agreement by the South East Wales Managed Clinical Network to develop regional pathways for sedation and Specialist Care Dentistry General Anaesthetics.

Further actions relating to Access to Community Dental Services included within the detailed action plan are set out below.

**Future Actions:**

- The Health Board will collect information and monitor the number of paediatric General Anaesthetics administered for dental treatment and provide quarterly reports to the Integrated Oral Health Group and annually to Welsh Government.

- The Health Board will undertake a full review of current sedation and General Anaesthetic services.

- The Health Board will lead, and participate in, the production of South East Wales Managed Clinical Network regional pathways for sedation and General Anaesthetic services;

- The Health Board will, as part of its longer term plans, aim to repatriate children’s General Anaesthetic services into a hospital setting.

- The Health Board will establish a system to collect General Anaesthetic waiting list data for vulnerable people and ensure compliance with Welsh Government guidelines.

5 **Restorative Dental Care**

There are significant issues with the Health Board with regards accessing restorative care for the Gwent population. At present the Health Board does not have access to any restorative consultants, and due to the recent amendments to the Dental Hospital Wales referral criteria the
Health Board is unable to make tertiary referrals to the Dental Hospital Wales.

The Health Board recognises this pressure and sets out below the areas it is exploring to resolve this issue and ensure access to restorative care for Aneurin Bevan Health Board patients.

### Future Actions:

- The Health Board will explore the potential for commissioning a Dentist with Enhanced Skill/Specialist service from General Dental Providers for Restorative and Endodontic services.

- The Health Board will explore the potential to appoint a Restorative Consultant in the Community care setting.

- The Health Board will appoint three sessions of a Restorative Consultant within Hospital Dental Services from February 2014.

### 6 Conclusions

The causes of poor health are well known and almost entirely preventable yet the prevalence of poor oral health across Aneurin Bevan Health Board and Wales continues.

The Health Board’s five-year plan focuses on delivering the Health Board’s Strategy for improving Oral Health for its population by ensuring adequate access across services and delivering high quality, effective and efficient oral health care to all and delivering care locally in the Primary and Community setting wherever possible.

Oral health promotion and prevention is at the core of this plan. It recognises that sustainable oral health improvement will not be possible unless everyone makes oral health improvement his or her business.