

Wales

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Dental Digest

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Foreword

by David Thomas, Chief Dental Officer, Wales

Colleagues,
Welcome once again to another issue of our Digest. I am pleased to report that NHS dentistry was successful in 2014/15. Access to services continues to be maintained across Wales and 94% of patients remain extremely satisfied with the service delivered. Actions to improve health highlighted in the National Oral Health Plan in 2013 are now starting to be implemented. Several examples are highlighted in this edition (e-mail; care homes; treatment of vulnerable groups; orthodontics). Access to specialist services has been problematic in many parts of Wales. I am pleased that additional funds have been found to develop special care dentistry in all areas. In addition, Health Boards have been working closely with the Welsh Dental Committee to develop new consultant led restorative dentistry services in South-East and North Wales.

The Department of Health will shortly publish guidance for dental teams working in England on the development of commissioning specialist dental services. Commissioning guides will explain how an integrated approach involving consultants, specialists, dentists with enhanced skills, general dental practitioners and DCPs can manage individual cases. The guides

will include orthodontics, minor oral surgery and special care dentistry in the first instance, with further work to be completed on other dental specialties. I believe that the proposed system is also an opportunity for Wales to adopt a similar approach, so we will be considering how we can introduce this alongside the English model as soon as possible.

In addition, at the end of the financial year we were fortunate to obtain just over £160,000 of capital moneys which was distributed to all community dental services to upgrade a wide variety of equipment. This year we will be working closely with the profession and health boards to review and refresh oral health plan outcomes and actions in order to ensure the oral health needs of the population continue to be met.

Our new work plan for this year also includes working closely with the BDA to iron out and clarify some grey areas of the current dental regulations, modifying the performers list and private dentistry regulations. We will be developing proposals building on the lessons we learnt from dental pilot practices in order to pave the way for the introduction of a new dental contract in the future. I hope that you find this edition informative and best wishes for this year.



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NHS e-mail accounts and development of e-referrals for dentists

In the last issue of the digest I explained about our ongoing project for NHS dental practices in Wales to obtain a NHS e-mail account, allowing secure access to the NHS network and resources.

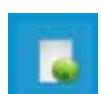
I am pleased to report significant progress has been made with some 80 per cent of our dental practices having signed up to the NHS e-mail account. The NHS Wales Informatics Service (NWIS) has been working with dental practices to set up the new e-mail accounts between March and June this year and I would encourage those dental practices which have not yet signed up to the scheme to do so in the interests of driving through efficiencies and developing a more integrated approach to providing NHS dental services.



NHS Email – via Outlook Web Access
(Practice Account only)



NHS Wales E-Library – An online resource is aimed at effective healthcare delivery (by providing relevant and timely information to support NHS Wales professionals)



File Transfer – to upload files to attach to email (general use) and e-Referrals (specific to WCCG currently)



HOWIS (Health of Wales Information Service)

We have also commenced a pilot scheme involving 5 NHS dental practices in the Cwm Taf health board area which will be able to make electronic referrals for oral surgery to the Prince Charles Hospital or to the Royal Glamorgan Hospital. I fully anticipate being able to roll-out capability for all dental practices to be able to make e-referrals to a range of specialist dental services within the next 18 months. The screenshot below indicates how the system will look and feel when installed. You will note that in addition to the NHS email (which incidentally gives access to all NHS email account names in Wales) there is access to HOWIS and e-library which provides a plethora of information and services to NHS users.

HOWIS provides healthcare professionals with access to the following services:

[Electronic Health Library](#)

Where you can access appropriate evidence, research and published information.

[National Databases and Statistics](#)

Statistical resources about health service delivery and performance, public health and lifestyle.

[NHS Wales Directory](#)

Providing contact details for NHS Wales organisations, groups and individuals.

Other Resources

... including job vacancies, key publications, discussion forums, events, news and feedback.

All sites will see the following icon, but only pilot sites will be able to access.



WCCG e-Referral

NHS dental charges – exemptions for the under 25s and over 60s in Wales

We occasionally receive queries about the free NHS dental check-up for adults under the age of 25 or over 60 years of age, where patients have subsequently been surprised to be asked to pay the Band 1 treatment charge.

These NHS dental charges exemptions for a check-up have been in place in Wales since 2001. When the new charging and banding system was introduced in 2006 as part of the dental contract, Welsh Ministers decided to retain the exemptions.

It is important, however, for patients to note the element of the Band 1 charge which is free is the clinical examination, case assessment and report. Any subsequent treatment required following the examination bears the cost which other charge payers have to make. Therefore, those patients who have good oral health and do not need additional treatment are benefitting from the arrangement with a free check-up.

There are another 11 elements to a Band 1 charge. These are outlined in Schedule 1 of the

[National Health Service \(Dental Charges\) \(Wales\) Regulations 2006](#)

CPD and Safeguarding

The GDC has recently announced it has added the topics of 'safeguarding children and young people' and 'safeguarding vulnerable adults' to the current list of recommended CPD:

[Safeguarding becomes recommended CPD](#)

Welsh Cancer Stats

Readers may be interested in this link: <http://www.wcisu.wales.nhs.uk/cancer-statistics> which highlights the latest report from the Welsh Cancer Intelligence and Surveillance Unit and contains the most up to date data (2013) on all cancers diagnosed in Wales.

Six hundred and forty five citizens (453 male, 192 female) were diagnosed with head and neck cancer during 2013.

Unfortunately there continues to be little change in the 5-year survival rate in these cancers (reported 2004/08 as 55%). I believe that the report reminds us of the need to be vigilant when screening our patients and the pressing need to encourage our patients to follow healthy lifestyles, in particular in relation to smoking behaviour and alcohol consumption.

Buyer beware - take care when purchasing on the internet

Medicines Regulations and Healthcare Agency have highlighted a problem with some internet sites selling dental equipment and drugs. Dentists have bought equipment or drugs/medication cheaply on the internet but the equipment was not fit for purpose and in some cases potentially harmful to patients and staff. In many cases the websites look genuine – MHRA advise dental teams to check they are using official sites or reputable stockists.

Dental Practice Inspections by HIW

In August 2014, Healthcare Inspectorate Wales (HIW) commenced a three year programme of inspections of all dental practices in Wales. So far 110 dental practices have been inspected.

HIW has developed its inspection approach through regular consultation with its stakeholder reference group, which includes representation from health boards, Public Health Wales, Welsh Government, the BDA, GDC and the Wales Deanery.

Inspections last for one day and are undertaken by a dentist and an inspector from HIW. HIW's clinical dental lead, Dr Brent Weller, oversees the clinical aspects of the inspection programme. A practice receives approximately 8 weeks notice of an inspection.

Inspections seek to establish how well practices meet the Health and Care Standards, and where applicable, the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011. Inspections also consider how the practice adheres to any relevant

professional standards and guidance, such as the GDC Standards for the Dental Team.

Following an inspection a report is sent to the practice for their response. It is important practices take the opportunity to respond to any improvement actions identified by the inspection, so that this response can be published alongside the report. These improvement actions are separately evaluated by health boards and HIW to determine what, if any, further action is required.

Important for HIW is that our inspection findings are a catalyst for practices and health boards in terms of their response to our recommendations.

Cooperation from dentists and their teams has been good and feedback from dentists who have been inspected has been positive. Further information about HIW's inspections can be found at www.hiw.org.uk/dental-services. Any queries regarding the inspection programme can be directed to hiw@wales.gsi.gov.uk

Welsh Health Circulars

Earlier this year the Deputy Minister for Health announced two important Welsh Government funding initiatives, which underpin our Programme for Government commitment to preventing poor health and reducing health inequalities by ensuring some of our most vulnerable citizens have equitable access to appropriate oral health care and specialist dental services:

WHC/2015/001: Improving oral health for older people living in care homes in Wales – Many people have oral health issues when they move to a care home. The focus is on ensuring residents have an oral health risk assessment and an individual care plan to optimise oral hygiene and reduce the risk of additional disease.

WHC/2015/002: Improving access to specialist dental services delivered in primary care – In some areas there is a lack of access to more specialised services, in particular: special care dentistry; restorative dentistry; paediatric dentistry; and oral surgery. People with complex medical conditions need dental services that are suitable for their needs, including appropriately trained and equipped dental teams.

Health boards are required to develop new specialist dental services which can be delivered substantially in a primary care setting with the aim of reducing waiting times in the secondary care sector.

Further information about both these initiatives is available via the following link:

<http://gov.wales/topics/health/nhswales/circulars/policy/?lang=en>

Independent review of orthodontic services in Wales

Professor Stephen Richmond, Professor of Orthodontics at Cardiff University School of Dentistry has recently reviewed and refreshed his original report completed in 2010. This latest report (February 2015) provides evidence that strengthened guidance from Welsh Government has had a positive effect with regard to improving efficiencies within the current system:

<http://gov.wales/topics/health/cmo/professionals/dental/orthodontics/?lang=en>

Most significantly, the report shows that orthodontic treatment provision has increased by 533 cases per year across Wales (6% improvement) and there has been a substantial 58% reduction in “Assessment and Reviews” across Wales in 2013.

The review also states the orthodontic resources currently available appear to be sufficient to provide provision to the current one-year cohort. However, past inefficiencies have led to delays in orthodontic provision and further work is required to improve fluidity of provision between practitioners and Community and Hospital services in association with defined roles of the Community and Hospital services.

The report has proposed a number of recommendations intended to improve the effectiveness and efficiency of the delivery of orthodontic services in Wales. We are continuing our work with managed clinical networks and health boards to drive through efficiencies and further develop our guidance, particularly in relation to data collection and the development of Key Performance Indicators (KPI).

Primary Care Prescribing by General Dental Practitioners in Wales: 2009 to 2014

by Anup Karki Consultant in Dental Public Health

Antibiotics prescribed by dentists in Wales have decreased by 13% between 2009 and 2014. This is good news and indicates that the dental profession in Wales is engaged in the antimicrobial resistance challenge. **Considering the limited indications for use of antibiotics in dentistry, we believe we can reduce antibiotic prescribing in dentistry further.**

A 2009 review conducted by Public Health Wales (PHW) showed that prescribing by dentists accounted for 9% of the total antibacterial prescribing in Primary Care. After the review, a number of interventions were introduced in Wales with the aim of decreasing inappropriate antibiotic prescribing in dentistry. Individualised prescription pads were introduced in 2011 and many dentists in Wales have completed a funded antimicrobial audit available through the Wales Deanery. In October 2012, 0.75 UDA prescriptions only Course of Treatment was also removed from the General/Personal Dental Services regulations.

The Dental Public Health team within PHW have been given online access to the dental prescribing database. Welsh Government will continue to work with all stakeholders to reduce inappropriate antibiotic prescribing in dentistry. We encourage all dentists to review and reflect on their antibiotic prescribing pattern. If you have not yet completed the audit, participation will help you to understand if your prescribing behaviour is in line with the best practice.



Improving Quality Together

1000 Lives Service Improvement is Wales' national programme to improve the quality and safety of healthcare. The dental programme includes "improving mouth care for adult patients in hospital" and the audits of antibiotic prescribing and WHTM 01-05. Everyone working in healthcare is encouraged to use 1000 Lives' straightforward systems to make improvements and the team have produced a number of guides to help different professional groups to get involved. The first online guide has been developed for dental teams and you can access it here: www.1000livesplus.wales.nhs.uk/dental-qj-guide

In addition, Cardiff Dental Deanery has sent a hard copy to all practices in Wales to use as a reference before you access the online version. All dental team members can access the first level training (Bronze level) – see the guide for details.

Prudent Healthcare

Prudent Healthcare is aimed at improving the way we deliver health services while making the very best use of resources.

The 4 key principles are:

- Do no harm – use evidence based and evidence informed treatments e.g. appropriate antibiotic prescribing, use of audit and Improving Quality Together for dental teams.
- Only do what only you can do – make the best use of everyone’s skills and training to ensure everyone is working to their maximum potential Dental e.g. – Testing Direct Access in 3 HB CDS.
- Co-production – Having honest conversations with patients about how they can look after their own health, treatment options and the “pros and cons” of possible treatments, whether

it is appropriate for them to have treatment until their oral hygiene is consistently good.

- Carry out the minimum appropriate intervention – The principle that treatment should begin with the basic proven tests and interventions, e.g. Eliminate “routine” scale and polish and getting the basics right first – diet and oral hygiene must be good before complex restoration.

You can read more about prudent healthcare and dentistry at:

<http://www.prudenthealthcare.org.uk/>
(*Making Prudent Healthcare Happen*)

Developing Primary Care Clusters

The [Primary Care Plan](#) launched on 6 November last year reinforces Welsh Government policy on collaborative community focussed needs assessment and service planning, through multi-professional, multi-sector structures for populations of between 250,000 and 100,000 people.

There are 64 such structures across Wales. Clusters are not separate entities, they are a way of working at a very local community level in a collaborative and co-ordinated way focussed around the specific needs of the people in their communities as close to home as possible.

Clusters are currently embryonic and largely still clusters of GP practices. The Primary Care Plan calls on these clusters to grow and mature rapidly to develop more capacity with multi-professional leadership teams. This should include, as equal partners, all sources of help - not only other NHS services such as pharmacy; optometry; dentistry; community nursing and therapy but also local government (social services, housing, education, environment, transport, leisure etc); the third and independent sectors; Communities First; Flying Start; and people themselves. The aim is to proactively improve population health, support people to manage their own health and wellbeing and to deliver co-ordinated care close to home.

Delivering Better Oral Health – version 3

Every practice has been sent a copy of DBOH version 3 and you can access it on-line via the Designed to Smile website:

http://www.designedtosmile.co.uk/fluoride_varnish_new3.html

The Dental Deanery will include some key messages from DBOH in future CDP events and the Dental Protection Society recommends members to follow its evidence base.

Designed to Smile

The Designed to Smile website includes a section on "Information for Professionals". This includes links to monitoring reports, the evidence base, and information on topics such as:

- fissure sealing hypoplastic molar teeth;
- carbonated water and dilution of fruit juices;
- information on ingredients in toothpaste.

You can access this section via the following link:

http://www.designedtosmile.co.uk/fluoride_varnish_new3.html

Other news

Good wishes to Hugh Bennett who has now retired as leader of the Dental Public Health Team in Wales.

Congratulations to Michele Seager, Assistant Clinical Director of the North Wales Community Dental Service (NWCDS), and a Specialist in Special Care Dentistry, who received the BEST award for her contributions to training dentists in their second year post-qualification.

Michele received her award at the British Medical Associations Clinical Teacher of the Year awards held at the Royal Welsh College of Music and Drama in Cardiff in April.

We are sorry to report the deaths of Anne Williams (Oral Health Promotion Officer, Betsi Cadwaladr CDS) and John Brown (GDP and Dental Practice Advisor). Both made a great contribution to dental services in North Wales and will be greatly missed by their colleagues.



Department for Health and Social Services.
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Next Edition

The next edition of the Digest will be issued in Winter 2015 and will include information on a wide variety of topics which we hope will be of interest to dental teams in Wales.