

Wales

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Dental Digest

Foreword

by Colette Bridgman, Chief Dental Officer, Wales

Colleagues, welcome to the latest edition of the dental digest. I hope you are all enjoying the beautiful summer weather. It is an exciting time for dentistry and oral health in Wales and I trust you will find the topics and articles of interest to you. Please *do* share the 'Dental Digest' with other team members after you have read it; it is for the whole team to enjoy.

So what's happening? In June this year the Welsh Government published its long-term and shared plan for the future of health and social care *A Healthier Wales: Our Plan for Health and Social Care*: <https://gov.wales/topics/health/?skip=1&lang=en>

It aims to see a shift from healthcare which focuses on treating people when they become unwell, to one that provides services and preventive care which supports people to stay well, lead healthier lifestyles and live independently. There is a focus on those with the greatest needs being treated first and making more effective use of resources we have. Innovation feeding through to new models is encouraged; as is a scale-up of new ideas that create better ways of working to support change across

the whole system. Most importantly investing in the people who deliver health services is an underpinning theme. The real test will be the delivery of transformed services and improved outcomes across Wales. Oral Health and dentistry has much to contribute to this agenda. Communication and engagement with dental teams, committees and representatives is already underway.

In July we published *A Healthier Wales: our Plan for Health and Social Care – the oral health and dental services response*: <https://gov.wales/topics/health/professionals/dental/?lang=en>

This response is our plan and direction for the future. It builds on the foundations of the National Oral Health Plan *Together for Health: A National Oral Health Plan 2013-18* and draws on the progress made in delivering three priorities set out in *Taking Oral Health and Dentistry Forward*, March 2017. It sets out to support whole system change and the articles in this digest will give you an update on what we are doing. I look forward to working with you to implement better ways of working in dentistry. All ideas and constructive comment welcome!



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Update on contract reform

Taking Oral Health Improvement and Dental Services Forward in Wales was published by the Welsh Government in March 2017:

<https://gov.wales/topics/health/professionals/dental/publication/information/dental-health/?lang=en>

The document detailed reasons for a general dental service reform programme. The current dental contract is focussed on treatment activity and does not incentivise needs led care, prevention or encourage the best use of the skills of the whole dental team. We can do better than the current system.

Learning from the previous dental pilots in Wales (2011-16), the ongoing dental prototype practices together with new

thinking on need, risk and outcomes is being used to design and support whole system change in NHS dentistry in Wales.

Work on creating tools and reporting systems offering contract flexibility to capture oral health need and risk of patients in 22 dental practices across Wales has been implemented; there is an expectation that this will be rolled out at pace to at least 10% of practices in each health board area from October 2018. This will provide an indication of risk and need of patients at practice population level and it can be used to have informed discussions about access, quality of care, use of the whole team and to personalise communication with patients to support improved outcomes.

The Impact of Designed to Smile

In July 2017 Public Health Wales published a dental survey of 5-year-old children in Wales:

www.cardiff.ac.uk/research/explore/research-units/welsh-oral-health-information-unit

The report shows the continued steady progress in improving children's oral health and the emerging impact of the Designed to Smile child population oral health improvement programme:

- A reduction in the proportion of children with decay between 2007-08 (47.6%) and 2015-16 (34.2%). This represents continuing improvement of the proportion of children who have no obvious decay experience by age 5. In 2015-16, in a class of 30 children, 20 will have no decay experience. This compares with 16 decay free in a class of 30 children in 2007-08.
- Dental disease levels in children in Wales continue to improve across all social groups. In absolute terms, the most deprived quintile have seen the largest

reduction in decay prevalence (by 15%) and mean decay experience score (by 0.6).

There is no evidence of widening inequalities.

Public Health Wales' latest dental health survey of 12-year-old children published in June this year shows a significant decline in tooth decay amongst 11-12 year-olds across all health board areas in Wales between 2004/5 and 2016/17. There has been a 16% reduction in experience of tooth decay in school year 7 children living in Wales (45.1% reducing to 29.6%).

The series of 12-year-old surveys highlights considerable improvements in oral health amongst 12-year-olds in Wales. In 2020/21 children who participated in Designed to Smile prior to their first adult teeth erupting into their mouth will be surveyed in school year 7 for the first time. The data collected in 2020/21 will inform the estimation of the full impact of Designed to Smile programme on the permanent dentition.



Implementing e-Referral to Specialist Dental Services

A contract to establish a Dental e-Referral Management System has been awarded. The Dental e-Referral Management System will improve dental referrals into specialist dental services across NHS Wales in specialist primary and secondary dental care settings. It will improve the quality of referrals and reduce patient waiting times for treatment. It is expected that between 45,000 and 50,000 referrals will go through the e-referral system each year. Once operational, Wales will be the first country in the UK to fully implement an electronic system for all dental referrals across all dental specialties.

Roll-out of the system to health boards is expected to take place between September 2018 and January 2019 and your health board will let you know when the system goes live in your area. Key benefits will include:

- Improving patient referrals;
- Electronic referrals which will replace the postal process that can take up to four days for delivery;
- Improved visibility of available services and a robust referral pathway where clinicians and patients can track progress within the system;
- A robust referral process will make it easier to identify local service delivery needs and practice level training needs; and
- Dental referrals will have consistent information so that specialists can interpret quickly and accurately, including the ability to view high quality radiograph images digitally.

The system supports local triage pathways direct to specialist providers and is led by a team that has over 10 years' experience in dental referral management. Currently they process over 4,500 referrals a day, delivering services in a number of regions in England and are looking forward to working with colleagues in Wales.

The service has been designed for simplicity and ease of use – the process of making a referral takes less than 5 minutes and complies with NWIS requirements. It can search for a patient NHS number; this process ensures integration and recognition within secondary care systems ensuring an improved patient experience.

Referrals can be tracked using the Unique Referral Number URN on the web site or via a desktop application. If you want further details; to edit a referral; view discharge summaries; or send further correspondence you will simply login to your dashboard. Full details of all referrals, outcomes and correspondence will be available on the system.

This is a new approach for dental practices across Wales and there will be support for you via a range of resources including an interactive web site; online training materials, including CPD verifiable courses/short videos; and a help desk team who will assist via email; calls; or remote dial-in support.

Gender Neutral HPV vaccination

The human papilloma virus (HPV) is associated with a number of cancers, including mouth and throat cancer. Girls age 12 to 13 in the UK are vaccinated against HPV to prevent cancer of the cervix but until now it has not been offered to boys this age. Dental organisations have argued that boys should also be offered this cancer prevention "jab" and on 18 July 2018 Vaughan Gething, Cabinet Secretary for Health and Social Services announced the HPV vaccination programme will be extended to boys in Wales:

"I am pleased to announce that I have decided that the HPV (human papillomavirus) vaccination programme in Wales will be extended to include adolescent boys. We will be following the advice from the Joint Committee on Vaccination and Immunisation (JCVI) that offering HPV vaccination to boys will help

reduce the number of cases of HPV related cancers and save lives in years to come.

We will now work with NHS Wales on the implementation of the new programme for roll out as soon as practicable."

Many organisations have welcomed the announcement including the BDA; Stonewall Cymru; the Wales Cancer Network; the Future Generations Commissioner; and Tenovus. The announcement received extensive media coverage. You can read BBC Wales' report here:

<https://www.bbc.com/news/uk-wales-politics-44877081>

A number of individuals and organisations (BDA, WDC etc.) in dentistry have been working to influence and achieve this for some time. Well done to all concerned we are delighted this has been agreed.

Preventive dental advice, care and treatment for children from 0-3 years

We have written to all dental teams in Wales with information about Preventive dental advice, care and treatment for children from 0-3 years.

We want all children to be taken to the dentist before the age of 1 (ideally, as soon as deciduous teeth erupt) and for dental teams to give parents and carers preventive advice to help them to keep their child caries free. You can access the guidance here:

<https://gov.wales/topics/health/professionals/dental/publication/information/prev0-3/?lang=en>

New Welsh Health Circulars:

WHC(2018)009 – Dental Services: Service Standards for Conscious Sedation in a Dental Care Setting

<https://gov.wales/topics/health/nhswales/circulars/quality/?lang=en>

Conscious sedation is an important adjunct to the provision of high quality dental care. It has particular relevance for people with high levels of dental anxiety or where dental treatment is more advanced or complex. It can be used to support care provision for people who require special care or children who cannot co-operate with routine care.

These Standards focus on and describe the consensus regarding conscious sedation in dentistry and the need for change following publication of:

- Safe Sedation Practice for Healthcare Procedures: Standards and Guidance, Academy of Medical Royal Colleges (AoMRC), 2013;
- The Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) Standards for Conscious Sedation in the Provision of Dental Care, 2015; and
- Conscious Sedation in Dentistry, third edition, published by Scottish Dental Clinical Effectiveness Programme (SDCEP), 2017.

The Standards are primarily for health boards who contract and/or provide NHS dental conscious sedation services and dental teams who provide these services. They will also be relevant for those providing private dental conscious sedation services.

WHC (2018)019 – Getting the Balance Right in Wales: Supporting quality and Safety for dental registrants as part of an assurance process

<https://gov.wales/topics/health/nhswales/circulars/quality/?lang=en>

A working group of representatives from a wide range of dental organisations advised and supported the Welsh Government to develop a new WHC to replace the one published in 2005 with subsequent guidance in 2012.

We want to give patients, the public, the dental profession, health boards and the GDC confidence that dental performance which causes concern can be identified promptly and dealt with proportionately to protect patients and support GDC registrants.

The WHC describes a process for health boards to act promptly when concerns are raised and respond proportionately. It also describes how the Welsh Government will work with the GDC to instigate a system of re-routing, repatriation and information sharing when concerns are raised directly with the GDC.

A new Clinical Dental Lead for Healthcare Inspectorate Wales

In May 2018 Ali Jahanfar was appointed as the Clinical Dental Lead for Healthcare Inspectorate Wales. His role requires him to provide professional advice and guidance to HIW with regard to the Inspection Programme for dental practices in Wales. Ali will also lead and support the clinical dental peer reviewer team and is already working with them to review the inspection process.

Ali graduated in 1996 from Gothenburg University in Sweden and moved to Wales in 1997. He works in practice in Blaenau Gwent

and in 2011 the practice became a training practice. Ali first joined HIW in 2014 as a clinical Peer Reviewer and undertook practice inspections throughout Wales, using the role to support practices to meet HIW's regulatory requirements and quality standards.

He has a wide range of experience in general dentistry with a particular interest in preventive care. Ali has also been involved with training dental nurses doing the Certificate of Higher Education at Cardiff University.

HIW Annual Report 2018

There was a positive report on dentistry in this years' HIW annual report published 19th July:

<http://hiw.org.uk/reports/annualreports/?lang=en>

This year, HIW inspected 104 practices, including 6 follow-up inspections and the report on dental inspections concluded:

“Overall HIW saw a high standard of care being delivered in healthcare services across Wales. Patients were pleased with the care they received and valued the work done by dedicated and committed staff, who were often working in pressured and challenging environments.

Patients told us they were happy with the treatment they received from their dental team. Staff interaction we saw with patients was positive and professional; and patients were treated with dignity and respect.”

However it was noted:

In almost every dental practice inspection we made recommendations to improve the quality of patient records. The main themes were:

- Justification of radiographs
- Recording of soft tissue examination (BPE)
- Documentation of oral cancer screening
- Recording of patient consent
- Updating patient medical history at each appointment

EU Mercury Regulations

Following introduction of the EU Mercury Regulations we wrote to all dental teams in Wales to advise them about the implications for use of dental amalgam.

Regulations already in force:

- All dental surgeries must have effective amalgam separators; and
- All dental amalgam must be used in encapsulated form.

From 1 July 2018 additional safeguards have been introduced with regard to the use of amalgam in pregnant or breast feeding women and for children under 15 years of age. In practice this means amalgam should not be used in these groups unless there is clinical justification for not using an alternative.

- Amalgam may sometimes be the best option to restore teeth. Dental clinicians must use their clinical judgement when deciding to use amalgam in children under 15 and in pregnant or breast feeding women.

- When using amalgam in this group you will need to explain why it is the most appropriate material to the patient/parent or carer. It's important to explain in clear and straightforward language so it is easily understood.
- Record the reason for use of amalgam in the clinical notes and that you have discussed this with the patient/parent or carer.

The use of dental amalgam has **not** been banned (the use of mercury which it contains is being reduced) and it remains a useful and effective material for dental restorations.

The Scottish Dental Clinical Effectiveness Programme (SDCEP) has developed guidance for dental teams on the use of dental amalgam – *Restricting the Use of Dental Amalgam in Specific Patient Groups* which can be accessed here: www.sdcep.org.uk

e-DEN

As you may know, NHS BSA provides a suite of reporting for NHS Wales aimed at health boards and Dental Providers to help them manage and assure their dental contracts.

This year is a busy one for the Dental Insight team at NHS BSA as they are starting the migration of all reporting to a new software platform, Oracle Analytics Cloud. This new dental system will be known as eDEN and marks a step change in the way that NHS BSA can report for all of its stakeholders.

The new system allows for more graphical reporting, including dashboards and has a lot more functionality that NHS BSA is looking forward to sharing with you. The project aims to have the new system in place by the end of December 2018.

NHS BSA says you will notice a change to the way your reports look. They will be initiating an engagement cycle to keep these new reports more up to date and more reflective of what people really want to see in their data.

This year, NHS BSA is aiming to allow all Dental leads access to the system where they will be able to find and refresh their reporting dashboards much easier than the current reporting solution. Providers will still access their reporting on CoMPASS, however, the longer term aim is for all reporting to be delivered via the new system, so NHS BSA will be working towards giving Providers access to the dashboards once the system has been established.

GDPR and Dentistry – what you need to do

The BDA has published advice about the new General Data Protection Regulation 2018 and what dentists need to do to ensure they are compliant:

<https://www.bda.org/news-centre/blog/Pages/New-rules-on-data-protection-affecting-dentistry.aspx>

The NHS Business Services Authority has also published information for patients about how it uses patient information following the introduction of GDPR. You can read more at the link below and practices can download the information as a poster:

<https://www.nhsbsa.nhs.uk/dental-help-your-patients-understand-how-their-dental-information-used-and-protected>

Other News

A shared experience ...

A practice manager told us about a mix-up with surface disinfectant. The practice normally orders ready diluted surface disinfectant but the company delivered the concentrated product by mistake. The packaging was slightly different but since the product name was the same, a dental nurse assumed it was simply a new style of packaging – an easy mistake to make.

A number of team members complained the product irritated their eyes and throat and later that day a dental nurse had a severe hypersensitive reaction and collapsed. Fortunately, her colleagues acted promptly and she recovered. The concentrated product proved to be the cause.

The practice has introduced a system to ensure they receive the exact product they ordered.

Next Edition

The next edition of the Digest will be issued in Winter 2018 and will include information on a wide variety of topics which we hope will be of interest to dental teams in Wales. We'd welcome items for "A shared experience..." and will include them anonymously if you'd prefer. Please e-mail Simon Parker at simon.parker@gov.wales



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