# LDC March 2021

## Colette Bridgman
### Chief Dental Officer

# In this presentation I will:

Share with you the impact of the pandemic on dentistry

**But first –**

- Explain where we had got to with Contract Reform by March 2020
- Outline next steps for this year & system reform

**Then -**

- Answer your questions and respond to your comments
- And listen!

**So first the context in Wales prior to pandemic**

# Contribution to A Healthier Wales

**The oral and dental services response**

**A Healthier Wales:** our Plan for Health and Social Care

Patients + the public at the heart of everything we do

A Step Up in Prevention

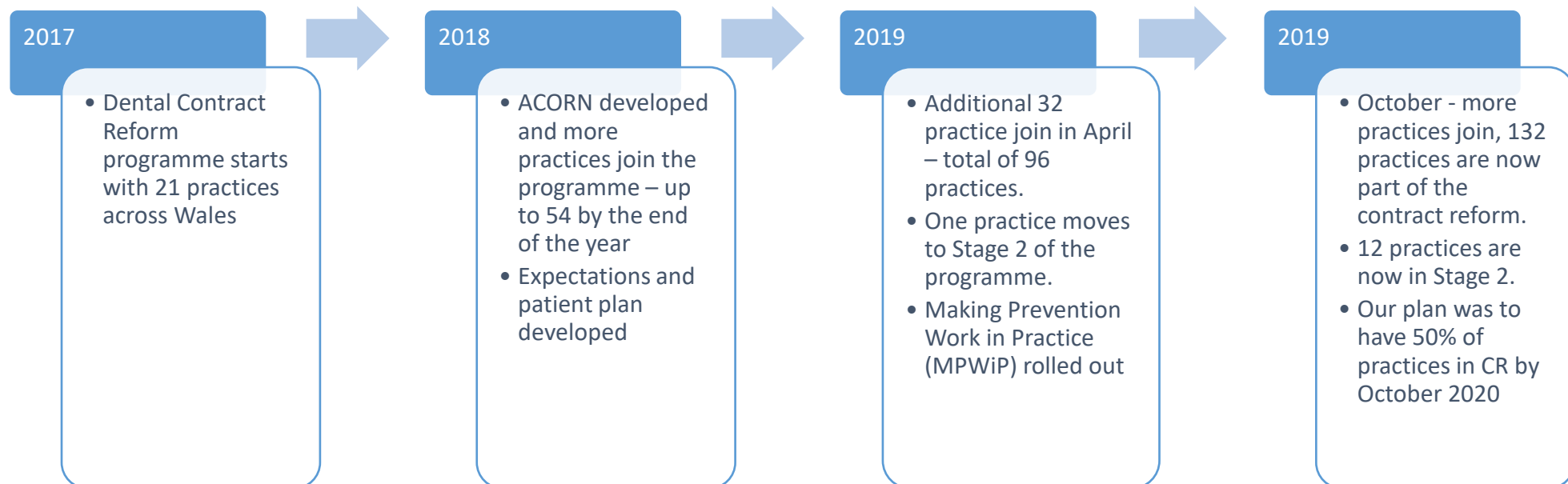Dental Services Fit for Future Generations

Developing Dental Teams and Networks
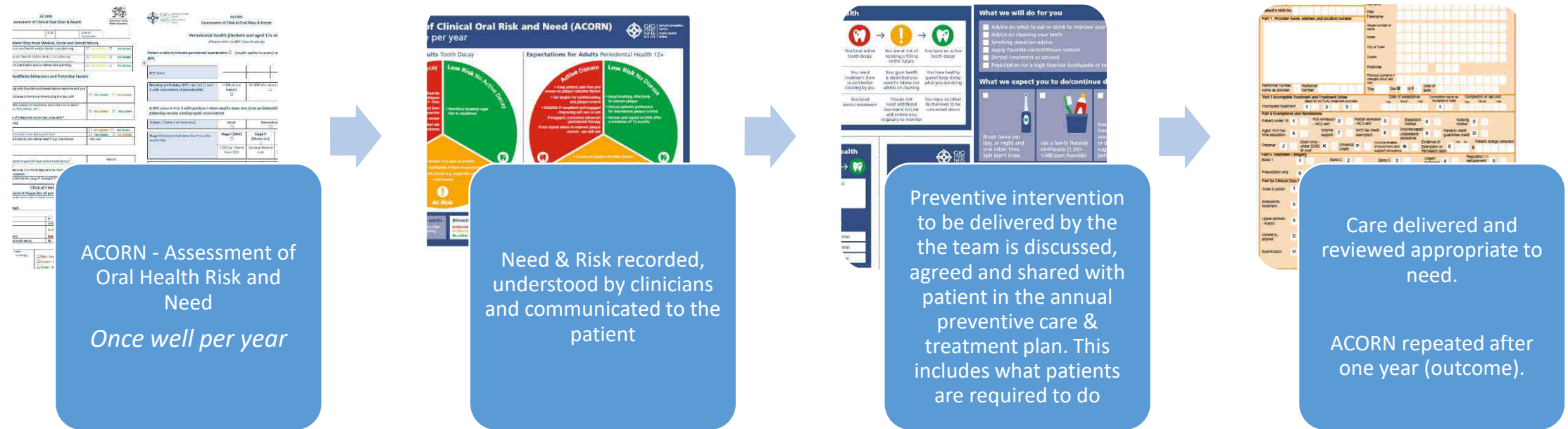
**5 priority areas to support implementation**

**– all are needed**

**- system change not just contract reform**

# Dental Contract Reform Programme 2017-20

- Consistent assessment of oral health need and risk (modifiable and non-modifiable) – 'the ACORN'

- Co-production of a needs led annual prevention care & treatment plan – personalised advice and care

- A preventive and outcome focused approach which includes the skills of the whole team in the delivery of primary dental care

**2017**
- Dental Contract Reform programme starts with 21 practices across Wales

**2018**
- ACORN developed and more practices join the programme – up to 54 by the end of the year
- Expectations and patient plan developed

**2019**
- Additional 32 practice join in April – total of 96 practices.
- One practice moves to Stage 2 of the programme.
- Making Prevention Work in Practice (MPWiP) rolled out

**2019**
- October - more practices join, 132 practices are now part of the contract reform.
- 12 practices are now in Stage 2.
- Our plan was to have 50% of practices in CR by October 2020

# Assessment of Clinical Oral Risks & Needs (ACORN) - patient journey / clinical pathway



ACORN - Assessment of Oral Health Risk and Need

*Once well per year*

Need & Risk recorded, understood by clinicians and communicated to the patient

Preventive intervention to be delivered by the the team is discussed, agreed and shared with patient in the annual preventive care & treatment plan. This includes what patients are required to do

Care delivered and reviewed appropriate to need.

ACORN repeated after one year (outcome).

This can be delivered in one visit (one FP17W) for adults with low risk and no disease or it can apply in a series of courses of treatment or appointments (therefore a number of FP17Ws in the year) for those with risk and/or disease.
The journey is patient specific over any given year and described in a personalised annual plan.
Flexibility in the UDA target 10-20%  Now UDAs suspended – but we need 'measures' – more on this later

# Additional Data Points collected on FP17Ws – transformational change

# ACORN tool kit

| Name | | DOB | | Date of Completion | |
|---|---|---|---|---|---|

## Inherent Patient Risks from Medical, Social and Dental history

| Relevant **medical** history which impacts on oral health and/or dental care planning. Please specify ...... | ☐ Yes yellow ☐ No Green |
|---|---|
| Relevant **social** history which impacts on oral health and/or dental care planning Please specify ...... | ☐ Yes yellow ☐ No Green |
| Relevant **dental** history which impacts on oral health and/or dental care planning Please specify ...... | ☐ Yes yellow ☐ No Green |

## Key Modifiable Behaviours and Protective Factors

### Tooth Decay Specific Risks

| 0-7 years only: supervised tooth brushing with fluoride toothpaste before bedtime and one more time during the day? OR >7years: Brushes (self or carer) at bed time and one more time during the day with fluoride toothpaste? | ☐ Yes Green ☐ No Amber |
|---|---|
| Consumes drinks other than water or milk outside of mealtimes more than once daily? (e.g. sports drinks, tea/coffee with sugar, fizzy drinks, etc.) And/or Eats sugary snacks, sweets, etc. outside of mealtimes more than once daily? | ☐ Yes Amber ☐ No Green |

### Periodontal Health Specific Risks (12+ only)

| Smokes and/or use of tobacco products | ☐ Yes Amber ☐ No Green |
|---|---|
| Brushes (self or carer) at bed time and one more time during the day? | ☐ Yes Green ☐ No Amber |
| Uses (self or carer) inter-dental aids as advised by the dental team? e.g. interdental brushes | Yes / No |

### Other risks/protective factors

| Household/family factors Siblings and/or family members in the same household have active tooth decay? | Yes/No |
|---|---|
| Alcohol use above recommended limit Hint: more than 14 units per week spread over 3 or more days and no more than 6 (female) and 8(male) units in a single occasion. | Yes /No |
| Other risks (including dietary) or protective factors (e.g. ↑ strength F toothpaste use) Please specify ...... | Yes/No |

## Clinical Findings

### Soft Tissues Findings, dentures and Level of Plaque (for all patients)

Please specify findings (e.g. 2 × 2 cm suspected mouth cancer on lateral border of tongue on the right hand side, satisfactory full upper partial lower acrylic dentures, etc.)

Level of Plaque: low, moderate or high

### Tooth Decay (for dentate only)

| Total number of teeth in mouth | N= | |
|---|---|---|
| No active tooth decay | Green ☐ | |
| Active tooth decay within enamel only | Amber ☐ | Or report Amber on FP17W if tooth decay risk is Amber. |
| Active tooth decay into dentine or beyond | Red ☐ | |
| If Red, total number of teeth with active tooth decay | dt | DT |

### Other Dental Need (for all patients)

| e.g. Tooth surface loss, dental trauma, repair and maintenance (e.g. cusp fracture), removal of overhangs, denture replacement required, etc. | **Tick one only** |
|---|---|
| | ☐ Red – Dental treatment required |
| | ☐ Amber – No treatment required but regular review required to monitor |
| Diagnosis/diagnoses (please specify): | ☐ Green – None |

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## Periodontal Health (Dentate and aged 12+ only)
(Please refer to BSP Classification)

Patient unable to tolerate periodontal examination ☐ (usually applies to special care dentistry patients)

### BPE

| BPE Score | | | |
|---|---|---|---|
| Bleeding on Probing (BPE code 0/1/2 and 3 with no evidence of periodontitis) | <10% (Good health) ☐ | 10-30% (Localised gingivitis) ☐ | >30% (Generalised gingivitis) ☐ |

*If BPE score is 4 or 3 with pockets ≥ 4mm and/or bone loss from periodontitis, please complete the following section (radiographic assessment)*

| Extent (Pattern of bone loss) | Local ☐ | Generalised ☐ | | Molar-Incisor ☐ |
|---|---|---|---|---|
| Stage (Interproximal bone loss – use the worst site) | Stage I (Mild) ☐ | Stage II (Moderate) ☐ | Stage III (Severe) ☐ | Stage IV (Very Severe) ☐ |
| | <15% (or <2mm from CEJ) | Coronal third of root | Severe (Mid third of root) | Very Severe (Apical third of root) |
| Grade (Rate of progression for the patient's age – use the worst site) | A (slow) ☐ | B (moderate) ☐ | | C (Rapid) ☐ |

| Periodontitis | Red ☐ | **Currently unstable** PPD ≥ 5mm or PDD ≥ 4mm and BoP at these sites | |
|---|---|---|---|
| | Amber ☐ | **Currently in Remission** BoP ≥10%; PPD ≤ 4mm No BoP at 4mm sites | |
| | Green ☐ | **Currently Stable** BoP < 10%; PPD ≤ 4mm No BoP at 4mm sites | **Green** unless any specific modifiable perio risks noted. Then recorded as **Amber** overall on FP17W. |
| No periodontitis | Green ☐ | **No periodontitis** ☐ Gingivitis only ☐ Good perio health | |

Diagnosis Statement: Extent – Periodontitis – Stage – Grade - Stability- Risk Factors or localised/generalised gingivitis only or good periodontal health

| e.g. Generalised periodontitis, Stage 3 Grade B – currently unstable-risk(s) smoker 15/day |
|---|

# Understanding & responding to Needs & Risks – All Contract Reform Practices completing ACORN
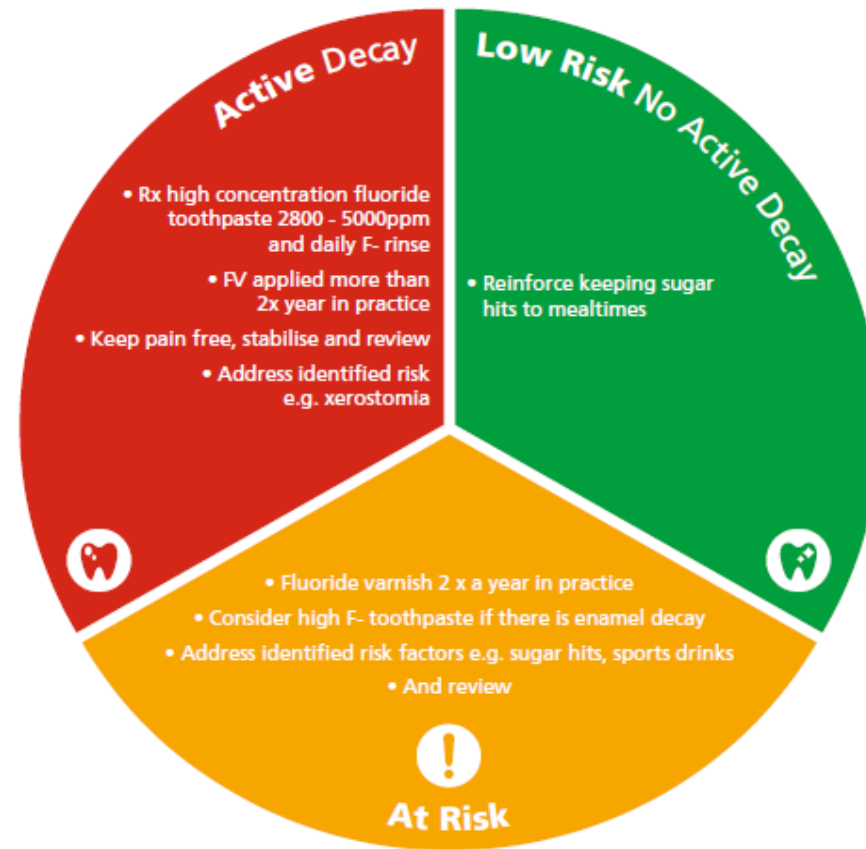
**Figure 2:** Distribution of risks from medical, dental and social history, tooth decay, periodontal and other dental clinical needs
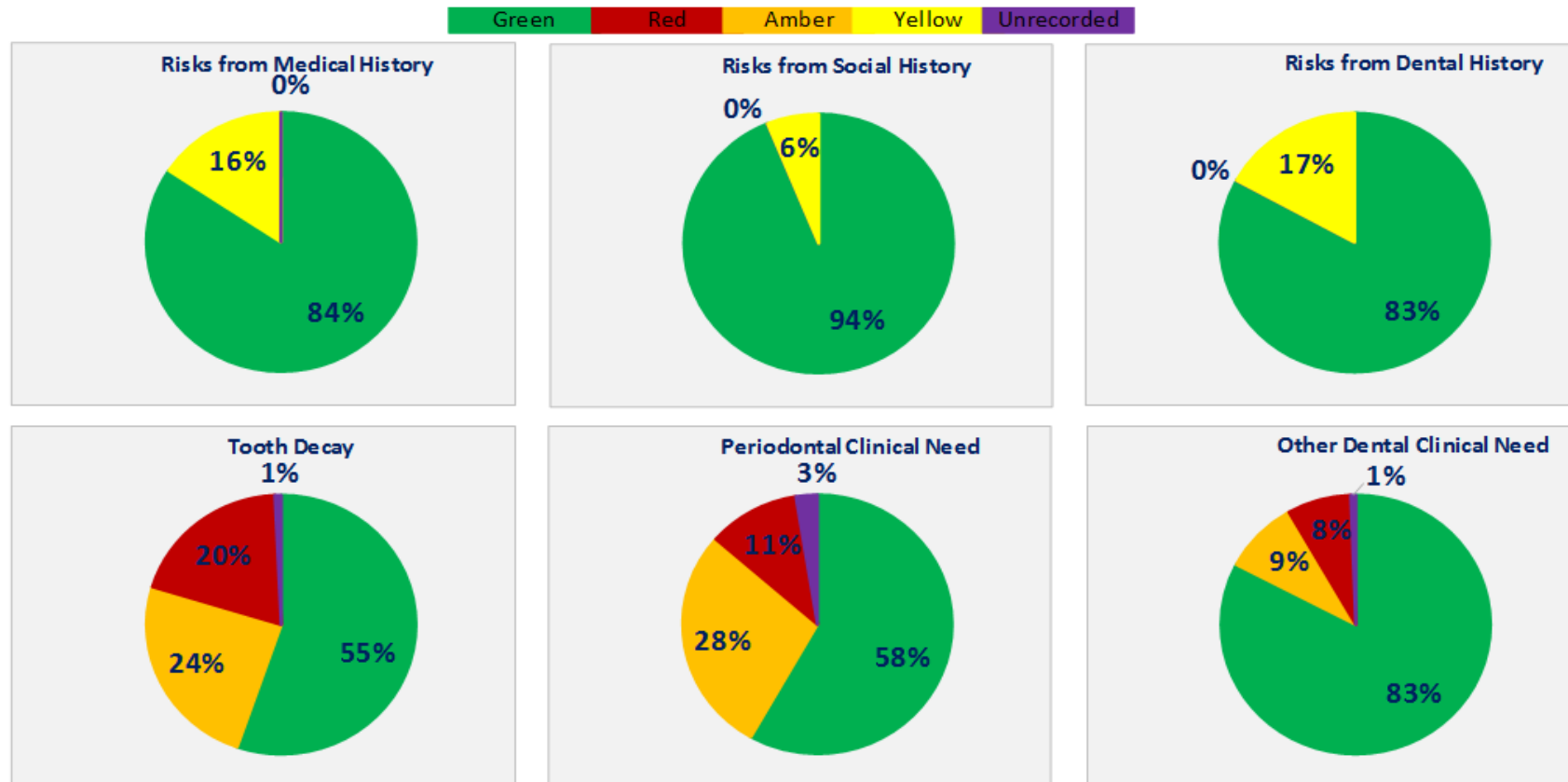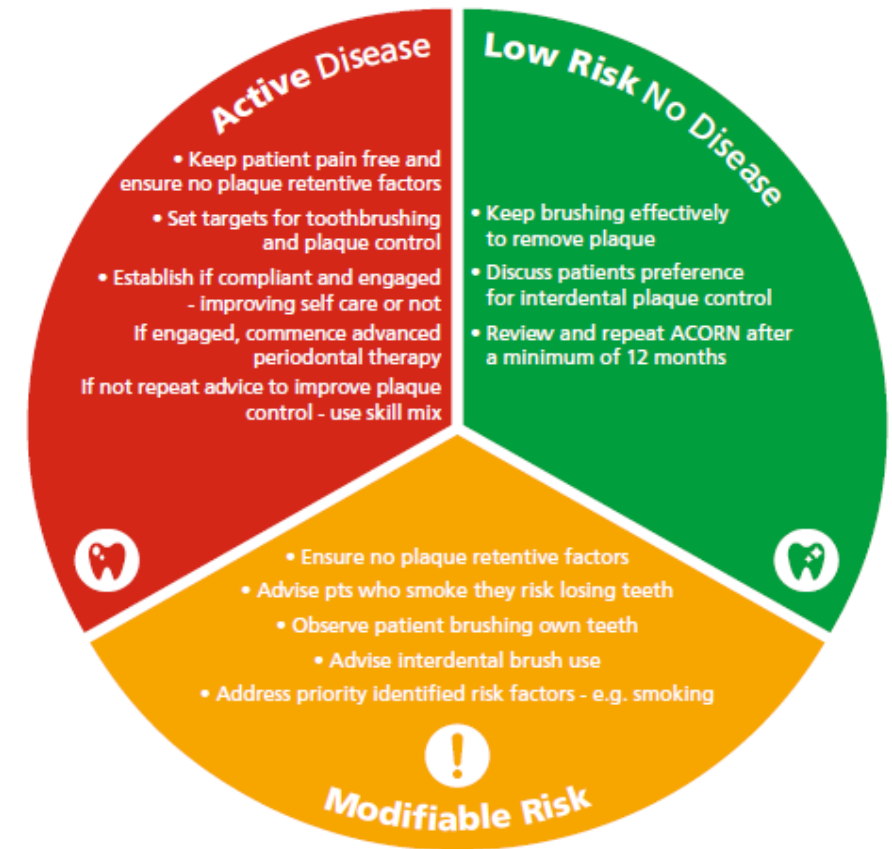
# Adult Preventive Action - Expectations Perio& Decay



## Assessment of Clinical Oral Risk and Need (ACORN)
### Do it well once per year

**GIG CYMRU NHS WALES** | Iechyd Cyhoeddus Cymru / Public Health Wales

### Expectations for Adults Tooth Decay

**Active Decay**
- Rx high concentration fluoride toothpaste 2800 - 5000ppm and daily F- rinse
- FV applied more than 2x year in practice
- Keep pain free, stabilise and review
- Address identified risk e.g. xerostomia

**Low Risk No Active Decay**
- Reinforce keeping sugar hits to mealtimes

**At Risk**
- Fluoride varnish 2 x a year in practice
- Consider high F- toothpaste if there is enamel decay
- Address identified risk factors e.g. sugar hits, sports drinks
- And review

### Expectations for Adults Periodontal Health 12+

**Active Disease**
- Keep patient pain free and ensure no plaque retentive factors
- Set targets for toothbrushing and plaque control
- Establish if compliant and engaged - improving self care or not
- If engaged, commence advanced periodontal therapy
- If not repeat advice to improve plaque control - use skill mix

**Low Risk No Disease**
- Keep brushing effectively to remove plaque
- Discuss patients preference for interdental plaque control
- Review and repeat ACORN after a minimum of 12 months

**Modifiable Risk**
- Ensure no plaque retentive factors
- Advise pts who smoke they risk losing teeth
- Observe patient brushing own teeth
- Advise interdental brush use
- Address priority identified risk factors - e.g. smoking

**Toothbrushing advice for all adults**
Brush effectively last thing at night and one other time daily using fluoride toothpaste containing 1,350 - 1,500ppm fluoride

**Bitewing radiograph for all Adults**
Active Decay and/or Active Periodontal Disease Posterior bitewings at six-month intervals PLUS Radiographs (periapicals) of code 4 sextants
At Risk Decay and/or Periodontal Disease Posterior bitewings at one-year intervals
No active Disease /Low Risk Decay and /or Periodontal Disease – Posterior bitewings at two-year intervals

Llywodraeth Cymru Welsh Government

# Prevention plan

## Your dental health



| | You have active tooth decay | You are at risk of needing a filling in the future | You have no active tooth decay |
|---|---|---|---|
| **Tooth decay** | You have active tooth decay | You are at risk of needing a filling in the future | You have no active tooth decay |
| **Gum health** | You need treatment from us and better cleaning by you | Your gum health is stable but you need to follow our advice on cleaning | You have healthy gums! Keep doing what you are doing |
| **Other problems of the mouth** | You need dental treatment | You do not need additional treatment but we will review you regularly to monitor | You have no other dental need to be concerned about |

## What we will do for you

- [ ] Advice on what to eat or drink to improve your oral health
- [ ] Advice on cleaning your teeth
- [ ] Smoking cessation advice
- [ ] Apply fluoride varnish/fissure sealant
- [ ] Dental treatment as advised
- [ ] Prescription for a high fluoride toothpaste or rinse

## What we expect you to do/continue doing

- [ ] Brush twice per day, at night and one other time. Spit don't rinse.
- [ ] Use a family fluoride toothpaste (1,350 – 1,500 ppm fluoride)
- [ ] Keep sugary food and drinks to mealtimes. Don't eat or drink anything sugary in the hour before bed.
- [ ] Contact Help Me Quit 0800 085 2219 www.helpmequit.wales
- [ ] Use interdental brushes.
- [ ] Attend your appointments when advised. Inform the practice if you cannot attend.

## Your dental health

What you need to do:

## Your next appointments

| Date: | Time: |
|---|---|
| Date: | Time: |
| Date: | Time: |

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## Your Prevention Plan

Name:

Date:

## You will need a review in:

- [ ] 3 months
- [ ] 6 months
- [ ] 12 months
- [ ] Other _____

# System change - MPWiP, All-Wales Faculty of Dental Care Professionals, QI and research groups supporting GDS Reform



Cyfadran Cymru Gyfan ar gyfer
Gweithwyr Proffesiynol Gofal Deintyddol

All-Wales Faculty for
Dental Care Professionals



GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC)

Health Education and Improvement Wales (HEIW)



CARDIFF UNIVERSITY

PRIFYSGOL CAERDYᴅD



Canolfan PRIME Cymru
PRIME Centre Wales
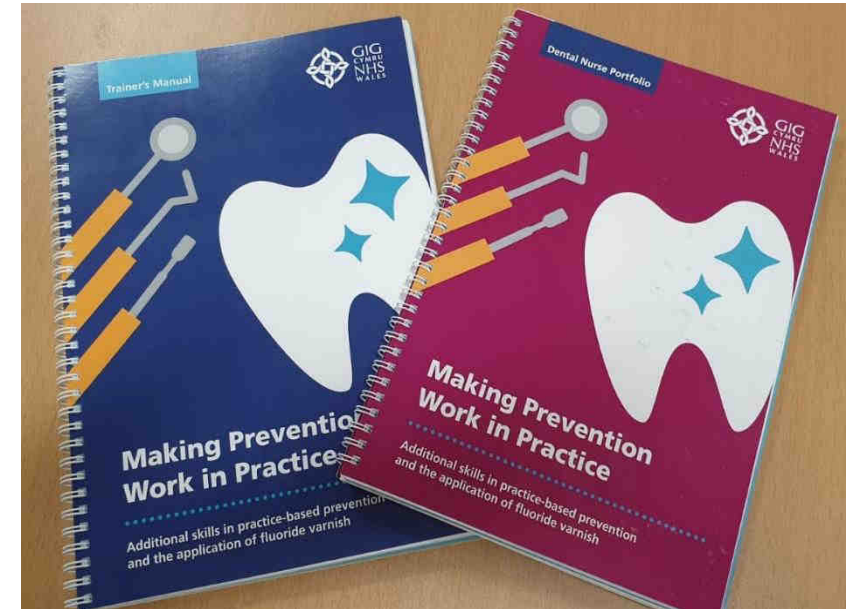
# eDen data can be used to assess if recall intervals are reflecting 'need' profile of the practice population

ACORN Profile: Oral Health Conditions: Tooth Decay, Periodontal, and Other Dental Conditions
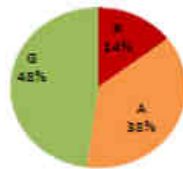


General forms for the same Patient ID (Re-attendance) Adult/Child Current Year to date
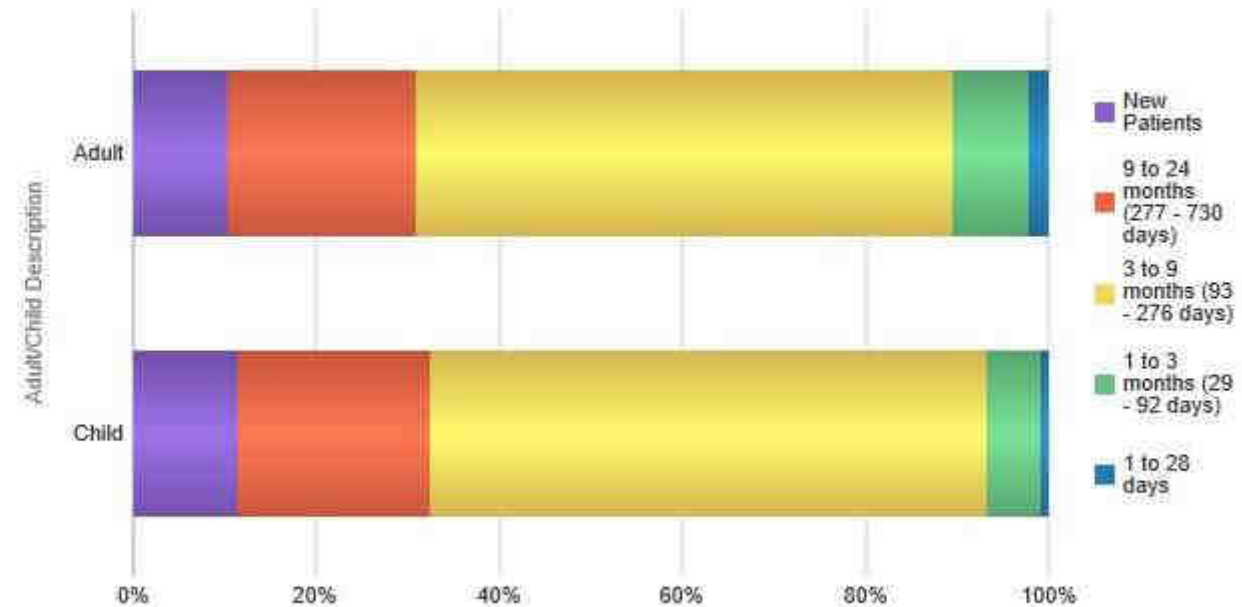
# Early Outcome data from circa 10,000 patients CR practices – 1st & 2nd ACORN

Of the **11%** (children) and **14%** (adults) who had active disease - tooth decay - at 1st ACORN, 65% of these children & 76% of these adults improved within the year!



Children (n = 303)

Adults (n = 1,035)
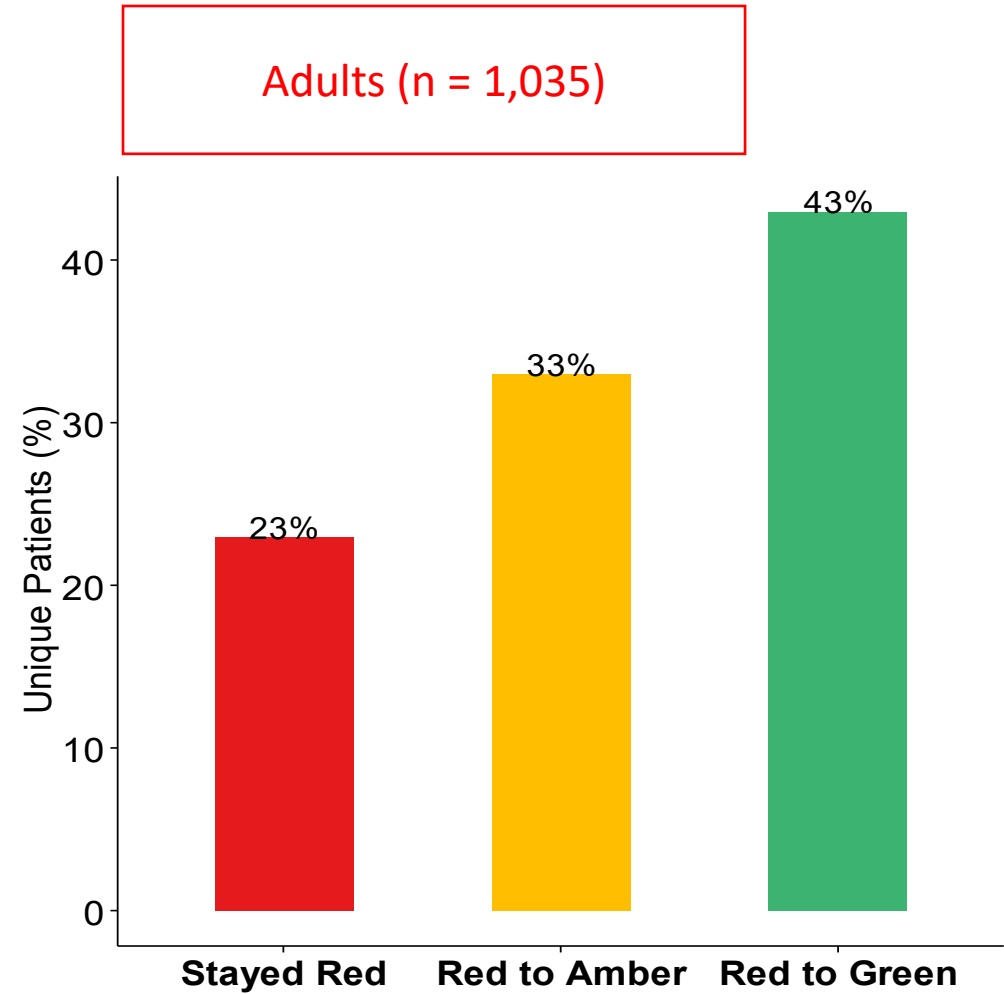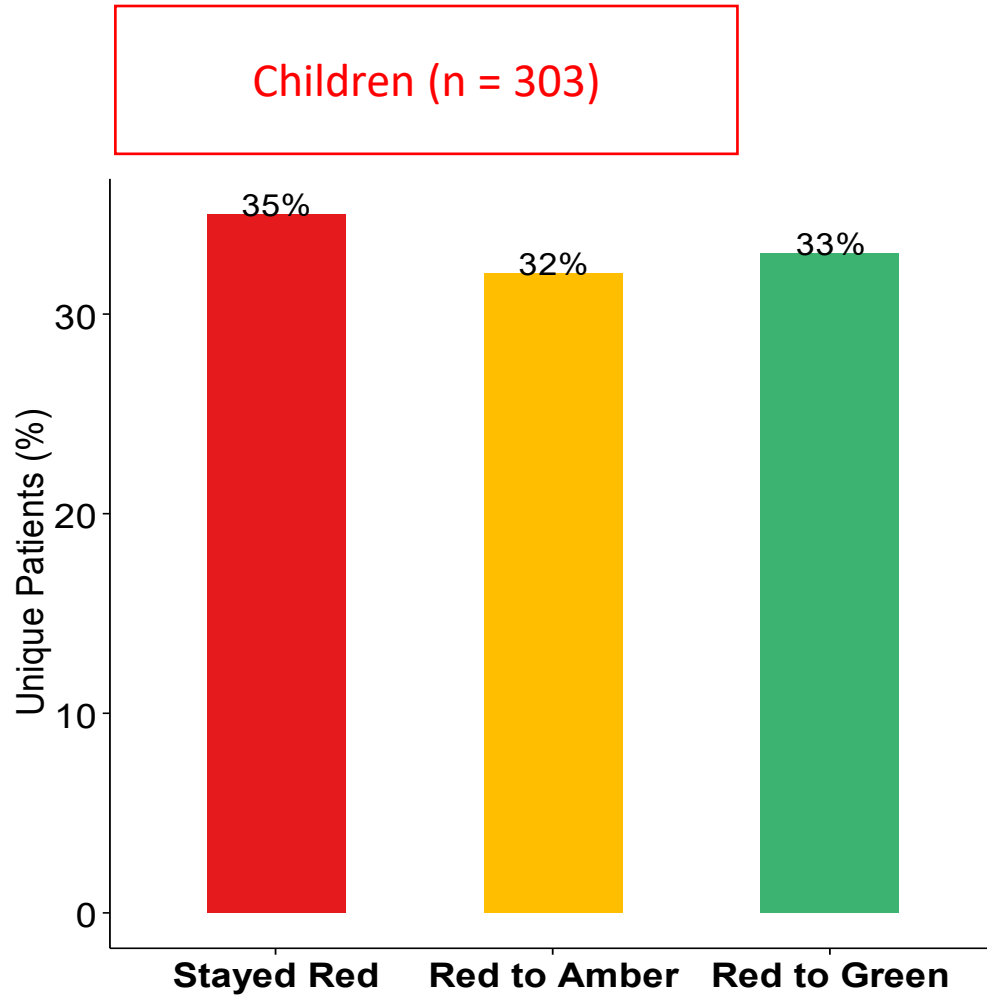
# In the group who had no active disease & deemed to be low risk - tooth decay – was there any change? Of the **72%** (children) and **67%** (adults) who had no decay diagnosed at 1st ACORN, some did deteriorate
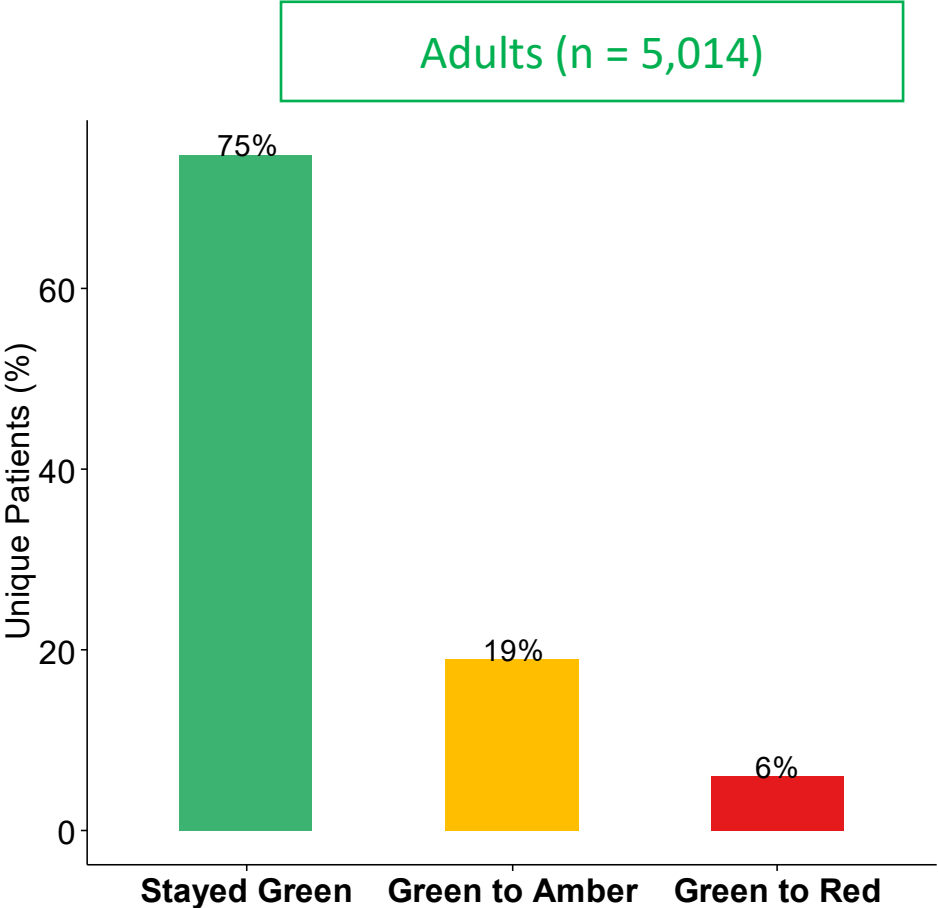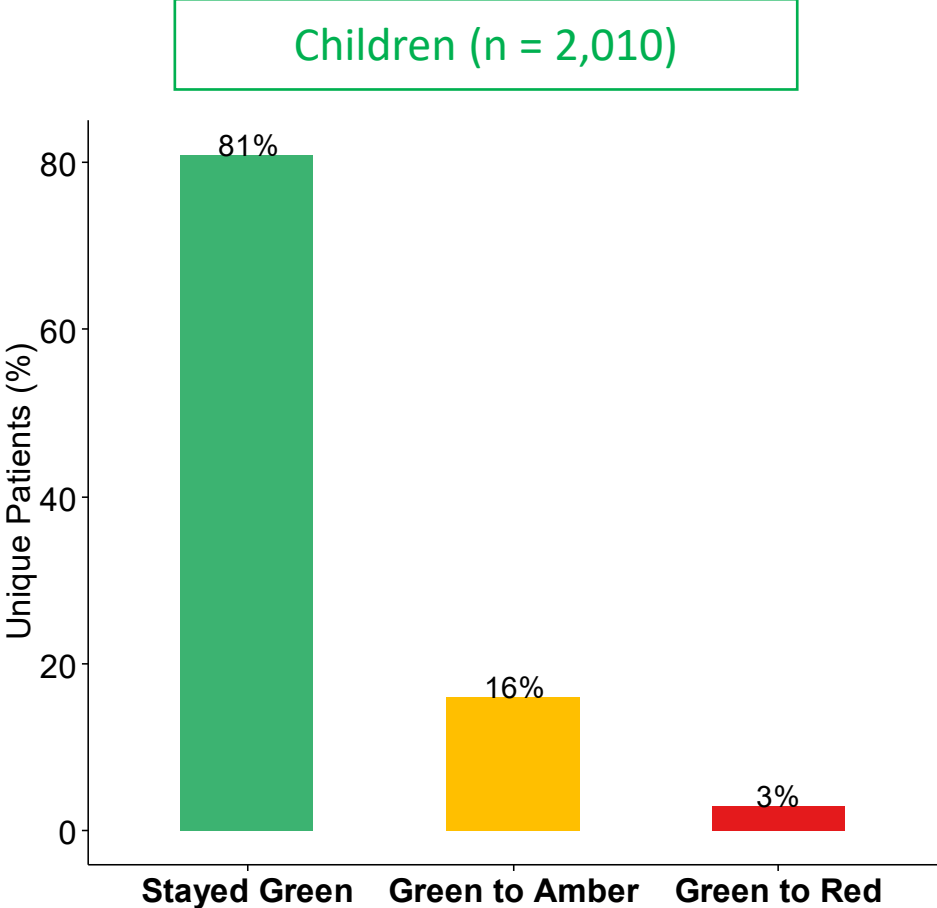


Clinical teams can inform and support, but daily oral health maintenance and care is key and is the responsibility of the patient, parents and carers.

## So we can capture 'need' and 'outcome'
## We were reducing reliance on UDAs......
## Next steps (or so we thought!) in February 2020 -

- Revised FP17W capturing need, outcome, prevention and skill mix activity to be introduced April 2020 and reported in eDEN (on-line reporting tool)

- Associate innovator group in North Wales to describe a Once for Wales patient journey/clinical pathway for periodontal care in general practice

- Need and outcome measures together with patient numbers, recall intervals, prevention and quality being used by practices and health boards in performance management and for learning purposes

- 50% of practices due to join by October 2020 – Minister agreed early 2020.....

- **And then the pandemic came!**

# March 17th 2020 Dentistry in Wales scaled back then RED Alert….
## April 2020 – 22nd June 2020     AMBER – Recovery to 31st March 2021
## Q1 & Q2 April–Sept 21 No UDA/UOAs 'other measures'  Restart Oct?

**April - June 2020**
- Red Alert
- Urgent only care & UDCs
- Dentistry scaled back GDS/CDS 17th March

**July - Sept 2020**
- **Amber Alert**
- **SOP implemented**
- **Urgent & Priority care**
- **AGPs 22nd June**

**Oct –Dec 2020**
- Amber Alert
- 2nd Wave
- Recovery slows
- NHS under significant pressure

**Jan – March 2021**
- Amber Alert
- Signs of improvement
- Services in recovery again
- CR delay?
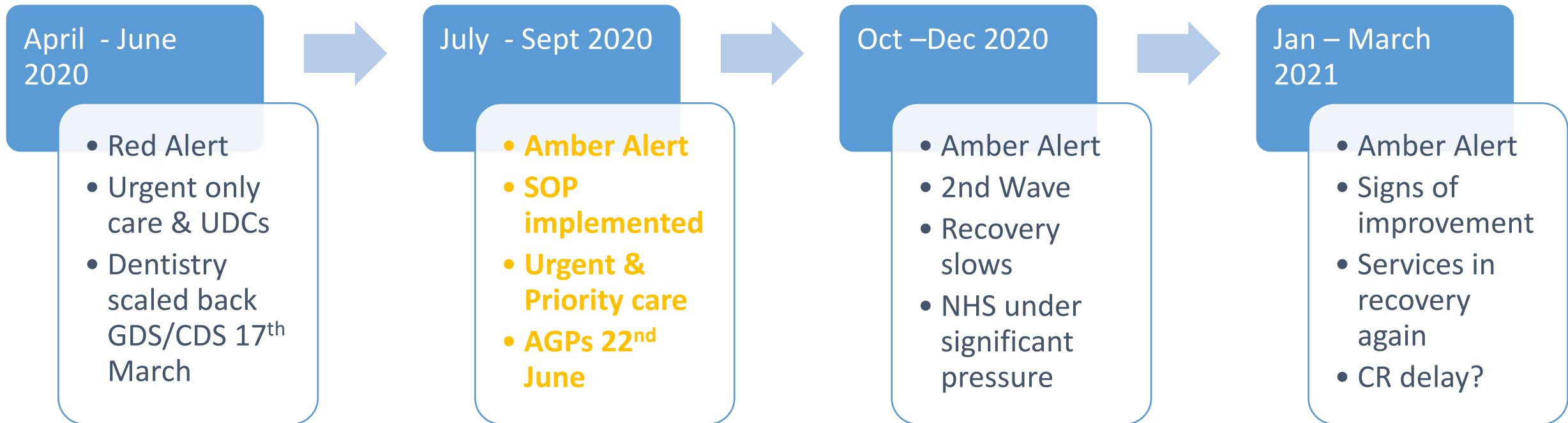
# Practices reported via eRMS/FDS system – will tail off use Sept 21?

**2145**
Referrals to Urgent Care via FDS or Direct

**44589**
Prescriptions Issued

**20340**
Patients Seen in Practice

**200361**
Total Phone Calls Managed

**93849**
Remote Advice Provided

**5888**
Total Number of Reports

Data from 23rd March 2020 – July 1st 2020

# ACORN for URGENT patient care



**Periodontal Health (Dentate and aged 12+ only)**
**BPE**

| BPE Score | | |
|---|---|---|

*Periodontal health:* The dental team should record their findings as follows *and on the FP17W:*

| GREEN | Good periodontal health and no risk factors | ☐ |
|---|---|---|
| AMBER | Risk factors for periodontal heath e.g. smoking | ☐ |
| RED | Active Periodontal Disease (4mm or more pocket/s plus BOP from the pocket) | ☐ |

> **Must offer patient appointment for a full ACORN particularly if RED or AMBER is recorded in any of the categories for the Clinical Findings or Modifiable Risks**

**Reporting ACORN data on FP17W**

There are the main data points, which are directly captured in the above assessment, which you MUST record in the FP17W. Please also tick 'Urgent Treatment' on FP17W

| Medical History | Social History | Dental History | Tooth decay | Total No of teeth in the mouth | Dentinal decay DT/dt | Periodontal health | Other dental need |
|---|---|---|---|---|---|---|---|
| Yellow or Green | Yellow or Green | Yellow or Green | Green, Amber or Red | Inputted as a number | Decayed teeth Inputted as a number | Green, Amber or Red | Green, Amber or Red |

Important we understand 'needs' of those who do not attend routinely and/or those who have ongoing treatment need

# Dental Activity in Pandemic

- The following slides give an analysis of recorded activity as per claims made by dentists. They do not capture 'all activity' such as the SOP requirements necessary to respond to the pandemic (refer to last bullet point)

- Dental activity by mid January was at levels similar to before the Christmas period

- It was quieter over Christmas than in the preceding weeks, but this reflects usual pattern

- The overall trend in dental activity shows activity increasing each month since services opened more fully in July

- The proportion of work completed is trending every month towards more normal activity, but is still largely dominated by urgent care. This is more time consuming than quick check-ups, and dentists are prioritising urgent care and priority groups as requested

- Lastly data shows FP17 data year on year. The useful thing to note is the similar trend by category, rather than the absolute number, as operating conditions are incomparable (for example, the necessity for fallow time in surgeries between patients, different Standard Operating Procedures, need for PPE, and use of new remote systems such as attend anywhere – not recorded on FP17Ws)

# Latest Dental Activity as at 8ᵗʰ March 2021

- Last week was the highest week to date in terms of FDS/eRMS reports 'Patients seen in practice' and 'AGPs', as well as the quietest week for 'Remote advice provided' . Timely practice reported data robust NHS BSA will follow.

- Showing a continued and now recognisable trend towards more normal activity

- The slides show:
   -the extent to which the most recent week differs to average activity since reopening
   -the trend graphs and
   -the proportion of activity graphs, pattern has picked up the pre-Christmas trend, of moving towards 'normal' activity

- This month has the highest 'Band 1' activity and the lowest 'Urgent' activity

- Final slide in this section shows the like for like activity by band.  Trends to note are the gaps being closed across the board (with the exception of band 3 work). Caveat this is NOT LFL context given SOP.

**Weekly Recorded Activity by Dental Practices**

| | Latest Week | July to March Average | Change |
|---|---|---|---|
| **Referrals to Urgent Care** | 95 | 157 | **-40%** |
| **Prescriptions Issued** | 2038 | 2220 | **-8%** |
| **Patients Seen in Practice** | 32967 | 20644 | **60%** |
| **Phone calls managed** | 42508 | 32865 | **29%** |
| **Remote advice provided** | 3273 | 5622 | **-42%** |
| **AGP** | 7689 | 4110 | **87%** |

# Activity Graphs From eRMS/FDS Data

Patients seen in practice


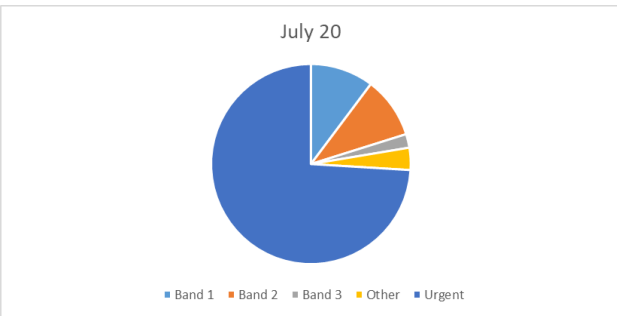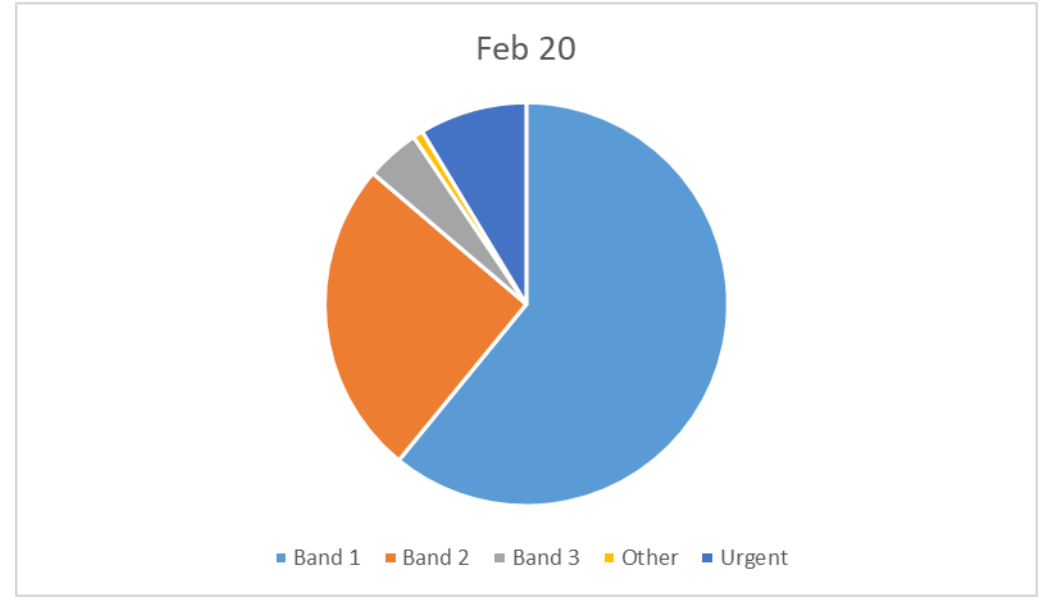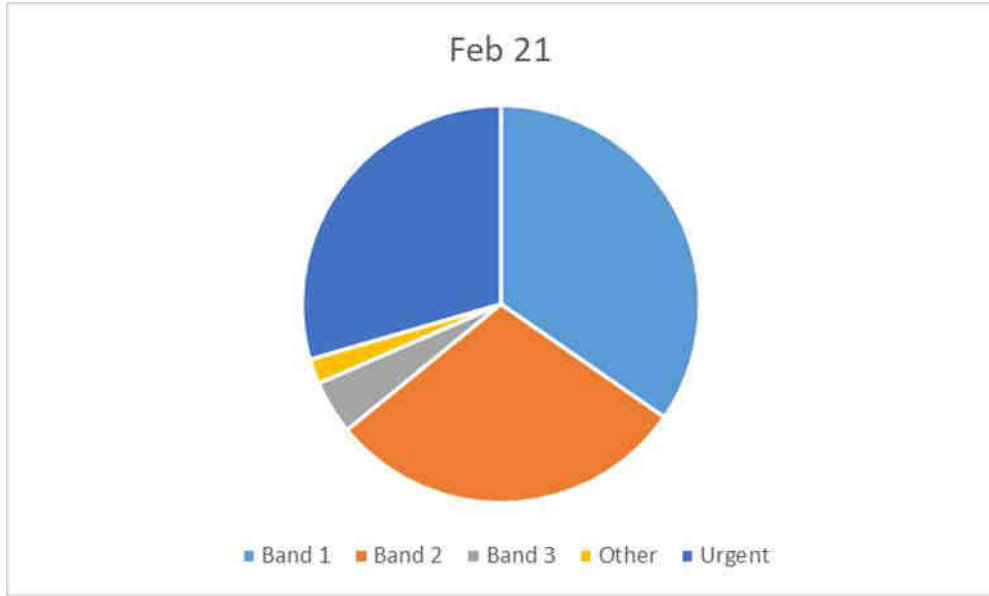Patients Seen in Practice
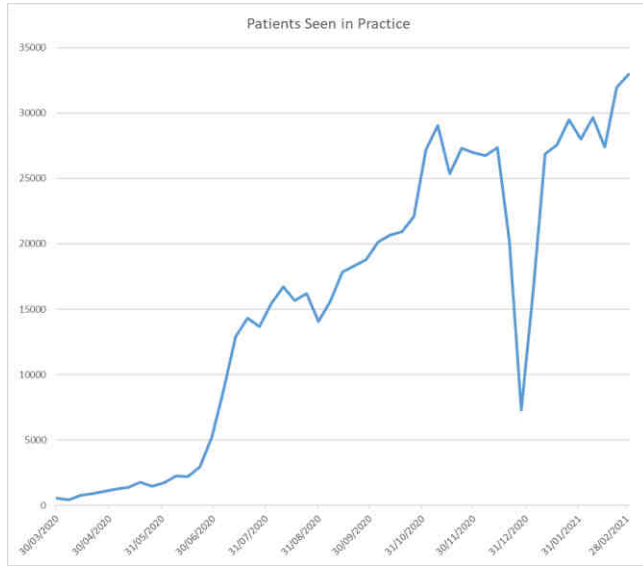
AGPs
This is standard dental work


AGP

Remote Advice Provided
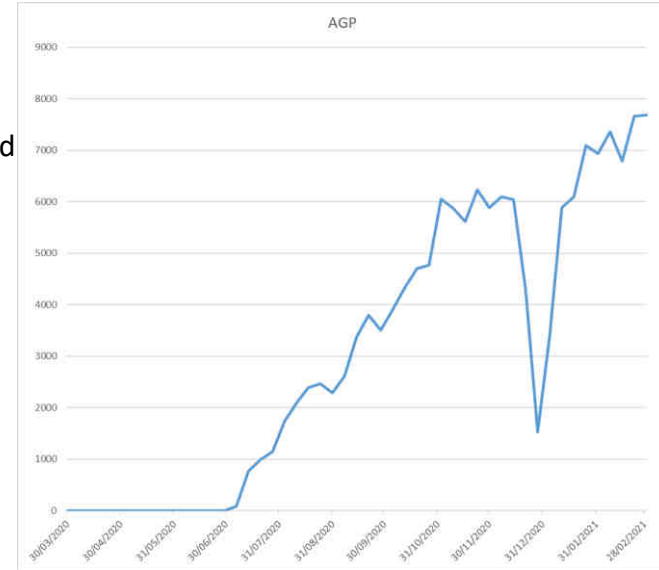

Remote advice provided

Phone calls managed
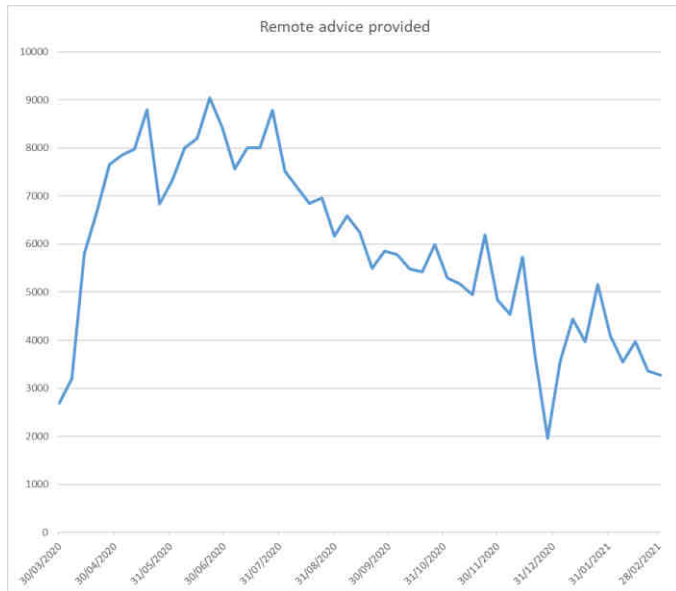

Phone calls managed
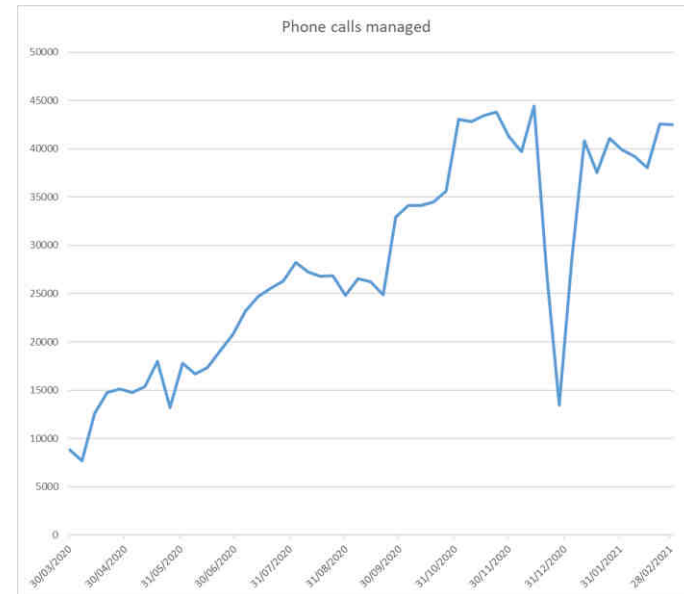
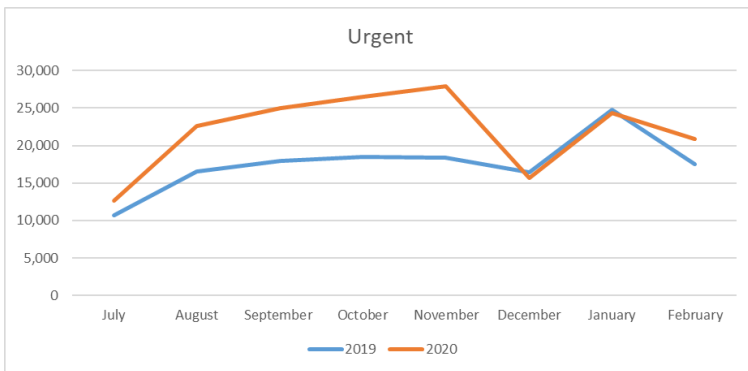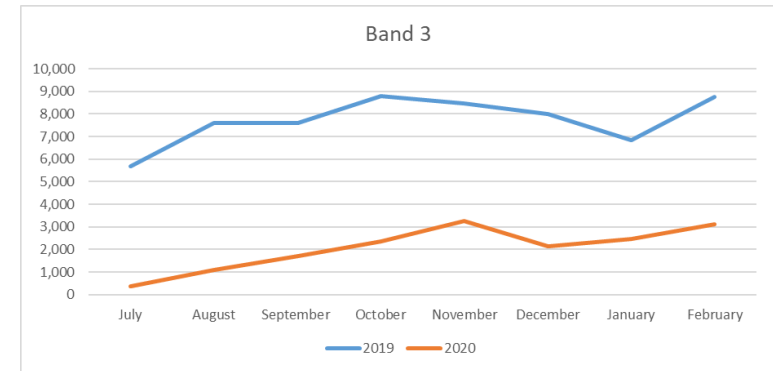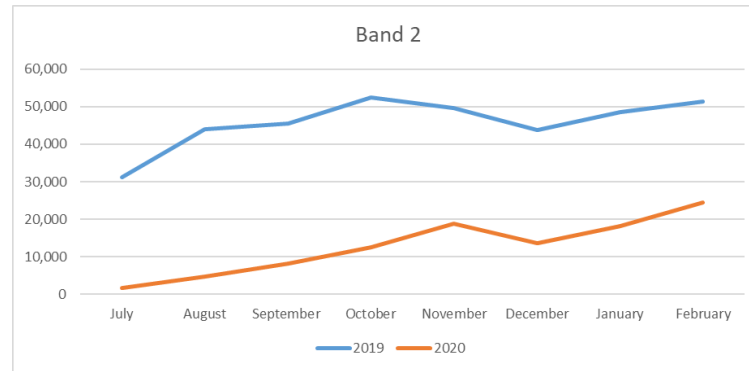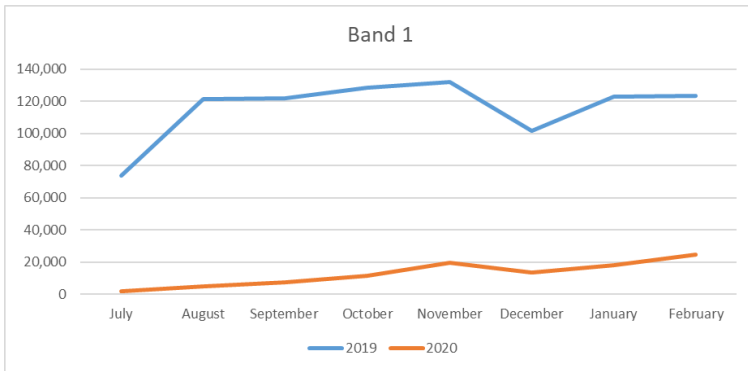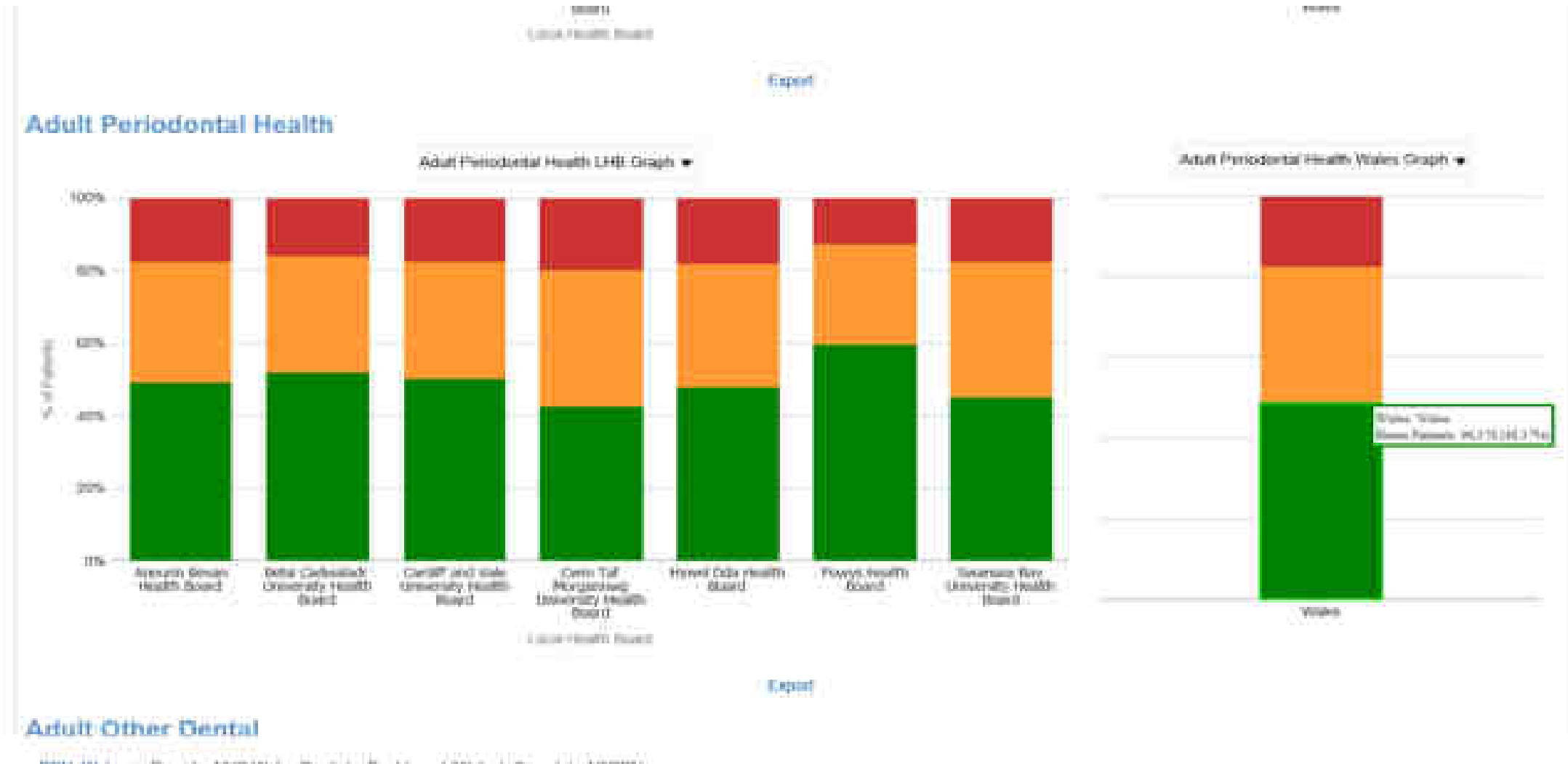# Proportion of work charts
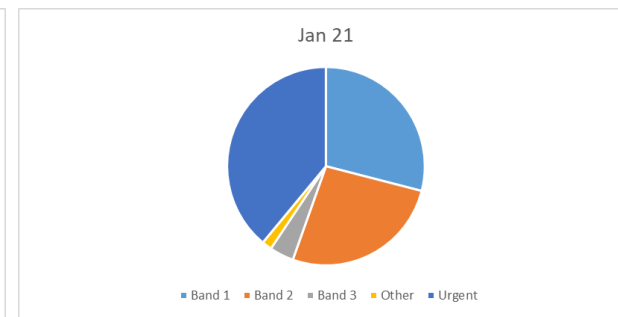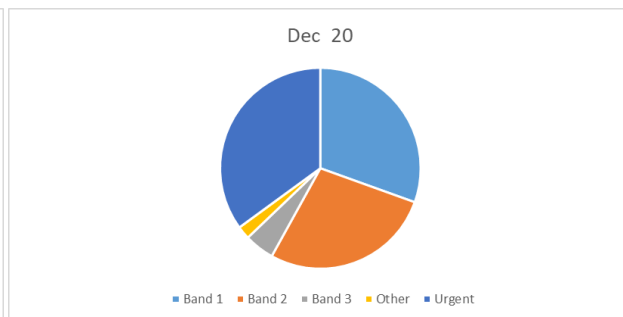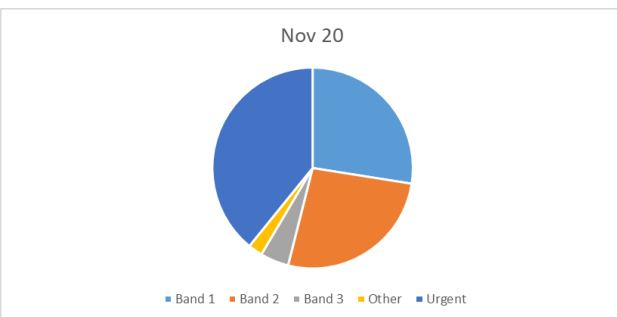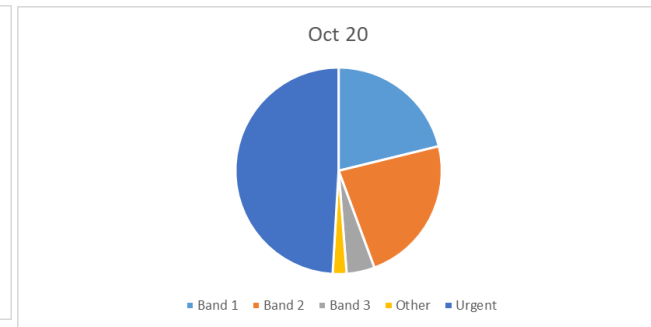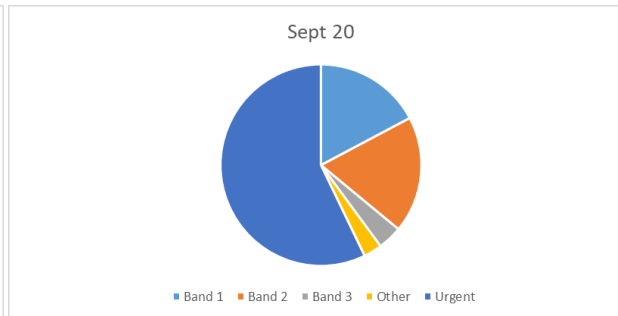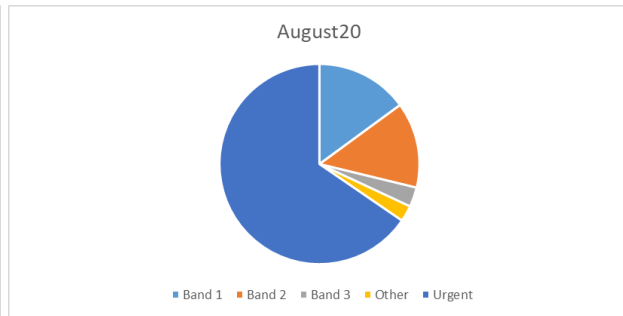
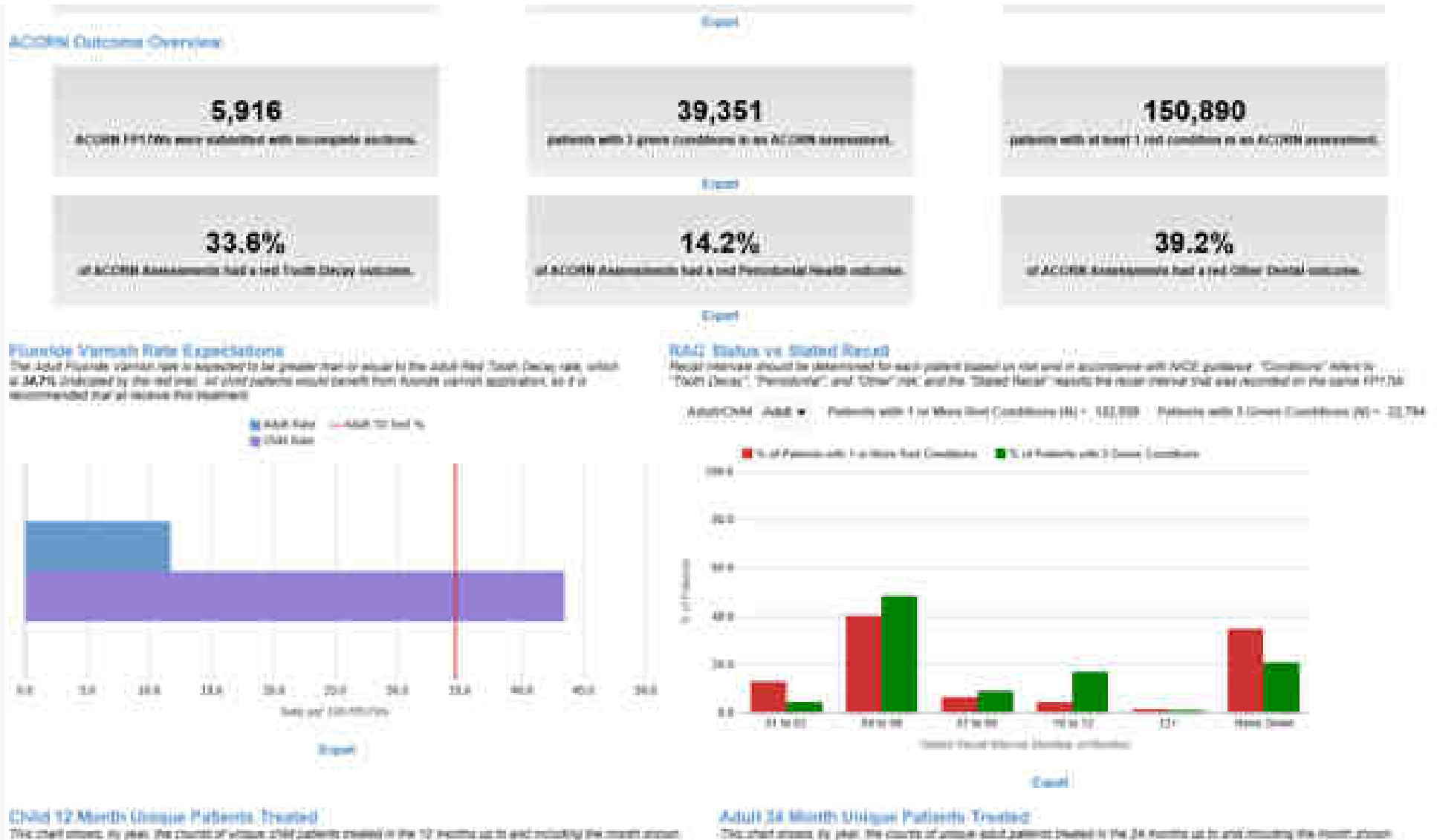# Completed courses of treatment trend 2019 vs 2020
## (Although LFL isn't an indication of actual activity, the trend shows the similar activity movements in December)
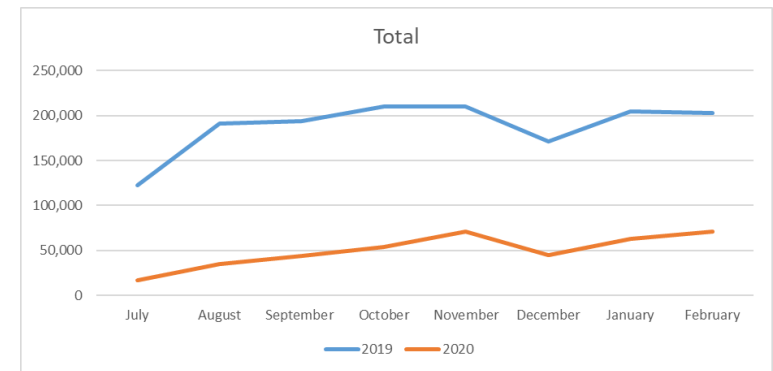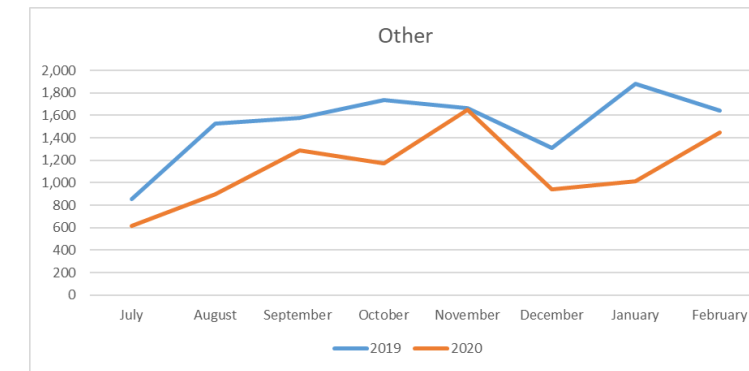
# NHS BSA Data available to practices using eDEN – log in and use together with AA!

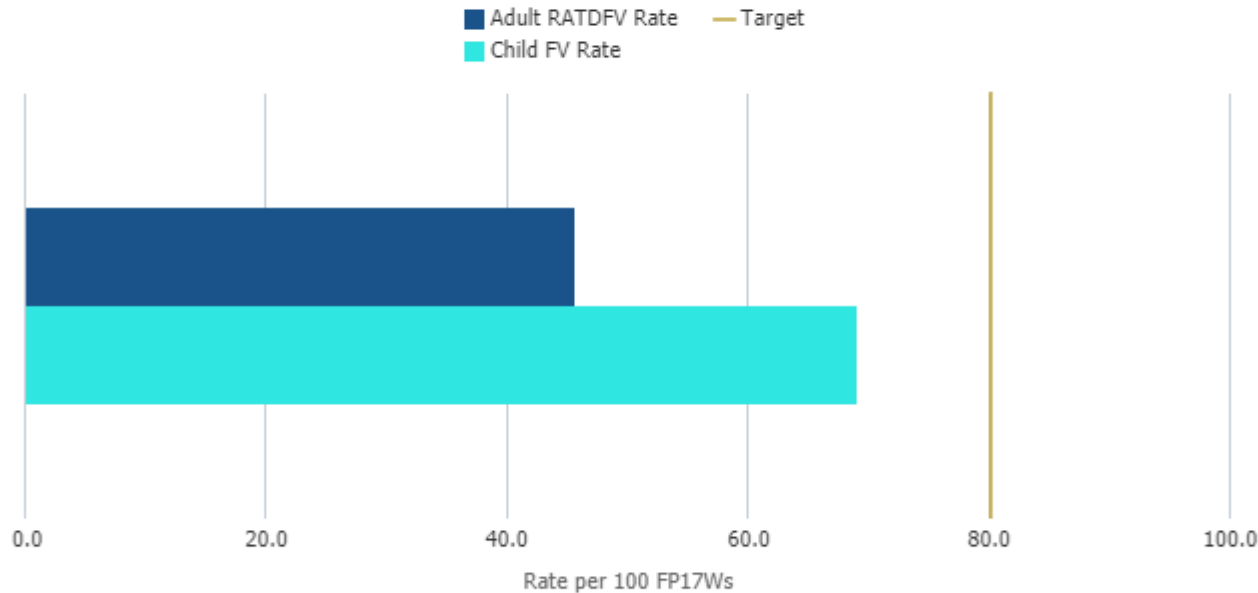# Data on patient numbers, need, recall & FV...

# Q1  Fluoride Varnish Applications

**Fluoride Varnish Rate Expectations**

*The rate of adult red or amber tooth decay FP17Ws with fluoride varnish is* **45.5%.**

*The rate of child FP17Ws with fluoride varnish is* **68.9%.**

*The target for both of these is* **80.0%.**



- The fluoride varnish rate expectations graph refers to counts of FP17Ws.

- Child data refers to the percentage of all child general FP17Ws in which a fluoride varnish treatment was indicated.

- Adult data refers to the percentage of FP17Ws categorised as 'red' or 'amber' for tooth decay in which a fluoride varnish treatment was indicated.

- Please note that other ACORN data in the dashboard typically refers to unique patients, based on their earliest complete ACORN assessment.

- The expected rate for both adult and child is 80%, indicated by the brown line.

# New Patients Treated by Month

The graph/table below shows how many new adult and child patients the contract has treated per month against the contract target (2 patients per week per £165,000 of total financial value). This contract has a target of treating 17 new patients per month.

Graph ▼
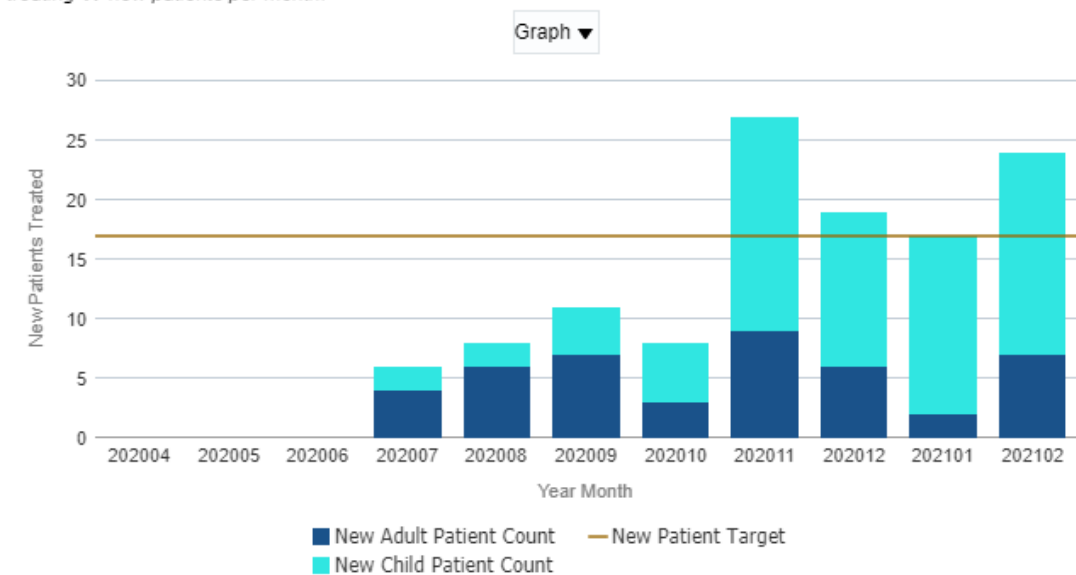


Export

| Year Month | New Adult Patient Count | New Child Patient Count | Total New Patient Count |
|---|---|---|---|
| 202004 | 0 | 0 | 0 |
| 202005 | 0 | 0 | 0 |
| 202006 | 0 | 0 | 0 |
| 202007 | 4 | 2 | 6 |
| 202008 | 6 | 2 | 8 |
| 202009 | 7 | 4 | 11 |
| 202010 | 3 | 5 | 8 |
| 202011 | 9 | 18 | 27 |
| 202012 | 6 | 13 | 19 |
| 202101 | 2 | 15 | 17 |
| 202102 | 7 | 17 | 24 |

Export

- 'New Patients' are defined as patients not treated at the contract in the last 12 (child) or 24 (adult) months, or who have not previously visited the contract.

- The expectation is to treat 2 new patients for every £165,000 of contract financial value, per week.

- These patients should be a mix of both adult (shown in navy) and child (shown in turquoise).

- Data is shown for all year months to date.

- A table view is also available, and both views can be exported.

# Q2
# New Patients Treated by Month

# Finally Perio and Decay – Care pathways progress *Philosophy* of treatment and preventive approach
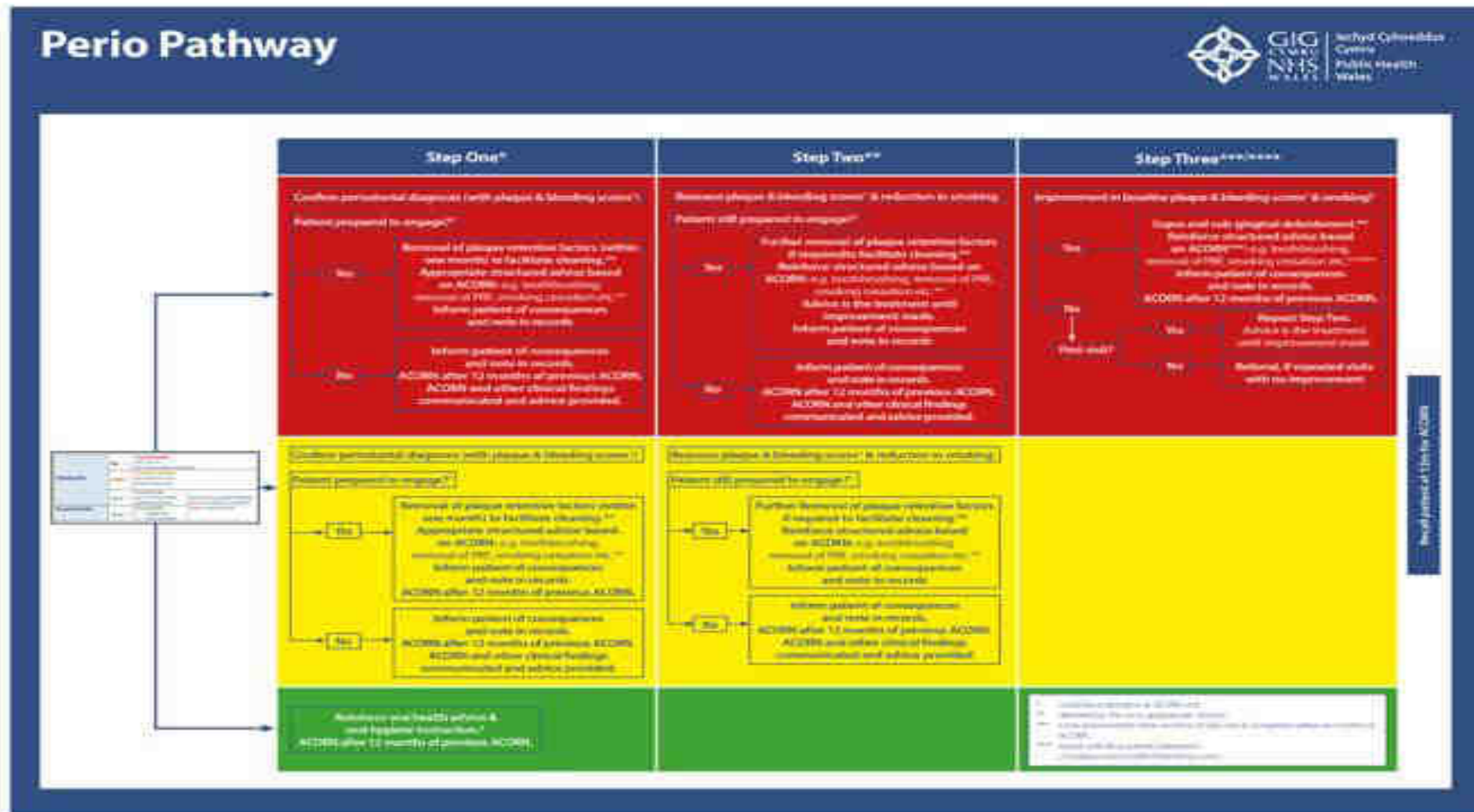
# So no loss of momentum if anything pandemic has accelerated reform and system change
# Retain new ways of working & next steps…

## April – September 21

- Q1 Measure - FV application  Q2 New patients & Q1 FV
- Orthodontic contracts measures: case starts, PAR and assessments
- Focus on prioritising 'need', prevention and access - all contracts
- Reconciliation at year end

## October 2021 System reform continues

- No return to UDAs/UOAs, greater use of whole team & Attend Anywhere
- Recall intervals aligned with ACORN findings & preventive care aligned to preventive DBOH evidence and pathways – measure this is happening?
- Numbers of patients in contracts adjusted for need / cost pathways

# Q&A

Open discussion

Over to you…….

Time to respond to your questions and comments ….