

Approach to care for periodontal disease and dental caries

Background

The 'Oral Health and Dental Services response to A Healthier Wales' was published in 2018.¹ It articulated a number of important policy objectives that have also underlined our approach to the recovery of General Dental Services during the COVID pandemic, where possible. These are summarised below:

1. Increase access to new patients with higher needs
2. Adopt a preventive approach to care for all
3. Extend the use of skill mix as part of 'Prudent Health'
4. High-quality evidence-based care
5. Prompt patients to attend according to need (using the ACORN tool)

There has been much criticism of the NHS dental contract in England and Wales in 2006, since its inception. Without rehearsing these arguments, key themes have been the delivery of clinical treatment activity without proactive prevention and 'over frequent recall / exams' for patients with good oral health, in order to meet annual targets. This is at odds with the oral health at a population level, which is increasing overall and is also evident from the analysis of ACORN data. Equally, the existing contract does very little to improve access to NHS services for those most in need.

Given the impending restart of dental contract reform, it was clear that a fundamental restructure of the patient journey over the course of a year was necessary, based on their existing risk and need status (as measured by ACORN). As a result, this document highlights the process that was engaged to develop two pathways: periodontal disease and dental caries; developing a set of expectations and a 'philosophy of care' for a patient in each of the three categories of risk and need for the two most common dental diseases.

One of the important design decisions that was taken was that these pathways should be set at a high-level, detailing the appointments that are necessary for each risk and need category over the course of a year. As such, these are not meant to replace clinical judgement and can be used alongside available evidence-based guidance.

Approach taken

The approach taken in the development of both documents has been grounded in the principles of co-production, as far as possible (Figure 1). The two pathways have gone through multiple iterative stages involving two separate design groups (North Wales for periodontal disease and South Wales for dental caries). The design groups had representation from across the full scope of the dental team. The pathways were then reviewed by the Quality Improvement infrastructure, led by Health Improvement and Education Wales. Finally, they have been further refined and developed by Public Health Wales and the Welsh Government to deliver to the underpinning principles articulated below.

Underpinning principles

The underlying principles to our 'approach to care' are as follows:

¹ <https://gov.wales/sites/default/files/publications/2019-03/the-oral-health-and-dental-services-response.pdf>

1. Develop the structure of the pathways first (based on good clinical practice) prior to the underpinning financial model
2. Ensure ACORNs are completed appropriately once a year
3. Set-out the expectations for the appointments that are necessary for each risk and need category over the course of a year
4. Promote access to care for those with oral health need
5. Explicit consideration for patient communication and engagement, including behaviour change conversations
6. Ensure risks are reduced prior to active treatment, where appropriate (except for the management of pain and sepsis)
7. Promote up-skilling of dental teams in prevention
8. Utilisation of the whole dental team
9. Promote quality improvement approaches (e.g. peer review) and the provision of data to promote care, prevention and ensure adherence to the expectations
10. Clinical freedom in choosing evidence-based approaches to care

Pathways

The two pathways produced by this process are detailed in Figure 2 and Figure 3. They highlight the expectations for each category of risk and need over the course of a year. Band Three claims will continue for indirect restorations, although risk and need for restorations and/or periodontal management will be expected to be undertaken first, in accordance with the pathway (in line with good clinical practice).

Next steps

The literature highlights how important financial incentives are in the behaviour of dental teams with NHS contracts. As such, it is important to design incentives that deliver to the objectives highlighted above, as far as possible, as we anticipate the restart of Contract Reform. This will be the next step for the project, taking into account the definitions of Courses of Treatment, submission of FP17Ws and Patient Charge Revenue. In the medium term, changes to the primary legislation will be possible, but for the time-being, the General Dental Services Act of 2006 will remain the legal framework. As such, the current mechanism of supporting dental teams with NHS contracts will continue during 2021-22. This will enable dental teams to adjust to these new pathways whilst being supported by the funding mechanism used for the COVID pandemic and its recovery.

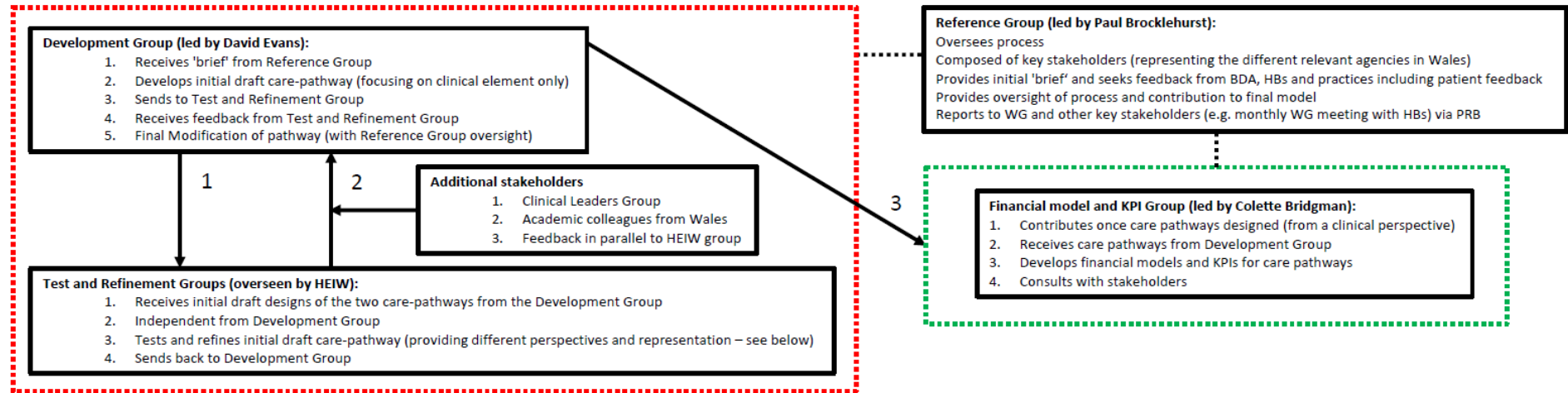
Further work examining the management of endodontic cases and indirect restorations will continue. Feedback is welcome and the plan is to socialise the pathways according to the following process:

1. Clinical Leads Group
2. Health Boards
3. Welsh Dental Practice Committee, British Dental Association, Local Dental Committees
4. Dental teams with NHS contracts

Work is ongoing from HEIW to develop supporting information for the public and dental teams to communicate the new pathways and the possible change in their recall, they are also developing training to support the whole Dental team in implementing the pathways. NHSBSA are working on developing reports and guidance to support the pathways, including when FP17W should be submitted. It is anticipated these supporting documents will be available in time for use in the summer.

Figure 1: Overview of the process for the development of the pathways

Pathway development process



Important elements of the process:

1. Describes the level of care that would be reasonably expected for an NHS patient to receive in a year, according to their level of risk and need (for periodontal disease and dental caries)
2. Ensures a practical and workable national model is produced for periodontal disease and dental caries
3. Fits with the ethos of the Recovery Plan, A Healthier Wales, Prudent Healthcare and value-based health-care
4. Two cycles: 1) understand what is needed from a clinical perspective and 2) design appropriate financial models and KPIs to facilitate this level of care
5. Production of two outputs [1] two care-pathways and 2) KPIs and financial models for the pathways]
6. Uses a co-production/health improvement paradigm to ensure stakeholder engagement
 - a. Whole dental team: dentists, dental care professionals, dental receptionists, dental practice managers
 - b. Geographical spread: North, South and Mid-Wales
 - c. Style of adoption: across all the Model of Diffusion typology (e.g. 'early-adopters' and 'laggards')
7. Feedback mechanism via Reference Group for progress updates to national agencies
8. Key messages:
 - a. Describes the level of care that would be reasonably expected for an NHS patient to receive in a year, according to their level of risk and need (for periodontal disease and dental caries)
 - b. Activity draws on experiences from NHS Contract Reform (note: Recovery Plan is not contract reform);
 - c. ACORN forms the basis of the care-pathways to be delivered by the dental team
 - d. Follows a needs-driven value-based approach
 - e. Elements of the pathways should be evidence-based (where possible)
 - f. Care should be delivered by the most appropriate member of the dental team

Figure 2: Pathway for periodontal disease

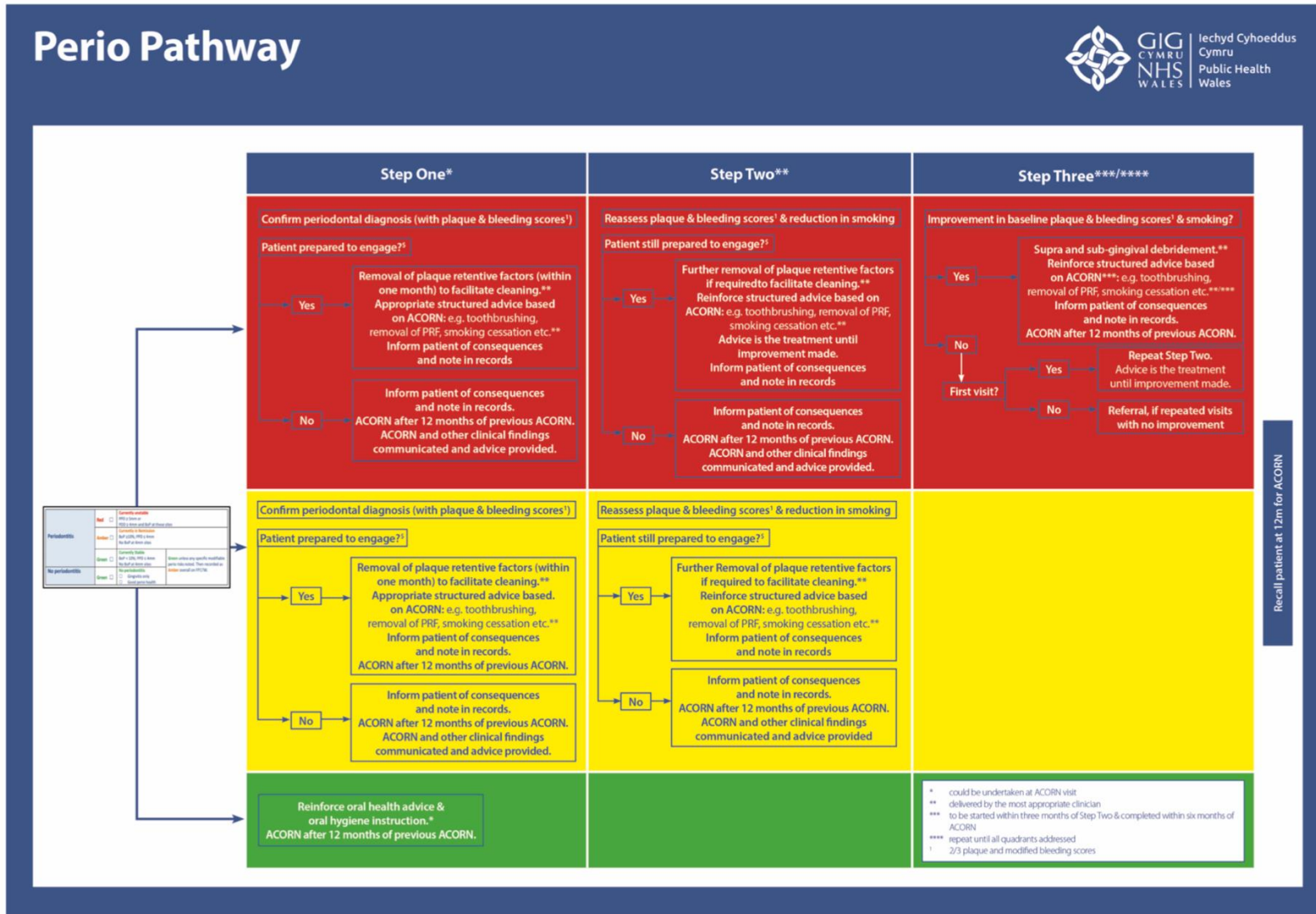
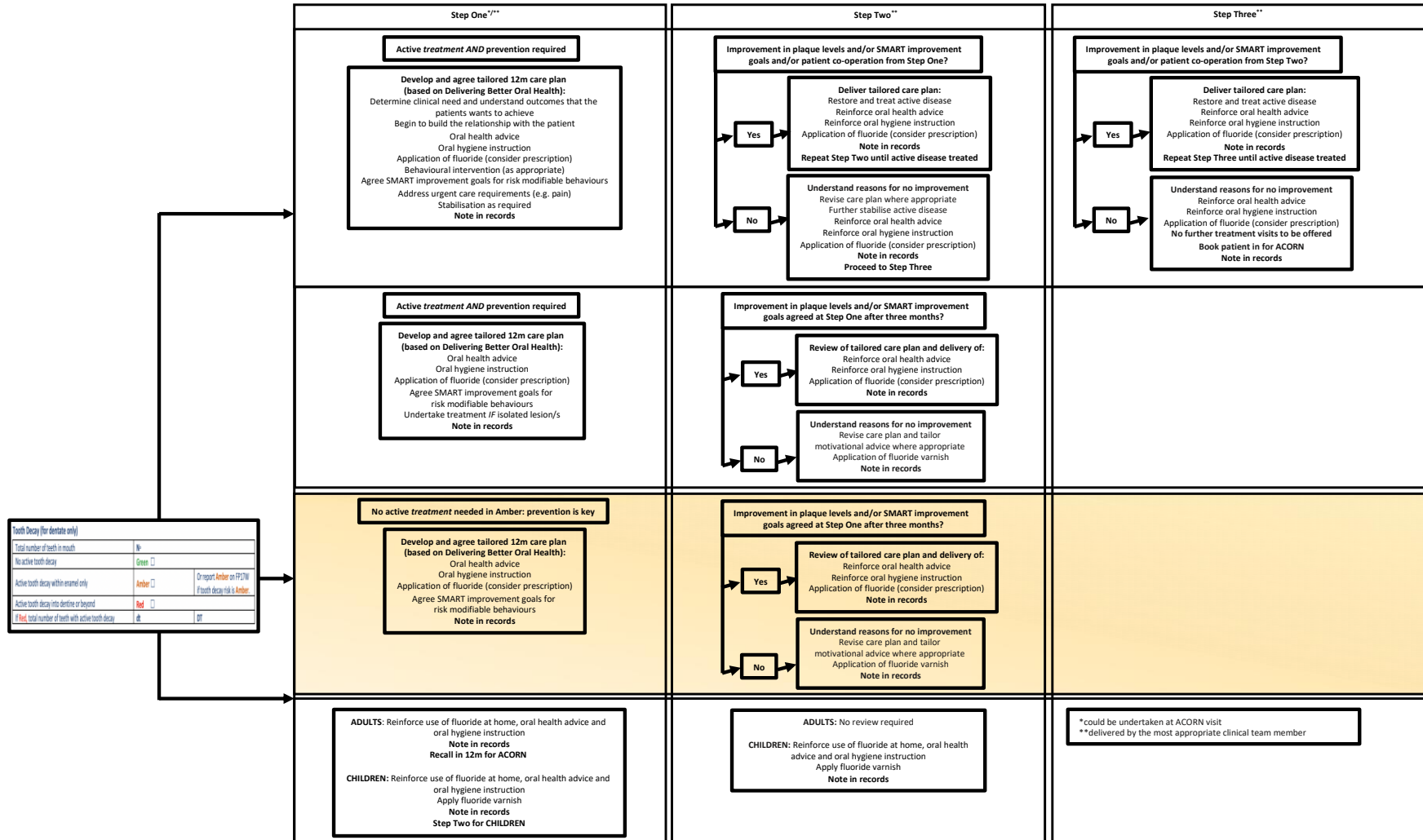


Figure 3: Pathway for dental caries



Common Questions

Who are the pathways aimed at?

The Caries and Perio pathways are aimed at general patients seen in the GDS services, these pathways may not be suitable for those patients who are seen in specialist dental services – such as special care.

Clinical judgment should be used to determine the suitability of the patients; for those patients who are more vulnerable/disabled the pathways may not be suitable approach. It may be that some sections of the pathways are of use while treatment planning for these patients and we would ask you keep in mind the principles of the pathways.

What support will be given for using these pathways?

HEIW are developing a training programme to support the roll out of the pathways, this will be communicated over the next few months.

We understand there will be concern around the change in recall and in communicating patient's risk. Please be assured work is being done to develop supporting information for patients, so they understand the pathways and training to help you communicate the changes.

Is this a final version?

No, not at all. There is opportunity to influence and feedback on the pathways please complete the attached feedback document and send to: Raylene.roper@wales.nhs.uk

When do we start using the pathways?

The plan for roll out is outlined below in Figure 4, if you and your practice would be interested in being an early adopter and using the pathways from July please get in touch using the email above. Those early adopters will be asked to be involved in some more detailed feedback, possibly phone interviews with the dental team on the pathways, we may look at gathering patient feedback at this point as well.

This approach will help to develop pathways which work for practices and patients – honest feedback and discussion will help develop the best possible products – this is your opportunity to influence the work being done and have your say.

What about PCR and when do we submit FP17W – where is the detail?

Work is being done with NHSBSA on developing more guidance on when to submit FP17W and this will be available in time for the soft launch in July.

PCR is being discussed, and we know how important an issue it is. The approach being used by the programme team is to get the clinical model clear first, the financial work will come afterwards.

Figure 4 Timeline for Pathway feedback and roll out

	March '21	April '21	May '21	June '21	July '21	Aug '21	Sept '21	Oct '21	Nov '21	Dec '21	Jan '22	Feb '22	March '22	April '22
First round of feedback from all stakeholders														
Pathways document updated and supporting FAQ developed														
Patient facing information developed														
Pathways tool kit shared with practices														
Training programme from HEIW rolled out														
Testing in GDS														
Live for all GDS Practices in Wales														
Feedback from test sites collected														
Wider Feedback requested														
Pathways amended if required														
Final version launched														