

# Taking Special Care Dentistry in Wales Forward

A plan to further improve and develop  
Special Care Dentistry services in Wales



June 2017

This plan is inspired by *“Taking Wales Forward”* (Welsh Government, 2016) which highlights that:

“Good health underpins all of our ambitions for Wales. We are committed to helping improve health and well-being for all. Our ambition is to embed healthy living throughout our programmes and to place a focus on health at the heart of everything that we do.”

### **What is “Special Care” Dentistry?**

Special Care Dentistry (SCD) is concerned with dental care and prevention for people who have additional care needs. This includes people aged 16 or over who are vulnerable adolescents and adults with medical, physical or mental health issues that affect their ability to receive dental care.

In dentistry, it is one of 13 specialties which are recognised by the General Dental Council (GDC). Dentists who have completed specialist training can register with the GDC and are particularly recognised as having specialist skills in the care of patients with additional needs.

However, many dentists/dental team members who are not registered as specialists also provide safe and effective care for people with additional needs.





## Background

The Special Care Dentistry specialty was introduced by the GDC in 2010. This led to work in Wales to develop the workforce and services to meet the needs of people with special care needs. The first needs assessment for SCD was conducted in 2011 and an implementation plan was developed for the specialty in Wales.

Together for Health: A National Oral Health Plan for Wales 2013-18 recommended that Health Boards should respond to the 2011 SCD Implementation Plan by ensuring the needs of all vulnerable groups were met.



## Purpose of this plan

The overarching aim of this work is to enable a person-centred approach for care for people with additional needs who require SCD services:

*To ensure the right service is available at the right time, provided by the right team, to the right quality and in the right place.*

This document sets out a plan for development that will:

- Engage with stakeholders to support the development of appropriate person-centred oral health and prevention services as part of SCD;

- Develop oral health care services for vulnerable adolescents and adults who require SCD;
- Build on good practice to ensure services are developed to meet needs so that vulnerable adolescents and adults can access appropriate SCD services in a timely way;
- Guide the development of the workforce and training to develop skills across dental teams and across specialist and specialised services;
- Support multidisciplinary approaches for effective care.

An updated needs assessment has been conducted to support this plan and it is included as **Appendix 1**.

### **Julia's Story**

My name is Julia. I am 59 and was diagnosed with Multiple Sclerosis in 1977. As my condition progressed I became a wheelchair user. I was not able to access my family dentist's surgery so was referred to the Community Dental Service.

**One of the most important things for me has been the constancy and continuity of the care I have received.**

This has allowed me to build a rapport with the dental nurses as well as the dentist and has given me the confidence that they all understand me and my needs. As my condition has changed over the years the way treatment has been provided has been changed appropriately. There have been times when I have been able to attend the surgery at the clinic when I was more mobile, and others when the mobile surgery actually parked outside my house to allow fillings and X-rays to be completed for me. Most of my care has however been completed through home visits by the specialist team. I am pleased to say I have lost no teeth and have a healthy mouth.

For me, the service I have received has been invaluable and I always know that with this team we are all regularly working together to do the best for me. That leaves me with one less thing to worry about amongst my other challenges of daily life.

**(South East Wales MCN)**

## Progress to date

The Welsh Government published its first Special Care Dentistry Implementation Plan in 2011:

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

This included 5 key recommendations:

Recommendations
<ol style="list-style-type: none"><li>1. Establish a Strategic Advisory Group for SCD;</li><li>2. Develop a national communications approach for SCD to include a national plan and regional Managed Clinical Networks (MCNs) for SCD;</li><li>3. Establish work programmes and pragmatic dental referral and treatment pathways for adults with additional needs in Wales;</li><li>4. Provision of relevant regional and local information for patients and clinicians about SCD care and services;</li><li>5. Development of a Workforce Strategy for SCD in Wales to include speciality development and continuing training and postgraduate education.</li></ol>

Three regional SCD Managed Clinical Networks (MCNs) helped to deliver that plan which led to great improvements in SCD in Wales. These MCNs provide an annual progress report to Welsh Government. You can read the latest report (2016) at this link:

<http://gov.wales/docs/phhs/publications/160815special-careen.pdf>

A Special Care Dentistry Advisory Forum (the SCD Forum) monitors progress and advises the Chief Dental Officer. The Forum meets twice a year and you can read its record of activity at this link:

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

## Special Care Dentistry Implementation Plan 2011 Outcomes

In delivering the original Implementation Plan, SCD MCNs and health boards have developed:

- Training and education for all members of the dental team;
- New ways of working, including direct access and extended use of sedation<sup>1</sup>;
- A wide range of care pathways;
- New or improved facilities to provide specialist care;

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<sup>1</sup> Sedation per se is not integral to SCD. Some people with SCD needs require sedation to help them cope with routine dental care but sedation services are also provided for people who are anxious about dentistry but do not have SCD needs.

- Joint working across dental disciplines in CDS, GDS and Hospital Dental Services;
- Effective working with the Third Sector organisations;
- Audit and links to national programmes e.g. 1000 Lives quality improvement work.

## **Policy, Plans and Legal Frameworks supporting Special Care Dentistry**

A wide range of developments underpin the development of SCD in Wales.

The National Oral Health Plan 2013 to 2018 provides the overarching vision for dentistry and dental services in Wales:

<http://gov.wales/topics/health/nhswales/plans/oral-plan/?lang=en>

Three Welsh Health Circulars have been issued. These outline support for dental teams who are delivering SCD services. You can read more about these in **Appendix 2**:

- (i) Improving Oral Health for Older People Living in Care Homes in Wales -WHC/2015/001
- (ii) Improving access to specialist dental services delivered in primary care -WHC/2015/002
- (iii) The Role of the CDS and Services for Vulnerable People - WHC/2016/005

National reports and health policies also support the delivery and development of SCD. These include:

- Delivery plans as part of Together for Health – Cancer, Mental Health, Substance Misuse and Palliative and End of Life Care;
- The Health and Care Standards for Wales;  
<http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>
- Trusted to Care and Delivering Safe Care, Compassionate Care – the Welsh Government’s response to the Francis Report into events at Mid Staffordshire NHS Foundation Trust;
- The Primary Care Plan and the principles of Prudent Healthcare;
- Equality Act 2010 which legally protects people from discrimination in the workplace and in wider society, and which impacts on issues such as access to services for those with additional care needs.

### ***Prudent health care: Prevention***

#### ***Good practice in staff training and service delivery***

The health board has developed an Integrated Dental Domiciliary Care Pathway for vulnerable adults. All referrals for domiciliary dental care are triaged (reviewed) by the Community Dental Service and allocated to the right dentist (GDS or CDS). As part of the care pathway an Oral Health Improvement Practitioner provides:

- Mouth care training to the patients, their families and carers;
- oral hygiene and denture care advice;
- ensures the correct toothpaste and toothbrushes are being used; and
- application of fluoride varnish if necessary.

Patient reported experience has been very positive and resulted in better oral health, improved quality of life such as being free of dental pain and discomfort, more confidence to speak and smile and increased choices for healthy eating.

***(South East Wales MCN)***

### **Looking to the future**

Timely and effective care is becoming available for vulnerable adolescents and adults and those who require SCD but there is more to do to ensure appropriate access to services in **all** parts of Wales. This will require the Special Care Dentistry Advisory Forum, SCD MCNs, health boards and the wider dental profession to work together and to work with service users, carers and other stakeholders.

This plan recognises that services for vulnerable adolescents and adults, and SCD, must continue to develop in line with the Wellbeing of Future Generations Act.

### **Using Sustainable Development Principles**

These are:

- Long-term view (balancing short-term needs with future needs);
- Prevention;
- Integration;
- Collaboration; and
- Involvement.

### **Using Prudent Healthcare principles**

SCD and services for vulnerable adolescents and adults will continue to use prudent healthcare principles which are:

- Do no harm and only do what's needed;
- Work with patients and carers to decide the most appropriate care for individual patients (this is called coproduction);
- Reduce inappropriate variation; and
- Use evidence, and care for those with the greatest health need first.

The dental team workforce requires ongoing development and support to meet the changing needs of the populations they serve and to ensure appropriate succession planning. Workforce training and development is outlined in **Appendix 3**.



### **Development of Prudent approaches in Dentistry - Using direct access and skill mix**

The GDC introduced direct access in 2013 which allows patients to see dental hygienists and dental therapists without necessarily having to see a dentist first. There is evidence to show that a direct access model may provide a more effective service for many people living in residential care who have relatively simple dental health needs.<sup>2,3</sup> This use of the wider dental team can free up dentists time to care for more complex patients.

The CDS in Wales has worked to develop services using the direct access model to improve access to care. Service development work should build on this to improve access for people with additional needs through the use of skill mix.

<sup>2</sup> Johnson, I. et al. 2014. Does dental disease presence equate to treatment need among care home residents?. *Journal of dentistry* 42(8), pp. 929-937. (10.1016/j.jdent.2014.05.010)

<sup>3</sup> Morgan, Maria Zeta, Johnson, Ilona Gail, Hitchings, Esther, Monaghan, Nigel P. and Karki, Anup J. 2016. Dentist skill and setting to address dental treatment needs of care home residents in Wales. *Gerodontology* 33 (4) , pp. 461-469. 10.1111/ger.12185



In Wales, people with additional needs can receive dental care from GDS, CDS and HDS Services with some being seen by more than one service as part of shared care. The majority of patients with less severe additional needs are seen by GDS services (**Appendix 1**). Most SCD specialists are employed by CDS services in Wales and these services provide care for the majority of people with more complex needs. People with the most complex needs are managed by SCD consultants located in CDS and HDS services.

### **Integrated multi-disciplinary Working**

Integrated working is developing in some areas supported by care pathways delivered by CDS/GDS/HDS. MCN work to develop care pathways will support this process.

#### ***Sustainable Healthcare Principles: Integration and collaboration Good practice in multidisciplinary team working***

A Special Care Dental Day Case General Anaesthetic list has been developed in the Eye Theatre of the Princess of Wales Hospital in Bridgend. Patients include people of all ages with some form of disability including many with severe learning disability.

The development of this facility involved close team working and the skills of members of the Department of Restorative Dentistry, the Community Dental Service, the Consultant Anaesthetic team and the Eye Theatre staff.

Patients are carefully assessed before treatment so their journey through the procedure is as smooth and pleasant as possible. Theatre staff do all they can to make patients feel at ease at all times. This can involve the use of relaxation and distraction techniques including music, DVD's and other aids such as soft toys. The anaesthetic team assess patients carefully to ensure the patient's admission and anaesthetic proceeds as smoothly as possible. The dental team plan the patient's dental care – where possible it is completed in one visit and appropriate after care is provided.

Joint working with other health care professionals can support patients and their carers. If necessary other health professionals carry out treatment such as ENT examinations and podiatry care to save the patient from having another visit to hospital and general anaesthetic.

**The care provided has been very well received by patients and their carers and has won several awards**

***(South West Wales MCN)***

A number of multi-disciplinary work streams have been developed which contribute to oral health for vulnerable and older people in hospitals and care homes. The 1000 Lives Service Improvement programme is well established in Wales and works with CDS and hospital services to improve mouth care for vulnerable people in hospitals. This work is currently being extended with the support of the Welsh Government and teams across Wales to improve oral care for people in care homes.

Many people with additional needs receive dental care from general dental practice teams and in some areas specialised services are delivered by non-specialists. Future plans should ensure that non-specialists are supported by specialist colleagues or Consultants, and ensure that continuing professional development opportunities are widely available.

***Dental care and oral health make a real difference to a patient's quality of life***

At 54 "MJ" had pain and recurrent infection from all her teeth. MJ had struggled to find a dentist who was able to look after her due to her complex medical history which included physical and mental health difficulties. She was eventually referred to the Community Dental Service.

All her teeth were decayed and she had severe gum disease. She was unhappy with her dental appearance and unable to eat properly. Her poor oral health was affecting her diabetic control and her general well-being, self-esteem and relations with close family members.

Dental treatment was undertaken following a haematological (blood health) opinion from a Consultant. A dental clearance and the provision of full dentures was planned in stages using local anaesthesia, behavioural management and a careful sympathetic approach.

MJ was very anxious about the treatment, but she told the dental team she was reassured by their patience and care. At each visit she said her confidence improved and she became more at ease.

When her new dentures were fitted MJ was very emotional but thanked the dental team for their care and kindness. She said her treatment had really improved her appearance, confidence and family and social life.

***(South West Wales MCN)***

## Multi-disciplinary partnerships for ongoing development, improved working and safety



The Welsh Government Primary Care Plan has introduced Primary Care Clusters which need to consider the health needs of their local population – including those who require SCD services. There has been patchy progress in ensuring that primary care clusters involve members of the dental team in discussions and consider oral health and dental services; however the profession in Wales continues to highlight this issue.

### ***Learning from adverse incidents – dentures lost in a care homes.***

A care home requested a dentist visit for two residents whose dentures had been lost. One resident had advanced dementia. He was showing signs of distress, and constantly asked where his teeth were. He had communication difficulties, but close liaison with his son meant that the dental team were able to make a new set of dentures and the resident was very happy with them.

The second patient had severe physical impairment and was unable to move unaided. She had several episodes of acute ill health which meant it took some while to make new dentures. When her new dentures were fitted, she invited anyone who walked past her room to come and look at her new teeth!

The care home staff used this experience as a reminder to staff that dentures are a major contribution to patient's health and well-being, and that great care should be taken not to lose them. Both sets of dentures now have clear identification marks and all staff in the care home have received update training in oral and denture care (including how to mark dentures with the residents name), by the CDS Gwen am Byth team.

**(North Wales MCN)**

## **Improvement and Development Actions**

Specific actions are identified for SCD MCNs, the CDS and primary care dental teams, Dental Public Health, Cardiff University Dental Deanery and Welsh Government.

### **Action 1**

**Develop data collection systems which are relevant, appropriate and capture SCD need and severity in a timely way across all dental care providers.**

- (i) Develop a system of ongoing, relevant data collection for risk assessment and needs identification for individual patients and services. This will routinely capture consistent and comparable information about patients SCD care needs and the severity of conditions. This should be undertaken across all dental services (GDS, CDS and HDS) in a way that is simple to deploy, fits with current systems and can be retrieved for needs assessment and service planning.
- (ii) Use of systems to capture patient/carer experience and share learning from this.
- (iii) Develop systems which provide data that can be used by stakeholders across Wales to ensure equitable access to prevention and care for people with SCD needs.

### **Action 2**

**Strengthen SCD MCNs to ensure they continue to lead on delivery and work to embed this responsibility into their work plans, Local Oral Health Plans and IMTPs to improve service provision and integrated working.**

- (i) Reinforce the responsibility and role of health boards to provide and support SCD services, including service delivery from all providers (GDS/CDS/HDS).
- (ii) Actively work in partnership with GDS teams, medical practitioners, pharmacy and other allied health care teams to strengthen care pathways and delivery.
- (iii) Respond to any Welsh Government consultation/request to embed SCD and services for vulnerable people in future versions of the NOHP. This will then link to LOHPs and IMTPs.
- (iv) Identify and develop Care Pathways and Referral systems.
- (v) Improve communications and SCD MCN visibility on websites (see Appendix 4 – SCD Forum Communications Plan) and fully develop the SCD website in line with the communications plan.



- (vi) Extend partnership working, quality assurance and audit to further improve mouth care for people in hospital and improve the oral health of older people living in care homes in Wales.
- (vii) Work in partnership with Higher Education providers e.g. Cardiff University Dental School and the Postgraduate deanery to learn from and develop best practice in teaching SCD.

### **Action 3**

#### **Developing SCD practice in Wales.**

- (i) Support professional engagement with academics to consider how to develop the academic and research information base for SCD.
- (ii) Build on well-established principles of learning and sharing experience in Wales to engage CDS, HDS, GDS, deanery, academic, social care and wider NHS teams and encourage an open culture of learning for those providing SCD services.

### **Action 4**

#### **Workforce planning**

#### **Support the process of workforce planning by working with MCNs to provide guidance and data for the purpose of workforce planning.**

- (i) Provide guidance for Health board workforce planning for dental care so that this includes the SCD workforce.
- (ii) Identify present and future requirements for training, education and development – particularly for SCD. This will include all members of the dental team as well as undergraduate and postgraduate training. It will benefit from linking with expert groups relevant to special care and dental education.

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Dr Sandra Sandham, Specialist in Dental Public Health and Clinical Director Community Dental Service, Betsi Cadwaladr University Health Board;

All members of the SCD Advisory Forum.

## Appendix 1

### An Assessment of Special Care Dentistry Needs in Wales

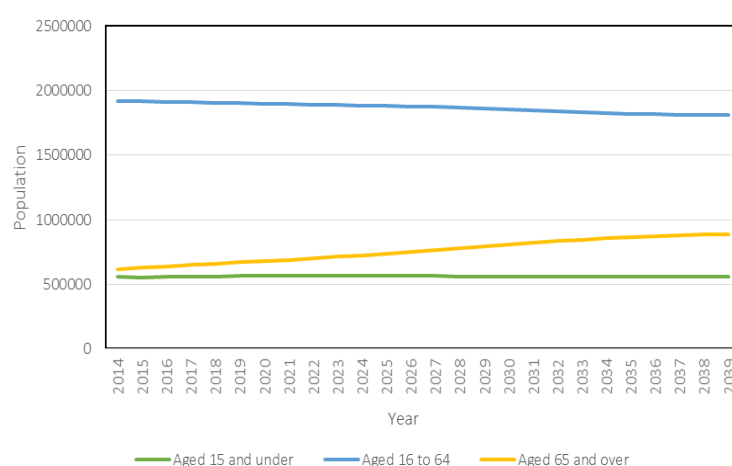
#### Development of Special Care Dentistry Services in Wales

Special Care Dentistry is one of the 13 specialties recognised by the General Dental Council. This means that dentists who have completed specialist training can register with the General Dental Council and be recognised as having additional skills in the care of patients with specialist needs. The introduction of this specialty in 2010 led to work in Wales to develop the specialty workforce to meet care needs. A needs assessment for Special Care Dentistry was conducted to inform this work and an implementation plan for the Specialty was developed in 2011.

Together for Health: A National Oral Health Plan for Wales 2013-18 recommended that Health Boards should respond to the 2011 SCD Implementation Plan by ensuring the needs of all vulnerable groups were met. This needs assessment provides an update on oral health and care for people with special care dentistry needs.

#### People living in Wales

The population of Wales is rising and in 2015, there were approximately 3.1 million people living in Wales. Projections suggest that the population of Wales will grow to 3.3 million by 2039 (*Stats Wales Population Projections*). The main increase will be the number of adults over the age of 65 (Figure 1). The age of the population is relevant to special care dentistry. Chronic health conditions, frailty and dependence become more common with increased age. This means that the number of people with complex health conditions has increased and this will continue over time.



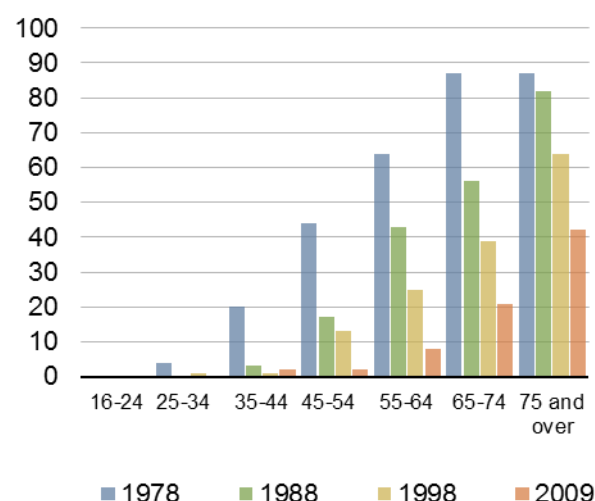
**Figure 1** – population projections for Wales 2014 - 2039

## Dental Health in Wales

Dental surveys show that dental health is improving in Wales. Fewer people are affected by dental decay and many are keeping their teeth into old age. However those from the most deprived social groups still have poorer dental health.

Population increases and improvements in dental health mean that more people have natural teeth than ever before (Figure 2). Looking after natural teeth and partial dentures can be more complicated than looking after full (complete) dentures, particularly for those people with special care needs. Furthermore, people with special care dentistry needs often have an increased risk of dental disease as a consequence of their health, for example many have dry mouth issues arising from multiple medications.

**Figure 2:** proportion of adults with no teeth in Wales 1978 – 2009 (Adult Dental Health Survey, 2009)



## Health and Dentistry

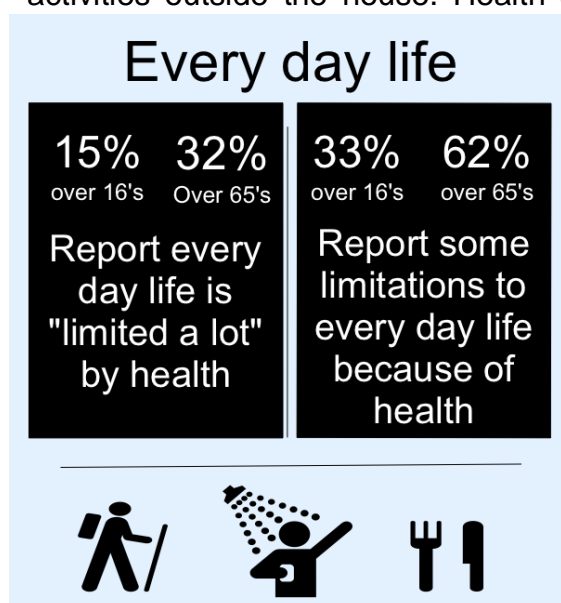
People who need support from special care dentistry teams often have many health problems. Complex health problems can often be the reason why people have special care dentistry needs and most people with these needs receive help and support from a range of health and social care service providers. Data on health and care service use provide us with a picture of care needs in the population and can give us a picture of the types of services that are required to meet patient needs.

## Health, Daily Activities and Help

Health conditions that affect day-to-day activities can also affect dental health and care. Welsh Health Survey report 2015 (*Welsh Health Survey 2015, Stats Wales*) indicate that 15% of adults in Wales said that their health severely limits their day to day life, this increased to 32% of people over 65 (Figure 3). National Survey for Wales 2015 reports show that 2% of adults report needing



help from care services with everyday living and a further 1% need help with activities outside the house. Health and Care statistics in Wales have also



shown that 1% of the adult population (22953 people) receive home-care in order to live at home. These surveys may underestimate the impact of health conditions in the population as people who are living in residential care and hospitals are excluded from participating, but these figures give an estimate for the number of people with disabling health conditions and the numbers who receive help.

**Figure 3** : Infographic for limiting illness in Wales (Welsh Health Survey

2015)

## Health and Illness

Welsh Health survey reports from 2015 show that 50% of the adult population report having “any illness”. This increases to 80% of adults aged over 65 years. Common illnesses include heart conditions, respiratory illnesses, mental illness, back pain stroke, arthritis and diabetes (Table 1). These conditions affect dental care and people with these conditions, or a combination of these conditions can require support from dental teams with additional skills to manage care needs.

**Table 1:** Proportion of adults reporting specific illnesses Wales (Welsh Health Survey 2015)

	% of People Age 65+	% of People Age 16+
Any heart condition excl high blood pressure	25	8
Any respiratory illness	19	14
Any mental illness	1	13
Stroke (ever treated)	8	3
Arthritis	29	12
Back Pain	20	12
Diabetes	17	7
Any illness	80	51

Obesity is also increasing in the population and this has implications for dental care services as people who are obese may have a range of associated health problems. People over 22 stone in weight cannot be treated in conventional dental chairs and specialist “bariatric” chairs are needed. In Wales, access to bariatric chairs has improved and care pathways have been developed in some areas. There is little available data to show how bariatric care pathways or facilities are being used and there is little evidence of training in Wales for dental teams that is specific to the management of people who are obese.

## **Disability**

Most disabilities that affect care are associated with medical health conditions or physical disabilities but mental health related conditions, dementia and learning disabilities can affect dental health and care.

In 2016, there were 75,753 people registered as having physical or sensory disabilities in Wales, of which 61% were registered with physical disabilities. This represents 2.5% of the total population of Wales. There were also 14,729 people on Learning Disability registers in Wales in 2016, representing less than 1% of the Welsh population. While information is collected annually by Local Health Boards in relation to people who have learning disabilities, the questionnaires used do not include dental questions and so the dental health needs of this population and data relating to access to care is not routinely collected.

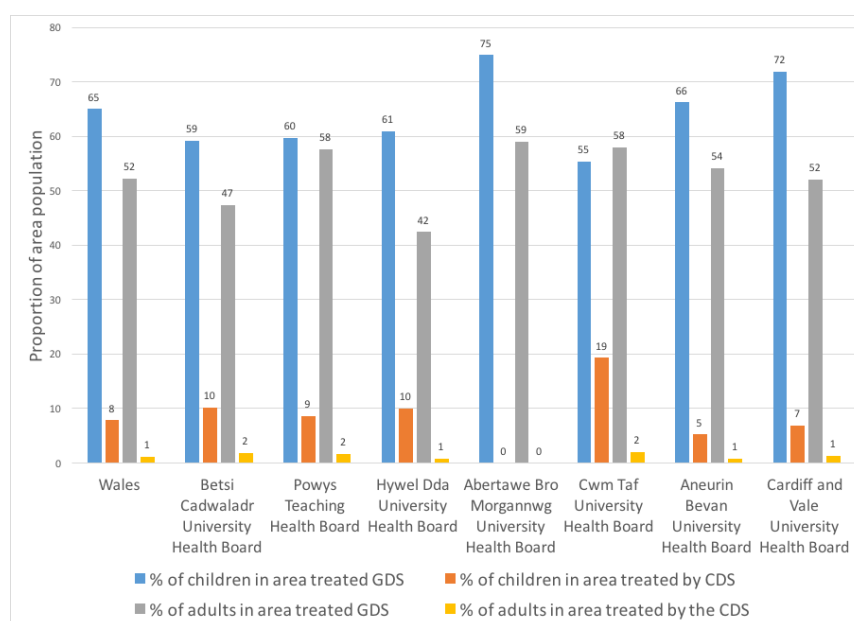
As reported in the 2011 needs assessment, (*Johnson IG, Special Care Dentistry: An Assessment of Need in Wales 2011*) the number of people with dementia and other conditions which become more common with age are continuing to increase. The Welsh dental care home surveys show that dental treatment needs can often be straightforward for many of these people and poor oral hygiene is common but the delivery of care can be particularly time consuming (*I.G. Johnson, M.Z. Morgan, N.P. Monaghan, A.J. Karki, Does dental disease presence equate to treatment need among care home residents?, Journal of Dentistry, Volume 42, Issue 8, August 2014, Pages 929-937, ISSN 0300-571 and Morgan MZ, Johnson IG, Hitchings E, Monaghan NP, Karki AJ. Dentist skill and setting to address dental treatment needs of care home residents in Wales. Gerodontology. 2015 Jan 1*). There is no system in place to identify the number of people who have disabilities who are able to see a dentist, or who attend the dentist, and case mix data which could better outline these needs is not available for planning purposes.

## **Dental Services**

The Welsh Health survey 2015 found that 70% of people reported they had visited the dentist in the previous 12 months. This is higher than figures given for the NHS GDS and CDS attendance records combined. It is possible that a proportion of people are seen in private practices, practices outside Wales or hospital dental services.

The majority of people who attend the dentist in Wales are seen by General Dental Services (GDS). General Dental Practice and Community Dental Service data show that children are more likely to be seen than adults (Figure 4).

**Figure 4:** Proportion of children and adults seen by the General Dental Service and by the Community Dental Service, shown as a percentage of the total child and adult population for Wales and each health board area in 2015.



## General Dental Services

Health and wellbeing statistics show that half of all adults are affected by at least one illness or condition, with this figure rising to 80% in adults over 65. Dental activity in NHS claims data shows that GDS dental teams see 52% of adults for treatment and care. This means that GDS dental teams are likely to see people with illnesses and health conditions on a daily basis.

GDS services do not submit information about special care dentistry needs or illnesses with their claims. As a consequence, there is little information about those who are seen for dental care within the GDS for needs assessment purposes.

## Community Dental Services

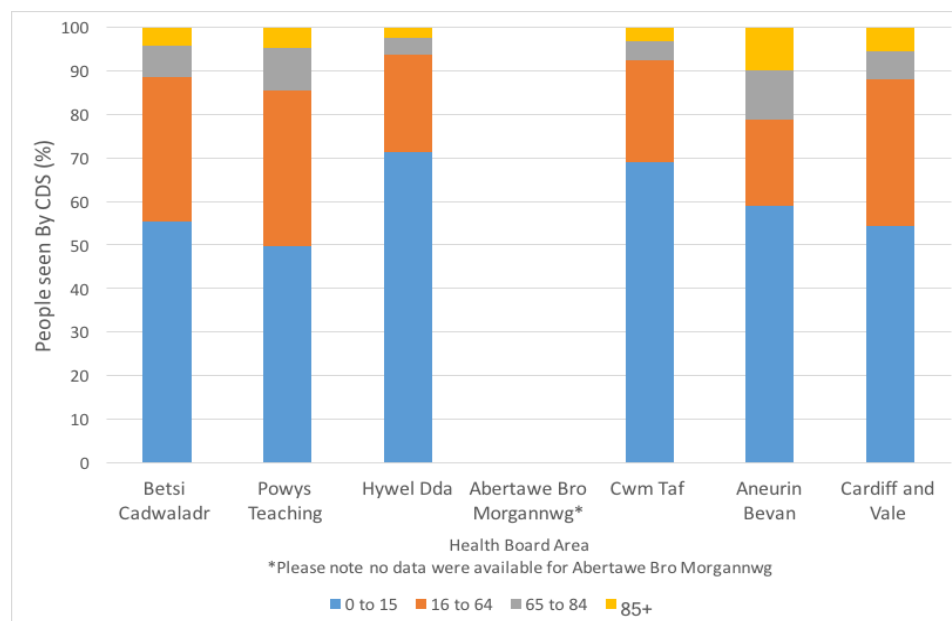
In Wales figures from 2015 show that 8% of children and 1% of adults in the population were seen by the Community Dental Services (CDS) for dental treatment or care.

In most areas in Wales, more than half of all people seen by the CDS were children (Figure 5). 20 to 30% of patients seen were adults under the age of

65. Up to 20% of those seen were older adults, but this varied according to area.

Community Dental Services record and submit information about the categories of patients they see on an annual basis. This information includes numbers of people with disabilities and numbers for those seen in other categories of need e.g. people who are homeless. CDS reportedly collect case mix data in relation to complexity and need. While this information is collected on a routine basis, CDS staff have indicated that this data cannot be extracted from the system at present to assist with analysis of need.

**Figure 5:** Total population seen by the CDS in 2015 for each health board area by age of patient.



### People seen by the CDS for dental care

Data from the CDS and Welsh data for illnesses (Table 2) show that many people are affected by health conditions but it is evident that only a small proportion of these are seen in the CDS. While national surveys often collect data about health and illness, these conditions can be mild or severe and there is a spectrum of health need in the population. It is very likely that the majority of adults who are seen by the CDS have severe health and disability issues.

It is not clear how people who are not seen by the CDS are managed and population data relating to dental health needs and care is poor. It is also not clear how many people are managed with shared care approaches between the general, community and specialist dental services.



**Table 2:** Number of adults seen by the CDS for dental treatment in 2015 out of each 1000 people with each condition.

**Number of adults seen by the CDS for every 1000 people with the condition**

Learning disability	390
Medically compromised	16
Mental health condition	9
Phobic / anxiety	14
Physical disability	19

**Dental Anxiety**

Dental anxiety is common in the population and many people with health conditions which affect dental care are also anxious about having dental treatment. Some hospitals, CDS and GDS providers provide dental services and sedation for people who struggle to cope with dental treatment as a result of severe dental anxiety. Sedation and anxiety management facilities vary by area and the distribution of these facilities reflects those seen in the 2011 needs assessment. People with complex disabilities and health issues who require sedation to be able to receive dental care are often added to the same waiting lists as those who are referred for anxiety problems alone. In view of the number of people in Wales who have reported dental anxiety issues, it may be appropriate to undertake a specific needs assessment for this aspect of care.

**General Anaesthesia for dentistry**

A small proportion of the population has dental care needs that require general anaesthesia. People (adults and children) are often referred for general anaesthetic for specific issues. According to audit data, the most common reasons include learning disability and severe phobia (Table 3).

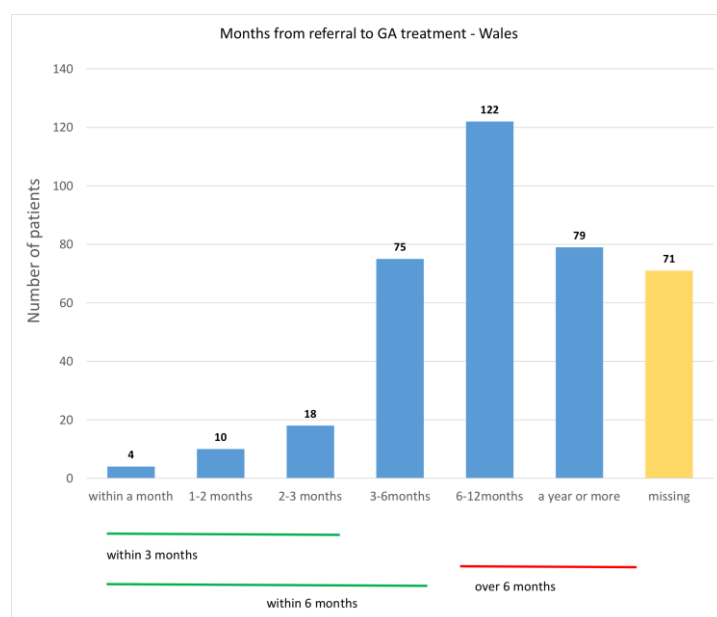
**Table 3:** Reasons for general anaesthetic from an audit of waiting times for general anaesthesia in 2014

AREA	Learning Disability	Physical Disability	Severe Phobia	(blank)	Total
ABMU	25		5		30
Aneurin Bevan	24		7		31
BC	91	8	128		227
CV	24	4	3		31
Hywel Dda	6		7		13
Powys	1		31	15	47
<b>WALES</b>	<b>171</b>	<b>12</b>	<b>181</b>	<b>15</b>	<b>379</b>

Many are children who are unable to cooperate for dental treatment but a small proportion of people who require general anaesthetic are adults with special care dentistry needs. Children's care often has dedicated anaesthetic lists, but adult lists for special care occur less often and in some areas dental services compete with medical services to be given an operating theatre list for general anaesthetic dental care. These patients can wait up to 18 months for a place on a waiting list for treatment and waiting lists can build quickly when staff move away from a service.

Audit data (Figure 6) shows a high proportion of patients wait for over a year for dental care.

**Figure 6:** Months from referral to treatment for general anaesthetic in Wales (results of a brief audit of adults and children).



## Dental Anxiety

There are three Managed Clinical Networks (MCNs) for SCD in Wales. Work in each MCN varies. The MCNs have developed local pathways for care (Table 4) and further work is being undertaken in each area for more pathways and implementation.

**Table 4:** MCN care pathways.

MCN	Local Pathway	National Pathway
South East Wales	Sedation Domiciliary Bariatric Special Care Dentistry Generic	Inherited Bleeding Disorders
South West Wales	Domiciliary Bariatric Homeless people People affected by substance abuse Learning Disability Mental Health Bisphosphonate and Oncology Sedation General Anaesthetic	
North Wales	No information provided	

### **Skills and Training for Special Care in Wales**

The Cardiff University School of Dentistry in Wales covers special care dentistry at undergraduate level. However this type and level of training from other dental schools may vary. Specialist training in Wales has also developed, but there are limited consultant posts in special care dentistry in Wales for those who have completed training.

Skills development and training is available for non-specialists, including postgraduate continuing professional development. A range of day courses for deaf awareness and medically compromised patients are available through the postgraduate deanery but systematic personal development planning does not appear to contribute to a portfolio of evidence for practitioners.

## **Key Points**

Many people in Wales have special care dentistry needs, but only a small proportion will require specialist care. Most people with special care needs will be managed by non specialists in general dental practice, with some seen by community dental or more specialist hospital services.

Key issues include the ageing population, increasing levels of obesity and health conditions such as diabetes and dementia. Dental care services will need to continually develop in order to meet these needs.

Community Dental Services still devote a significant proportion of time to children's dentistry. Developing the Community Service to meet the special care needs of the population will require workforce development across community and general dental services. It will also require the development of skills to work with wider multidisciplinary teams in general medical practices, hospitals and pharmacies to ensure optimal care as most people with special care needs are managed by a number of service providers. The Managed Clinical Networks and consultants in special care dentistry are well placed to lead on the development of pathways and integrated approaches to care that are consistent on an all Wales level.

Anxiety management and general anaesthesia provision need further attention to meet the needs of the population and to ensure that the most vulnerable are not waiting long periods of time for care. A specific needs assessment of this for Wales is indicated.

Data relating to the needs of populations who have special care dentistry needs is poor and needs significant improvement. Mechanisms to capture meaningful and usable information on the severity of ill-health and disability, care dependence and special care dentistry need are not currently in place in the CDS or GDS.

## **Recommendations**

1. MCN's actively engage with general dental practices and undertake work to assess and co-ordinate workforce development for special care dentistry.
2. MCNs continue to develop and implement special care dentistry care pathways on an all Wales level in conjunction with wider multidisciplinary teams.
3. A needs assessment is conducted for anxiety, sedation and general anaesthetic services in Wales.
4. Routine data collection in relation to this population should be reviewed and work should be undertaken to develop and implement simple but meaningful mechanisms for routine data capture to indicate the severity of ill-health and disability, care dependence and special care dentistry need amongst patients attending the GDS and CDS.
5. Special care dentistry needs data should be used for continuous improvement of special care dentistry services in Wales.



## Appendix 2

### Welsh Health Circulars

- **The Role of the CDS and Services for Vulnerable People - WHC/2016/005**

The WHC notes that the “Welsh Government considers the CDS to play a leading role in providing care for vulnerable people and improving the oral health of priority groups.”

However the WHC also recognises the vital role of general dental practitioners and their teams. It notes that the “CDS have the potential to take the prime role in caring for the most vulnerable people, working in partnership with the GDS/PDS/HDS, health care professionals and a wide range of other agencies.”

The WHC goes on to state “The general dental practitioner (GDP) is the lynchpin of primary care dental services and the provider of choice for the vast majority of people in Wales. GDPs also provide care to many vulnerable people, but there are those for whom the additional skills and expertise of the CDS are required. Care Pathways for vulnerable people can involve a wide range of other agencies including the Third Sector, specialist healthcare teams, Flying Start Health Visitors and care home personnel.”

The WHC can be accessed at this link:

<http://gov.wales/docs/dhss/publications/160202whc005en.pdf>

- **Improving access to specialist dental services delivered in primary care -WHC/2015/002**

The WHC describes Welsh Government policy and available funding to deliver better oral health to vulnerable patient groups by improving access to specialist dental services across Wales.

The WHC can be accessed at this link:

<http://gov.wales/docs/dhss/publications/150210whc002en.pdf>

- **Improving Oral Health for Older People Living in Care Homes in Wales -WHC/2015/001**

The aim of the programme is to improve oral hygiene and mouth care for older people living in care homes through the development of a consistent all-Wales approach.

The WHC can be accessed at this link:

<http://gov.wales/docs/dhss/publications/150210whc001en.pdf>

### **Training and Development for the dental and Special Care Dentistry workforce**

Many people with special care needs may have some or all of their dental treatment in general practice and at least three quarters of patients with less complex special care needs who visit a dentist, are seen in general dental practice for at least part of their care. Some people with additional care needs may not see a dentist. Courses, training and placements should be available to meet the needs of general dental service teams and the communities they serve. Participation should be supported and encouraged.

#### **Undergraduate Training in Wales**

Cardiff University Dental School includes a detailed module on SCD as part of the undergraduate training programme.

#### **Community Dental Service Training and Development**

WHC 2016 / 005 on the role of the CDS identifies the need for “Vulnerable people to be cared for by dentists and dental teams who can demonstrate appropriate skills and experience (specialist experience when required) and who work in accessible, appropriate and safe environments. Their care may need additional clinical and management resources and health boards should be sensitive to the additional time and training needed to provide safe and effective care for people with special care needs.”

All dentists employed in the CDS have access to a training allowance of approximately £750 pa which rolls over at year end and can be accumulated for postgraduate masters degrees or other appropriate qualifications.

#### **Specialist Training**

In the past, Consultant expertise and specialist training in special care dentistry was largely concentrated in the South East of Wales but more recently health boards have developed joint training to ensure trainees work in AB, BCU, Cardiff and Vale / Cwm Taf, ABMU and Hywel Dda.

#### **Postgraduate Training for Dentists**

At present the provision of postgraduate training in SCD is not directly linked to population needs. However formal training programmes and continuing professional development courses are provided for all dental team members to support achievement of their Personal Development Plans and to address wider workforce development.

#### **Networks for Disseminating Best Practice in Wales**

The all Wales Special Interest Group/Oral Health Care <http://www.sigwales.org/> has continued to provide support and leadership for CDS and Hospital SCD dental team members in Wales. Members actively participate and have undertaken leading roles in dental organisations which promote good practice in SCD including: the British Society for

Gerodontology, the British Society for Disability and Oral Health and the Dental Sedation Teachers Group. The SIG hosts web site information which disseminated good practice for SCD to all.

### **Future Requirements for Training and Development**

There is a continuing need to work with Consultants in SCD, Cardiff University Dental Deanery and other multidisciplinary training providers to ensure:

- All dental team members can access suitable training to enable them to care for vulnerable people.
- Foundation dentists, other trainee dentists (including DCTs) and DCPs receive training in providing care to vulnerable people, particularly in general dental practice.
- Development of training for those wanting to specialise in SCD or other related specialities such as Paediatrics, to ensure sufficient specialists (including academic specialists), and other dental team members to meet patient needs and to provide clinical leadership.
- Training programmes for Dental Nurses leading to the award of a Certificate in Special Care Dentistry and in Conscious Sedation should be provided in all areas of Wales.
- CPD programmes for the dental team should regularly include special care dentistry, care of older patients and domiciliary care in a format that is acceptable to participants.
- Development of distance and blended learning - especially using web based and IT packages.

Multi-disciplinary team training approaches are developed to enhance jointworking and care.

### **SCD Forum Communications Plan**

The Special Care Dentistry in Wales Implementation Plan (November 2011) confirms a requirement to provide 'regional and relevant local information for patients and clinicians' together with 'interim and substantial guidance regarding network and speciality development'. It is good practice for the SCD Advisory Group to have a Communication Plan.

#### **Communication Standards**

Working with all relevant local stakeholders, Managed Clinical Networks (MCNs) in consultation with Health Boards will comply with Standard 18 of the Standards for Health Services in Wales (*NB – these were replaced with the Health and Care Standards for Wales in April 2015*) and ensure effective, accessible, appropriate and timely communication and information sharing:

- internally and externally;
- with patients, service users, carers and staff using a range of media and formats;
- about patients, service users and their carers;
- on the full range and locations of services they provide; and
- address language and communication needs.

MCNs will need to identify their key stakeholders and service users to ensure communications are clear and appropriate for their target audience.

Clear and timely communication will be required with services providers, users and carers as part of any research strategy for SCD.

#### **Key stakeholders**

Key stakeholders include internal and external colleagues, as well as the public. They will include:

SCD patients and carers  
Welsh Government  
Local Health Boards  
Public Health Wales  
Consultants and Specialists in Special Care Dentistry  
Community Dental Services  
Consultants and Specialists from other Dental specialities  
Dental Practitioners and their teams  
Primary care cluster leads  
Local Authorities  
Third Sector  
Educational providers including the Postgraduate deanery and University

## **Communication Mechanisms**

A plan and leadership for Communication needs to be established. MCNs and Health Boards need to establish develop and agree effective methods of communication with key stakeholders. A variety of communication methods should be considered and may include websites, newsletters, e-bulletins, network meetings, social media and other mechanisms to share key messages, stimulate discussion and allow effective 2 way communication.

There must be individual responsibility and accountability for maintaining the local NHS Website.

## **Key messages to communicate**

The SCD Advisory Group will want to see a level of consistency across the MCNs to ensure equity of experience for all with additional needs that require SCD services. This should be provided while allowing for appropriate local flexibility for local area provision and geography. The key components will include :-

### **Service provision**

- The range of SCD (CDS, GDS and HDS) services available and location of these services;
- Information relating to opening hours, access, facilities;
- Contact details including arrangements for those with urgent or emergency dental problems;
- Dental helplines and what to do in the event of urgent dental need; and
- In line with principles of prudent healthcare, information will be included for patients, service users and carers on their role in maintaining their oral health and preventing oral disease and helping them to make healthy choices.

## **Communication should ser experience and feedback**

Patient experience and feedback should be sought in line with principles of the National Service User Experience Group. This should be taken into account when developing and delivering services, and should be used appropriately to improve services. Use of patient experience and feedback should be communicated.

## **Quality Updates**

A reference to the CDS Annual Quality Statement in line with health board process for AQS publication (*NB the CDS Annual Quality Statement is now called the Quality Report*).

## **Role of the SCD Advisory Group**

The SCD Advisory Group will take a lead role in ensuring that the Communication Plan:

- Addresses the issues outlined in the SCD Implementation Plan November 2011;
- Focuses on the needs of SCD patients and carers;
- Ensures access to relevant and up to date information is available to all stakeholders.