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**For Action by:
Chief Executives, All Health Boards**

**Action required by:
Immediate as outlined on page 3**

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Enclosure(s): Guidance and annex documents on above issue

The Role of the Community Dental Service and Services for Vulnerable People

Summary

This Welsh Health Circular replaces WHC(2016)005 published in February 2016. It provides updated guidance on provision of dental services to vulnerable people and the current and future role of the Community Dental Service (CDS) in Wales. 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.

This WHC also includes updated guidance on situations where the CDS should normally charge for dental treatment.

Action required

Chief Executives of health boards are asked to ensure that arrangements are in place to implement this guidance. In doing so they need to identify the full range of dental services required to meet dental and oral health needs in their area and to satisfy the statutory duty to provide dental services to meet all reasonable needs.

Health boards should use their professional advisory structures to review and inform the provision of dental care by all local dental services including the CDS, primary care services provided by General Dental Services (GDS), Personal Dental Services (PDS) and Hospital Dental Services (HDS), and how these relate to local authority boundaries and primary care clusters. Specialists and Consultants in Dental Public Health will provide detailed and expert assistance in needs assessment and in collaboration with others, advice on service development.

Service planning must also take into account the important role of the CDS in delivering The Oral Health and Dental Services response to *A Healthier Wales* as well as population oral health programmes including Designed to Smile (D2S) and the Gwên am Byth programme to improve oral health of older people living in care homes. The CDS has an essential role to play in delivering education and training to both student and registered healthcare professionals – particularly nurses and health visitors and in the 1000 lives service improvement programmes to improve mouth care for both adults and children in hospital. The CDS also has the potential to improve access to specialist dental services delivered in community settings and general dental care services delivered through CDS/PDS arrangements.

Most CDS teams are already embedding the principles of prudent healthcare, particularly in using all members of the dental team to their fullest potential through team working and enabling all members of the dental team to work to their full scope of practice in line with GDC registration; e.g. trained dental nurses are applying fluoride varnish as part of D2S and in clinical settings. The use of direct access by dental therapists and hygienists has been strongly promoted by the CDS in Wales and we expect this to be part of service delivery. We also expect the highest standards of care in the CDS from staff who understand and apply up to date evidence. Through their leadership and management, CDS Clinical Directors are responsible for aspects of workforce planning and development; quality and safety assurance; promoting joint working across the wider health and social care sectors; and enabling and promoting high standards of care in the CDS.

Health boards are expected to continue to work collaboratively with other health boards and be fully engaged with Managed Clinical Networks (MCNs) to ensure safe and timely provision of services. Effective MCNs are essential for delivery of services and we want to see consistent

outcomes and service improvement in all health boards. A good example is the MCN for Special Care Dentistry (SCD), which is considered essential for the timely access and delivery of services to vulnerable adults. In addition, we expect the CDS to be represented on the Strategic Advisory Forums for sedation and paediatrics.

An effective CDS needs investment to be maintained or increased where additional services are delivered e.g. oral surgery and IV Sedation where these support appropriate delivery in primary care settings instead of secondary care. This will help to ensure the most vulnerable people have timely access to all necessary dental care. Access to SCD, specialist paediatric dentistry and provision of sedation services is critical for the successful delivery of high quality dental services.

The Provision of Dental Services for Vulnerable People

Vulnerable people may be defined as those for whom inequality of disease experience and/or access to care have been demonstrated. Individuals differ in their needs and abilities but many will have special care needs which general dental services may not be able to meet. Improved oral health can improve the general health of vulnerable people.

Vulnerable people are often at increased risk of dental and oral disease and are likely to include those who are unable to:

- co-operate with routine dental care;
- understand the need for dental care and good oral hygiene;
- maintain good oral hygiene without assistance; and
- readily access dental services (e.g. patients who require a hoist to transfer to the dental chair).

They may also be:

- people with complex health needs which may include medical, physical or mental health needs;
- socially disadvantaged, including asylum seekers, homeless people and people with substance misuse disorders;
- Looked After Children (LAC) or children with dental disease who are severely affected and/or not being taken for dental care ; and
- frail and vulnerable older people, including those living with dementia and people who live in care homes who are unable to access care from GDS.

The CDS has experience and developed skills, particularly in the fields of SCD and Paediatric Dentistry, to take a lead role in caring for the most vulnerable people, working in partnership with GDS/PDS/HDS, health care professionals and a wide range of other agencies. Consultants and specialists with advanced training and extended skills have been appointed in some areas of Wales. They are able to provide and support delivery of highly specialised care in community settings and the Welsh Government would like to see health boards maintain the momentum in planning service delivery to include consultants and specialists in SCD and paediatric dentistry. Where there is demonstrated need, specialists/consultants in other dental disciplines may also be located in the CDS to promote close working with secondary care e.g. intermediate tier oral surgery. We expect these consultants and specialists to work collaboratively with colleagues in GDS and PDS teams to improve the quality of care provided in those settings and increase access to care in primary care settings. Service development may be assisted through

collaboration with other organisations responsible for the welfare of vulnerable people including other parts of the NHS, the third sector, education and social services.

Vulnerable people should 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/ support 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.

Shared Care and Care pathways

General dental practice is the lynchpin of primary care dental services and the provider of choice for the vast majority of people in Wales. GDS 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 CDS may be the sole provider of care for a given individual or the service can provide shared care with General Dental Practitioners (GDPs) and/or HDS. Effective shared care should be facilitated by the introduction of clear care and referral pathways so that patients receive timely care from the most appropriate service. Shared care requires the CDS to appropriately refer patients back to the general dental service on completion of care required in the CDS.

We expect health boards to introduce local policies whereby the CDS accepts patients for care by referral only, including referral from GDPs and HDS (via e-referral system) and other health and social care professionals. This will help to ensure the CDS is able to focus its resources on care of the most vulnerable people. Sufficient access to provision of GDS will be key in delivering this policy. Adult self-referral is acceptable but these individuals must be assessed to ensure they meet the criteria for acceptance for care in the CDS. The CDS will be able to provide care without a referral to children in pain and/or with severe dental disease who do not have a dentist. The CDS will also be able to provide a service in conjunction with the Healthy Child Wales programme to pre-school children who are geographically or socially disadvantaged.

The CDS in Wales has a track record of developing documentation and systems which are “once for Wales” and we expect the CDS to work together to develop and introduce a single referral system for use by non dental personnel and a single transfer of care system to ensure the orderly transfer of patients from the CDS to GDS. The national e-referral system will normally be used for dentist to dentist referral. Sufficient access to provision of general dental services and advice from the local MCNs in SCD; and from the national SAF in Paediatric dentistry will be key in delivering this policy.

Domiciliary Services

Domiciliary care should reflect need in relation to the risks and benefit to patients. The implementation of robust eligibility criteria will enable a cohesive domiciliary service to be delivered. The CDS is seen as pivotal in the co-ordination of local services offering a single point of access for the health board, however, we expect care to be provided as a cross service arrangement, with patients being referred to the most appropriate provider be it GDS, PDS, the CDS or HDS.

Services for people who would normally be expected to use general dental services

Wherever possible GDPs and their teams should provide care for the whole family, developing a pattern of dental attendance in children that can continue into adult life. It is apparent, however, that some patients, particularly children, continue to use (or choose to use) the CDS when they should be cared for by GDS.

Children who attend the CDS should be transferred to GDS unless they have additional needs which can only be met by the CDS or there is evidence that their parents/carers are highly unlikely to take their child/children to the GDP. The CDS should develop local protocols for active assessment and transfer to GDS ensuring continuity of care. A local protocol is likely to include:

- child having received and responded well to oral health prevention advice and treatment;
- no active caries;
- the ability to accept and co-operate with dental care; and
- an established pattern of dental attendance.

GDS are the mainstay of dental care but in exceptional circumstances the CDS may need to provide dental care and treatment to people who would normally be expected to use GDS for example:

- children and teenagers with extensive dental disease who have experienced difficulty in obtaining treatment in GDS or for whom there is evidence they would not otherwise access treatment in GDS;
- under CDS/PDS arrangements in areas where there is insufficient access to GDS;
- urgent care for those adults who are not vulnerable but are temporarily experiencing difficulty accessing GDS; and
- young people who need special care services and are in transition from child healthcare services to adult services.

The Welsh Government does not want this to detract from the primary role of the CDS to care for vulnerable people or use CDS resources for this purpose.

Quality and Safety

The CDS is expected to comply with quality and safety standards and guidance including:

- GDC requirements for registrants;
- Welsh Government policies and guidance on quality and safety (e.g. the Health and Care Standards);
- NICE guidelines, including those on recall intervals;
- the ACORN system to support effective patient communication and identify/record risks and needs;
- health board policies and processes for quality and safety; and
- use Health Education and Improvement Wales (HEIW) quality improvement tools which are appropriate for the CDS.

Building on past good practice, we expect the CDS to continue to embed and use recognised improvement methodologies, including audit. Health boards should encourage CDS personnel to undertake *Improving Quality Together* training and recognise this will require appropriate IT

support. We want to see shared learning across dental services and want the CDS to include its Silver level projects on learning platforms promoted by HEIW.

Training and Development Role

CDS teams play an essential role in providing training to dentists (both during and following graduation); and to some who are undertaking specialist training. Examples include final year dental student's outreach teaching; Dental Foundation Training; Dental Core Trainees; and postgraduate specialist training in sedation, SCD, and paediatric dentistry. Specialist training needs to be supervised by a consultant or specialist (in some disciplines supervision is mandatory). This requires close working with HEIW and other training providers and must not impact on their ability to meet the needs of vulnerable people.

Training of Dental Care Professionals is also undertaken by the CDS in some areas of Wales and plays an important role in the development of this group.

CDS team members are often called upon to use their expertise to support all-Wales groups, the third sector and specialist organisations. In addition, they provide a valuable contribution to the wider development and delivery of health and social care in Wales e.g. through their work training student/registered nurses and health visitors. Also through training to improve mouth care for vulnerable adults and children in hospital and the Gwen am Byth care home programmes which we expect to continue. Working with the Welsh Government and the CDS, the all-Wales group of University Deans of Nursing and Midwifery have integrated dental/oral health into their curricula and the CDS is well-placed to continue to provide or support training for student Nurses.

Oral Health Education and Promotion for individual patients and public health.

The CDS is expected to use the evidence base for individual patient care as described in "[Delivering Better Oral Health: an evidence-based toolkit for prevention \(Third edition\)](#)". In particular, we expect CDS service users to receive all possible support to prevent tooth decay and other oral diseases, including identification of risk factors, appropriate oral hygiene instruction, advice on diet and use of fluoride varnish and fissure sealants, as appropriate. CDS teams must also follow the guidance relating to nutrition, smoking, alcohol consumption and promoting the uptake of HPV vaccination by eligible groups. All CDS staff have a role in helping to ensure "every contact counts" and should use the techniques of motivational interviewing.

The CDS has led the delivery of D2S since 2008. CDS clinical directors are accountable for delivery of the programme and the intended use of resources which the Welsh Government has allocated to it. D2S is the national child oral health improvement programme for Wales which is targeted on pre-school, nursery and primary schools in the most socially disadvantaged areas as outlined in WHC(2017)023 – Re-focussing of the Designed to Smile child oral health improvement programme. D2S teams are an integral part of the CDS and we expect even closer working to ensure full integration. CDS teams are expected to use the evidence-based procedures and principles which underpin D2S.

CDS teams have developed expertise in delivering oral health education and promotion programmes (OHE/P), including those funded by the Welsh Government. In some health boards different teams and individuals deliver specific OHE/P programmes, while in others the OHE/P teams are integrated. This integrated approach enables the CDS to bring together a critical mass of people with expertise in OHE/P who can deliver more than one programme. This provides

variety as well as “cover” for staff absence or when staff leave the health board. We would like those health boards which do not have integrated CDS teams to assess whether this approach may be advantageous locally. In addition, they may wish to consider working more closely with health board public health teams and the wider primary care services.

Any public health promotion activity must:

- have clear aims and objectives;
- be appropriately targeted;
- be evidence-based; and
- be subject to robust evaluation.

The evidence base demonstrates that community based education in oral health alone will not reduce levels of dental disease. It can, however, raise awareness of important issues such as mouth cancer.

Health boards should ensure that oral health promotion links with other health promotion activity in their area so that a consistent and holistic approach is taken. Liaison between the NHS and local authorities will help to ensure maximum impact for such initiatives.

Dental Epidemiological Surveys

Regular national and local surveys of child and adult oral health have provided Wales with a firm basis for service and workforce planning. They contribute to the oral health needs assessments which health boards must undertake to support both national and local delivery of dental services and the work of primary care clusters.

Assessment of all age groups is supported by the Welsh Government funded dental epidemiological surveys.

As part of its public health function the CDS has developed expertise in this field. We regard the retention and development of capability and capacity to undertake dental survey work as a priority and expect the CDS to use local data to assist in service planning.

Screening

The Welsh Government has published guidance to the CDS on dental screening in schools: <https://gov.wales/topics/health/professionals/dental/publication/information/school-dental-screening/?lang=en>

This guidance notes that the CDS will not undertake routine school screening. It further notes: The CDS may provide clinical oral health risk assessments to vulnerable groups, including people living in care homes for older people or people with a learning disability. We expect the CDS to clearly define the objectives of this activity and evaluate to ensure it is an efficient way to identify individuals in need of care and direct them into appropriate services.

Orthodontics

Orthodontic treatment should only be provided to children and young people who:

- have consistently good oral hygiene;

- have no active caries and low risk factors for caries;
- are able to accept and co-operate with dental care;
- are willing to undergo orthodontic treatment;
- understand the need to keep all dental appointments; and
- are able to attend the necessary appointments.

The majority of children and young people who fulfil these criteria are unlikely to require routine dental care in the CDS. As a general rule we expect the CDS to refer their patients who need orthodontic treatment to specialist GDS, PDS or HDS services and thereby ensure that CDS resources are used to provide care for vulnerable people.

An orthodontic opinion may be required prior to referral for dental GA and CDS dentists may also need an orthodontic opinion for children with disabilities which may not necessarily lead to active orthodontic treatment but may result in planned extractions to alleviate crowding etc. These children often have Anterior Open Bite/skeletal/occlusal problems.

Where access to orthodontic care is very limited, health boards may consider providing orthodontic care via the CDS under GDS/PDS arrangements. Any children receiving orthodontic care in the CDS must meet the same IOTN criteria as applied in Regulations and guidance for NHS funded orthodontic care in the GDS/PDS; and receive that care from clinicians who are on the GDC specialist list or are formally accredited as DWSI/DES in this discipline.

Information and Communication Technology, and Data Collection

Efficient patient care, service delivery and local and national monitoring must be supported by good ICT for all CDS teams in Wales. The Welsh Government requires the CDS to provide accurate patient contact data to the NHS Business Services Authority and health boards may need to provide specific support for IT systems as part of their overall ICT planning to ensure accurate and timely data collection.

Reporting Activity data

The reporting data on salaried dental services in Wales has been collected via the CDSWR. From April 2019, this system has been replaced by the dental data collection system hosted and run by the NHS Business Services Authority on behalf of the Welsh Government and health boards. This system uses on-line data collection via the FP17W and FP17OW forms.

Epidemiology data collection is reported separately and data on provision of care under GA is collated by the Welsh Oral Health Information Unit.

Dental charges in the CDS

See Annex 1.

Any queries relating to this WHC should be addressed to:

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Dental Charges in the Community Dental Service

NHS dental charges apply to the CDS as per the NHS (Dental Charges) (Wales) Regulations 2006 (as amended) ("The Dental Charges Regulations 2006"). It is recognised that health boards may decide not to apply charges as part of their local policies e.g. on capacity grounds. We do not expect charges to be made for vulnerable people who are seen on referral to the CDS.

Patients who are not otherwise exempt from charges will be liable to pay the standard NHS charges. The maximum charge to patients will be the current charges as set out in the Dental Charges Regulations 2006. Patients should not be expected to pay more (or less) for treatment in the CDS than they would in the GDS and PDS. Regulation 11 of the Dental Charges Regulations 2006 applies to replacement dentures and replacement of lost orthodontic appliances.

Where the CDS provides general dental services (as a PDS) it must operate within the Dental Charges Regulations 2006 and charges will be levied.