WHC (2022) 022

WELSH HEALTH CIRCULAR

Issue Date: 22 August 2022

Llywodraeth Cymru
Welsh Government

STATUS: ACTION

CATEGORY: POLICY

Title: The Role of the Community Dental Service

Date of Review: August 2024

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(2019)021 published in 2019. This WHC will provide updated guidance on the role of the community dental service, including the expansion of salaried dental officer posts, to support local communities who have limited or no access to general dental services normally provided by the independent contractor model.

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.

The Community Dental Service should be regarded as an integrated dental service with a diverse and flexible role. It should not be regarded as a purely primary care-based service. A strong community dental service will provide all services needed for its local population and this can include both consultant, specialist, intermediate and routine general dental services.

The Community Dental Service should be encouraged to work in collaboration with local hospital based dental services including oral and maxillofacial services.

An effective CDS will require investment in both workforce and infrastructure, ensuring that the clinicians have access to modern equipment and robust IT systems. Poor infrastructure is seen as a barrier to recruitment and retention of staff.

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. The delivery of special care dentistry is one of the core roles of the CDS.

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.

Health boards should be mindful that patients who are accepted into the CDS for treatment often require more time to manage, for example special care patients, phobic adults, and children etc. Hence comparisons of patient volumes with local general dental services are not useful or helpful.

Shared Care and Care pathways

Patients who are referred into the CDS for treatment including adults and children should where possible be discharged back to their existing general dental practice using their locally agreed pathways and referral acceptance criteria.

In some cases, only specific parts of a treatment plan may need to be carried out by the CDS clinician and the remaining treatment can safely be carried out by their existing General Dental Practitioner.

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. Patients who fulfil the eligibility criteria are some of the most vulnerable in society and Health Boards as a minimum should ensure timely urgent access to this group of patients.

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. 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.

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.

Welsh Government would like to encourage and expand dental training for the whole team within the community dental service

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

The CDS clinical directors are responsible for the delivery of national oral health programmes such as Designed to Smile and Gwên am Byth within their Health Board. In addition to these Welsh Government programmes, each CDS is also expected to have a public health role and take part in national campaigns such as mouth cancer awareness.

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 though 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 that: 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.

Workforce

Welsh Government would wish to see investment in the community dental service to ensure that where possible staff are developed and upskilled in relevant areas to meet the needs of their local population. This should be for the whole of the dental team.

Expansion of dental therapists within the team should be given serious consideration when funding becomes available through vacancies and investment. Dental Therapists can often manage a significant proportion of an average dental officer's case load such as using inhalation sedation for managing anxious paediatric patients and shared care should be developed within the community dental team. Welsh Government would encourage dental therapists to practice direct access with agreement from the clinical director.

The CDS should be an exemplar in the use of skill mix within the dental team. The modern dental team should ensure that dental nurses play an active part in the care of their patients. Clinical directors should maximise the use of the whole dental team ensuring that all members have clear objectives, roles, and responsibilities to produce an efficient patient centred service for their local population.

Recruitment and Retention within the CDS

Health Boards should work with their dental clinical leads to develop a workforce retention strategy, this could be through innovation, promotion of the benefits of working for the NHS in a salaried role, building on reputation, streamlining the recruitment process etc. We would expect clinical leads of the CDS to manage their budgets appropriately and within their allocation have the authority to lead on vacancy requests within a health board. Welsh Government annually collects CDS workforce data and would not expect to see a reduction in posts without justification.

Urgent Care

The CDS is expected to provide timely in hours urgent care for patients who would normally access services through an independent NHS GDS practice when a patient is unable to access such a service. This function does divert the CDS from their core service and Health Boards will need to invest in their CDS to build contingency into local dental services.

GDS/PDS

In areas where access is not adequate Health Boards should create salaried GDP jobs. Anecdotal evidence would suggest that some dentists would find a salaried GDP role attractive. Expansion of such positions across Wales would provide Health Boards with much needed contingency planning in ensuring patients have access to NHS care including urgent dental treatment. In some Health Boards it may even be appropriate to replace an entire NHS independent GDS practice with a salaried model in situations for example when a contract has been handed back.

It should be noted that a salaried GDP role seeing and treating routine GDS patients will take appropriate NHS dental charges. Expansion of salaried GDP roles within the CDS will also allow colleagues who treat different groups of patients to discharge suitable patients within the team

Technology

The CDS should make greater use of technology that streamlines patient care. It is anticipated that greater use could be made of remote video technology such as “attend anywhere”. For example, specialists could provide remote support for colleagues helping reduce the need for patients to travel and allow care closer to home.

Collaborative working between health boards would improve better access to specialist opinions and treatment planning. Video technology could facilitate this.

Honorary Contracts

Health Boards are encouraged to set up long term honorary contracts to facilitate movement of staff across boundaries to promote cross health board training, for example sedation training, clinical attachments etc. This process should be streamlined and fast tracked

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 for specific patient groups and health boards should provide support for IT systems as part of their overall ICT planning to ensure accurate and timely data collection.

Cluster Development

Welsh Government would expect the CDS to be part of cluster working.

Dental Charges in the Community Dental Service

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

Patients who are referred to the service regardless of source of referral and fulfil the local referral acceptance criteria, for example special care patients, oral surgery, restorative, endodontic etc. will not be subject to charges. This is to align with the hospital dental service and to ensure such patients are not disadvantaged.

Summary

1. The CDS should be developed to provide a wider range of routine and specialist services (level 2 and 3) and not limited to special care and paediatric dentistry
2. Expansion of salaried GDP roles
3. Ensuring satisfactory infrastructure/equipment
4. Robust IT infrastructure
5. An example of best practice in dental skill mixing
6. Expansion of Dental Therapists
7. Maximise use of dental nurses
8. Public Health function
9. Expansion of training and development role
10. Maximum chair space utilised